



L-SIP Assessment Report

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Laboratory**

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Connecticut Department of Public Health

Laboratory System Improvement Program

Assessment Report

Executive Summary

The Dr. Katherine A. Kelley State Public Health Laboratory (CTPHL) performed a Laboratory System Improvement Program (L-SIP) assessment on December 10, 2013. Connecticut was the 30th state to perform the assessment since the program was introduced by the Association of Public Health Laboratories (APHL) in 2007. The purpose of the assessment was to conduct an assessment of the state public health laboratory system in which:

- Key partners are brought together to determine the performance of the state's public health laboratory system.
- Capacity and performance of the state system is measured.
- Results are obtained which will provide a starting point for system improvement and a baseline for measuring improvement.

Since this was a state Public Health Laboratory System (PHLS) assessment and not just an assessment of the CTPHL, participants in the assessment included partners that participate in the PHL "system" in Connecticut. Partners who were brought together included those internal to the Department of Public Health (DPH), such as Epidemiology and Drinking Water Section, and those external to DPH, such as Local Health. The group was broken up into three smaller groups, and each breakout group worked through portions the L-SIP Assessment Tool provided by APHL, which assess the system performance against the Ten Essential Public Health Services and the Eleven Core Functions of Public Health Laboratories. At the end of the day, the majority of the participants reported that the meeting was useful. However, because the meeting was shortened due to inclement weather, we were unable to hold the closing plenary to review the assessment scoring summary and share next steps from the breakout groups. In general, the laboratory system scored either significant activity or optimal activity in eight of the ten Essential Services.

Some crosscutting key themes and next steps that came out of the assessment include:

1. Communication among system partners about many different issues\concerns\activities \future directions could be improved. There is a partnership model that already exists

(CT Laboratory Preparedness Advisory Committee) that has proven to be successful in keeping stakeholders up to date in preparedness activities. The group includes representatives from the CTPHL Laboratory Sections (Clinical, Food, Environmental, Select Agent Responsible Official, Bioterrorism and Chemical Terrorism), Clinical Reference Laboratories, Environmental Reference Laboratories, Veterinary Diagnostics Laboratory, Agricultural Experiment Station, Poison Control Center, Hospital Laboratories, Biodosimetry Laboratory, State Police, Federal Bureau of Investigation, United States Postal Service, Local Public Health Directors, DPH Epidemiology and Emergency Preparedness and Response Programs and the 14th Civil Support Team. This model can be adapted for L-SIP activities. **NEXT STEPS:** A Laboratory System Improvement Committee will be convened to guide the implementation of L-SIP follow-up activities. Dr. Fontana will solicit the L-SIP participants for volunteers to sit on this committee by mid-May and will select committee members and set up the first committee meeting at the end of May. Participants will be selected based on their need to improve crosscutting issues (e.g. local health directors) and expertise to solve these issues (e.g. DPH Information Technology staff).

2. Electronic reporting of both laboratory results (including environmental and clinical) and significant findings (clinical) would be valuable. **NEXT STEPS:** Electronic reporting of laboratory results is already part of the development plan for the ongoing implementation of the Laboratory Information Management System (LIMS). As the process moves forward, committee members will be asked to serve as beta testers. Electronic reporting of significant findings could be a task that the new Laboratory System Improvement Advisory Committee will address.
3. It is important for CTPHL customers to be kept up-to-date on the testing services offered by the laboratory and to be able to interpret the test results for their clients (with the last point being most directly applicable to environmental testing). **NEXT STEPS:** Develop an updated manual of test services (with interpretive information where appropriate) and post on the DPH web site by September 30th.
4. After meetings like this, follow-up with meeting participants is critical. **NEXT STEPS:** Develop newsletter to keep all L-SIP meeting participants informed about the Laboratory System Improvement Advisory Committee activities as well as other pertinent items of interest. The first newsletter will be published after the first committee meeting.

Background and Introduction

An operational assessment of the CTPHL was performed by APHL in June of 2013. One of the outcomes of that assessment was a recommendation that the CTPHL perform an L-SIP assessment. In September of 2013, the Laboratory Director assembled a team of managers from the various areas of the laboratory, to start planning for the assessment. The team met regularly from September through November to plan for the assessment, and the assessment was held on December 10, 2013.

One of the keys to the success of the L-SIP is the right mix of attendees. The team recognized that it needed representation from all entities that contribute to public health laboratory practice in Connecticut and spent time identifying those partners. We sought to include representatives from: the public and environmental health programmatic and regulatory areas within DPH, other state and federal agencies, physicians, local health departments, healthcare organizations, public safety, private laboratories (both clinical and environmental), first responders, hospitals, and Newborn Screening treatment centers. Approximately 100 email invitations were sent out, with 76 representatives responding that they would attend or send a designee; 55 representatives attended the event.

The L-SIP was developed through a collaborative effort between the CDC and APHL to establish a system that measures the performance of state public health laboratory systems and supports their continuous improvement. The ultimate goal of the L-SIP process is that the capacity and performance of state public health laboratory systems meets or exceeds defined performance standards.

It is important to note that the assessment is not just an assessment of the CTPHL, but an assessment of the laboratory system. The PHLS consists of all the organizations that participate in or otherwise support public health laboratory testing and includes those who initiate testing and those who ultimately use the test results.

The CDC published the Ten Essential Public Health Services in 1994 to help explain what public health was, to clarify the role of public health within the larger healthcare system and to provide accountability by linking public health performance to health outcomes. The Ten Essential Services were used as the framework for the National Public Health Performance Standards, which was launched by CDC and several other partners in 2002. In 2013, a revision was released as Version 3:

<http://www.cdc.gov/nphpsp/documents/essential-phs.pdf>

The Ten Essential Services are:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public and personal healthcare workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based services

10. Research for new insights and innovative solutions to health problems

It soon became apparent that the state public health performance standards included very little about laboratory system responsibilities, so CDC and APHL collaborated on developing laboratory performance standards framed around the Essential Public Health Services. These standards were first adopted and published by APHL in 2000, and have been revised in 2010:

http://www.aphl.org/AboutAPHL/publications/Documents/COM_2010_CoreFunctionsPHLs.pdf

The Eleven Core Functions of State Public Health Laboratories are:

1. Disease Prevention, Control and Surveillance
2. Integrated Data Management
3. Reference and Specialized Testing
4. Environmental Health and Protection
5. Food Safety
6. Laboratory Improvement and Regulation
7. Policy Development
8. Public Health Preparedness and Response
9. Public Health Related Research
10. Training and Education
11. Partnerships and Communication

Several of the Core Functions apply to more than one Essential Service: a crosswalk of Core Functions to Essential Services is provided as an appendix to this report.

APHL started the process to create a tool that laboratories could use to assess the PHLs in 2004, with the final draft of the tool being introduced at the 2007 APHL Annual Meeting. There were four guiding principles used in developing the tool:

1. It is based on the Ten Essential Services and Eleven Core Functions
2. It focuses on the overall state public health laboratory system
3. It describes an optimal level of performance
4. It supports a process of improvement

http://www.aphl.org/aphlprograms/lss/performance/Documents/LSIP_2011August_Assessment-Tool.pdf

The CTPHL used the August 2011 version of the L-SIP Assessment Tool; this report provides the results of the scoring of each Essential Service, an overview of some of the discussion points, and any next steps or parking lot items brought up during the discussion. The scores were obtained through group voting until consensus was obtained. The scores were entered into a spreadsheet provided by APHL and an overall score for each Essential Service was calculated. The scoring key is:

None – 0% or absolutely none of the performance described is met within the public health laboratory system.

Minimal – Greater than zero, but no more than 25%, of the performance described is met within the public health laboratory system

Moderate – Greater than 25%, but no more than 50%, of the performance is met within the public health laboratory system

Significant – Greater than 50%, but no more than 75%, of the performance described is met within the public health laboratory system

Optimal – Greater than 75% of the performance described is met within the public health laboratory system

The L-SIP meeting was facilitated by public health laboratory professionals from outside Connecticut’s PHLS who are very familiar with the L-SIP process. The facilitators were: Dr. Christine Bean, Laboratory Director of the New Hampshire Public Health Laboratories; Jill Power, Quality Assurance Manager of the New Hampshire Public Health Laboratories; and Karen Breckenridge, Senior Program Manager of Laboratory Systems and Standards at APHL.

Participants were asked to fill out a meeting evaluation at the conclusion of the assessment. There were 55 attendees, of which 41 returned evaluation forms; 89% of the respondents rated the meeting as “Excellent” or “Very Good”. A table summarizing the evaluation results as well as the attendee comments is provided as an appendix to this report.

Results

The results for each Essential Service are presented below, along with key points from the discussion and potential next steps. The next steps were not prioritized during the meeting, due to time constraints. Also included are any “Parking Lot” items that were not discussed because of the amount of time it would have taken to bring those to some resolution.

Essential Service #1: Monitor health status to identify community health problems

	1.1 Monitoring of Community Health Status	Activity Level
1.1.1	The PHLS identifies infectious disease and environmental sentinel events, monitors trends, and participates in state and federal surveillance systems.	Optimal
1.1.2	The PHLS monitors congenital, inherited, and metabolic diseases of newborns and participates in state and federal surveillance systems.	Optimal
1.1.3	The PHLS supports the monitoring of chronic disease trends by participating in state and federal surveillance systems.	Moderate

Discussion Points:

1.1.1

- Lab testing is one component of multiple systems.
- Clinical Reportable/Significant Findings reports – flawed, archaic delivery system, reports are manual, hard to read (i.e., 3rd copy of a carbon).
- Paper reports are misdirected, faxing not secure, USPS not good, still too much paper reporting for 2013, illegible copies and incomplete information.
- Automation of reporting to state lab of significant findings is needed.
- One local health department received a copy from the hospital 6 weeks late. This is too late to effectively follow up on an infectious disease.
- No trending or monitoring of trends of drinking water results.
- Bacteria results for drinking water come quickly, whereas chemistry results have poor turnaround time.
- Need interpretation of results for chemistry testing, need explanations to make decisions.

1.1.2

- Residual blood spot policy needs to be revisited.
- Educational program could be better. Educate nurses and physicians so that they can help alleviate patient concerns about testing.
- NBS should be fully funded.

1.1.3

- Public Health system is responding (slowly). Chronic disease epidemiology is in the system now, but still in building phase.
- Community based outreach – much of this is done at the local health department level.
- Morbidity/mortality from chronic disease greater than from acute disease.
- Outreach through media networks has shown improvement, but it is not very good yet.
- We do have a tumor registry, and a health improvement advisory council.

	1.2 Surveillance Information Systems	Activity Level
1.2.1	The PHLS has a secure, accountable and integrated information management system for data storage, analysis, retrieval, reporting and exchange.	Minimal
1.2.2	The PHLS partners collaborate to strengthen electronic surveillance systems	Minimal

Discussion Points:

1.2.1

- Private labs/hospitals collect all data electronically (i.e., have sophisticated information management systems for patient data and results); then must fill out a paper form and mail to the state. Can't it be transmitted electronically (significant findings)?
- Integration of recording system with state system (the receiving system) is the problem. Downfall is on towns because they get illegible and incomplete paper forms that make it difficult for them to follow up.
- Dual paper copy reporting to state of local health director of significant findings report.
- DEEP by phone works well electronic (DEEP to state health system); hard copy – inconsistencies.
- System works only for certain partners.
- Quality of data sometimes questionable.
- LIMS has many flaws, especially reporting out data, especially providing electronic reports to the state.
- Data collection and entry therefore a critical area. Gets minimal state and organizational support. Not been elevated to critical by policy makers. There are meetings but no action.

Next Steps – Essential Service #1

1. Improve report delivery system, especially electronic reporting.
2. Look at method to do monitoring of trends for drinking water.
3. Educational outreach could be improved, especially to nurses about metabolic diseases, also to public about chronic disease.
4. Better reports (confidentiality for HIPPA, complement Epidemiology, results interpretation, fiscal resources – stems from 1.2.2).
5. Operational will within an organization. Barriers overcome by people who can do it.
6. Other partners saying it needs to be done helps to obtain fiscal resources for DPH and system partners.
7. Strategic plan for the whole system.

Essential Service #2: Diagnose and investigate health problems and health hazards in the community

	2.1 Appropriate and Effective High Quality Testing	Activity Level
2.1.1	The PHLS assures the effective provision of services at the highest level of quality to assist in the detection, diagnosis, and investigation of all significant health problems and hazards.	Significant
2.1.2	The PHLS has the necessary system capacity, authority, and preparations in place to rapidly respond to emergencies that affect the public's health.	Significant

Discussion Points:

2.1.1

- Good rapport between Virology (flu) testing and Epidemiology – trends and activities, investigations and analysis.
- Communications during business hours and after hours with Local Health Departments
There are regular communications about emergency preparedness and response.
- Threat response works well.
- Local Health Department laboratories well regulated by State.
- Epidemiology does not have enough resources. Implementation takes a lot of time. Losing funding, not functioning in a timely manner.
- Need for additional resources and support for new procedures.
- Local Health Departments need to go to private labs. The State lab does not have all the tests needed and communication is not that great from private labs.
- Educate the community about the CT PHL System and what we do.
- NBS – communication is good between PHL and the treatment centers; however treatment centers need to communicate better with PHL about false positives.
Communication is a two way street.
- Resource issues on Environmental Health testing capacity of the PHL.
- Is the PHL using resources effectively and efficiently? Is cross training possible?
- When blood lead testing shifted to private labs, it caused more work for state programs.
- Inefficiencies in the system can be created by a decrease in resources.
- In an emergency, with an increase in samples are there resources to cover additional testing. How do you accommodate this?
- What are the available resources?
- Water testing turnaround time for private labs is 24 hours. State PHL can be a long time. If there are problems with the testing, would be good to let the customer know.
Communications is the key.

- Proactive water testing. Need to modernize testing. Should come up with recommendations for appropriate water testing.
- Resources are key. Policy makers need to be on-board.
- New test times. Services not being provided. Delays in information going out to the community (STD's).
- Local Health Department/Laboratory relationship is working well. We need this partnership; it is an essential part of Public Health.
- Public Health Mission and PHL may not have the resources private health labs do; therefore, this causes delay.

2.1.2

- Worked well for emergency anthrax testing. However, worries about surge capacity. What suffers when surge capacity kicks in?
- Communications contacts maintained for emergency situations Annual First Responder trainings have been good, and well received.
- Interpretations of results need to be worked on. Local Health Directors need answers and need to be kept in the loop. LHD's are on the front line.
- Last November, CTPHL was down two days. When laboratory testing was down, where was the COOP plan?
- CTPHL has partners on federal level to help with testing.
- No measure of surge during a crisis. How do we access this information?
- Agency COOP plan is being revised.
- Where can we get additional funding or how can we make sure that resource dollars are not cut?
- Time lags: Problem identified, communication acted on. What is critical? Communication is essential.
- Role of state public health Labs is changing. Where are federal dollars going? What is next for state public health labs?
- Any money brought into the lab from testing goes to the general fund.
- How can we all work together to move ahead? Need system-wide teamwork.
- Decrease in funding from CDC results in a decrease in the number of positions in the CTPHL.
- Communication with partners is essential.
- Finding qualified workers to do testing during an epidemic is hard.

Next Steps – Essential Service #2:

1. Work to develop better feedback from the NBS treatment centers to the lab.
2. Find resources so that lab can do more testing for Environmental Health program.
3. Develop recommendations for appropriate proactive water testing.

4. Get policy makers on-board for needed resources.
5. Obtain more resources.
6. Work on even better communications with partners, especially about problems.
7. Develop training on lab results.
8. Work on agency-wide and CTPHL Continuity of Operations Plans.
9. Investigate partnerships with other labs for sharing work.
10. Seek cooperation of policy makers, bringing them into problem to help solve it.
11. APHL help identify problems (show other states issues and possible solutions.

Essential Service #3: Inform, educate, and empower people about health issues

	3.1 Outreach to Partners	Activity Level
3.1.1	The PHLS creates and delivers consistent information to community partners about relevant health issues associated with laboratory services.	Significant
3.1.2	The PHLS creates and provides education opportunities to health and non-health community partners.	Significant

Discussion Points 3.1.1

- Radiation testing (biodosimetry) and the outreach to the hospitals has been very good, and hospitals very receptive to work with CTPHL.
- Local health departments/districts) (LHD's) use the CTPHL web site.
- Rabies processing information has been helpful.
- Webinars are beneficial.
- Outreach is at a lot of different levels within the CTPHL.
- Reference labs not just for customers, need to be more proactive, and to reach out to other labs.
- For issues concerning private wells and private labs stakeholders refer to DPH website
- Radon testing done at private lab and, when found, testing results have to be disclosed when selling.
- Partnership with LHD is very important.
- Communication with outside labs is important.
- Is process for release of information consistent throughout the CTPHL?
- Press releases for state agencies released by whom?
- Conflict arises sometimes with lab testing vs. state police or local police who want to preserve the evidence.
- Primary care providers (PCP's) getting results for newborn screening (NBS). NBS results reported to submitter (birthing facility) and NBS tracking nurses call out abnormal results.

- Professional Organizations, State Lab, and DPH programs are all resources for information.
- No good communication with all the PCP's.
- PHL consistently informing CDC about new issues or concerns.
- Home test kits (HIV), no one giving them out, are very expensive and there is education for those who are using them but there are a lot of home test kits with issues.
- Depends on the audience as to how you communicate.
- For product recalls, testing is done for partners and information goes to the Connecticut Department of Consumer Protection.
- Everbridge system for communication does work for the LHD.

3.1.2

- As requested by CTPHL staff, programs are developed.
- In general, the CTPHL is viewed as a "black box".
- Need to know more about public health issues.
- Websites need to be kept current and updated on an ongoing basis.
- How much about what is done here is known?
- Meeting here at CTPHL with state/government, state legislators, CDC, and others to let them know what we do is needed, especially to show them the programs that we do have and how they work.
- Town hall meeting(s) for community to educate them about the PHLS.
- What do private labs do for trainings and educational programs?
- What trainings are offered at the CTPHL?
- How do the private labs offer education for the staff and is any done for the community?
- Is it possible to have a joint effort education from both the private labs and DPH program developed?
- The policy makers need to be involved at a level where decisions can be made in a timely fashion.

Next Steps – Essential Service #3:

1. Web page updates need to be done and web pages kept updated.
2. Menu of test done by CTPHL as well as a manual for clients created for web and for our partners.
3. Fact sheets available for those who want it as a reference too.
4. Policy makers need to be involved and educated about the PHLS.

Essential Service #4: Mobilize community partnerships to identify and solve health problems

	4.1 Partnership Development	Activity Level
4.1.1	Partners in the PHLS develop and maintain relationships to formalize and sustain an effective system.	Optimal

	4.2 Communication	Activity Level
4.2.1	SPH Laboratory System members communicate effectively in regular, timely, and effective ways to support collaboration	Significant

	4.3 Resources	Activity Level
4.3.1	The SPH Laboratory System works together to share existing resources and to identify new resources to assist in identifying and solving health issues.	Optimal

Discussion Points:

4.1.1

- Start customer advocacy group/round table quarterly meetings (with a defined agenda). Produce a newsletter with the outcomes from the meeting.
- DEEP potable water group underwent a LEAN process and communicated with the PHL, which fostered a better relationship.
- Electronic results increase efficiency.
- Revised lab forms for environmental testing increased efficiency.
- DPH should hold a LEAN event to improve relationship and efficiency (e.g., timing specimen/sample drop off days and times so that they coincide with the testing cycle of the lab). For example, if a test is done only once a week, and the sample is dropped off after the test is done for that week; it will sit for a week in the CTPHL. If submitters were aware of the testing cycle, they could plan accordingly.
- Make information accessible to all on-line.
- New England region stronger than most in interdepartmental communication.
- Expand CT Laboratory Preparedness Advisory Committee to other partners in system.
- Automation of all electronic data exchange (Parking Lot).
- Incident Command Structure is a management tool for relationships between functions and not individuals. Organizational structure/culture works against ICS (e.g., nursing home strikes). Know role and maintain relationship.

- Individual/personal communication is not formalized; structure is not concrete. Data driven system.

4.2.1

- Monthly calls with Epidemiology/clinical helping to let people “join” and participate in the system.
- PHL is a participant in the State fusion center.
- Monthly meeting with toxicology and CTPHL. Formalizing meeting?
- Feedback to submitters about issues with specimens is spotty. Calling submitters before sending reports may clear problems up.
- There is a monthly preparedness partners meeting.
- Develop a SharePoint site for Food Protection, CTPHL and Epidemiology.
- There are regional PHL directors’ meetings/calls.
- Communications pathways exist.
- PHL has a written communications plan for emergencies, but not a daily/routine communication plan.
- How can we advocate for ourselves if no one knows what we do?
- Since information is being provided already, provide content for social media. How is information used?
- Timely information dissemination.
- PHLS newsletter would be a good idea.
- Regional communication networks: Flu surveillance; BioResponse with Connecticut, New York, and New Jersey; Fatality taskforce
- Identify stakeholders because the target changes depending on needs. Use assets like the new PHL facility.
- Use system partners to do things that the CTPHL or DPH can’t do.

4.3.1

- Annual First Responders training is good.
- Examples of things we already do that work:
 - CT Agricultural Experiment Station –ISO certification.
 - Beach and bathing water testing for Department of Energy and Environmental Protection
 - Local health testing
- New resources. Sharing of FTE’s across programs provided redundancy and enables functions to be fulfilled that might otherwise be lost if each program could not support an FTE.
- Generators distributed by DPH during superstorm Sandy
- Partnership with State Police

- Local Health takes up slack for couriers. Need training on forms, rules, transport criteria to standardize courier handling, including food samples.
- Update Specimen Handling manual (Maybe first LEAN event).
- Identify criteria for qualified persons to make decisions in emergencies, e.g. white powder incidents.
- Animal Control Officers help out by submitting rabies samples to CTPHL. Small towns have limited resources.
- Systemic approach for “right sizing”. Criteria developed to determine which specimens. Measure demographic. Include laboratorians in decision-making process for right sizing.

Next Steps – Essential Service #4:

1. DPH/CTPHL should hold a LEAN event to improve internal and external communications
2. Map out what CTPHL network system is (use ICS as a tool).
3. Define what they each do.
4. Lines of communications – Bring in the members needed for the incident.
5. Provide feedback to submitters about problems.
6. Develop a CTPHL system newsletter.
7. Develop training for couriers. See above for specifics.
8. Update specimen handling manual.
9. Identify criteria for qualified persons.
10. Include laboratorians in decision-making process for right sizing.

Essential Service #5: Develop policies and plans that support individual and community health efforts

	5.1 Partnerships in Public Health Planning	Activity Level
5.1.1	The SPH Laboratory System obtains input from diverse partners and constituencies to develop new policies and plans and modify existing ones.	Significant

	5.2 Role in Laboratory-Related Policy Making	Activity Level
5.2.1	The SPH Laboratory System and partners contribute their expertise and resources using science and data to inform and influence policy.	Significant

	5.3 Dissemination and Evaluation	Activity Level
5.3.1	The plans and policies that affect the SPH Laboratory System are routinely evaluated, updated and disseminated.	Significant

Discussion Points:

5.1.1

- Hospital view- yes for policy, monthly meetings, help identify what needs to be changed and what needs to be monitored.
- Review and revise committees: are they there to develop better methods or procedures based on information from other agencies or laboratories?
- Reportable disease: do the meetings held for these engage the laboratory in them or are they Epidemiology only? Do they look at resources in the CTPHL to see if the testing can be done?
- Laboratory input is very beneficial in meetings.
- Environmental changes have occurred due to clean up standards due to the laboratory testing methods.
- Are we consistently looking at ways to get better and more accurate test methods?
- Are private labs brought in on a regular basis to help collaborate?
- Need to promote better collaboration with others.
- Concern about testing reductions at the CTPHL being resource (funding) driven.
- LHD concern that they may want something done and will talk to the CTPHL, but it depends on resources available either at the LHD or the state. If no resources are found, it does not get done.
- Lab is competing for resources; it is very difficult to bring in new testing.
- If you have a project for sample testing, it can be limited by the number of tests allowed (may test only a certain number).
- Need to have third party billing in place. This was brought up to the lab three years ago and it still is not in place.
- In conversation with CTPHL sections, it can be very difficult to get answers needed on a timely manner.
- A new policy is needed to move things/projects through the system quicker.
- Communications with the key/major people who can make the decisions are needed; these people need to be involved in the process earlier. The decision-makers need to be at the meetings.
- Need to identify timelines key roles and responsibilities of people.
- Water quality monitoring changed to a data system but the public health labs didn't report in this system format. Need to have a format which is acceptable for all systems being used to report with. LHD had to go to a private lab in order to report things.

- Meetings held without the correct or essential partners being present.
- Decisions made by resources that hamper what can be done.
- “DPH is there on behalf of the public and a lot of times the key players who should be there are not present or even involved” (Comment by a person).

5.2.1

- Grants purpose makes us communicate with our partners.
- CTPHL agreed to monitor pesticides testing help us set this policy in place.
- CTPHL data is used to propose changes, new ideas or new ways.
- Lack of data from CTPHL system can affect policies.
- Data can really drive policy changes.
- Data can be ignored by policy makers; need to be able to explain data in terms lay people can understand.
- Need to reach out to policy makers but we are not allowed to talk to them.
- Information that the CTPHL is telling us needs to be reviewed and monitored for changes that may be needed.

5.3.1

- CTPHL sections are reviewed every year, and the manuals every 2 to 3 years. The Standard Operating Procedures are reviewed as changes occur or new tests or protocols are implemented.
- There is no formal monitoring plan.
- Do not share reviews with other state agencies, but it is shared when we are audited.
- Our last review was this year.
- Reportable disease list is reviewed every year.
- Review of drinking water happens when there is time and if there is a need.
- Reviews in some areas are done as needed.
- If resources change, this can cause a review to be needed in an area.
- LHD’s receive notification about updated plans, policies or changes through different venues (Everbridge, letters, talking with CTPHL).
- Lead and Water have had new procedures implemented in the past few years.
- If a problem or gap is seen with any of the policies or procedures, this is reviewed and brought up as an issue to be tackled.
- When a policy or procedure is retired, this information is archived.
- Records are kept for 5 years or dictated by regulatory entities.
- Need to ask the clients for feedback when making evaluations.

Next Steps – Essential Service #5:

1. Third party billing by the CTPHL is important to bring in more resources for the DPH.
2. Work on getting more collaboration with private laboratories about methods, education, new practices, etc.
3. Schedule meetings that have the decision-makers involved.
4. Timelines and key roles established at meetings to make progress more effective and efficient.
5. IT and key PHL personnel need to work on getting laboratory data to programs.
6. Communication needs to be monitored and laboratory data reported in a timely manner to help facilitate needed changes or policies.
7. Establish a sensible and effective method that enables us to get routine feedback from our clients.

Essential Service #6: Enforce laws and regulations that protect health and ensure safety

	6.1 Laws and Regulations	Activity Level
6.1.1	The SPH Laboratory System is actively involved in the review and revision of laws and regulations pertaining to laboratory practice.	Optimal
6.1.2	The SPH Laboratory System encourages and promotes compliance by all laboratories in the system with all laws and regulations pertaining to laboratory practice.	Optimal

	6.2 Enforcement of Laws and Regulations	Activity Level
6.2.1	The SPH Laboratory System has the appropriate resources to provide or support enforcement functions for laws and regulations.	Significant

Discussion Points:

6.1.1

- Environmental Health recently rewrote regulations, in collaboration with partners.
- Executive order required all regulations to be reviewed. There is a system in place that includes public input.
- Internal audit.
- Adjusted for outdated regulations, eliminate duplication; change in statute/regulation to ensure valid legal foundation.
- Reportable list updated yearly.

6.1.2

- Waived tests (indicators or flu) not assuring compliance with anything – CLIA.

6.2.1

- State and local public health emergency authorities include quarantine/isolation – Individual threat assessment.
- Education for local community isolation/quarantine through probate.
- Enforcement difficult as police don't want to get sick.
- Precedents exist. Court sanctions for environmental violations.
- Prioritizing. No way to guarantee enforcement of PPE.
- Assess personnel; need more.
- No sustainability for Mark 1 kits.
- Basic field safety and personal protective equipment for working with infectious disease patients.
- First Responders training.
- Raise level of awareness of laws and regulations.
- Clarify rules with international food, multistate, embargo, Epidemiology/Food Protection
- Infection control training for PHL system support.
- Review requirements for personal protective equipment.
- NBS sample demographics are pre-entered electronically. There should be opportunities for others to do the same.

Next Steps – Essential Service #6

1. Investigate pre-login of demographic information beyond NBS

Essential Service #7: Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable

	7.1 Provision of Laboratory Services	Activity Level
7.1.1	The SPH Laboratory System identifies laboratory service needs and collaborates to fill gaps.	Optimal
7.1.2	The SPH Laboratory System provides timely and easily accessed quality services across the jurisdiction.	Significant

Discussion Points:

7.1.1

- Timeliness of results was poor. Turn-around time for clients was too long so Clinical Lab Partners (CLP) brought testing in-house (TB ID).
- HIV Western Blot algorithm is outdated. Because CTPHL can't do testing, CLP is looking to bring testing in-house.

- Various methods are in place for courier system; it is working collaboratively (especially among local health). Funding is combined from different sources (e.g., HIV/STD, bathing water, etc.).
- Packaging and Shipping training is done for hospital and private lab staff and will be extended to local health staff.
- The Environmental Chemistry laboratory does try to pick up new analyses.
- Who sets priorities about which essential services are maintained? Partner input is not defined. We should be on the edge of new technology, and not reactive.
- There needs to be transparency in prioritizing. Is it funding that sets the priority; then what testing services suffers the loss? Stakeholders should be involved in decisions.
- Bathing and beach water results take 24 hours. There are new techniques that take 6 hours. Results are temporally disconnected. Bench work and communicating results are fine. It is the technology that could be improved. There should be a uniform approach between state and private labs. If a private lab can do a rapid method, why can't the state?
- If CTPHL is to be a leader in providing information to the public, they must lead technologically.
- There should be collaborations about adopting new technology (program/CTPHL/local health) for a uniform approach to testing.
- If there is no funding for testing at the state lab, then there is also no funding for local health departments to refer to a private lab.

7.1.2

- Must have a laboratory account to submit samples. For rabies, private citizens should go to UCONN and not here (but they are not turned away from here).
- The turn-around time for a final report from CDC from a sample that was sent in January 2013 was very bad. Result was faxed in November 2013 (enteric toxin test). CLP called the state lab every month. Where was the report between January and November? The client was very upset. Lab should document an audit trail to find out if the PHL or CDC was at fault. PHL should follow up on pending results.
- Our mission is public health/surveillance vs. individual health.

Next Steps – Essential Service #7

1. Improve technology and collaborate with partners in adopting new technology. We should be on the cutting edge and doing what no one else can do.
2. Become transparent in prioritizing which services are cut. Involve stakeholders in the process. What we do (or do not do) affects them.
3. Develop audit trails for CDC send outs/pending results so that turn-around time is improved.

Essential Service #8: Assure a competent public health and personal healthcare workforce

	8.1 Defined Scope of Work and Practice	Activity Level
8.1.1	All laboratories within the SPH Laboratory System identify position requirements and qualifications; assess competencies; and evaluate performance for all laboratory workforce categories across the entire scope of testing.	Optimal

	8.2 Recruitment and Retention of Qualified Staff	Activity Level
8.2.1	The SPH Laboratory System maintains an environment to attract and retain highly qualified staff.	Moderate

	8.3 Assuring a Competent Workforce	Activity Level
8.3.1	The SPH Laboratory System works to assure a competent workforce by encouraging and supporting staff development through training, education, and mentoring.	Moderate
8.3.2	The SPH Laboratory System identifies and addresses current and future workforce shortage issues.	Moderate

Discussion:

8.1.1

- Turnover issues affect credibility; promote competency across instrumentation for similar testing.
- Ensure competency across the system (CDC or CAP testing).
- Use internal audits.
- Certification, validation issues (e.g., for 1, 4 dioxane used a different lab until CTPHL was certified).

8.2.1

- Can't hire creatively; rigid hiring structure.
- Use of interns adds flexibility.
- System is cumbersome for travel to educational events (e.g., 30 days notice required).

8.3.1

- Barriers exist for upward mobility in the CTPHL.
- Training is not coordinated throughout the system among stakeholders.
- Needs assessment for training in the "system" could be done.
- Issue with short-term consultants can be related to funding sources.

- Flex time is offered.
- Continuing education is offered.
- Nature of workflow and physical location is a barrier to cross training. Procedures are developed differently in similar areas, creating lack of standardization. This also makes cross training more difficult.

8.3.2

- Difficult to recruit people with very specialized skill sets (like BioResponse).

Next Steps – Essential Service #8:

1. IT staff need support identifying skill sets and providing training.
2. Provide a means for teleconference or webinar training.
3. Communicate to decision-makers/managers that offering educational opportunities is an incentive to the workforce.
4. Develop mentoring program that includes training and support for mentors.

Essential Service #9: Evaluate effectiveness, accessibility, and quality of personal and population-based services

	9.1 System Mission and Purpose	Activity Level
9.1.1	The SPH Laboratory System range of services, as defined by its mission and purpose, is evaluated on a regular basis.	Minimal

	9.2 System Effectiveness, Accessibility and Quality	Activity Level
9.2.1	The effectiveness of the personal and population-based laboratory services provided throughout the state is regularly evaluated.	Minimal
9.2.2	The availability of personal and population-based laboratory services throughout the state is regularly evaluated.	Minimal
9.2.3	The quality of personal and population-based laboratory services provided throughout the state is regularly evaluated.	Significant

Discussion Points:

9.1.1

- Focus on the system, not just the CTPHL.
- Possible system mission.
- How is the communication within the system?
- Define “System” – and address common goals and activities with partners.

- Does it exist now?
- Depends on laboratories; each one is different in getting information.
- Courier services, timing of specimens, and reporting results: depends on the laboratory and is not consistent CTPHL-wide.
- What tests are available and are new ones or new ways being utilized to be more effective and efficient?
- Are we keeping current with new ways and ideas, change testing methodology and Epidemiology?
- Do the DPH programs and the CTPHL communicate with each other?
- Methodology with validation frequency information available.
- Certain laboratories do not have a track record of good communication between lab and the sample submitters.
- Testing, communication and capacity of CTPHL is fragmented.
- No consistency in place.
- What is tested at the PHL and what should be tested?
- Funding cuts.
- Is there a systematic way to look at cuts?
- Are we consistent in reviewing methodologies?
- Communication with outside partners is good with some areas of the CTPHL.

9.2.1

- Licensing inspectors for clinical and environmental laboratories work with us to improve; it is a “team approach” relationship and inspectors are doing the job well.
- Evaluation of range of services for lab verses system & services are they evaluated? (?)
- Does the lab system look at itself?
- Is there an evaluation of customer service?
- Have downtimes with weekends and holidays been looked at?
- Customer service evaluation is limited.
- Needs to be collaboration; today’s meeting is good start.
- Distribute findings for better communication to partners.
- Review database and sharing of information with appropriate people.
- Need effective statistics out of system to support programs.
- IT needs to improve data collection.
- Is there a system to evaluate customer service in place? (what’s being evaluated?)
- Data evaluation is key for program.
- Need reports run to give us data to share with our partners.

9.2.2

- Lab view: need to plan better for staff turnover and recruitment.
- Audits are intermittent and not consistent.
- Evaluations are intermittent, isolated, no ongoing process in place.
- Private labs audit themselves and collect data for review; does CTPHL do this?
- Grants formalize reporting information; grantors expect data.
- Hire an epidemiologist for data and IT.
- Testing is being sent out due to lack of qualified personnel to test.
- Tests have been discontinued due to lack of money and labor force.
- Increase in private labs testing.
- Communication about these issues is very important.
- How are cuts based on funding hurting us and what long-range problems does this cause?
- Limited revenues hurt us; no funds to cover testing.
- When tests are sent to private labs, we never get this testing back at the CTPHL.
- Private labs cannot customize testing that needs to be done for public health purposes.
- Has a cost analysis been done of sending out testing vs. doing it in-house?
- Hire an epidemiologist for data IT.
- Annual questionnaire for our customers.

9.2.3

- Customer services audits on programs that require this (more grants are asking for this).
- Review of evaluations is utilized for programs.
- Shifting of resources due to volume of testing.
- Not allowed to fill positions.
- Outside influences can effect PHL services, especially when a problem has been identified (e.g., water testing when an area has a problem identified).
- Outside partner's data and internal reviews; use of matrix metric and data review is done routinely.
- Process of accreditation through the Public Health Accreditation Board for Local Health Departments.

Next Steps – Essential Service #9: (these should begin with a verb)

1. Provide education about tests; conduct more effective and efficient testing.
2. Proficient for testing and validation methods, grants are asking for lab information (metrics in grant reporting), data about how long it takes to get test to labs, how long to test sample.
3. Electronic laboratory reporting needs to be available for CTPHL clients ASAP.
4. Develop a more formal method for evaluations of CTPHL.
5. Communication needs to be better (internal or external, or both??)
6. Extremely important to get effective statistics out of system for our clients.

7. Conduct an internal review within the CTPHL about our services.
8. Planning to have knowledge base, procedures, and policies in place to facilitate coverage of other areas when needed.
9. IT issues and reports needed are of key importance.
10. Communication with customers. Annual customer reviews.
11. System (methodology for an evaluation) to be used by all of the laboratory systems and partners (not just the CTPHL).

Essential Service #10: Research for insights and innovative solutions to health problems

	10.1 Planning and Financing Research Activities	Activity Level
10.1.1	The SPH Laboratory System has adequate capacity to plan research and innovation activities.	Moderate

	10.2 Implementation, Evaluation and Dissemination	Activity Level
10.2.1	The SPH Laboratory System promotes research and innovative solutions.	Moderate

Discussion Points:

10.1.1

- We do have a Human Investigations Committee but no research committee or equivalent. There are federal constraints on use if federal funds are used for research (research = new knowledge). We can call it public health practice.
- Those that have resources, get more, (e.g., New York and Massachusetts). Hard for Connecticut to get research money while still doing public health practice; we don't have enough people, either. For example, New York has a group of PhD's that apply directly for research funds, which is a unique capacity. We just manage public health practice and, even at that, we are short-staffed. The return is better public health services. Sell to legislature to invest in public health services. We would compete with Yale/UCONN for research money, or collaborate. Do we need grant writing training?
- Partner with insurance companies? They have much research data, business must invest in itself.
- If we want a strong PHLS, we must compete for money. We must not drain our current resources.
- Support PHL resources from within. Be aware and take advantage of opportunities already available to us (e.g., data we have already collected for public health practice).

- Must collaborate with graduate schools, other labs (even private ones) or other groups. Funds from CDC are insufficient to fund a full person.

10.2.1

- Attitude vs. practical constraints.

Next Steps – Essential Service #10

1. Collaborate with other groups (Yale/UCONN graduate schools, other laboratories, insurance companies).
2. Take advantage and be aware of opportunities already available to us (i.e., data we already have collected as part of the normal course of public health practice).

Essential Service Scoring Summary

Essential Service #1: Monitor Health Status		Essential Service #2: Diagnose and Investigate	
1.1 Monitoring Community Health Status	77.7	2.1 Appropriate and effective testing	67.0
1.2 Surveillance Information Systems	5.0	Overall Score	67.0
Overall Score	41.3		
Essential Service #3: Inform, Educate and Empower		Essential Service #4: Mobilize Partnerships	
3.1 Outreach to Partners	67.0	4.1 Partnership Development	100.0
3.2 Empower Partners	67.0	4.2 Communication	67.0
Overall Score	67.0	4.3 Resources	100.0
		Overall Score	89.0
Essential Service #5: Develop Policies and Plans		Essential Service #6: Enforce Laws and Regulations	
5.1 Partnerships in Public Health Planning	67.0	6.1 Laws and Regulations	100.0
5.2 Role in Laboratory Policy Making	67.0	6.2 Enforcement of Laws and Regulations	67.0
5.3 Dissemination and Evaluation	67.0	Overall Score	83.5
Overall Score	67.0		
Essential Service #7: Link People to Services		Essential Service #8: Competent Workforce	
7.1 Provision of Lab Services	83.5	8.1 Defined Scope of Work and Practice	100.0
Overall Score	83.5	8.2 Recruitment and Retention of Staff	33.0
		8.3 Assuring a Competent Workforce	33.0
		Overall Score	55.3
Essential Service #9: Evaluation of Effectiveness		Essential Service #10: Research	
9.1 System Mission and Purpose	5.0	10.1 Planning and Financing Research	33.0
9.2 System Effectiveness, Accessibility, and Quality	25.7	10.2 Implementation and Evaluation	33.0
Overall Score	15.3	Overall Score	33.0

Consolidated Scoring Summary

[illegible]

Acknowledgements

The Connecticut Public Health Laboratory would like to recognize:

- Department of Public Health Commissioner Jewell Mullen, M.D. and Deputy Commissioner Lisa Davis for their support of the Laboratory and its implementation of the L-SIP.
- Bertina Su and the LSS Committee at APHL, for their technical assistance and APHL Funding that made the Connecticut L-SIP possible.
- Dr. Christine Bean and Jill Power from the New Hampshire Public Health Laboratory and Karen Breckenridge at APHL for doing an excellent job of facilitating the meeting and breakout sessions.
- The Laboratory Managers, particularly Jack Bennett, who were all instrumental in making the meeting a success.
- The Laboratory staff who attended the meeting and provided input and guidance to external stakeholders
- The diverse group of Connecticut LSIP stakeholders for their time, interest and active participation at the meeting.

Crosswalk of Essential Services to Core Functions

APPENDIX D:

Crosswalk of Essential Services and Core Functions of Public Health Laboratories

ESSENTIAL SERVICE	CORE FUNCTION
1. Monitor health status to identify community health problems	1. Disease prevention, control, and surveillance
2. Diagnose and investigate health problems and health hazards in the community	2. Integrated data management 3. Reference and specialized testing 4. Environmental health and protection 5. Food safety 8. Emergency response
3. Inform, educate and empower people about health issues	10. Training and education 11. Partnerships and communication
4. Mobilize partnerships to identify and solve health problems	11. Partnerships and communication
5. Develop policies and plans that support individual and community health efforts	7. Policy development
6. Enforce laws and regulations that protect health and safety	6. Laboratory improvement and regulation
7. Link people to needed personal health services and assure provision of health care when unavailable	3. Reference and specialized testing
8. Assure a competent public and personal health care workforce	10. Training and education
9. Evaluate effectiveness, accessibility, and quality of personnel and population-based service	3. Reference and specialized testing 6. Laboratory improvement and regulation
10. Research for new insights and innovative solutions to health problems	9. Public health-related research

Meeting Evaluation Summary

What worked?

- 1) The facilitation was done well.
- 2) The location was central.
- 3) The workgroup dialogue was engaging.
- 4) Breakout sessions were a great opportunity to meet others that we may not know directly but collaborate with.
- 5) Participants of multiple labs.
- 6) Structure was good (example then breakout sessions).
- 7) Facilitators excellent.
- 8) Excellent mix of partner agencies and groups.
- 9) Great opportunity for discussions.
- 10) The dialogue with different entities and a variety of input was very helpful. Provided a good perspective from different sources.
- 11) Good areas to use as discussion materials. Materials were helpful to guide and focus.
- 12) Pre-established groups
- 13) Flexibility of the groups (for example, sending law enforcement from one group to another to discuss their area of expertise.
- 14) Input/discussion. Hard to get a group of so many people to open up, but there was some great discussion.
- 15) Varied backgrounds and agencies represented.
- 16) Group review of first ES.
- 17) Knowledgeable facilitators.
- 18) Well organized conference
- 19) Well defined topics for discussion
- 20) Broad range of participation.
- 21) Small Group sessions. The mix of group participants generally good.
- 22) Size of workgroups was appropriate for the types of discussion.
- 23) Discussions were greatly facilitated by "Points for Discussion" in workbooks.
- 24) Discussion and ultimate vote worked.
- 25) Good mix of participants.
- 26) Good overall starting point.
- 27) Dialogue.
- 28) The open discussion.
- 29) Breakout sessions well managed. The discussion was lively and focused.
- 30) Willingness of participants to voice opinions.
- 31) Mixed groups and NH/APHL ladies helping with breakouts.
- 32) Lunch & breaks.
- 33) Great group of experts.
- 34) Excellent program.
- 35) Division of stakeholders based on positions/organizations/functions was useful for working groups and provided better discussions.
- 36) Dialogue in small groups from a variety of agencies.
- 37) I think starting in a large group got ideas flowing.
- 38) Effective facilitation, open dialogue across a cross-section of partners.
- 39) Three areas/breakout groups – good length of time, dynamic discussion.

What could be improved?

- 1) Definitions and context.
- 2) Would have some key discussions include more SPH system client issues (hospital labs).
- 3) The ratings numbers seem wrong. 75% is optimal? What would it be like if you lost 25% of submitted specimens.
- 4) Some of the points seem poorly adapted to this review format; ES#8, for example, is almost entirely internal, not a great use of outside peoples time. Consider if different objectives should be evaluated in different ways.
- 5) Provide opportunity for follow-up discussion.
- 6) Not clear on next steps. These types of meetings have happened in the past with no changes or feedback or outcomes. Skeptical that this will be any different. Many "next steps" are big goals that may be difficult to address and accomplish.
- 7) Not clear how things will be accomplished as we move forward. Almost seems like a strategic plan will be put in-place, and haven't seen many that have proven to be effective and successful.
- 8) Feedback, follow-through and next steps of this process will be important.
- 9) I understand there wasn't a lot of time, but would have liked to hear a synopsis of other groups.
- 10) Would have been useful to provide one or two examples of linkages of 10/11 practices/services in the introduction (to give everyone baseline understanding outside lab structure).
- 11) Providing more information ahead of time would have allowed time for participants (especially non-laboratorians) to consider them.
- 12) Nothing.
- 13) A little more clarity on the "Key Ideas" and less focus on the DPH laboratory itself and more on the system.
- 14) Need more time to ensure all key players present for the topics.
- 15) Difficult to see slides from back of the room.
- 16) We needed some clinical representation in the small group.
- 17) More initial session dialogue about what comprises the SPHL system.
- 18) More defined explanation of what they were looking for.
- 19) Lab PH network diagram so people knew where they fit in the big picture.
- 20) The chairs in this setting are very uncomfortable.
- 21) The setting in the larger room was not appropriate.
- 22) There is always a need for gap analysis in any organization. However, only identifying a deficiency is not useful in and of itself. Individuals need to be better at identifying solutions to problems/deficiencies. Often, individuals in meetings such as this aren't necessarily the ones that can make these decisions.
- 23) Temperature in building too warm.
- 24) Attendance of policy makers.
- 25) Participation of policy makers, including DPH upper management.
- 26) In a day of constant evaluation, it would be good to start/finish with positive comments. I have many positive comments, but they did not fit into the specific areas discussed.
- 27) Would be good to acknowledge upfront the issues of state funding.
- 28) I think should end with group review questions.
- 29) Room temp too cool.

L-SIP Meeting Evaluation Summary

1 is Poor and 5 is Excellent

Utility of Meeting	1	2	3	4	5	No answer
Stated meeting objectives were met			4.88%	39.02%	51.22%	4.88%
Dialogue was useful				26.83%	73.17%	
I support the efforts being made				14.63%	85.37%	
Next steps are clear		9.76%	34.15%	29.27%	19.51%	7.32%
Meeting was a good use of my time			4.88%	56.10%	39.02%	
Meeting Arrangements	1	2	3	4	5	No answer
Advance notice of the meeting			4.88%	12.20%	82.93%	
Meeting room accommodations		4.88%	2.44%	29.27%	63.41%	
Advance materials useful	2.44%		9.76%	29.27%	53.66%	4.88%
Flow of Meeting	1	2	3	4	5	No answer
Started on time			2.44%	19.51%	56.10%	
Clear objectives for meeting			7.32%	39.02%	53.66%	
Agenda followed or appropriately ammended				19.51%	80.49%	
Facilitation was effective			2.44%	14.63%	82.93%	

Total Number of attendees	55
Respondents	41
% Respondents	74.55%

Attendee Emails and Sign-In Sheet

Bennett, Jack

From: Alexis, Irene
Sent: Thursday, October 17, 2013 10:19 AM
To: Bennett, Jack
Subject: From the Desk of Dr. John Fontana: Laboratory Stakeholders Meeting

Dear Mr. Bennett,

We at the Dr. Katherine A. Kelley State Public Health Laboratory are conducting a State Public Health Laboratory System Performance Assessment as part of the Department of Public Health's Quality Improvement Program. The assessment was developed by the National Public Health Performance Standards Program and the Association of Public Health Laboratories and has been used by many state public health laboratories, which found it to be highly effective toward improving their state laboratory system. An important part of the assessment process will be a one day meeting with our partners and stakeholders. As a valued stakeholder and system partner, your participation is critical to the assessment. This will be a facilitated meeting comparing our current status to the essential core functions of Public Health Laboratories.

It is important to recognize that our state "public health laboratory system" includes all of the organizations and partners that contribute to the state's ability to meet state laboratory needs for assuring health and well-being. The work that you do makes your organization a vital partner in the state public health laboratory system.

This system assessment will give us information on where we are successful, highlight areas of progress and identify places where improvements need to be made. The assessment will provide for dialogue including information you share with us. Through a facilitation process, a consensus will be reached and collated into a state-wide response. The results will tell us how we compare to the laboratory system "gold standards." For more information on the Laboratory System Improvement Program please go to this link:

<http://www.aphl.org/aphlprograms/lss/performance/Pages/default.aspx>

The assessment will take one day and will be facilitated by independent professionals skilled in public health and facilitation. Please join us. The assessment will take place:

Date: December 10, 2013

Time: 9:00 AM to 4:00 PM

Place: Dr. Katherine A. Kelley State Public Health Laboratory

Refreshments and lunch will be provided. Let us know if you have special dietary or mobility needs. Parking is available to all attendees. Please let Irene Alexis (Irene.alexis@ct.gov) know by October 31, 2013 if you or a representative will be able to attend the meeting. We believe that your perspective will help the success of this process. If you have any questions, please do not hesitate to call.

We look forward to working with you on this exciting and important endeavor.

Sincerely,

John Fontana, PhD, ABB (HCLD)
Laboratory Director
(860) 920-6500

Bennett, Jack

From: Alexis, Irene
Sent: Tuesday, December 03, 2013 8:56 AM
To: Bennett, Jack
Subject: From the Desk of Dr. Fontana: Additional Information about Laboratory Stakeholders Meeting

Dear Mr. Bennett,

I want to thank you for taking time from your busy schedule to participate in the Connecticut State Public Health Laboratory System Performance Assessment. The goal of this assessment is an improved Public Health Laboratory System.

The State Public Health Laboratory System in its entirety is the focus of this assessment. It is important to recognize that our "State Public Health Laboratory System" includes all of the organizations and partners that contribute to the states ability to meet state laboratory needs for assuring health and well-being. The work that you do makes you a valuable partner in the State Public Health Laboratory System. The success of this assessment hinges upon the participation of partners such as you to make the assessment most successful and meaningful.

We look forward to seeing you at this meeting. This will be a process facilitated by skilled public health professionals. The process and results of the assessment will aid us in identifying:

- 1) Gaps and weaknesses in the state laboratory system
- 2) Lack of coordination
- 3) Duplication of services
- 4) The need for new and/or additional services or resources

The assessment will take place:

Date: December 10, 2013

Time: 8:30 AM to 4:00 PM

Place: Dr. Katherine A. Kelley State Public Health Laboratory, 395 West Street, Rocky Hill, CT

It is important to note that we changed the meeting start time to 8:30 AM from the 9:00 AM start time in our previous email. Refreshments and lunch will be provided. The following website (<https://sites.google.com/site/ctdphlsip/l-sip-documents>) has documents with a description of the State Public Health Laboratory system, a list of "The 10 Essential Public Health Services", "The Core Functions of State Public Health Laboratories" and a crosswalk of the Essential Services and Core Functions. If you will not be able to attend the meeting, please contact Irene Alexis (Irene.alexis@ct.gov) as soon as you can. Please do not hesitate to contact me if you have any questions.

I look forward to working with you on this important endeavor.

John Fontana, PhD, ABB (HCLD)

Laboratory Director

Bennett, Jack

From: Alexis, Irene
Sent: Tuesday, December 17, 2013 4:11 PM
To: Bennett, Jack
Subject: From the Desk of Dr. Fontana: Thank You!

Dear Mr. Bennett,

I want to personally thank you from taking time from your busy schedules and dealing with the inclement weather to attend the L-SIP meeting on Tuesday. As I was moving from group to group, I was impressed with the amount of great discussion that was occurring. Preliminary analysis of the meeting evaluation forms showed an overwhelming majority of the participants believed that the meeting was valuable, but many felt that the next steps were not clear. This makes sense, because we shortened the meeting so that people could get home safely in light of the snowy weather. The closing plenary would have been the place where we could have started to clearly identify some next steps.

We will be compiling the notes and writing up a comprehensive report which will include addressing issues brought up and identifying next steps. The report will be posted on the Connecticut L-SIP site (<https://sites.google.com/site/ctdphlsip/l-sip-documents>) when it is completed. In the meantime, we have posted the evaluations summary and comments as well as the scoring summary from the 10 Essential Services on the site for your review. You can use the crosswalk document already on the site to correlate the Essential Service number in the spreadsheet to the service. If you have trouble accessing the site, please contact Irene Alexis (Irene.alexis@ct.gov) for assistance.

After the report is issued it will be important for us to arrange specific workgroups and meetings or conference calls that target any issues or deficiencies that limit how the laboratory system works. This will allow for an open dialog of how we can work together to solve these problems and your input will be critical.

I'd like to thank Dr. Christine Bean, Jill Power and Karen Breckenridge for facilitating the meeting. They did a great job of keeping the issues in focus and your assessment to reflect the performance of the laboratory system. Finally, I'd like to thank Jack Bennett and Irene Alexis for their efforts in organizing the meeting.

Again, thank you for your time and willingness to participate.

John Fontana, PhD. HCLD (ABB)
Laboratory Director
(860) 920-6500

CT DPH L-SIP Sign-In Sheet

Title	Contact First Name	Contact Last Name	Group	Organization	Organization	Signature
Dr.	Joe	Albanese	Emergency Response - Radiation	YVH 115		
Ms.	Laura	Apinis	2 DPH-Lab	DPH Lab		
Ms.	Joan	Aschlem	1 DPH-Quality Improvement			
TFC	Mike	Avery	3 State Police			
Ms.	Linda	Bailey	2 DPH-Lab			
Ms.	Caroline	Bailey	1 Local Health			
Ms.	Diane	Bardeen	3 DPH-Lab			
Mr.	Chris	Belucci	1 DEEP			
Mr.	Jack	Bennett	DPH-Lab			
Mr.	John	Best	3 DPH-Preparedness			
Ms.	Suzanne	Blancafort	3 DPH-Regulatory Services			
Mr.	Gary	Budnick	1 DPH-Lab			
Dr.	Sheldon	Campbell	3 DPH-Lab			
Ms.	Cynthia	Carter	1 DPH-Lab			
Dr.	Matt	Carter	1 DPH - Epidemiology			
Mr.	Dan	Colman	1 FBI			
Mr.	Scott	Cook	2 Local Health			
Mr.	David	Cooley	2 DPH-Water Supply			
Mr.	Jeff	Curran	DPH-Lab			
Mr.	John	Deckert	1 Local Health			
Mr.	Randy	Downing	2 DPH-Lab			
Ms.	Alvicia	Eslinger	3 DPH-Lab			
Ms.	Jaunita	Estrada	2 DPH-Regulatory Services			
Dr.	John	Fontana	DPH-Lab			
Ms.	Sally	Fraley	3 DPH-Lab			
Dr.	Jennifer	Gannon	1 Physician			
Mr.	George	Garrison	1 DPH-Lab			
Mr.	Bill	Gerrish	2 DPH-PIO			

CT DPH L-SIP Sign-In Sheet

Mr.	John	✓	Goldman	1	DEEP			<i>[Signature]</i>
Dr.	Babatunde	✓	Green	1	Veterans Hospital			
Dr.	Katherine	✓	Hart	3	Hartford Hospital			<i>[Signature]</i>
Ms.	Ann	✓	Hartman	(2)	Community Health Centers			<i>[Signature]</i>
Mr.	Gregg	✓	Herrford		DPH-Lab			<i>[Signature]</i>
Ms.	Susan	✓	Isch	(2)	DPH-Lab			<i>[Signature]</i>
Ms.	Heidi	✓	Jenkins	(2)	DPH-STD/TB Program			<i>[Signature]</i>
Mr.	Wayne		Kasek	3	Agriculture Department			<i>[Signature]</i>
Ms.	Aristea	✓	Kinney	✓ 3	DPH-Lab			<i>[Signature]</i>
Mr.	David	✓	Knauf	✓	Local Health			<i>[Signature]</i>
Dr.	Elise	✓	Kramer		DPH-Lab			<i>[Signature]</i>
Ms.	Virginia	✓	Kristie	✓	1 PHEP Liaison			<i>[Signature]</i>

3 Laurence Bennett Nicholas Powers

[Signature]

CT DPH L-SIP Sign-In Sheet

Mr.	Gregory	Lawrence	Environmental Laboratory		
Ms.	Tracy	Lizotte	3 DEEP		
Ms.	Yanice	Maldonado	1 Clinical laboratory	<i>Y Maldonado</i>	
Ms.	Adrienne	Manning	1 DPH-Lab	<i>Adrienne Manning</i>	
CPT	Matthew	Marks	3 CST	<i>Matthew Marks</i>	
Ms.	Lori	Mathieu	1 DPH- Water Supply	<i>L Mathieu</i>	DPH
TFC	Bob	Maynard	2 State Police		
Mr.	Steve	McConaughy	3 DPH-IT	<i>Steve McConaughy</i>	
Ms.	Elease	McConnell	1 Animal Control Officer		
Mr.	Patrick	McCormack	3 Local Health	<i>Patrick McCormack</i>	
Ms.	Melissa	Melendez	3 Newborn Screening Nursing		
Dr.	Randy	Nelson	1 DPH-Epidemiology	<i>R Nelson</i>	
Ms.	Cindy	Palmer	2 Newborn Screening Nursing		
Mr.	Michael	Pirro	1 Local Health		
Ms.	Francesca	Provenzano	1 DPH-Lead and Healthy Homes	<i>Francesca Provenzano</i>	CT DPH
Ms.	Terry	Rabatsky-Her	2 DPH Epidemiology	<i>Terry Rabatsky-Her</i>	DPH Epidemiology / IAD
Dr.	Christina	Robb	2 Agricultural Experiment Station	<i>Christina Robb</i>	DPH
Atty.	Shawn	Rutnick	1 DPH- Legal Office	<i>Shawn Rutnick</i>	
Mr.	Doug	Serafin	2 Local Health Lab	<i>D Serafin</i>	Team of Science
Mr.	David	Shortt	2 DPH-Lab		<i>David Shortt</i>
Mr.	Alan	Siniscalchi	3 DPH-Epidemiology	<i>Alan Siniscalchi</i>	
Dr.	David	Sink	3 Physician		
Dr.	Phil	Sommers	DPH-Lab	<i>Phil Sommers</i>	
Dr.	Lynn	Sosa	2 DPH-Epidemiology	<i>Lynn Sosa</i>	CT DPH Epi
Mr.	Brian	Toal	2 DPH- Environmental Health	<i>Brian Toal</i>	
CPT	Elizabeth	Turner	1 CST	<i>Elizabeth Turner</i>	
Ms.	Virginia	Veneziano	2 Consumer Protection	<i>Virginia Veneziano</i>	DCP
Mr.	Wilson	Vientos	3 Hospital Laboratory	<i>Wilson Vientos</i>	
Mr.	Bill	Warzecha	3 DEEP	<i>Bill Warzecha</i>	DEEP

[illegible]
$$\begin{array}{r} 1-15 \\ 2-13 \\ 3-11 \end{array} \quad \begin{array}{r} +3 \\ =17 \end{array}$$