

Western Australian Auditor General's Report



COVID-19: Status of WA Public Testing Systems



Report 10: 2020-21

9 December 2020

**Office of the Auditor General
Western Australia**

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The Office of the Auditor General acknowledges the traditional custodians throughout Western Australia and their continuing connection to the land, waters and community. We pay our respects to all members of the Aboriginal communities and their cultures, and to Elders both past and present.

**COVID-19: Status of WA Public
Testing Systems**



**THE PRESIDENT
LEGISLATIVE COUNCIL**

**THE SPEAKER
LEGISLATIVE ASSEMBLY**

COVID-19: STATUS OF WA PUBLIC TESTING SYSTEMS

This report has been prepared for submission to Parliament under the provisions of section 25 of the *Auditor General Act 2006*.

The objective of this limited assurance review, which is not an audit, was to assess if WA Health is effectively prepared to provide pathology testing during the COVID-19 pandemic.

I wish to acknowledge the entities' staff for their cooperation with this review.

A handwritten signature in black ink, appearing to read 'C Spencer'.

CAROLINE SPENCER
AUDITOR GENERAL
9 December 2020

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Auditor General's overview

This report provides Parliament and the public with information on WA Health's planning to deliver increased COVID-19 testing during a surge in cases. It is the second in our series of limited assurance reviews of WA Health's preparedness to manage COVID-19 and provides Parliament and the public with information about WA's testing capacity.



Pathology testing is identified as an important line of defence in controlling the pandemic, ensuring cases of the disease can be identified and confirming when individuals can leave quarantine arrangements. It is vital that during a surge, when there are large numbers of tests needed, samples are correctly collected, and laboratories have the capacity to quickly process and communicate results.

So far, Western Australia has had a relatively low number of COVID-19 cases, and our pathology systems have not been overloaded. To maintain community confidence and wellbeing, which in turn may help support steady and proportionate responses by government and others, it is important that the public sector is prepared to deal with any surge in COVID-19 cases while still providing the ability to test for other health conditions.

This review focussed on PathWest, as the public pathology arm of WA Health. We found that PathWest is dedicated to meeting the challenge of the pandemic and has successfully delivered COVID-19 testing alongside other pathology services. It was reassuring to see that PathWest has prepared for a surge in cases and has critically reviewed its supplies, staffing, and laboratory capacity to process tests. WA Health is in the process of developing a pathology surge plan that includes capacity from both public and private laboratories.

Contact tracing is another important part of WA's public health response to COVID-19. Western Australia's efforts in this regard were reviewed as part of the recent National Contact Tracing Review, led by Australia's Chief Scientist Dr Alan Finkel AO. As the Finkel review was underway at the time of our work, we excised these aspects from the scope of our review. Our Office may review the State's contact tracing efforts, and other aspects of the COVID-19 response, in the future.

I thank the staff at PathWest, the State Health Incident Coordination Centre, and East Metropolitan Health Service for their cooperation and assistance during this review. The staff my team encountered were all dedicated professionals, working in challenging circumstances to deliver the best health outcomes they can for our community. They are acutely aware of the importance of pathology testing being available in a business as usual way for *all* health conditions, even in the event of a surge in COVID-19 testing demand.

Executive summary

Introduction

The objective of this review, which is not an audit, was to assess if WA Health¹ is effectively prepared to provide pathology testing during the COVID-19 pandemic.

A key part of WA Health's COVID-19 response strategy is being able to quickly identify and isolate cases of COVID-19. This involves testing a large number of people and notifying them of their results as quickly as possible. We asked:

- Is WA Health's testing capacity sufficient to deal with a surge in COVID-19 cases?
- Are tests and notifications done in a timely manner?

Background

Testing in Western Australia (WA) is guided by the *Australian National Disease Surveillance Plan for COVID-19*² and the *Testing Framework for COVID-19 in Australia*.³ The Testing Framework prioritises the following groups for testing:

- all people with fever or acute respiratory illness (ARI)
- contacts of positive COVID-19 cases
- asymptomatic testing in outbreak settings.

On 29 January 2020, the WA Minister for Health declared COVID-19 to be a notifiable, and urgently notifiable, disease under the *Public Health Act 2016* (Act). This requires all pathology laboratories, public and private, who identify a case of COVID-19 to notify the WA Chief Health Officer (CHO), within 24 hours. The Office of the Chief Health Officer is a public health division within the Department of Health (Department) who advises the Director General and the Minister for Health on public health matters.

The CHO has issued a number of directions under the Act, including specifying who can request a COVID-19 test, when an individual can be tested, and which tests may be used to diagnose COVID-19. These directions also required all laboratories, public and private, to notify the CHO within 24 hours of obtaining a positive or negative COVID-19 result including the patient's information, the date of the test, and the result itself.

In addition, the Commissioner of Police in his capacity as State Emergency Coordinator can give directions for testing under the *Emergency Management Act 2005*. The directions are updated regularly and require various categories of people to present for testing within set timeframes following entry into WA. Examples include the Presentation Directions for people entering WA and the Transport, Freight and Logistics Directions for workers in the transport industry that regularly cross the State border.

WA also runs surveillance testing programs to examine and identify the spread of COVID-19 in the WA Community. These programs include:

¹ WA Health consists of the Department of Health, Child and Adolescent Health Service, North Metropolitan Health Service, South Metropolitan Health Service, East Metropolitan Health Service, WA Country Health Service, Health Support Services, PathWest and the Quadriplegic Centre.

² [Australian National Disease Surveillance Plan for COVID-19](#)

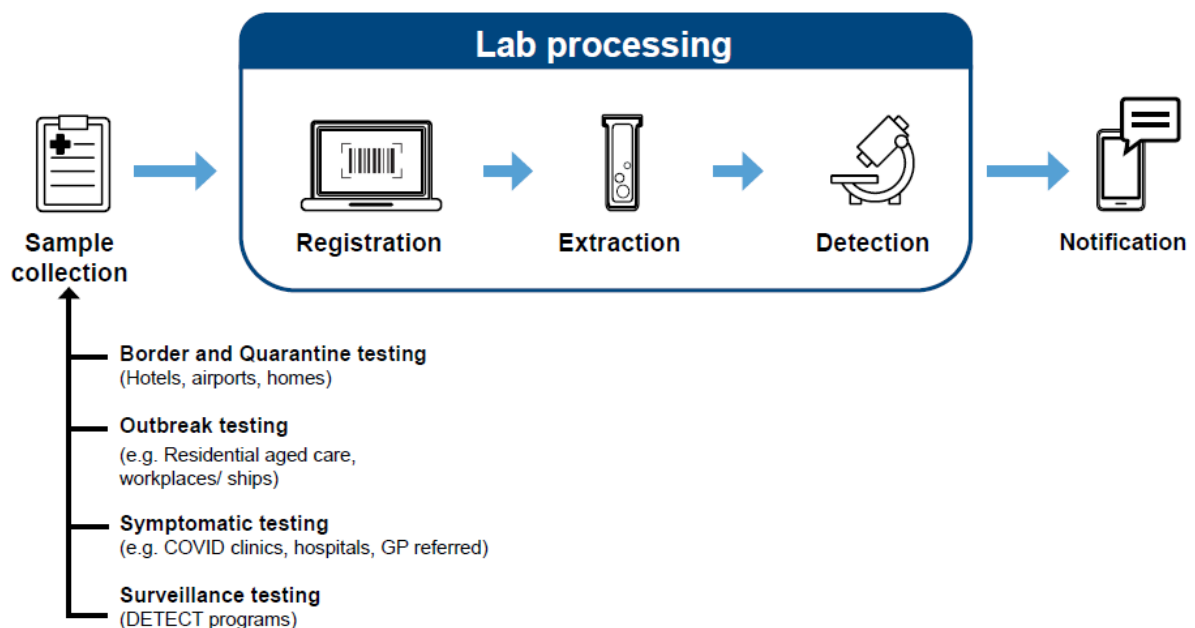
³ Ibid. Appendix 2

⁴ Through the *COVID Testing Reporting Directions* and the *Testing Criteria for SARS-CoV-2* in Western Australia.

- DETECT Borders: ongoing voluntary testing program for high risk border workers without symptoms including those that work at airports, road borders, seaports and quarantine hotels
- DETECT FIFO: ongoing testing of high risk ‘fly-in-fly-out’ and resource sector workers as part of a research program led by Curtin University and the Harry Perkins Institute of Medical Research
- DETECT Schools (completed in September 2020): a study of over 4,700 staff and students across 79 public schools, support centres and residential colleges
- DETECT Snapshot (completed in June 2020): a 2-week testing of 18,409 adults without symptoms from across WA.

Individuals can be tested for COVID-19 either through the public or private system. Private clinicians can request a COVID-19 test for a patient that meets the requirements of the testing direction, and this can be performed at an accredited private laboratory. People can also be tested through the public system following a request from a public clinician, as part of the WA public health surveillance programs, or due to hotel and home quarantine. These tests are generally performed by PathWest.

In WA, COVID-19 is diagnosed through polymerase chain reaction nucleic acid tests (PCR).⁵ PCR tests identify the genetic material of the COVID-19 virus, and are considered by the Australian Therapeutic Goods Administration to be the gold standard for diagnosing COVID-19.⁶ A test involves collection of a sample through a nasal and throat swab, laboratory processing of the sample, and then notification of the result. In WA, both public and private health providers manage these test processes. Figure 1 illustrates the testing process.



Source: OAG

Figure 1: Overview of the COVID-19 testing process

⁵ As specified by the Department of Health, *Testing criteria for SARS-CoV-2 in Western Australia #15*.

⁶ [Therapeutic Goods Administration, 1 October 2020 COVID-19 testing in Australia – information for health professionals.](#)

PathWest is the pathology and forensic arm of WA Health. It processes most of its COVID-19 samples at the QEII Medical Centre (QEII) or Fiona Stanley Hospital (Fiona Stanley) laboratories. PathWest also has equipment in 14 regional centres, to accommodate urgent COVID-19 testing.

When sample testing is complete, PathWest provides results to the Communicable Disease Control Directorate within the Department to fulfill its obligations to notify the CHO of COVID-19 results. PathWest also provides results to the clinicians that requested tests, which includes the Department and East Metropolitan Health Service (EMHS) for patients in the public system, who then notify test recipients of the outcome and next steps.

Testing in the public system is provided through:

- 7 metropolitan and 3 regional COVID-19 clinics⁷
- all regional hospitals via emergency departments
- airport arrivals, and hotel and home quarantine
- 14 remote communities via the Commonwealth Partnership Program for Aboriginal and Torres Strait Islander COVID-19 Point-of-Care Testing.

In WA's private health system, 4 providers with national accreditation manage COVID-19 testing for:

- 23 dedicated community-based COVID-19 collection centres and clinics in metropolitan and regional locations, which require a referral from a medical practitioner
- workers subject to the *Transport, Freight and Logistics Direction*
- 6 Perth/Peel and 6 regional Commonwealth respiratory clinics
- research into asymptomatic 'at risk' workers in the maritime and resource sectors
- outbreak response in Residential Aged Care Facilities under a Commonwealth contract
- private and public/private partnership hospitals.

Conclusion

In conducting this review, which is not an audit, nothing has come to our attention to indicate that WA Health is not effectively preparing, in all material respects, to deal with an increase in demand for testing during a surge in COVID-19 cases. Preparations rely on a combination of public and private pathology providers to scale-up to more than 20,000 COVID-19 tests per day. PathWest, the State's public pathology provider, has prepared its laboratories to process up to 8,750 of these tests per day and has procured the necessary chemicals and supplies. Private providers will process the rest.

PathWest is acutely aware of the need to maintain its wider pathology capacity to diagnose and treat other health conditions during a surge in COVID-19 cases. Within its laboratories, PathWest has taken steps to ensure delivery of all services, and has dedicated equipment for COVID-19 testing. Internal monitoring indicates that to date, other pathology services have not been negatively impacted.

PathWest tracks its test processing times, which show an overall improvement from 1 September to 20 October 2020. However, regional tests still take roughly twice as long (40 hours) to process compared to metropolitan (less than 20 hours). Our analysis supports

⁷ Locations are provided on the [Department website](#).

advice from WA Health that extra time to transport the samples from regional areas accounts for much of the difference between metropolitan and regional notification times, as all tests have similar processing times once samples arrive at PathWest.

While we observed PathWest's laboratories functioning well, with sufficient equipment to meet the COVID-19 surge plan, we identified some potential risks around swabbing and space to register incoming test samples. In particular, there were limited quality checks done by PathWest to ensure its COVID-19 swabbing teams reduced the risk of false negatives by correctly taking samples from individuals in hotel quarantine, and the Fiona Stanley laboratory is critically short on space and will find it difficult to register large numbers of samples for processing during a surge. PathWest is considering solutions for its space limitation and clinical staff will supervise swabbing now that EMHS has taken over responsibility for collection of samples.

PathWest has systems in place to notify the CHO and WA Health of test results. It provides all COVID-19 results, positive and negative, and results for other notifiable diseases, to the CHO every day, and sends daily reports to the Department of Health and EMHS on test results for individuals in hotel quarantine and airport testing programs.

Individuals generally receive their results from their clinician or through text messages. EMHS has developed an automated system to send negative test results to individuals through text. This has the potential to relieve pressure on clinicians.

Our procedures were performed as a limited assurance engagement, in accordance with the Standard on Assurance Engagements ASAE 3500 *Performance Engagements*, and vary in nature, timing and extent from an audit. As such, the level of assurance provided in this report is substantially lower than for an audit.

Key findings

WA Health is planning for a daily surge capacity of more than 20,000 COVID-19 tests

WA Health considers a surge capacity of over 20,000 COVID-19 tests a day is sufficient to meet a worst-case scenario. This is based on WA's experience, and the experiences of interstate and overseas jurisdictions. For example, Victoria has nearly 3 times WA's population, and averaged around 20,000 daily tests during peak test periods from July to August 2020.

The Department of Health (Department) is developing a *COVID-19 Testing Surge Plan* (Plan) that details the testing services that will be available to respond to a surge in cases. In WA, this involves PathWest and 4 private pathology providers. Under the draft Plan:

- PathWest will deliver up to 8,750 tests a day, up from its current standard business capacity of 2,750 daily tests. PathWest's surge capacity is detailed in the *COVID-19 – Public Pathology Capacity Framework*
- 4 private pathology providers will deliver a maximum of 9,000 to 13,000 tests a day. Achieving 13,000 involves the use of a laboratory technique known as pooling.⁸ This technique provides efficiencies when there are low numbers of positives (Table 1).

PathWest told us its laboratories are also able to use the pooling technique as a strategy to conserve testing resources.

⁸ When samples are 'pooled', 3 samples are tested in a single test. If the result is negative, all samples are deemed negative. However, if the result of the pooled test is positive, all samples are individually tested to identify which was positive.

	Current capacity	Surge capacity (no pooling)	Surge capacity (pooling)
PathWest	2,750	8,750	8,750
Private (total)	7,400	9,000	13,000
TOTAL	10,150	17,750	21,750

Source: OAG based on Department data

Table 1: Summary of COVID-19 testing capacity in WA

In addition to surge testing capacity, the draft Plan outlines options for increased sample collection and delivery to the laboratories. While we did not review these proposed approaches, they include increasing COVID clinic hours, additional public health swabbing teams, and the use of other emergency services to aid in collection. Further development of these options, and planning for implementation, will help WA Health respond to any increase in demand for testing due to a surge in COVID-19 cases.

PathWest laboratories have planned and prepared to meet COVID-19 surge needs

PathWest is confident it can meet the surge capacity of 8,750 COVID-19 tests a day while still providing its other pathology services. We found PathWest had developed detailed plans to increase the runtime of testing equipment and meet additional staffing needs. It had also procured a stockpile of critical testing chemicals and supplies, and assessed its supply lines for potential disruptions due to global conditions.

Laboratories have sufficient equipment to deliver surge capacity

PathWest has appropriately modelled its ability to increase the number of COVID-19 tests it processes each day. It can process more tests by increasing the workload for key equipment, and by bringing additional equipment online as test numbers increase. It included setup time in its models to improve reliability. The modelling provides PathWest with a clear understanding of its capacity to meet an increase in demand during a surge in COVID-19 cases.

To ensure it can deliver needed tests, PathWest has also taken other steps:

- each laboratory has equipment maintenance arrangements in place and has identified back-up options in the event testing equipment fails
- PathWest has separated COVID-19 sample registration and testing from its business as usual areas to minimise the impact on regular laboratory functions
- registration workflows have been streamlined to better accommodate large numbers of COVID-19 cases
- sections of sample processing have been automated to minimise manual repetition and reduce staff fatigue.

PathWest is confident its preparations will allow laboratories to deliver 8,750 COVID-19 tests a day if required, while still delivering other services.

PathWest has enough supplies to meet a surge in cases

In preparing for a COVID-19 outbreak, PathWest identified risks to its supply lines. To minimise disruptions, it mapped the items used in COVID-19 testing and procured a stockpile

to last at least 50 days (at 8,750 tests a day), or 1 year at current testing rates.⁹ In March 2020, PathWest's procurement area reviewed its suppliers, and liaised with them to gain assurance suppliers could provide sufficient and appropriate supplies. PathWest considers the existing stocks and supply arrangements will allow it to conduct tests as needed.

PCR tests for COVID-19 are conducted through 4 different approaches (assays). Three of these are commercial, and the other was developed by PathWest. These testing approaches minimise supply risk, as each uses different chemicals and supplies. By having the expertise to develop its own approach, PathWest could test for COVID-19 when no commercial solutions were available (see case study 1).

Case study 1 – PathWest's development of a COVID-19 assay

The COVID-19 genome was publicly available from 12 January 2020. Once the genome was available PathWest rapidly developed its own testing approach by 20 February 2020. It uses this approach at the QEII laboratory. This reduced WA's reliance on commercial assays, the first shipment of which did not arrive until 20 March 2020.

Staffing needs were identified

PathWest laboratories have started hiring and training staff to meet surge needs. At 9 November 2020, QEII had hired 34 additional staff and 5 additional staff had been hired at the Fiona Stanley laboratory. These staff were drawn from the COVID-19 recruitment pool established by the Department in March 2020. This pool identified a range of positions and disciplines needed to meet capacity, including medical scientists, technical assistants, and phlebotomists. PathWest is building its staff numbers to meet a surge in demand.

The recruitment pool remains open until 31 December 2020. Senior laboratory staff told us that onboarding from the recruitment pool worked well but recognise that the pool may need to be refreshed to meet future needs given the time that has elapsed since the pool was established. At 5 November 2020, the pool had 570 candidates in a range of disciplines screened and ready for deployment. The Department has advised us that a decision has been made to refresh the pool, and options are being considered including targeting of specific skills.

PathWest is confident it can deliver COVID-19 tests alongside other pathology services

COVID-19 testing has not had a substantial negative impact on PathWest's other pathology services. PathWest monitors its ability to deliver 3 key tests to 11 emergency departments within set timeframes.¹⁰ This monitoring shows no change in average delivery rates in 2020 compared to 2019.

PathWest is accustomed to handling large numbers of tests. In both 2018 and 2019, it performed more than 16 million pathology tests. At 13 November 2020, it had conducted roughly 260,000 COVID-19 tests without any substantial disruption to its regular business. During 2020, PathWest has conducted 8.9 million other pathology tests, a significant reduction in its usual load.

A lack of space to register samples poses a risk to efficient processing of tests

PathWest does not have enough space to efficiently process the maximum number of samples a day (8,750), particularly at Fiona Stanley. Senior staff we spoke with at Fiona

⁹ PathWest monitors the numbers of tests it performs and uses an average of the last 7 days to estimate "current" testing rates.

¹⁰ Haemoglobin (delivered within 40 minutes), Potassium (delivered within 40 minutes) and Troponin I (delivered within 50 minutes).

Stanley assured us that work areas would be repurposed, as necessary. But without a considered plan, the lack of space could increase test processing times and put staff at risk.

The Fiona Stanley laboratory surge plan extends to a maximum of 5,277 samples a day. However, currently the registration area is limited to 3 closely spaced desks, in a busy part of the biochemistry laboratory (Figure 2). While able to handle current test quantities, the area is too small to safely manage the full potential surge numbers or allow staff to follow social distancing protocols if required. PathWest is aware of this issue and has told us an additional 4 spaces have been identified at the Fiona Stanley laboratory.



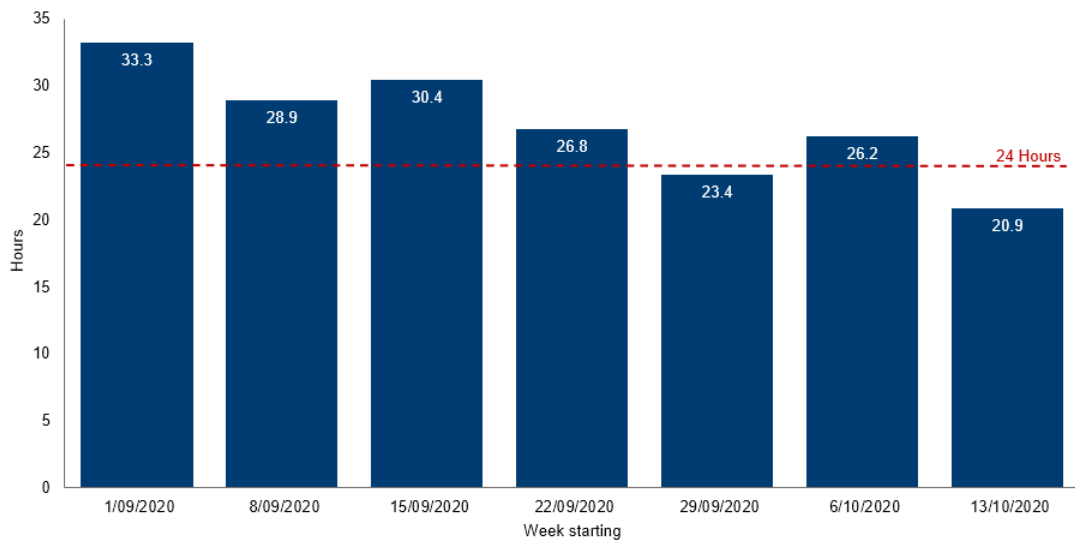
Source: OAG

Figure 2: Photo of registration area at Fiona Stanley

PathWest aims to provide COVID-19 test results within 24 hours

PathWest has systems in place that aim to process tests and notify both the CHO and the Department of results within 24 hours. This allows PathWest to meet its reporting obligations, assists the Department in its contact tracing efforts, and is intended to reduce the likelihood individuals remain in isolation longer than necessary.

Processing times are monitored, and PathWest has set 24 hours as an internal performance indicator. Our review of 59,738 tests from 1 September to 20 October 2020 found results were available after an average of 27.2 hours. We note that PathWest has improved performance over time, and in the week starting 13 October, was averaging 21 hours (Figure 3). Improved processing times means results are available sooner to assist with contact tracing and inform individuals at the end of isolation periods.



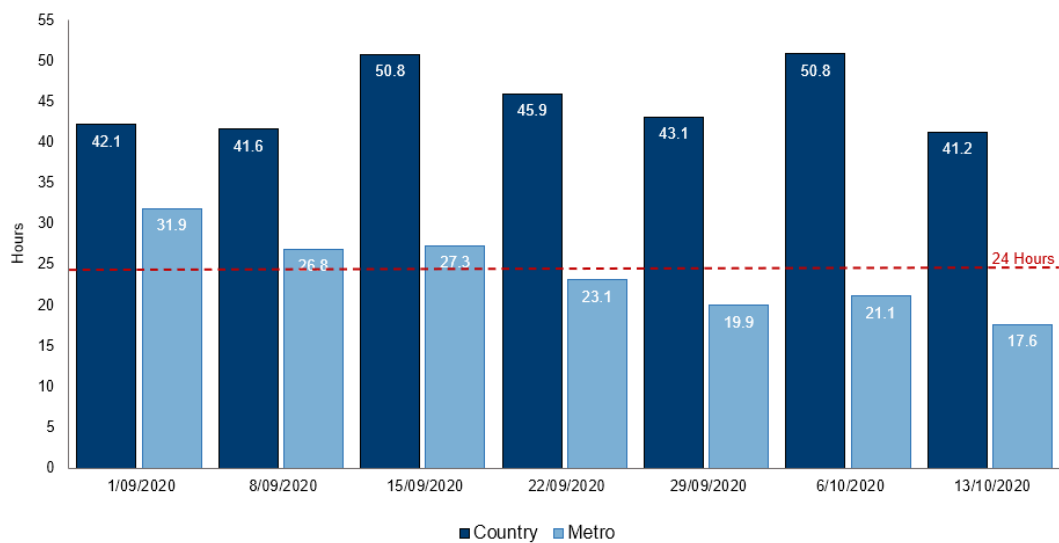
Source: OAG from PathWest data

Figure 3: Average time taken to process all samples, by week

Samples from regional areas take longer to process

COVID-19 samples from regional areas take twice as long to process as those from metropolitan areas. In October 2020, metropolitan samples took between 18 and 21 hours to process, while regional samples took between 41 and 51 hours (Figure 4). As a result, individuals tested in the regions wait longer for their results, which could delay contact tracing efforts and increase periods spent in isolation. PathWest has deployed 14 rapid testing machines in regional areas that can process PCR tests for COVID-19, however, these are smaller scale machines and costly to run. Consequently, these are reserved for urgent cases, and most samples are currently sent to Perth for testing.

PathWest attributes the additional processing times to the time to transport samples from regional areas to the PathWest laboratories in Perth. We found it takes about 16 hours to process both metropolitan and regional samples once they reach the Perth laboratories. PathWest told us that routine tests are transported to Perth as quickly as possible, but necessarily take longer. To reduce regional transport times during an outbreak, PathWest has told us it has successfully trialled a larger scale deployable PCR machine.



Source: OAG using PathWest Data

Figure 4: Average time taken to process regional and metropolitan samples

Systems are in place to notify patients and WA Health of test results

Both public and private laboratories fulfill their obligations to notify the CHO of COVID-19 test results, by providing them to the Department’s Communicable Disease Control Directorate. PathWest also provides the Department with additional daily results for individuals in hotel quarantine and airport testing. The Department can access all PathWest test results at any time through a connection to PathWest’s computer system, which updates every 15 minutes. These reporting mechanisms allow public and private laboratories to meet their obligations under the Act, and the *Testing Reporting Directions*.

Once laboratories provide the results to the requesting clinicians, individuals receive their test results in different ways. In the private system, individuals are notified by their clinician.

In the public system, individuals with positive results are notified by clinicians, and most negative results from tests processed by PathWest are now provided by mobile telephone text, through a system organised by EMHS. PathWest provides EMHS with negative test result updates every 30 minutes. EMHS then texts the negative results directly to patients. This texting process originally worked only for tests collected at some WA Health sites but has gradually been expanded. Since 23 September 2020, EMHS has sent nearly all negative results to individuals by text message. This automation is intended to relieve pressure on clinicians and provide individuals with their results quickly.

The text system sends results, retrieved from PathWest, in 4 batches throughout the day, at 8:50 am, 12:55 pm, 4:00 pm and 6:15 pm. The text messages are personalised, and include the patient’s name, date of test, result, and links to guidance material. EMHS told us that if needed it can send additional batches of texts to prevent individuals waiting longer than necessary.

EMHS keeps a record of text messages that could not be delivered and told us they provide this information to sample collection areas for follow up. We did not verify this process as part of the review, but did sight examples of the lists provided to collection areas.

More regular field checks would give PathWest confidence their teams collect samples correctly

At the time of review, PathWest had only conducted a limited number of field checks to ensure its swabbing teams take samples correctly. The PathWest collection team consists of 66 non-clinical staff, who collect samples from individuals in hotel quarantine. All were trained and assessed on collection techniques and use of protective equipment before deployment.

PathWest recognised the risk of false results from improperly collected samples and had intended for clinical supervisors to conduct spot checks of collection staff. However, PathWest informed us that only 7 of these checks have been completed. While PathWest told us that other checks have been carried out, they have not been recorded. Regular documented checks would provide PathWest with greater confidence that samples are collected correctly and reduce the risk of false negative test results.

From 9 November 2020, responsibility for administration of the collection staff started transitioning to EMHS. EMHS told us that a clinical staff member will supervise each collection team.

Recommendations

1. East Metropolitan Health Service should:

- a. ensure systems are in place to appropriately monitor collection of COVID-19 samples from collection teams

Response: As part of the training processes and operational activities, assessment of practice for the collections teams will occur in-situ to ensure training is translated to the context of practice. To support this, EMHS have commenced a train the trainer program for staff (initially to 8-10 existing staff members) that the COVID clinic team identify as having potential to be developed into supervisory / assessor / audit roles. These individuals will also be trained up to become team leaders, ensuring the collections team have a clinical lead who can be supernumerary to provide the supervision and assistance to the rest of the collections team. In addition there will be an appointment of Clinical Nurses (CNs) to provide a lead role in educating, assessing, training, monitoring, and evaluating specimen collection teams, to ensure appropriate practice of infection control and swabbing techniques, registration checks and use of PPE at collection sites. These individuals will be deployed at collection sites to provide general oversight and supervision of the collections team which will be comprised of a clinical team lead and collections staff. The CN role will also develop and maintain key clinical documents, including an audit of collections staff core competencies.

Implementation timeframe: by 1 February 2021

- b. monitor the timeliness of test result notifications to patients through its texting system.

Response: EMHS are able to develop a report to monitor the timeliness of test result notifications sent via text. The report can be shared with stakeholders who require the information.

Implementation timeframe: 21 December 2020

2. PathWest should:

- a. put steps in place to provide sufficient space to efficiently register samples in the event of a surge
- b. review workflows for processing regional samples and where possible reduce transport times.

PathWest response:

- a. Four additional registration work stations are currently being set up within Microbiology, PathWest, at Fiona Stanley Hospital. All resources required are secured.
- b. Regional workflows are in place and respond to urgent testing as required. Commercial road and airport transport services are utilised as available to ensure the fastest turnaround times possible.
- c. However, regional transportation workflows will be reviewed to ensure that if any room for efficiencies is identified, they can be implemented. In addition, rapid COVID-19 PCR testing has been deployed to all the major regional centres to facilitate rapid turnaround times for urgent results. For significant regional outbreaks, a larger scale deployable PCR testing solution has been

trialled with success, which would minimise the need to send large numbers of specimens to Perth.

Implementation timeframe: Complete, or subject to ongoing review

Response from PathWest

PathWest has worked diligently to support the State's response to the COVID-19 pandemic through the provision of high-quality and timely test results. PathWest has been proactive in its assessment of needs both in terms of equipment and supplies, and resources and has worked closely with the SHICC and PHEOC in relation to pathology surge planning. PathWest believes it is well prepared to support future COVID-19 surge requirements, but supports the findings and recommendations of the Auditor General's summary of findings, and will ensure these matters are appropriately addressed.

Review focus and scope

This limited assurance review forms part of our focus on the State's COVID-19 response, to assist Parliament and the public to understand actions taken in response to the pandemic, and to support public sector transparency and accountability.

The objective of this review was to assess if WA Health is effectively prepared to provide pathology testing during the COVID-19 pandemic. We focussed on determining the status of laboratory preparation to deliver the high number of tests expected during a surge in cases.

We based our review on the following criteria:

- Is WA Health's testing capacity sufficient to deal with a surge in COVID-19 cases?
- Are tests and notifications done in a timely manner?

In conducting the review, we:

- interviewed key staff at the Department, EMHS and PathWest
- visited PathWest laboratories at QEII and Fiona Stanley, and observed sample registration and laboratory practices
- reviewed PathWest planning
- analysed an extract of PathWest testing data from 1 September to 20 October 2020.

We did not review the Department's arrangements with private pathology providers, or WA Health's contact tracing arrangements which were recently reviewed as part of the National Contact Tracing Review.

This was a limited assurance direct engagement, conducted under Section 18 of the *Auditor General Act 2006*, in accordance with the Standard on Assurance Engagements ASAE 3500 *Performance Engagements* issued by the Australian Auditing and Assurance Standards Board. We complied with the independence and other ethical requirements relating to assurance engagements.

The approximate cost of undertaking this review and reporting was \$102,000.

Auditor General's 2020-21 reports

Number	Title	Date tabled
9	Western Australian Registry System – Application Controls Audit	26 November 2020
8	Regulating Minor Pollutants	26 November 2020
7	Audit Results Report – Annual 2019-20 Financial Audits of State Government Entities	11 November 2020
6	Transparency Report: Major Projects	29 October 2020
5	Transparency Report: Current Status of WA Health's COVID-19 Response Preparedness	24 September 2020
4	Managing the Impact of Plant and Animal Pests: Follow-up	31 August 2020
3	Waste Management – Service Delivery	20 August 2020
2	Opinion on Ministerial Notification – Agriculture Digital Connectivity Report	30 July 2020
1	Working with Children Checks – Managing Compliance	15 July 2020

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