BROAD REACH
HEALTHCARE

Global COVID-19 Testing Considerations & Conclusions

This week's availability of one-time testing to all employees and residents/patients has yielded careful consideration of this new option in our fight against the COVID-19 pandemic.

Pure "science", removed from the practical realities of our work, suggests that the opportunity to establish this collective "baseline" could be an effective way to break the uncertainty of asymptomatic positives. Limiting testing access to those with symptoms has come to seem like closing the barn door after the horse was already out.

Until now, the inability to test as frequently as was felt to be necessary has hamstrung many providers' best intentions, and exacerbated provider missteps. This had been made harder because systems to access testing haven't been straightforward. They were frequently changing, with one avenue for nursing home patients and residents, but another for those in assisted living, and employees had been left to fend for themselves through varying applications of criteria applied by their individual primary care providers. In short, simultaneous testing was pretty much impossible.

Testing capacity is now enhanced, with many labs now participating. But shortages of the basic supplies to take samples continue to constrain, though less so with the current initiative. Even under the current iteration, there is only <u>one</u> opportunity to test, with the Commonwealth specifying that *"Due to supply constraints at this point, we can only support one-time testing of the full facility…"* Finally, turnaround time for results that initially ran close to a week left gaps of time that were way too wide, and exacerbated shortages of personal protective equipment (PPE) during the interim period between testing and diagnosis.

The hope would be that with the data, we could better-create isolation units, cohort people, prioritize PPE, etc. Those are much easier words to write than accomplish. In seeking to achieve them, other risks are taken, and negative consequences can occur.

Our analysis of this new testing opportunity leads us to conclude that this 1x global testing would not enhance our current position of no COVID-19 positive patients, residents, or employees, with results of 23 tests performed since this all started. We still advocate for an opportunity to test staff without a trigger of "symptomatic", and without the limitation of only once – i.e. repeat testing of staff at a set interval would best able us to ensure that patients and residents are not being unknowingly exposed by their caregivers.

We come to this conclusion after consultation with organizations that have embarked on more global testing, as well as those with widespread outbreaks. We considered specific factors in our very careful organization-wide infection prevention practices, and the absence of "community spread" in our region.

Our findings in the experience of other organizations is that timing is everything. Key things we learned include:

- The fastest that tests are received back is 24 hours, and it's almost always longer – 36 to 48 is closer to the norm.
- By the time a COVID-positive finding is in-hand, assuming the patient was not symptomatic and hadn't been cohorted or isolated, there's a reasonable likelihood that they've already infected others.
- In a semi-private room, it was fairly common to have two asymptomatic roommates, test both, with one coming back negative and the other positive. Subsequently, when the negative roommate was retested, both were positive even though the roommate had been moved as soon as the positive finding was in hand.
- All too often, if a swab taken on Monday yields a negative result, by the time the test result is received on Wednesday, that patient/resident has spent another 2 days with someone who was positive!

In the current environment, timing and logistics combine to minimize the potential gain, as a true "baseline" is never achieved.

The visitor limitations and social distancing practices that have been in place for over a month also mean that there are far fewer opportunities for the silent presence of COVID-19 to come in casually.

But know that there is nothing casual about this determination. Should COVID-19 become present at Broad Reach, the response of more global testing to help address an outbreak may merit consideration, but as a means of continued *prevention*, it will not be deployed at this time. We do believe that there could be merit to a more global and recurring testing of employees that would achieve a better level of surveillance where it would be most beneficial, and we will continue to advocate for that.

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