



Request for Testing and Tracing information for NPHEP briefing 8th of July.

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, 30th of June – 6th of July, there has been over 46,815 swabs taken in the community by Community Operations and the National Ambulance Service, hospitals and in nursing homes as part of the serial testing programme.

Approximately 7,595 of these were taken in community settings, c.12,820 of these were taken in acute settings. In addition, over the past 7 days, in excess of 26,400 swabs have been taken as part of the serial testing of all staff in nursing homes. A separate report is being provided summarising progress and results for this testing programme.

Laboratory Testing

There have been over 43,260 lab tests completed in the past seven days. Approximately 29,780 of these tests were processed in community laboratories and approximately 13,480 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 607 calls were made in the Contact Tracing Centres. A total of 100 of these were Call 1s which involved the communication of positive results. A total of 507 calls related to contact tracing.

The average number of close contacts per case over the past seven days is 4.9. 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 1.73 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.

Please note that this median does not include the turnaround time of tests taken as part of serial testing. This is covered as part of the separate serial testing report.

Percentage of tests completed within target turnaround time

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

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 1.3 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 1.2 days.

Contact Tracing:

The median time to complete all calls, from the 30th of June – 6th of July, is 0.3 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 a GP can submit their query using a password protected form in respect of a delayed test result (i.e. more than 4 days since specimen was taken).

- There have been 736 queries received from GPs between 14th of May – 6th of July (54 days)
- A total of 82% of these queries were fully resolved within the 24-hour target
- In the last seven days (30th of June – 6th of July), 27 queries have been received
- A total of 96% 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 3,741 queries referred from HSELive between 3rd of May – 6th of July (65 days)
- A total of 79% of these queries were fully resolved within the 24-hour target
- In the last seven days (30th of June – 6th of July), 527 queries have been received. This represents an increase in call volumes due to the significant increase of serial testing underway combined with a cohort of those staff enquiring about results before 3 days have elapsed
- A total of 96% 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 462 queries referred from the Staff Info Line between 26th of May – 6th of July (43 days)
- A total of 81% of these queries were fully resolved within the 24-hour target
- In the last seven days (30th of June – 6th of July), 79 queries have been received
- A total of 90% 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 the end-to-end testing pathway in general. Here are the latest set of enhancements.

National Contact Tracing Centre Review

A full review to understand the national contact tracing centre (CTC) process for COVID-19 is being completed to identify areas to optimise and improve it from a patient perspective as well as to support the public health rapid response to disease investigation and control.

The review is divided across two stages, namely observational research conducted on-site at NUIG CTC, and then supplemented by in-depth interviews with National CTC staff, shift leads and operational management to thoroughly understand the nuances of the system and how it works.

To date, the observational research was completed across two days (2nd and 3rd of July), and the findings of that review are currently being developed and finessed with operational management before being shared with the broader group to co-create solutions and action implementation.

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

In total, we are engaging with 46 labs, 25 of which are currently being uploaded into the COVID Care Tracker (CCT). The remaining 21 labs are in progress. These labs have been divided into four priority categories. Work is ongoing with priority 1 and 2 and work is to begin on priority 3 and 4. This week's priority is ensuring labs within priority 1 and 2 (a total of 9 labs) are ready to be uploaded into the COVID Care Tracker CCT.

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 and are now being prepared for implementation.

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 is in train; these include the bulk testing process, COVID Care Tracker enhancements and streamlining of communications.

Four group interviews have been conducted with regional leaders of the Departments of Public Health to outline detailed requirements for the implementation of solutions for streamlining

communications. Several validation interviews have been completed to test the findings. The next stage will involve reviewing the findings with national leads and approving for implementation.

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. The bulk testing change and communications plan has been drafted and is currently under review. At present, due to the focus on serial testing, the bulk testing protocol implementation and change and communications plan has been paused. The learning from serial testing is currently being aligned to the bulk testing protocol where appropriate.

5) Update on any key challenges/issues

1. 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 groups 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 maximising 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. While there have been lots of data challenges a collaborative approach across the sector has helped address issues.
2. 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 mitigation, work has commenced on the design of the new model of testing that will run for 12+ months with the aim to have this design finalised and ready for implementation in early September.
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 bulk testing protocol and public health alignment initiatives described above are designed to mitigate this risk.
4. 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.
5. 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. Progress continues to be made in securing PPE; however, pressure will remain given the global demand for these products.
6. There is increasing demand for staff temporarily seconded to swabbing centres and contact tracing centres to return to their permanent roles. In addition, contracts with key laboratories are due for renewal in the next eight weeks and negotiations are commencing to address this risk. These risks will need to be mitigated in the coming weeks to protect the testing and tracing service in advance of the implementation of the strategic solution.

