Indiana Department of Health

INDIANA DEPARTMENT OF HEALTH LABORATORY: L-SIP 2022

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Agenda

1. What is L-SIP?
2. Background: 2009 L-SIP assessment
3. 2022 L-SIP reassessment details
4. Reassessment scores and emerging themes
5. Participant feedback
6. Final thoughts
7. Q & A

What is L-SIP?

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Laboratory System Improvement Program

"APHL's Laboratory System Improvement Program (L-SIP) advances the efficacy of state and local public health laboratory systems through a guided process of performance evaluation, system improvements and periodic evaluation and reassessment. Participating member laboratories receive resources and technical assistance to guide them on their way to system excellence."

L-SIP Laboratory System Improvement Program
Make the Connections

APHL ASSOCIATION OF PUBLIC HEALTH LABORATORIES

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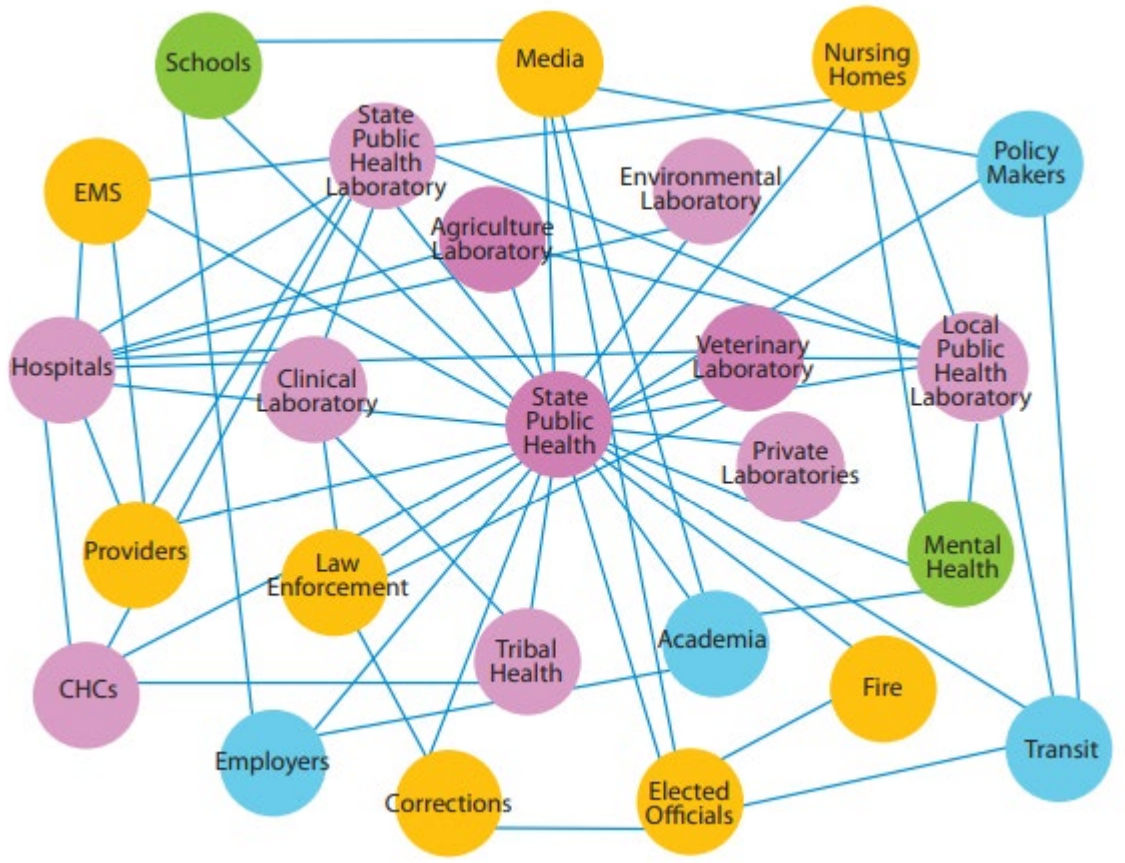
https://www.aphl.org/programs/QSA/performance/Pages/default.aspx

State Public Health Laboratory System

L-SIP benefits:

- Provides a benchmark for public health laboratory system practice improvements, by setting a "gold standard" to which public health systems can aspire
- Improves communication and collaboration by bringing partners (e.g., first responders, key constituencies, public health and other laboratories, etc.) together



https://www.aphl.org/programs/QSA/performance/Pages/default.aspx

Core functions of public health

Vision: Healthy people in healthy communities

Mission: Promote physical and mental health and prevent disease, injury, and disability

Public health:

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery

The Future of Public Health- IOM report, 1988

Core functions of public health

Essential public health services:

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 health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

The Future of Public Health- IOM report, 1988

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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 a 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

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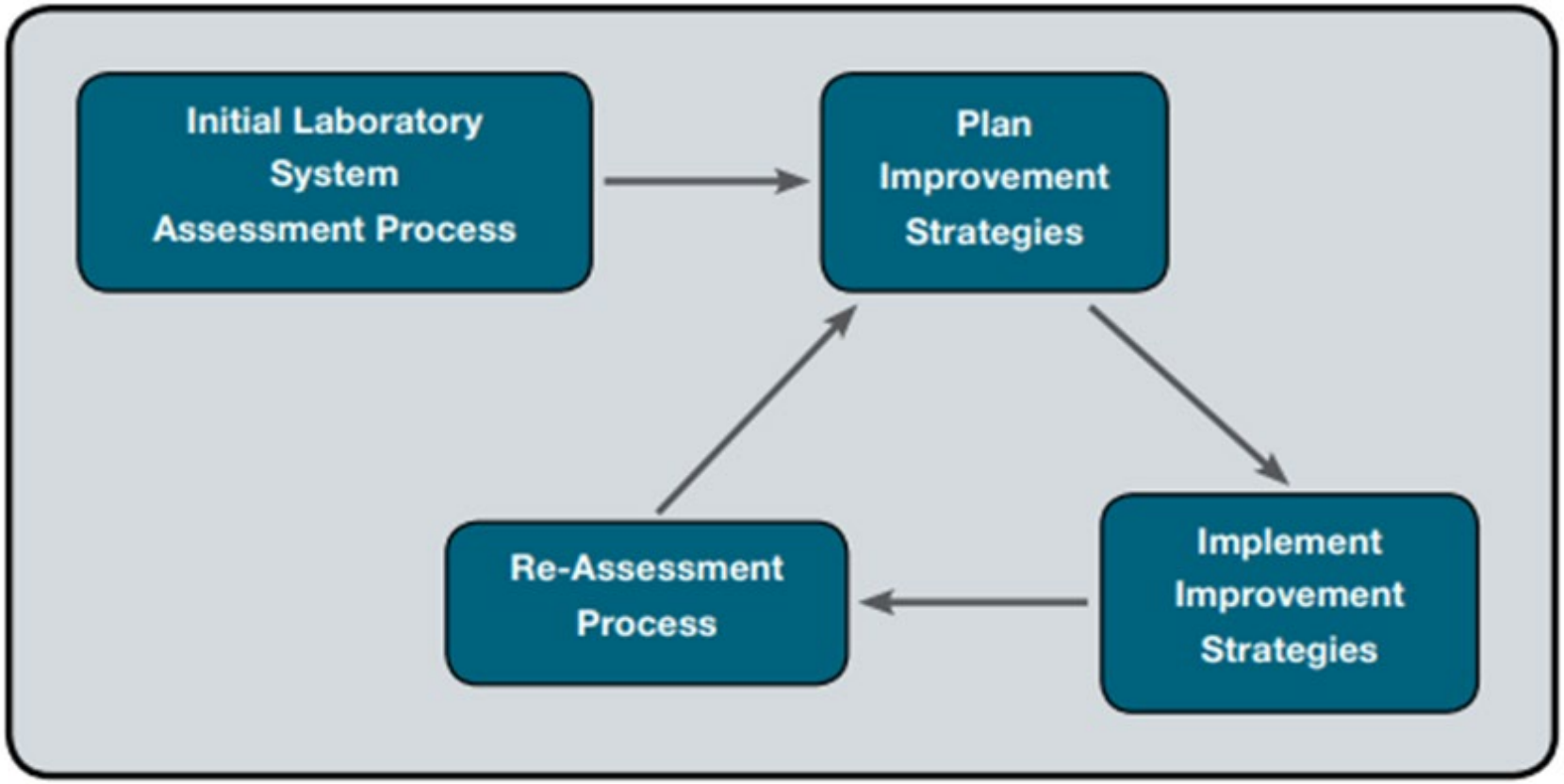
L-SIP assessment scoring

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 described 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.

How does L-SIP impact the lab system?



Background: 2009 L-SIP Assessment

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2009 assessment

- In October 2009, ISDH Laboratory contracted with Purdue University Healthcare Technical Assistance Program to conduct first L-SIP assessment
  - 36 system partners from 15 agencies
  - Strengths identified for Indiana's statewide public health system included Essential Services (1) Monitoring Health Status to Identify Health Problems and (8) Assuring a Competent Public and Personal Healthcare Workforce
  - No activity (0%) for ES (7) - Link people to needed health services and care when unavailable, - and ES (9) - Evaluate effectiveness, accessibility, and quality of personal and population-based services

2009 assessment – next steps

Results were shared with attendees through a post-assessment webinar held in December 2009

Next steps:

- Identify and define partners; ensure connection of other labs to state lab
- Fully implement STARLIMS
- Assess state-wide capability/capacity
- State-wide courier service for epi and clinical
- Leverage partnerships and collaborations to attain funding for public health lab issues
- Better use of existing data
- Utilize alternate methods for training/communication (teleconferences and webcasts)
  - Better use of the new training lab at the IDOH Laboratory
- Conduct system-wide satisfaction surveys

2022 L-SIP reassessment details

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L-SIP details

When: Thursday, Nov. 3

8:00 a.m. – 4:30 p.m. (we ended about an hour early!)

Where: Indiana Government Center (downtown Indianapolis)

Accommodations: Marriott (across the street from Indiana Government Center)

Photo Credit: Lisa Salinas

Additional details:

- Free parking
- Free event center due to our status as a state agency
- In-building catering company for AM/PM Refreshments (which helped with logistics)
- Boxed lunch delivered
- Indianapolis – centrally-located geographically for out-of-town attendees
- Large portion of attendees were also State of Indiana employees – they were familiar with the location, parking and had badge access to the building

Invitations and attendance

Eventbrite invitation views:	282
Registrations:	71
Attendees:	57
• System partners:	44
• IDOHL float support:	2
• Facilitators and CDC shadow:	5
• Theme takers:	6

Reassessment scores and emerging themes

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Scores

Essential Service #1	
Key Idea 1.1.1	Optimal
Key Idea 1.1.2	Optimal
Key Idea 1.1.3	Significant

Essential Service #2	
Key Idea 2.1.1	Significant
Key Idea 2.1.2	Significant

Essential Service #3	
Key Idea 3.1.1	Significant
Key Idea 3.1.2	Significant

Essential Service #4	
Key Idea 4.1.1	Moderate
Key Idea 4.2.1	Moderate
Key Idea 4.3.1	Moderate

Essential Service #5	
Key Idea 5.1.1	Optimal

Scores

Essential Service #6	
Key Idea 6.1.1	Significant
Key Idea 6.1.2	Significant

Essential Service #7	
Key Idea 7.1.1	Significant
Key Idea 7.1.2	Optimal

Essential Service #8	
Key Idea 8.1.1	Significant
Key Idea 8.2.1	Significant
Key Idea 8.2.2	Moderate

Essential Service #9	
Key Idea 9.1.1	Significant
Key Idea 9.2.1	Significant
Key Idea 9.2.2	Moderate

Essential Service #10	
Key Idea 10.1.1	Significant
Key Idea 10.1.2	Significant
Key Idea 10.1.3	Significant

LimsNet

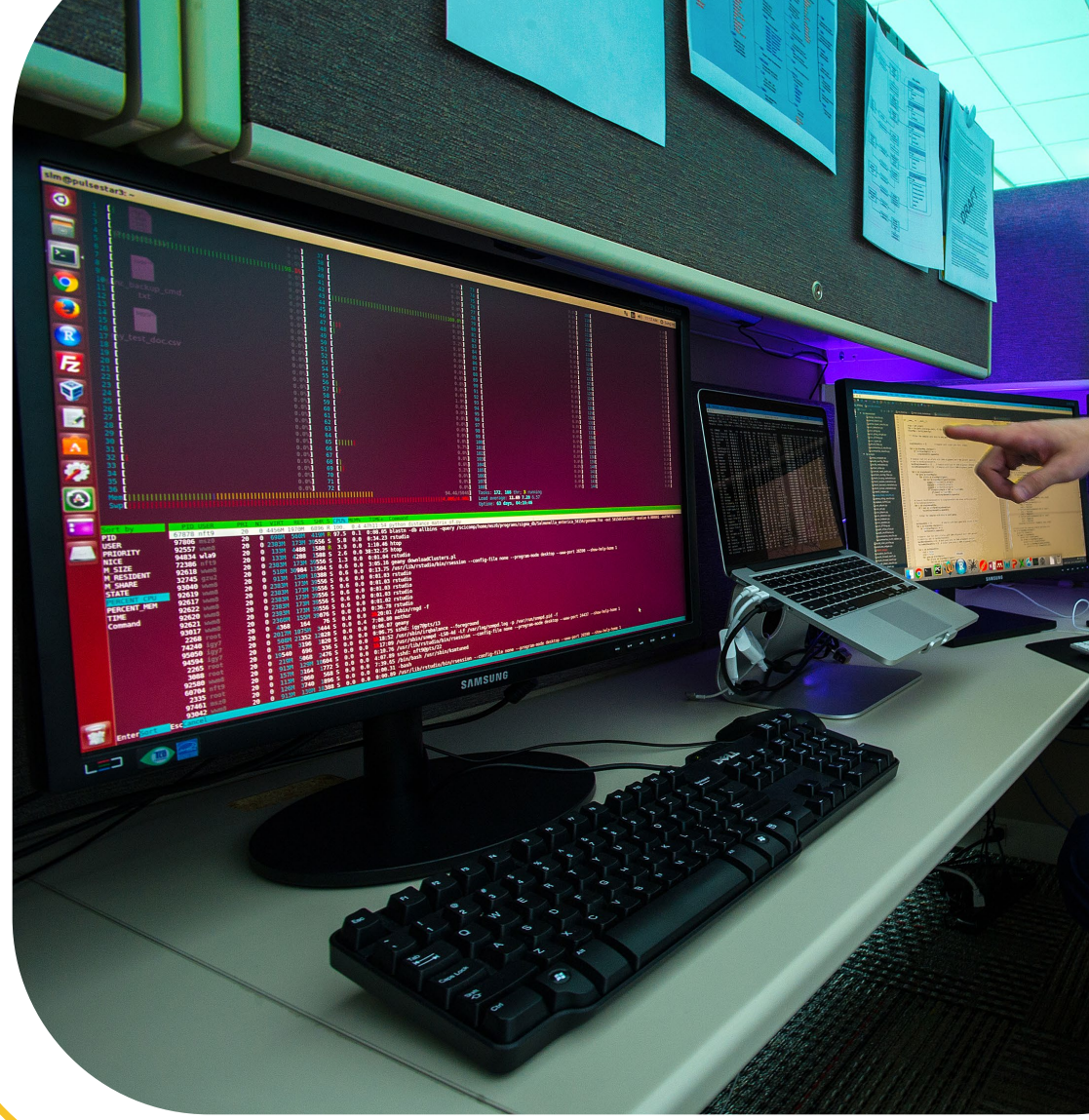
What we heard:

- It would be helpful if LimsNet was more customizable:
  - Ability to set up alerts for results
  - Ability for submitters to run reports
- It would be helpful if LimsNet could connect to facility HER.
- LimsNet should auto populate which test/assay must be ordered for each specimen type.
- LimsNet should automatically prompt the submitter when a test result requires additional reporting (i.e., CDR).
- LimsNet is easy to use, once you learn its 'quirks.'
- There should be a formal process in place for reviewing, adding or removing testing options.

LimsNet

Planned and potential next steps:

- Upgrade from STARLIMS PH11 to PH12
  - Increase messaging and reporting capabilities for submitters
- Addition of pharyngeal swab testing for CT/GC
- Fixed minor inconsistencies within LimsNet to provide a better customer experience



Courier system

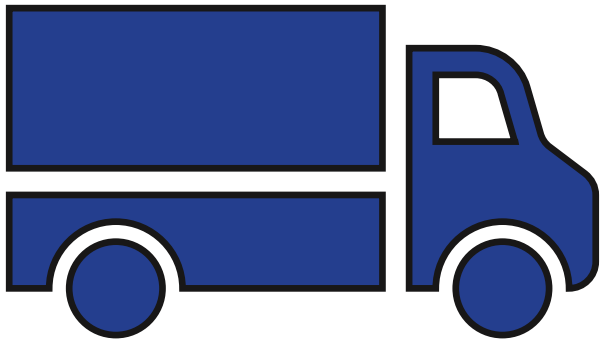
What we heard:

- Transportation and shipping of specimens is a huge logistical undertaking for submitters, especially on weekends and around the holidays.
  - Even though shippers like UPS and FedEx are trained to handle Cat A/B packages, some will refuse or express concern about packages with biohazard labeling
  - IDOHL receiving specimens on Saturdays could help some submitters
  - Commercial labs will pick up specimens, so some submitters are likely to use them instead
  - It takes some submitters in rural areas a 20-minute drive one-way to reach the closest shipping hub. A courier system could significantly impact the daily workflow of rural submitters.

Courier system

Planned and potential next steps:

- We have started the Request for Proposal (RFP) process so we can ultimately implement a statewide courier system.



Communications and customer service

What we heard:

- It can be difficult to contact the appropriate SME at IDOHL.
- Once you reach the correct SME, your questions get answered and you receive high quality customer service.
- The website information is out of date regarding how to submit specimens and prevent rejection.
- It is difficult to maintain an up-to-date database of lab system partners.

Communications and customer service

Planned and potential next steps:

- Updating POCs on our website and internal call forwarding directories
- Website overhaul with IDOH team to update all Laboratory information and update left-hand navigation to make it more user-friendly
- IDOHL often presents at conferences. These presentations should be shared with lab partners, too.

Lab system and steering committee

What we heard:

- We don't have a current strategic plan for the statewide laboratory system.
  - We need to have a more systematic approach across the entire lab system for working on grants and projects.
- There are many barriers to maintaining/empowering/supporting beneficial relationships within the state lab system.
- The lab system could benefit from a needs assessment or Crowe rise assessment, like what was completed during COVID.
- There is a large gap in academic partnerships.
- Steering committee MUST be developed

Lab system and steering committee

Planned and potential next steps:

- Re-launch a lab system ecosystem, with a focus on making it sustainable
  - Prioritize creating a steering committee made up of a representative group of lab system members, likely serving on a rotating basis to ensure a variety of agencies and opinions are involved in system planning
- Continue lab system webcasts and continue communicating lab system updates via this communication channel
- Create a website subpage to act as a hub for lab system information and updates
- Explore strategic planning and needs assessment options and staff capacity for completion

Funding

What we heard:

- Collaborating and innovating across agencies is difficult due to the specific nature of earmarked grant and funding streams.
- Resources are limited, so how should the system prioritize needs?
- IDOHL has some funding, but it is organized by pathogen, which poses a problem because instruments and staff are used across pathogens.
- LRN-B and LRN-C provide quite a bit of decentralized funding.
- The process of MOAs and MOUs is cumbersome and often stands in the way of research progress.

Funding

Planned and potential next steps:

- Explore opportunities to use LRN-B and LRN-C decentralized funding to assist with identified gaps
- Advocate at the agency level for changes to the MOA and MOU procedure
- Explore academic partnerships
- Advocate at the state level for better protocols for moving funds between state agencies (i.e., between IDOHL and IDEM)

Recent outbreak/pandemic feedback

What we heard:

- Initial process for specimens, especially during mpox, delayed TAT and results
- IDOHL improved capacity and speed during COVID-19 by working closely with external partners.
- IDOHL has an agile response to ever-changing needs.
- IDOHL and ERC (now Infectious Disease Epidemiology and Prevention Division) always respond within 48 hours for grant data/report requests
- During bird flu outbreak, state police would help courier samples to the lab
- Epidemiology partnership with Indiana University helps with investigations and supports LHDs
- It was beneficial during COVID to set expectations on capacity, arranging samples, and working overtime.

Recent outbreak/pandemic feedback

Planned and potential next steps:

- Keep improving Rapid Response Team processes
- Test IDOH COOP and explore creating COOP for statewide lab system
- Solicit more feedback from LHDs and boots on the ground for after action reports by enlarging the invitation list

Participant feedback

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Feedback

- 43 participants completed the meeting evaluation
- Rating scale of 1 – 5 (1 = Poor, 3 = Good, 5 = Superb)

- **Utility of the meeting:** objectives met, useful dialogue, clear next steps, good use of my time
  - Ratings of Good to Superb

- **Meeting arrangements:** advance notice, meeting room accommodations, advance materials useful, time to review advance materials
  - Majority of ratings Good to Superb – several ratings of 2 for usefulness of advance materials and advance materials received with time to review

Feedback

- **Flow of meeting:** started on time, clear objectives, agenda followed, "right" people at the meeting
  - Ratings of Good to Superb

- **Final thoughts:** knowledgeable facilitators, meeting appropriate for someone in my position
  - Ratings of Good to Superb

- Would you participate in this process again? 42 – Yes, 1 – No

- Do you see this as a helpful tool and process? All yes responses!

Feedback

What worked?

- I really enjoyed the dialogue and networking opportunities
- The breakout groups - people were more open to discussion; everyone participated
- It was very helpful to hear other partners' experience and theories.

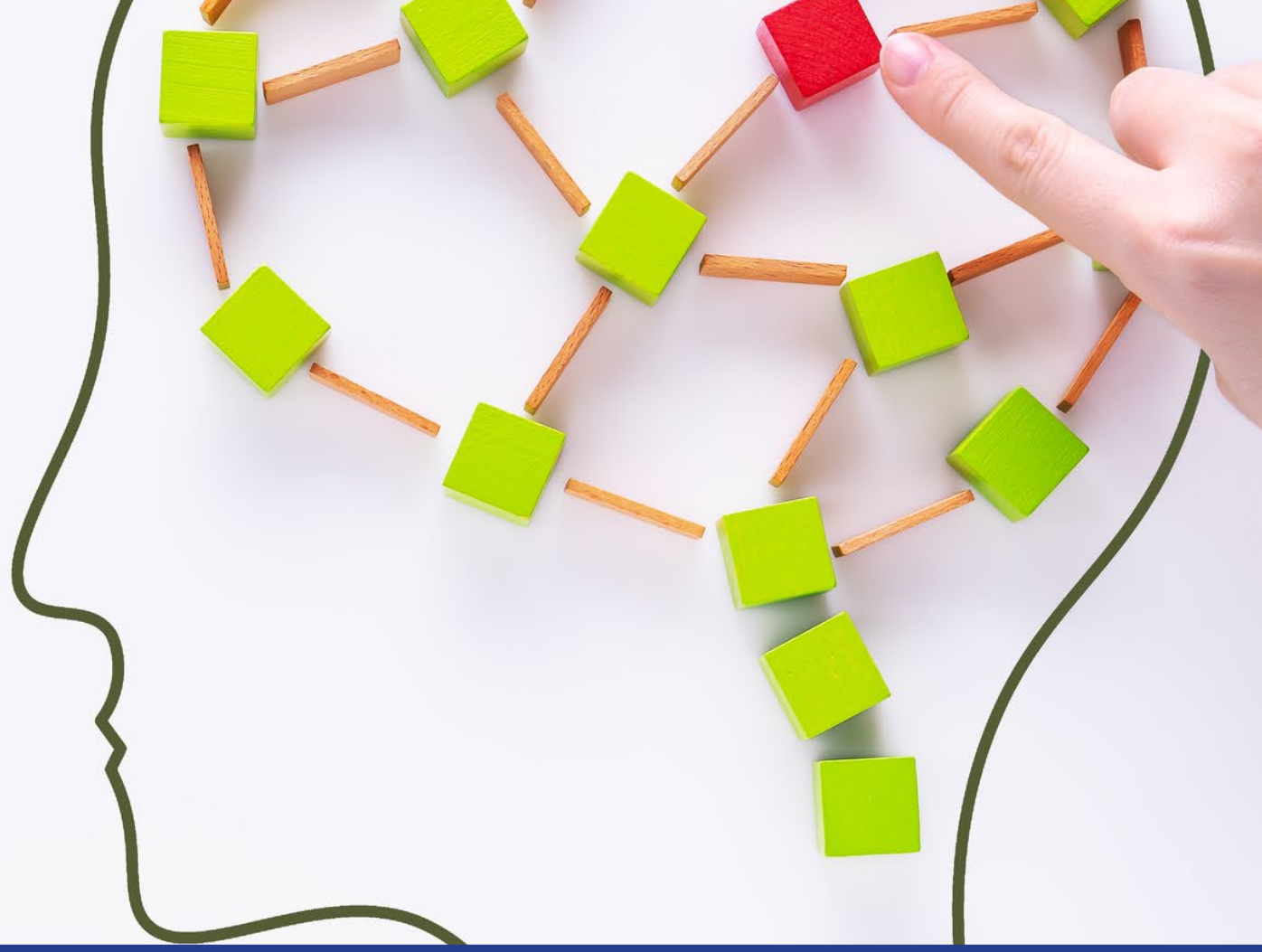
What could be improved?

- Keep reminding people that this is system-wide; folks tended to base votes on individual experience
- More representation from clinical labs/healthcare facilities and local health departments would have made for a wider range of input
- More time to summarize documented next steps with the workgroups
- The rating system seemed a bit off. It was hard to give a rating of "optimum" based on only 75% performance.

Feedback

Additional comments:

- “Great session! Look forward to assisting with next steps! Thank you!”
- “Very good and well organized! Essential service #5 maybe change the word ‘laws’ to "rules"; Essential Service #9 9.2.1 maybe instead of ‘research’ we use ‘research and/or surveillance’ or ‘fact finding’”
- “Heard a lot of feedback from participants; they didn't know what to expect but it turned out to be very helpful.”
- “It takes a lot of dedication, integrity, and courage to plan and implement a program like this. Kudos to everyone involved for their hard work.”



Final thoughts

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Challenges

- Stakeholder representation in breakout sessions
- Participants with limited breakout knowledge of L-SIP process
- Participants with significant expertise being quieter during discussion
- Getting feedback on the individual PHL vs. the PHL system

Initial successes

- Great networking opportunity – first for many participants since COVID
  - Great opportunity for connecting with Department of Health colleagues in person!
- Catalyst for further investigating a statewide courier system

Thank you!

Our L-SIP would not have been possible without the great work from our fellow APHL Members. We are thankful for their dedication to making our L-SIP a success and spending time with the Indiana team!

- Tina Su
- Myron Gunsalus
- LeAnne Burns
- Katie Seely

Additionally, the IDOHL team that worked hard to make this event a success:

- Dr. Lixia Liu, Janet Kent, our Theme taker volunteers, and event hosts

Questions?

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