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Mr Chris Picton
Member for Kaurna
Shop 9, 760 Grand Boulevard
SEAFORD MEADOWS SA 5169

Sent by email: shadowhealth@parliament.sa.gov.au

Dear Mr Picton

Freedom of information (FOI) application

I refer to your request received by the Department of the Premier and Cabinet (DPC) seeking access under section 13 of the *Freedom of Information Act 1991* (the Act) to:

A copy of the review, report, any/all attachments of the review undertaken of SA Health contact tracing processes led by Mr Wayne Hunter (as referenced in email from Mr Jim McDowell to Dr Chris McGowan on 23 Sept 2020 where he said "I nominate Mr Wayne Hunter (who also led the review of your Contact Tracing processes)").

Under the Act, an agency has 30 days to respond to an FOI request. As DPC did not respond to your request within the time frame required, the department is deemed to have refused you access to all documents relevant to your application. However, I have determined to process the request as if the statutory time frame had been met.

The purpose of this letter is to advise you of my determination.

One document was identified as answering the terms of your application and I have determined to release this document to you in full.

FOI Disclosure Log

In compliance with [Premier and Cabinet Circular PC045 - Disclosure Logs for Non-Personal Information Released through Freedom of Information \(PC045\)](#), DPC is [required to publish a log](#) of all non-personal information released under the Act.

OFFICIAL

In accordance with this Circular, any non-personal information determined for release as part of this application will be published on the DPC website.

Right to internal review

If you are aggrieved with this determination, you have a right to apply for internal review under subsection 29(1) of the Act. Pursuant to subsection 29(2), your application must:

- be in writing
- be addressed to the principal officer, and
- be lodged at an office of DPC, or emailed to DPCFOIUnit@sa.gov.au within 30 days after the day on which you receive this letter or within such further time as the principal officer may allow.

If you have any questions in relation to this matter, please contact Denise Cranwell, Freedom of Information Officer, on telephone 8429 7312, or via email at denise.cranwell@sa.gov.au.

Yours sincerely



Eamonn Maloney
Accredited Freedom of Information Officer
Office of the Chief Executive
Department of the Premier and Cabinet

29 / 01 / 2021

Contact Tracing Process / System Improvement Review

Review Date / Time	19 Aug 2020
Location	Microsoft Teams
Facilitator	Wayne Hunter, Director Business and Projects, DPC Wayne.hunter@sa.gov.au 0408 889 369
Invited Attendees	D'Onise, Katina (Wellbeing SA); Denehy, Emma (Health); Anfiteatro, Vanessa (Health) ; Duigan, Chris (Health); Ellis, Sally (Health); Flak, Stephanie (Health); Gobell, Martyna (Health); Hopkins, Sarah (Health); Jarrad, Angie (Health); Johnson, Isabella (Health); Kenny, Bernadette (Health); Marsland, Clayton (DPC); Miller, Megge (Health); Northcote, Emma (Health); Peterson, Karen (Health); Thomas, Helen (Wellbeing SA); Tran, Leah (Health); Young, Paul (Health); Hobbs, Katie (Health)

High-Level Task	Issue Description	Proposed Resolution	Potential Impact / Benefit E=Efficiency, DI=Data Integrity, O=other SI=Service Improvement
Positive result transmission to SA Health	Data ingested from external sources doesn't cleanly integrate with NiDS (prior to Salesforce) Notifications to on-call doctors	HL7 coding review to ensure seamless integration with NiDS, or direct integration with Salesforce (consider obligations for reporting and results-specific matters) Notification could supplement phone calls and capture ahead of data transmission	E (30mins per record) DI
Negative result (bulk) transmission to SA Health	Two hours a day reviewing and cleansing data coming in from labs – could be reduced to 30mins. Some standard business rules i.e. excluding interstate data etc. Longer term consider integration with Salesforce and any intended benefits	Lab Database (part of Contact Tracing Database) coding could occur and all lab data into single source	E (2hrs to 30mins per day)

Identify links to case	<p>Note: Data integrity from case interview improve this part of the process</p> <p>Reports that can be run real-time on place, time, age, with comparative analysis to highlight potential trends would be useful for identification of linked cases</p>	<p>Develop real-time report or dashboard that presents required information</p> <p>Link cases to 'household' to enable effective management of potentially linked cases ' many-to-many'. Review whether information can be able to be analysed, rather than just visualise</p>	<p>SI (do not currently have)</p> <p>SI, DI, E</p>
Assignment to doctor	<p>Note: Testing under load needed to identify any efficiencies</p> <p>Two processes to assign 1)to assign to queue/individual 2) to assign priority and 3) status</p>	Configure so all activities can be done before hitting save	E=1min per record
Informing case and delivering directive	<p>Character limit i.e. 'fever' rather than 'do you have a fever?' is restrictive and is not displayed in a simple manner</p> <p>Variables do not delineate when they were captured which inhibits reporting i.e. what did we know about and when. Flexibility on forms needed to be able to be agile on fields.</p> <p>Correspondence following informing case is manual process</p>	<p>Needs to be framed as the questions that need to be asked – improves consistency and new-starter trainees</p> <p>Present in a user-friendly manner (forms) and present in a easily to read / use manner</p> <p>Ensure variables are captured to identify where they came from i.e. at informing case, or interview – will show what we know and when</p> <p>Automated correspondence (certificate, letter) following 'informing case' step so correspondence is batched out, rather than manually created</p>	<p>E</p> <p>SI, E</p> <p>SI, DI, E</p> <p>E, SI</p>
Notifiable Condition Report	Note: Information is asked about medical history i.e. risk factors at multiple points in the process	Consider reviewing whether risk factors discussion at multiple points is necessary – note, requires further consultation internally before proceeding	PI

Confirming if case is active	-		
Active Case Risk Assessment	-		
Case Interview Issue / Topic	Issue Description	Proposed Resolution	Potential Impact / Benefit E=Efficiency, DI=Data Integrity, O=other SI=Service Improvement
Contact Movement Log	There is potential for human error the page you were on within salesforce is lost when entering the data and a day could be missed as there is no visability of the days.	Pre populate the days in exposure period and the infectious period from DOO. These need to be in 1 scrolling page to allow visability of all days.	E, DI (be able to conduct an interview with 1 person, rather than 2)
Close contact pre-population	From contact movement log, contacts are manually entered into salesforce making it time consuming and can leave room for human error.	Close contacts to pre-populate from text in contact movement log as a separate report. We would want overlay in the free text field for 'contact name', 'address' 'DOB', 'contact number'. It would also be useful to have a tick box next to contact to identify the contact (close or casual). This will reduce the data re-entry from 3 entries to only one which will save a lot of time. By having the ability to simultaneously identify the close contacts in the RA, it will allow delegation of staff to isolate the close contacts in a timely manner, reducing the PH risk to the community.	E, (save 'hours' of time) E, DI
Close contact initial call	There is currently double/triple handling of the data as it is being typed into Salesforce, then manually writing it in the 'initial call' script and the 'form 1B' after this it is being scanned and uploaded to Salesforce and then emailing to SAPOL. This is time consuming and if we were to have many contacts this would pose a PH risk due to inability to isolate contacts in a reasonable time frame.	The process is to be automated. Function to prepopulate the templates with the information put into Salesforce, we would require templates for the 'initial call', 'form 1B', 'close contact letter' and 'medical certificate'. Example of information required to process these templates are: Full name, DOB, residential and isolation Address, Email, Phone number, Isolation dates, symptom check, next of kin.	DI, E, (save 40 minutes per Close Contact)

Contact entering	<p>The current process of entering contacts into Salesforce is largely free text and does not enable the ability to 'add' contacts as separate entities</p> <p>In addition, the display of these contact is not easily visible</p>	<p>Salesforce should have the ability to enter contacts separately and to capture more information.</p> <p>Casual Contacts should also have its own form, as this could be useful in the event of isolating such people in the future.</p> <p>Contacts should also be able to be depicted as a 'many-to-many' relationship to enable effective visualisation and management.</p> <p>The information could then be shown on the screen (potentially on the right of the screen)</p>	<p>E, DI</p> <p>E, DI</p> <p>E, SI</p> <p>E, SI</p>
Feedback when all fields have not been entered	If the correct information is not entered in the correct fields, other teams have to manually input the data or take their time emailing the interview team to fix.	A report / information should be displayed at the end of the interview to show the missed fields	E, PI: Would assist other teams with missing information without having to go and look for the missing information
Autofill data / memory data	Processes to input data / information, including Contact Activity Movement Log, does not present or autofill, which causes a greater amount of time to input basic data, and presents potential for errors and incorrect spelling of names	Provide a predictive text/ memory to autofill data such as address, contact name etc.	E, DI (reduce human error and ensure data is imputed in correct format)
Form 1B digitisation and automation	The process includes ringing the contact, reading the script and completing Form 1B which is currently filled in by hand, scanned and emailed to SAPOL. The process is time consuming, usually taking over an hour per contact.	Finalise discussion with SAPOL on electronic Form 1B and incorporate into Salesforce in a streamlined way.	E: Current process takes over an hour per contact
Visibility in household tab of related contact ie workplace, school, shopping centre	Within the household tab, different contact types are not displayed and it cannot be easily viewed / printed	<p>Display branches categorised to the relevant contact (such as school, workplace etc.)</p> <p>Enable clear printable reporting to show the relationships</p>	E, DI (visibility to see close contacts and reduce clicks)

Contact lists	Data entry could be reduced if contacts were to be integrated into Salesforce	Ability to upload list of contacts into Salesforce and it have the ability to auto populate into 'person accounts'.	E (save 2 minutes per contact).
Emailing from Salesforce	When emailing from Salesfoce, it currently shows a record of previous email trail, which presents confusion and issues relating to confidential information that may not wish to be included in subsequent emails	When emailing from Salesforce, the previous email trail should be removed	SI, DI
General usability of forms	The format and process to enter data is not currently efficient	An accordion format should be developed for putting forms with scripts into Salesforce. https://developer.salesforce.com/docs/component-library/bundle/lightning-accordion/example	E, SI
Public Health Risk Assessment	-		
Quarantine Close Contacts	-		
Outbreak Identification	-		
High Risk Setting Identification / Management	-		
Source Identification	-		
Reporting	-		