2015 Iowa Public Health Laboratory System Assessment

Final Report

State Hygienic Laboratory at the University of Iowa
2490 Crosspark Road
Coralville, Iowa

May 29, 2015

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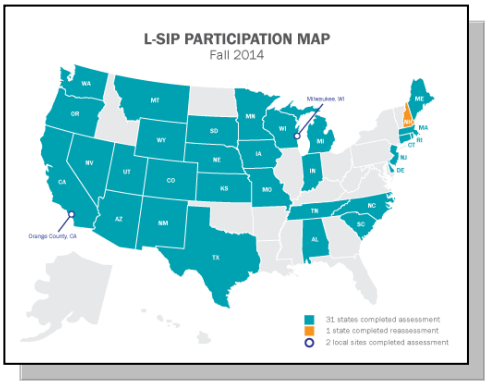
I. Introduction

Through leadership from State Hygienic Laboratory (SHL) at the University of Iowa, and support from the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC), a day-long Laboratory System Improvement Program (L-SIP) re-assessment for Iowa's Public Health Laboratory System was held on April 8th, 2015.



Source: www.aphl.org

The L-SIP developed in 2007 from a partnership between APHL and the CDC's Laboratory Science, Policy and Practice Program Office and is a compliment to the CDC National Public Health Performance Standards Program (NPHPSP). SHL, along with other state public health laboratories such as Main, New Hampshire, and Texas, piloted the assessment the first year. In 2008, Montana, New Mexico, and Rhode Island followed. Since its inception, the program has continued to transform with use of a formalized tool, structured event, and guidance documents with supported resources.

In collaboration with system partners, L-SIP supports improvement strategies through the cycle of assessment, planning, implementation, evaluation, and re-assessment. With over 30-states participation to-date, L-SIP is nationally recognized to identify public health laboratory system gaps and needs in alignment with the Ten Essential Public Health Services.

> *The Public Health Laboratory System can be defined all of the members and stakeholders (from individuals to organizations to agencies) who support the 10 Essential Public Health Services. The system is operated in an inter-connected and inter-dependent way to facilitate exchange of information and knowledge to help control and prevent diseases, environmental contaminants, and public health threats.*

Source: www.health.gov/phfunctions/public.htm

The L-SIP reassessment event was held at the new Center for Advancement of Laboratory Science at SHL's main facility in Coralville, Iowa. The participant invitation list was generated using the main categories identified in the *Laboratory System Improvement Program User Guide (APHL, 2013)* and with input from SHL Director Christopher Atchison and executive leadership.

In total 60 participants attended (38 external partners, 19 SHL internal staff, and 3 external facilitators)

Participants represented the following categories:

- Hospital & Medical Laboratories
- Hospitals
- Local Public Health Departments
- Board of Health
- ISU Vet Diagnostics Laboratory
- Professional Associations
- Quality Improvement
- Academia
- Centers
- Federal Partners
- State Partners

A project management plan and event tools were developed using the *Laboratory System Improvement Program User Guide (APHL, 2013)*. SHL Laboratory Director Atchison and Lorelei Kurimski, Director in the Office of Organizational Development, served as the Project Leaders. Rachel Greenberg, the CDC Public Health Associate Program (PHAP) fellow, who is completing her second and final year of her program at SHL and has been significantly involved in strategic planning and process improvement, served as the Project Coordinator. APHL L-SIP program staff provided on-going guidance and support through monthly conference calls, and theme-taker and score keeper training. External facilitation was provided by Karen Breckenridge (APHL), Paula Snippes-Vagnone (Minnesota Department of Public Health), and Steve Marshall (Wisconsin Laboratory of Hygiene).

The assessment will be used to create a strategic plan with implementation plan and timeline that addresses opportunities to strength Iowa's system through development of on-going improvement activities. Activities will use workgroups and committees that are led and/or facilitated with guidance by SHL. The L-SIP re-assessment supports SHL's strategic goal to enhance organizational focus on commitment to improvement, innovation, and sustainability.

To support the re-assessment as well as ensure ongoing communications with public health laboratory system partners through L-SIP and other system activities, a new web-site was developed using the domain: www.iowaphlie.org. The web-site provides pre- and post- event documents as well as serve as the primary channel to share progress of workgroups and committees on L-SIP related improvements.

II. Assessment Process

Participants were assigned to one of three breakout groups to evaluate the current state of Iowa's public health laboratory system and identify opportunities for improvement. Assignments for each breakout group were selected using the categories provided in the *Laboratory System Improvement Program User Guide (APHL, 2013).* Specific participants with an area of expertise, such as research, were assigned to the breakout group covering that particular service. Laboratory representatives from throughout the state were distributed among all breakout groups.

Each breakout group was led by an external facilitator to evaluate three different services. To orientate participants to the evaluation process, an overview was provided, and then followed by a plenary session to collectively evaluate Essential Service #2. During each breakout group session, participants then discussed each Essential Service while two assigned theme taker captured notes and scores. Breakout groups assigned a score to each Essential Service based on the level of activity throughout the state. Steps to improve were also discussed and key ideas were prioritized. All scores were submitted to the designated scorekeeper.

The day was concluded with all participants reconvening with facilitator-led discussion to review the breakout group findings. Prior to closing, each participant was asked to complete an evaluation of the event (see Section VII Other Documents).

III. Main Ideas, Emergent Themes, and Summary of Scores

A. Main Ideas:

1. Communication causes breakdowns in the system- need to communicate and share best practices and raise issues in a diplomatic way
2. Need to be a united voice within the state
3. Recognize that resources are limited and collaborate to identify solutions together
4. Standardize processes among organization- clarify roles and responsibilities
5. Need to maintain day-to-day activities and deal with emergencies
6. Promote efforts to attract future workforce

B. Emergent Themes:

1. Enhance Communications including:
   - Two-way feedback
   - In policy
   - Informal exchange
   - For training, upcoming events, seminars
   - How to reach and grow knowledge within the system
   - How to reach the community
   - The message -- a unified messaging
   - Through a Lab Advisory group

- For data collection, integration, sharing
- Must be clear and effective

2. Enhance Collaborations including:
   - Advocacy—one voice, in policy
   - In strategic planning
   - In meetings, conferences
   - In internships
   - In research
   - In assessment
   - In a system's mission statement
   - For data collection, integration, sharing

3. Improve Data for:
   - Collection, integration
   - Use, sharing
   - Analysis, assessment, evaluation
   - Real-time, data visualization
   - Dissemination

4. Need a processes that incorporates assessment and evaluation (including feedback)
   - Ongoing quality improvement processes
   - Maintain accountability

C. Summary of Scores:

Below is a summary of assessment scores for each Essential Service. Optimal activities were measured in Essential Service #6 and #7. Minimal activities were measured in Essential Service #9 and #10. Review of seven state assessments completed during 2010-2014, in which score summaries could be compared, indicate that all of the states scored Essential Services #9 and #10 between 25-50% with no states indicating significant or optimal activities. Five of seven states reported optimal activities were most strongly scored for Essential Service #1. None of the states scored any of the Essential Services at 0%. (Source: APHL, www.aphl.org/aphlprograms/lss/performance/Pages/Assessment-Reports-from-Past-L-SIP-Participants.aspx, retrieved 5/29/15)

2015 Iowa Public Health Laboratory System Performance										
	Essential Public Health Service									
	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
Activity Level										
Optimal Activity						75.3	83.5			
Significant Activity		67.0	58.5	55.3	67.0					
Moderate Activity	42.8							50.0		
Minimal Activity									19.0	19.0
No Activity										

Laboratory System Improvement Program Rating Categories				
0	1	2	3	4
No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
No Activity	0% or absolutely no activity			
Minimal Activity	Greater than 0, but no more than 25% of the performance describes is met within The public health laboratory system			
Moderate Activity	Greater than 25%, but no more than 50% of the performance describes is met within the public health laboratory system			
Significant Activity	Greater than 50%, but no more than 75% of the performance describes is met within the public health laboratory system			
Optimal Activity	Greater than 75% of the performance describes is met within the public health Laboratory system			

IV. Next Steps:

Outlined below are the key steps to support the improvement plan utilizing outcomes from the reassessment. With the strong support from system partners and the willingness to participate in improvement activities, the main focus in the early stages will target early wins to build momentum, demonstrate success, and strengthen relationships.

1. A strategic plan with implementation plan and timeline will be created to prioritize next steps and identify specific project criteria to create a temporal sequence. Project criteria will focus on evaluation such as level of impact, complexity, and contribution of resources to achieve results. The timeline will focus on short (less than six months), intermediate (up to 18 months), and long-term goals (up to three years).
2. Workgroups and committees will be created to carry-out the plan. Implementation work/action plans will be developed for each project and utilize the Lean/Six Sigma DMAIC (Define-Measure-Analyze-Improve-Control) improvement cycle.
3. The partner forum located at www.iowaphlie.org will be activated for people to post to further discuss an issue (parking lot issue), have other partners and stakeholders contribute to the discussion, provide specific examples within the state or from other states, share progress and best practices, etc.

Listed below are the key activities in the proposed plan. Individual next steps identified during each breakout session for each Essential Service are listed in Section V.

Service Area	Agency Lead	Short-Term (Within 6 mos.)
All Essential Services	SHL	-Activate www.iowaphlie.org forums to promote communications (discussion boards) and sharing of best practices.
ES #1 Monitor Health Status	TBD	-Complete revisions to NBS program policy for sample storage, sample use, and consent. -Provide IT HIPAA security education for surveillance information systems. (links to ES #4- Increase collaborative conferences & trainings)
ES #3	TBD	-Develop listserv for education opportunities.

Inform, Educate, Empower		
ES #5 Individual/Community Health	TBD	-Continue efforts to improve business structures and policy implementation between SHL and state health department. -Develop proactive mechanism to identify future issues that impact public health.
ES #6 Laws/Regulations ES #7 Link People to Services	TBD	-Reconstitute statewide Laboratory Advisory Committee & identify specific projects to support intermediate and long-term goals (e.g. address a standardized process across state for sample hand-off. Include development of contact lists for these facilitates.)
ES #7 Link People to Services	TBD	-Establish standardized timeframe (ex. 30 day notice) for changes to allow time for partners to effectively manage.
ES #9 Evaluate Effectiveness, Accessibility, Quality	SHL	-SHL lead development of system-wide mission and vision statement with support from the state health department.
ES #10 Research	TBD	-Develop Database Resource of persons contributing to research

Service Area	Agency Lead	Intermediate (Within 18 mos.)
ES #1 Monitor Health Status	TBD	-Consistent Protocol state-wide for patient notification. -Sending, ordering, reporting and tracking that require confirmatory or further testing between multiple health partners. -Incorporate new technology within the food-borne program. -Improve interfaces. -Make NBS program information readily available for parent.
ES #2 Diagnose & Investigate	TBD	-Reinvigorate; educate new members coming into the field. Update CBRNE education and other existing training materials. Provide retraining on roles on the ILRN; Chain-of Custody. -Improve the flow of information in emergency situations. -Identify opportunities to increase surge capacity. -Focus on plan to address workforce shortage.
ES #4 Mobilize Partnerships	TBD	-Expand MOUs for key partnerships (continuity of operations/succession planning). (links to ES #2 emergency preparedness)
ES #9 Evaluate Effectiveness, Accessibility, Quality	TBD	Grow communications among partners for a system-wide approach.
ES #10 Research ES #4 Mobilize Partnerships	TBD	-Increase communications of data/research to public to support system policy and to system partners (e.g. seminars) to grow opportunities. (links to ES #4- Increase collaborative conferences & trainings) -Generate Technical Reports- developing product to promote new research directions and partnerships

Service Area	Agency Lead	Long-Term (Within 3 yrs.)
ES #1 Monitor Health Status ES #2 Diagnose & Investigate	TBD	-Link disease outcomes with exposure data and share with key stakeholders. Strengthen environmental epidemiology and environmental exposure assessments. -Standardize data and data sharing with key partners to better understand chronic diseases. -Enhance Env Epi and environmental health surveillance. (links to ES #5- Use data more efficiently and effectively to drive policy decisions; ES #3- Identify and integrate separate source data sets to inform communities)
ES #2 Diagnose & Investigate	TBD	-Model state HAN process at the county level.
ES #3 Inform, Educate, Empower	TBD	-Establish consistent state-wide communication system. Improvement in messages and evaluation for effectiveness. (links to ES #4- Identify mechanisms to improve communications to general public; links to ES #9- Improve communications to better define roles of system partners needed to measure performance)
ES #9 Evaluate Effectiveness, Accessibility, Quality	TBD	-Expand assessment/evaluation/quality metrics from both individual components to the system and the system as a whole.
ES #10 Research ES #4 Mobilize Partnerships	TBD	-Provide IRB education and access for local partners (links to ES #8- Maximize Iowa conferences as a platform to provide training; Collaborate among multiple disciplines to promote workforce development and partnerships)

V. Synthesis of Results from the L-SIP Assessment and Assessment Scores

The table below provides a summary of key next steps and assessment scores for each Essential Service and Indicator.

ESSENTIAL SERVICE NO. 1: Monitor health status to identify health problems		
Indicator 1.1: Monitoring of Community Health Status		
1.1.1	The SPH Laboratory System identifies infectious disease sentinel events, monitors trends, and participates in state and federal surveillance systems. **KEY NEXT STEPS:** • Sending, ordering, reporting and tracking that require confirmatory or further testing between multiple health partners. • Consistent protocol state-wide for patient notification. • Pulsed-field gel electrophoresis for food-borne program.	**3** SIGNIFICANT
1.1.2	The SPH Laboratory System monitors congenital, inherited, and metabolic diseases of newborns and participates in state and federal surveillance systems. **KEY NEXT STEPS:** • Make program information readily available for parent. • In process of revising policy for sample storage, sample use, and consent.	**4** OPTIMAL
1.1.3	The SPH Laboratory System supports the monitoring of chronic disease trends by participating in state and federal surveillance systems. **KEY NEXT STEPS:** • Link disease outcomes with exposure data and share with key stakeholders. • Standardize data and data sharing with key partners to better understand chronic diseases. • Incorporate local behavioral evaluation to identify associations.	**2** MODERATE
Indicator 1.2 Surveillance Information Systems		
1.2.1	The SPH Laboratory System has a secure, accountable and integrated information management system for data storage, analysis, retrieval, reporting and exchange. **KEY NEXT STEPS:** • Align/integrate clinical and environmental data. • Provide IT HIPAA security education.	**2** MODERATE
1.2.2	The SPH Laboratory System partners collaborate to strengthen electronic surveillance systems. **KEY NEXT STEPS:** • Improve interfaces. • Maximize internal IT resources to handle internal issues.	**1** MINIMAL

ESSENTIAL SERVICE NO. 2: Diagnose and investigate health problems and health hazards in the community		
Indicator 2.1 Appropriate and Effective High Quality Testing		
2.1.1	The SPH Laboratory System 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. **KEY NEXT STEPS:** See below under 2.1.2	**3** SIGNIFICANT

2.1.2	The SPH Laboratory System has the necessary system capacity, authority, and preparations in place to rapidly respond to emergencies that affect the public's health. **KEY NEXT STEPS:** • Strengthen environmental epidemiology and environmental exposure assessments. • Strengthen communication including 2-way partnerships. • Model state HAN process at the county level. • Engage in social media. • Strengthen veterinary partnerships. • Enhance surveillance (ex. Chemical usage). • Evaluate/test the entire system and follow-up on lessons learned. • Reinvigorate; educate new members coming into the field. Update CBRNE education and other existing training materials. Provide retraining on roles on the ILRN; Chain-of Custody. • Focus on plan to address workforce shortage. • Improve the flow of information in emergency situations. • Identify opportunities to increase surge capacity. • Comprehensive program funding.	**3** SIGNIFICANT

ESSENTIAL SERVICE NO. 3: Inform, educate, and empower people about health issues		
Indicator 3.1: Outreach to Partners		
3.1.1	The SPH Laboratory System creates and delivers consistent information to community partners about relevant health issues associated with laboratory services. **KEY NEXT STEPS:** See below under 3.1.2	**2** MODERATE
3.1.2	The SPH Laboratory System creates and provides education opportunities to health and non-health community partners. **KEY NEXT STEPS:** • Establish consistent state-wide communication system. Improvement in messages and evaluation for effectiveness. Identify mechanisms to improve communications to general public. • Improve environmental response- central state-wide communication capability. • Develop listserv. • Generate interest in junior high and high schools. • Enhance media coverage through public information officers.	**3** SIGNIFICANT
Indicator 3.2 Empower Partners		
3.2.1	Relationship building opportunities are employed to empower community partners. **KEY NEXT STEPS:** • Expand community outreach/education on chronic disease, testing, environmental health, and vaccine preventable diseases. Include radon testing and cancer risk. • Identify and integrate separate source data sets to inform communities. • Enhance community and statewide event support to educate on private well testing and potential health risks. • Increase collaborative conferences and trainings.	**3** SIGNIFICANT

ESSENTIAL SERVICE NO. 4: Mobilize Partnerships		
Indicator 4.1: Partnership Development		
4.1.1	SPH Laboratory System members develop and maintain relationships to formalize and sustain an effective system. **KEY NEXT STEPS:** • Expand MOUs for key partnerships (continuity of operations/succession planning). • Increase collaborative conferences and trainings.	**2** MODERATE
Indicator 4.2 Communication		
4.2.1	SPH Laboratory System members communicate effectively in regular, timely, and effective ways to support collaboration **KEY NEXT STEPS:** • Improve electronic information exchange with SHL. • Engage and educate local media.	**4** OPTIMAL
Indicator 4.3 Resources		
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. **KEY NEXT STEPS:** • Enhance Environmental Epidemiology and environmental health surveillance. • Obtain additional technical and other resources to enhance statewide collaborations. • Increase private well water testing. • Develop student-supported projects with education to legislators.	**2** MODERATE

ESSENTIAL SERVICE NO. 5: Develop policies and plans that support individual & community health efforts		
Indicator 5.1: Partnerships in Public Health Planning		
5.1.1	The SPH Laboratory System obtains input from diverse partners and constituencies to develop new policies and plans and modify existing ones. **KEY NEXT STEPS:** • Continued efforts to improve business structures and policy implementation between IDPH and SHL • Develop proactive mechanisms to identify future issues that impact public health.	**3** SIGNIFICANT
Indicator 5.2 Role in Laboratory-Related Policy Making		
5.2.1	The SPH Laboratory System and partners contribute their expertise and resources using science and data to inform and influence policy. **KEY NEXT STEPS:** • Use data more efficiently and effectively to drive policy decisions.	**3** SIGNIFICANT
Indicator 5.3 Dissemination & Evaluation		
5.3.1	The plans and policies that affect the SPH Laboratory System are routinely evaluated, updated and disseminated. **KEY NEXT STEPS:** • Determine processes for collecting feedback on policies – communication	**3** SIGNIFICANT

ESSENTIAL SERVICE NO. 6: Enforce laws and regulations that protect health and ensure safety		
Indicator 6.1: Laws and Regulations		
6.1.1	The SPH Laboratory System is actively involved in the review and revision of laws and regulations pertaining to laboratory practice. **KEY NEXT STEPS:** See below under 6.1.2	**3** SIGNIFICANT
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. **KEY NEXT STEPS:** • Support aligned information with a unified voice (public health and environmental). • Improve accessibility to laws and codes and proposals to new laws. • Reconstitute the statewide Laboratory Advisory Committee. • Improve training for postal inspectors (packaging and shipping).	**4** OPTIMAL
Indicator 6.2 Enforcement of Laws & Regulations		
6.2.1	The SPH Laboratory System has the appropriate resources to provide or support enforcement functions for laws and regulations. **KEY NEXT STEPS:** • Evaluate courier options to meet sample quality indicators. • Review maternal screening program-specific submission requirements and work with 3rd party payers to make new CPT codes. • Improve advocacy and speaking with one voice. Identify overarching collaborations with existing organizations that include both environmental and clinical.	**3** SIGNIFICANT

ESSENTIAL SERVICE NO. 7: Link people to needed health services & assure provision of healthcare when unavailable		
Indicator 7.1 Provision of Laboratory Services		
7.1.1	The SPH Laboratory System identifies laboratory service needs and collaborates to fill gaps. **KEY NEXT STEPS:** • Reconstitute the statewide Laboratory Advisory Committee. • Review test menus and pricing issues. • Invite partners to strategic planning, including needs and resources to align communications and unified voice.	**4** OPTIMAL
7.1.2	The SPH Laboratory System provides timely and easily accessed quality services across the jurisdiction. **KEY NEXT STEPS:** • Establish standardized timeframe (ex. 30 day notice) for changes within the lab to allow time for partners to effectively manage. • Utilize the Laboratory Advisory Committee to address a standardized process across state for sample hand-off. Include development of contact lists for these facilitates.	**3** SIGNIFICANT

ESSENTIAL SERVICE NO. 8: Assure a competent public health and personal health care workforce		
Indicator 8.1: Defined Scope of Work & Practice		
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. **KEY NEXT STEPS:** • Develop consistent standards statewide including the local and county levels. • Develop sample collection competency. • Clarify certification for environmental staff considering laboratorians.	**3** SIGNIFICANT
Indicator 8.2 Recruitment & Retention of Qualified Staff		
8.2.1	The SPH Laboratory System maintains an environment to attract and retain highly qualified staff. **KEY NEXT STEPS:** • Develop clear certification for environmental staff. • Develop competency framework across silos. • Develop education for new hires and align to needs in the state. • Expand internships (fellowships) and partnerships with the local level. • Connect with the community colleges (be on advisory boards to help them develop courses that meet needs).	**2** MODERATE
Indicator 8.3 Assuring a Competent Workforce		
8.3.1	The SPH Laboratory System works to assure a competent workforce by encouraging and supporting staff development through training, education, and mentoring. **KEY NEXT STEPS:** See below under 8.3.2	**2** MODERATE
8.3.2	The SPH Laboratory System identifies and addresses current and future workforce shortage issues. **KEY NEXT STEPS:** • Standardize environmental sample collection. • Collaborate among multiple disciplines to promote workforce development and partnerships. • Integrating STEM with local public health and other partners, expand partnerships with community colleges. • Maximize Iowa conferences as a platform to provide training (ex. Lab Symposium; Gov. Conf.) • Develop basic competency testing training opportunities. • Support employer sponsored professional memberships.	**3** SIGNIFICANT

ESSENTIAL SERVICE NO. 9: Evaluate effectiveness, accessibility, and quality of personal and population-based services		
Indicator 9.1: System Mission & Purpose		
9.1.1	The SPH Laboratory System range of services, as defined by its mission and purpose, is evaluated on a regular basis. **KEY NEXT STEPS:** • Grow communications among system partners for a system-wide approach.	**1** MINIMAL

Indicator 9.2 System Effectiveness, Accessibility & Quality		
9.2.1	The effectiveness of the personal and population-based laboratory services provided throughout the state is regularly evaluated. **KEY NEXT STEPS:** See below under 9.2.3	**2** MODERATE
9.2.2	The availability of personal and population-based laboratory services throughout the state is regularly evaluated. **KEY NEXT STEPS:** See below under 9.2.3	**2** MODERATE
9.2.3	The quality of personal and population-based laboratory services provided throughout the state is regularly evaluated. **KEY NEXT STEPS:** • Policy development and resource allocation based on evaluation of services. • Improve communications to better define roles of system partners needed to measure performance. • Expand assessment/evaluation/quality metrics from both individual components to the system and the system as a whole. • SHL lead development of a system-wide mission and vision statement with support from IDPH.	**2** MODERATE

ESSENTIAL SERVICE NO. 10: Research for insights and innovative solutions to health problems		
Indicator 10.1: Planning & Financing Research Activities		
10.1.1	The SPH Laboratory System has adequate capacity to plan research and innovation activities. **KEY NEXT STEPS:** • Provide IRB education and access for local partners. • Identify partners for research and funding (ex. biostatistics and grant application). • Improve access to clinical translational science resources at U Iowa. • Communicate from the ground up to IDPH regarding research projects to inform, educate, and advance PH research knowledge.	**2** MODERATE
Indicator 10.2: Implementation, Evaluation and Dissemination		
10.2.1	The SPH Laboratory System promotes research and innovative solutions. **KEY NEXT STEPS:** • Increase communication of data/ research to public to support system policy and to system partners (ex. seminars) to grow opportunities. • Enhance IDPH RERC function to improve system research function- formal relationships with the lab and researchers. • Generate Technical Reports – developing a product to promote new research directions and partnerships. • Develop a database resource of persons contributing to research.	**1** MINIMAL

VII. Other Materials

A. Assessment Day Agenda

A copy of the agenda for Iowa's reassessment is shown below.

2015 Iowa's Public Health Laboratory System Assessment
Laboratory System Improvement Program (L-SIP)
April 8th 2015
State Hygienic Laboratory at the University of Iowa
Coralville, Iowa

8:00	Registration
8:15	Welcome and Introductions
8:30	Overview of the Assessment Day
9:30	Plenary: Essential Service (ES) #2- Diagnose and Investigate Health Problems
10:30	Break
10:45	Breakout Session 1: • Group A- ES #1- Monitor Health • Group B- ES #9- Evaluate Effectiveness, Accessibility, Quality • Group C- ES #8- Assure Competent Workforce
12:00	Lunch (provided)
12:30	Breakout Session 2: • Group A- ES #7- Link People to Needed Personal Health Services • Group B- ES #10- Research • Group C- ES #4- Mobilize Partnerships
1:30	Break
1:45	Breakout Session 3: • Group A- ES#3- Planning and Implementation • Group B- ES #5- Develop Policies and Plans • Group C- ES #6- Enforce Laws & Regulations
3:00	Summary, Evaluation and Next Steps
4:00	**Adjourn**

VII. Other Materials

B. Summary of Participant Evaluations

Of 60 forms distributed, 37 completed and returned the evaluations. Those that responded gave high ratings in all survey areas including utility of meeting, meeting arrangements, and meeting flow. Of particular focus were results indicating support for future improvement activities (92% Superb/Very Good: I support the efforts being made), whether participants felt the event had value (75% Superb/Very Good: Meeting was good use of my time), and the right people were in the event (89% Superb/Very Good).

2015 Iowa's Public Health Laboratory System Assessment

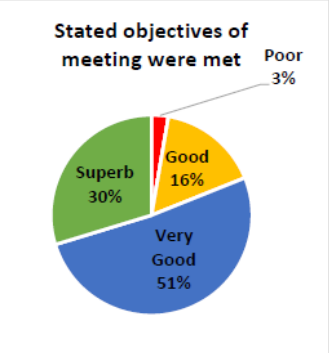
Laboratory System Improvement Program (L-SIP)

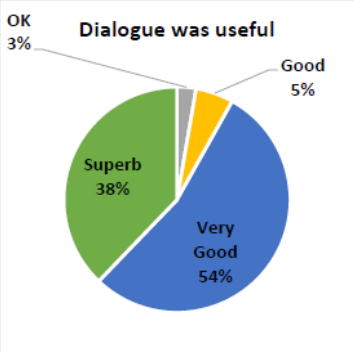
April 8th 2015

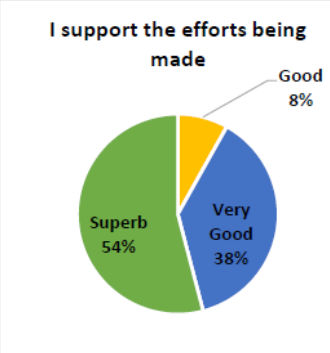
State Hygienic Laboratory at the University of Iowa

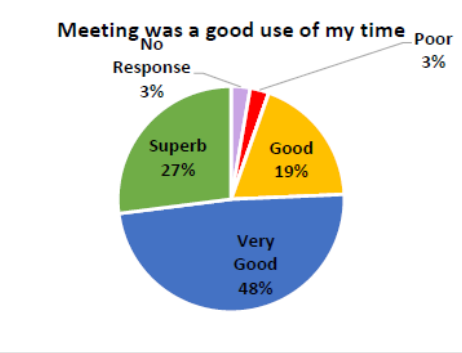
EVALUATION RESULTS 37 of 60 total LSIP participants returned their evaluation forms.
This is a compilation of their responses.

Utility of Meeting		N/A	1	2	3	4	5	Total
		No Response	Poor	OK	Good	Very Good	Superb	Total
Stated objectives of meeting were met	#	0	1	0	6	19	11	37
	%	0%	3%	0%	16%	51%	30%	100%
Dialogue was useful	#	0	0	1	2	20	14	37
	%	0%	0%	3%	5%	54%	38%	100%
I support the efforts being made	#	0	0	0	3	14	20	37
	%	0%	0%	0%	8%	38%	54%	100%
Next steps are clear	#	1	1	3	14	16	2	37
	%	3%	3%	8%	38%	43%	5%	100%
Meeting was a good use of my time	#	1	1	0	7	18	10	37
	%	3%	3%	0%	19%	49%	27%	100%

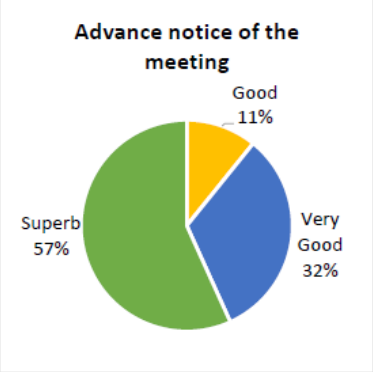


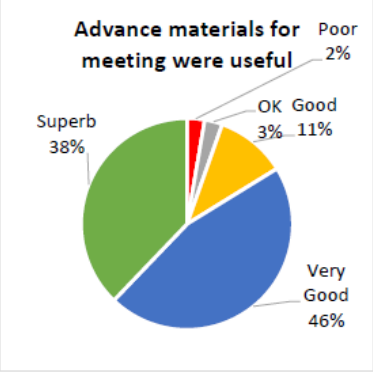


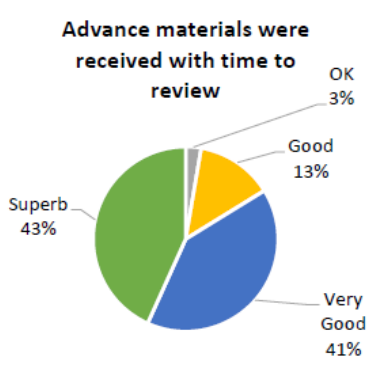


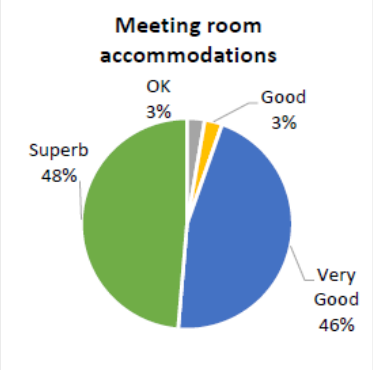


Meeting Arrangement		N/A	1	2	3	4	5	Total
		No Response	Poor	OK	Good	Very Good	Superb	Total
Advance notice of the meeting	#	0	0	0	4	12	21	37
	%	0%	0%	0%	11	32%	57%	100%
Meeting room accommodations	#	0	0	1	1	17	18	37
	%	0%	0%	3%	3	46%	49%	100%
Advance materials for meeting were useful	#	0	1	1	4	17	14	37
	%	0%	3%	3%	11	46%	38%	100%
Advance materials were received with time to review	#	0	0	1	5	15	16	37
	%	0%	0%	3%	14	41%	43%	100%

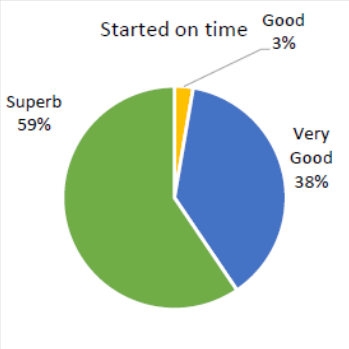


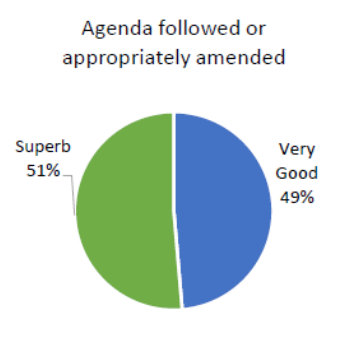






Flow of Meeting		N/A	1	2	3	4	5	Total
		No Response	Poor	OK	Good	Very Good	Superb	Total
Started on time	#	0	0	0	1	14	22	37
	%	0%	0%	0%	3%	38%	59%	100%
Clear objectives for meeting	#	0	0	0	5	20	12	37
	%	0%	0%	0%	14%	54%	32%	100%
Agenda followed or appropriately amended	#	0	0	0	0	18	19	37
	%	0%	0%	0%	0%	49%	51%	100%
Facilitation was effective	#	0	0	1	1	12	23	37
	%	0%	0%	3%	3%	32%	62%	100%
The "right" people were at the meeting	#	0	0	0	4	14	19	37
	%	0%	0%	0%	11%	38%	51%	100%





		Yes	No
Would you participate in this process again?	#	35	2
	%	94.6%	5.4%
Do you see this as a helpful tool and process?	#	36	1
	%	97.3%	2.7%

Comments

Below is a summary of responses from L-SIP participants for each of two questions asked on the evaluation.

What worked?
• Getting an understanding of what IPH + IPHL do and how they interact • I liked using timers to keep us on track. Great group of attendees. Lunch on site kept us on track, timeline. • Good discussions. • Good cross discipline talk. • Good facilitation. • Good process. • Smaller group breakouts. • I.D. Improvement areas to begin • New knowledge as a result of sharing information with others and a different point in the proven. Networking with new partners. • Open dialogue. • Cover-up much territory the entire day was tightly organized and facilitation quite necessary. All of the pre-meeting materials were excellent. • Performance measurement tool worked well; “right” people were at meeting; consensus voting mechanism- spurred discussion; facilitator v. good. • The facilitation was very good and the day was well organized • Dialogue was good. Interesting to hear other objectives. Topic were interesting and the day was well organized. • Good process for self-evaluation. • The entire day was well structured to accomplish goals. • Having facilitation and note taker and excellent resource materials. • Good cross disciplinary discussions. • Good discussion/ collaboration.

What could be improved?

- Do not see how community labs can be a party of the SHL system at this time
- Nice job! Great activity! Lab system is so valuable. A follow-up report or meeting in a year or so would be helpful and interesting.
- Too much for one day.
- More concrete action steps discussed.
- Contact info from other participants involved.
- Allow participants to select groups to participate in.
- Bigger room for group C- it was tight.
- Sustain!
- More time.
- I thought smaller county health departments should have been included as well.
- Voting process was a bit awkward. Could be improved. Would have liked to see a bigger variety of attendees.
- More pre-assessment information. I'd like some data to support assessment. Not just perception.
- Some stakeholders were missing- hospital epidemiologist, courier, legislative, a rural county public health representative. Use a microphone to hear comments from everyone.
- Need ideas to keep this moving forward; how to accomplish action items. What would this group like to see next?
- Name cards of participants. Thank you- excellent.
- Good use of time; x to improve.
- Clearer next steps or follow-up planning/ implementation to address needs.
- Some of the key ideas were ambiguous, perhaps more time needed.
- Lab advisory committee reestablished. Building upon recognized deficiencies.
- Given that SHL has many groups it serves, clarification of scope of questions would help discussion, as people read and interpret questions differently based on their relationship with SHL. Create discussion and nice way to learn more about SHL needs, concerns and services.
- Not sure how to improve; some issues could have used more time and gone a bit deeper. Time is always an issue and there was a lot of ground to cover.

VII. Other Materials

C. Participant List

2015 Iowa's Public Health Laboratory System Assessment

Laboratory System Improvement Program (L-SIP)

April 8th 2015

State Hygienic Laboratory at the University of Iowa

Coralville, Iowa

Last Name	First Name	Organization/ Title	Break Out Group
Aldous	Wade	State Hygienic Laboratory	A
Atchison	Christopher	State Hygienic Laboratory	N/A
Berberich	Stanton	State Hygienic Laboratory	A
Blake	Pat	State Hygienic Laboratory	C
Bonini	Allen	Iowa Department of Natural Resources	A
Bradley	Eric	Iowa Environmental Health Association	B
Breckenridge	Karen (Facilitator)	Association of Public Health Laboratories	A
Chadwick	Barbara	Linn County Public Health	A
Culbertson	Gayle	Unity Point- Laboratory	A
Daley	Eileen	Black Hawk County Public Health	A
Diggelmann	Linda	Iowa City Veteran Affairs	B
Dillon	Karmen	University of Iowa Health Care	A
Dreyer	Nicholas	University of Iowa Health Care	A
Dwivedi	Pramod	Linn County Public Health	B
Elder	Joe	State Hygienic Laboratory	A
Greenberg	Rachel	State Hygienic Laboratory	N/A
Hall	Nancy	State Hygienic Laboratory	B
Hanft	Brian	Cerro Gordo County Public Health	B
Heinen	Sandy	Iowa Environmental Health Association	C
Helms	Charles	University of Iowa	A
Henry	Travis	State Hygienic Laboratory	B
Hines	Cory	Black Hawk County Public Health	B

Hodina	James (Jim)	Linn County Public Health	C
Hoschstedler	Beth	State Hygienic Laboratory	C
Kitzmann	Tricia	Iowa Public Health Association	A
Kosier	Patricia	State Hygienic Laboratory	C
Kurimski	Lorelei	State Hygienic Laboratory	N/A
Lacina	James	Johnson County Public Health	B
Lee	Kathy	Iowa Department of Natural Resources	B
Lex	Louise	American Public Health Association/ Iowa Department of Public Health	C
Link	Tim	Dubuque County Public Health	C
Main	Rodger	ISU Veterinary Diagnostic Laboratory	A
Marshall	Steven (Facilitator)	Wisconsin State Laboratory of Hygiene	B
McGee	Mike	Test America	C
McLaughlin	Mike	Johnson County Board of Health	C
Miller	Steve	Iowa Quality Center	C
Mollenhauer	Pam	State Hygienic Laboratory	B
Nesteby	Gary	Iowa Quality Center	B
Noble	Jill	Mercy Des Moines- Laboratory	B
Pendergast	Mark	State Hygienic Laboratory	N/A
Peterson	Christine	UI College of Public Health	B
Quinlisk	Patricia	Iowa Department of Public Health	A
Rathjen	Lisa	State Hygienic Laboratory	A
Reiter Kintz	Wanda	State Hygienic Laboratory	B
Rivers	Edward	Scott County Public Health	C
Romitti	Paul	UI College of Public Health	A
Rubin	Bonnie	State Hygienic Laboratory	C
Ryan	Maryann	Ames Public Water Supply	C
Satre	John	Iowa Department of Public Health	A
Schroeder	Tim	Mahaska Health Partnership- Laboratory	A
Schueller	Michael	State Hygienic Laboratory	A
Sharp	Ken	Iowa Department of Public Health	B
Shirazi	Dariush	State Hygienic Laboratory	A
Simmons	Donald	State Hygienic Laboratory	C

Smith	Donna	Iowa City Veteran Affairs	A
Smith	Susan	Unity Point- Laboratory	B
Stefanski	Jim	FBI- Omaha Division	B
Stensland	Wendy	ISU Veterinary Diagnostic Laboratory	B
Su	Tina	Association of Public Health Laboratories	N/A
Terill	Roman	Integrated DNA Technologies	B
Thedens	Janice	Waverly Health Center- Laboratory	C
Vagnone (Snippes)	Paula (Facilitator)	Minnesota Department of Health- Laboratory	C
Valbracht	Marcia	State Hygienic Laboratory	C
Vansteenburg	Jeff	Iowa Department of Natural Resources	C
Walkner	Laurie	UI College of Public Health	C
Weigel	Andy	Johnson County Public Health	C
Weyer	Peter	Center for Health Effects of Environmental Contamination	B
Wichman	Michael	State Hygienic Laboratory	B
Zaleski	Sue	University of Iowa Health Care	A
TBD	TBD	Iowa Poison Control	A

N/A= were not assigned to a specific breakout group.