Testing and Tracing updated for NPHET, 22nd of July.

Updates are 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
5) Future Service Model: Testing and Tracing
6) 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, 14th – 20th of July, there has been approximately 53,400 swabs taken for COVID-19 testing. Approximately 12,458 of these were taken in the community, the majority were performed at fixed testing sites and a small portion as home visits. Over 14,500 swabs were taken in acute settings.

The remainder were taken as part of the serial testing programme underway at residential care facilities for older persons and other testing performed in congregate settings. A separate report is being provided summarising progress and results for the serial testing programme.

Laboratory Testing

There have been over 51,000 lab tests completed in the past seven days. Approximately 35,850 of these tests were processed in community laboratories and c.15,150 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 836 calls were made in the Contact Tracing Centre. A total of 149 of these were Call 1s which involves the communication of a detected result. A total of 687 calls were completed relating to contact tracing.

Over the past seven days the average number of close contacts per case is 5.4 and the median number of close contacts per case is 4.5.

Since July 14th, the National CTC is operating on an 8am – 8pm basis, 7 days a week.

2) Turnaround Times

The Turnaround times which are referenced in this section relate to the seven-day period from 14th- 20th of July.

End-to-end turnaround time

Over the past seven days, 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.

Over the past seven-day period, the median end to end turnaround time for tests with a "COVID-19 detected result" in community settings for symptomatic individuals has been 3 days. This turnaround time represents the time from referral to completion of contact tracing.

The end to end testing and tracing process is complex with the focus on the patient at each stage of this process. Communication of detected results and completing all contact tracing for close contacts is an important part of this process and often involves long conversations between staff and those who have received a detected result. More so, as the number of close contacts per each detected case increases, the time to complete contact tracing will also increase due an increased number of calls needing to be made and securing contact with each of the close contacts. While we continue to work hard to reduce turnaround times, we must keep the complex nature and human element of this process at the centre of our focus.

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 target turnaround time of less than or equal to 3 days, for individuals presenting with symptoms, is ~90%.

Referral to appointment

In the community, the median time for community referral to appointment is 0.9 days.

Swab to lab result

For a swab taken in the community, the median time for swab to lab result is 1.16 days.

For swabs taken in hospitals, the median time for swab to lab result is 0.54 days.

The combined median time from swab to lab result is 1.1 days.

Contact Tracing:

The median time to complete all calls, from the 14th – 20th of July, is 0.9 days. Some people have large numbers or contacts and some are very complex and require detailed tracing – flights, workplaces et.

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 804 queries received from GPs between May 14 – July 20th (68 days).
- A total of 83% of these queries were fully resolved within the 24-hour target.
- In the last seven days (14th July – 20th July), 35 queries have been received.
- A total of 100% 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 4845 queries referred from HSELive between May 3rd – July 20th (79 days).
- A total of 82% of these queries were fully resolved within the 24-hour target.
- In the last seven days (14th July – 20th July), 536 queries have been received.
- A total of 94% 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 692 queries referred from the Staff Info Line between May 26th – July 20th (57 days).
- A total of 85% of these queries were fully resolved within the 24-hour target.
- In the last seven days (14th July – 20th July), 122 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) Update on developments/process enhancements

We continue to work to improve turnaround times, consistency and our end-to-end testing pathway in general. This section presents 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 has been completed to identify areas to optimise and improve from a patient perspective as well as to support the public health objective of disease investigation and control.

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

The observational research was completed across two days (July 2nd and 3rd). The key recommendations which have been identified are currently being reviewed and prioritised with a focus on changes that can be implemented in the near future. The longer-term recommendations will be included as improvements to be incorporated in the future testing and tracing model.

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. Workshops have been carried out with labs based on data compliance issues and priority.

As a result of ongoing communication 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.

In total we are engaging with 46 labs. Significant progress has made this week with 10 new labs files uploaded into COVID Care Tracker. A total of 36 labs are currently being uploaded into the COVID Care Tracker. The remaining 10 labs (2 public and 8 private) are in progress with the 2 final public labs scheduled to be uploaded into the COVID Care Tracker by next week.

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. There are a number of validation interviews required to test these findings and once completed this plan will be reviewed and approved 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)**Future Service model: Testing and Tracing**

The future service model for testing and tracing is currently being designed. When implemented there will be an enduring, fit-for-purpose operation and structure for testing and tracing with a defined set of performance metrics. This service model is needed to ensure that health and social care services resume in a safe, effective way while continuing to deliver a COVID-19 testing and tracing service which is efficient and effective.

Several workshops have been held over the last two weeks with core working groups on Referrals & Swabbing, Contact Tracing, Laboratory and Logistics, Technology and New Ideas. There has been good progress made debating service options and scoping from a people, process/data, logistics and technology perspective. Several service options have been discussed and agreed at Steering Group level and the working groups have made considerable progress scoping these through a combination of workshops and meetings.

The first iterations of the high-level design for the "To-Be" options have been identified and significant levels of stakeholder engagement is underway. This has included workshops with an excess of 20 experts from across various service functions. Further meetings are planned with a focus on high-level people, process and cost assessments this week. Stakeholder engagement will continue with reference panels of key groups e.g. patient and GP representatives and other related groups e.g. the laboratory taskforce.

During the implementation period, existing testing services will remain operational and at full capacity. Proactive risk and issue management will be key given the scale and complexity of the testing and tracing function. Considerations of key elements including staffing, contracting, funding and governance will be central to any model which is considered.

The high-level service options will be fully scoped by the end of this week (24th July), facilitating a decision on the final model to be developed and implemented. More detailed design, costings and transition planning work will be then completed in August with a plan to transition to the new model which will commence from the Autumn.

5) Update on any key challenges/issues

1. Testing demand has increased 20% week on week for the last two weeks and requires more staff for swabbing and longer working hours for our swabbing teams. We are working with CHOs to ensure they have enough to cover the demand within the required timelines.

2. 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.

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. 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.

5. There is increasing demand for staff temporarily seconded to swabbing centres and contact tracing centres to return to their permeant roles. In addition, contracts with commercial laboratories are due for renewal in the next eight weeks. This risk 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.

6. There is a challenge in ensuring that close contacts who are automatically referred for a test appointment attend these appointments. If close contacts do not attend, there is a risk that there will be undetected cases in the community leading to an increase in the spread of COVID-19. This challenge has been addressed to date by ensuring close contacts understand the importance of attending their tests, whether they are symptomatic or asymptomatic. This is communicated at the point of contact and through less formal channels to the general public.