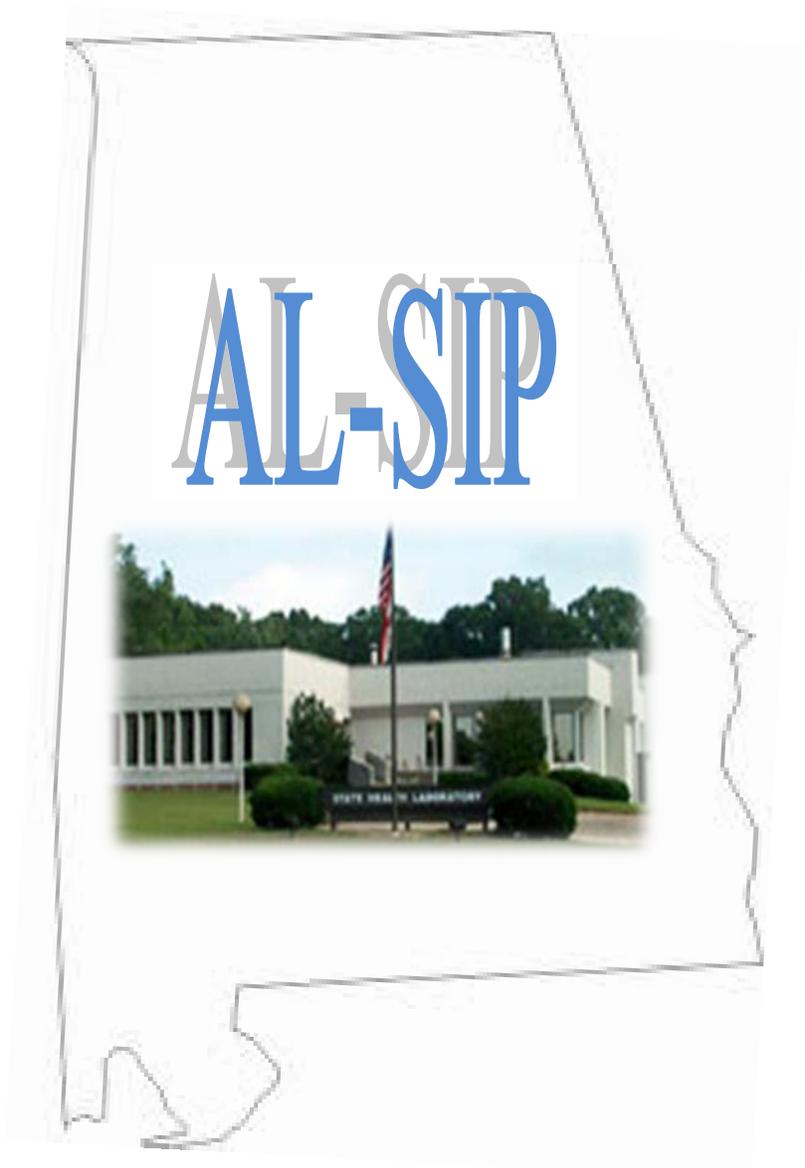


ALABAMA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF CLINICAL LABORATORIES

ALABAMA LABORATORY SYSTEM
IMPROVEMENT PROGRAM
ASSESSMENT REPORT



ALABAMA LABORATORY SYSTEM

IMPROVEMENT PROGRAM (AL-SIP) REPORT

ASSESSMENT PROCESS

On January 31, 2012, Staff from the Alabama Department of Public Health Bureau of Clinical Laboratories convened 75 of its partners to complete an assessment of their states public health laboratory system utilizing a standardized Laboratory System Improvement Program Performance Measurement Tool (L-SIP) made available by the Association of Public Health Laboratories (APHL) in association with in participation with the Centers for Disease Control and Prevention (CDC) National Public Health Performance Standards Program. Alabama was the 28th state to complete this assessment.

The L-SIP Assessment is a user-friendly process that includes an assessment tool for establishing a baseline measure of performance for continuous improvement for a State Public Health Laboratory System (SPHLS).

State Public Health Laboratory System: “An alliance of laboratories and other partners within a state that supports the ten essential public health services under the aegis of the state public health laboratory. The system members and stakeholders operate in an interconnected and interdependent way to facilitate the exchange of information, optimize laboratory services, and help control and prevent disease and public health threats.”

The SPHLS protects the public’s health and is composed of those who request testing to those who ultimately use the test results produced. The SPHLS includes those involved in clinical, environmental, newborn screening, and emergency response among others. As part of the SPHLS, the Alabama State Health Laboratory plays a leadership role in developing and promoting the system, collaborating and communicating with our partners and stakeholders, and routinely monitoring clinical and environmental laboratories performing testing to assure submission of accurate, timely results using national and state guidelines.

The day long assessment was intended to identify how well these Alabama partners functioned as a system to address laboratory issues. This activity was organized by a core committee from the state laboratory consisting of the director, the assistant director, administrative assistant, quality management manager, and a senior microbiologist from the quality management division. An invitation was sent to more than 120 hospitals, agencies, and organizations considered as pertinent partners of the SPHLS. Ninety of them responded as registrants for the meeting; seventy five were actually present, five of which had not pre-registered. Appendix 3 contains the sign in sheet for those attending the assessment. In attendance was representative staff from Centers and Disease Control and Prevention, other Alabama Department of Public Health (ADPH) bureaus, Alabama Department of Environmental Management Laboratory, Alabama Department of Agriculture and Industries, clinical laboratories, Hackbarth Courier Service, universities, homeland security, Civil Support Team, and law enforcement. The State Laboratory Director, in the introduction to the assessment, stated that it’s a challenge to build a better laboratory system without input from its partners to analyze and agree on the processes that are successful and highlight areas for progress. This varied group evaluated the Alabama’s SPHLS against national performance standards to decide things it did well and determine areas for improvement.

The national standards the assessment was based on included the 10 Essential Services of Public Health and the 11 Core Functions and Capabilities of State Public Health Laboratories and was expected to determine how well the PHLS assured that laboratory data supports them. Further, the assessment was to specifically measure the PHLS’s ability to assure that:

- Public health threats are detected and intervention is timely.
- Stakeholders are appropriately informed of potential threats.
- Reportable conditions are monitored in a comprehensive statewide system.
- Specimens and isolates for public health testing are sufficient to provide comprehensive public health surveillance and response.
- Public health laboratory data are transmitted to appropriate state and federal agencies responsible for disease surveillance and control.

10 Essential Public Health Services

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate community health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships and action 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 competent public 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

11 Core Functions of State Public Health Laboratories

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. Emergency Response
9. Public Health Related Research
10. Training and Education
11. Partnerships and Communication

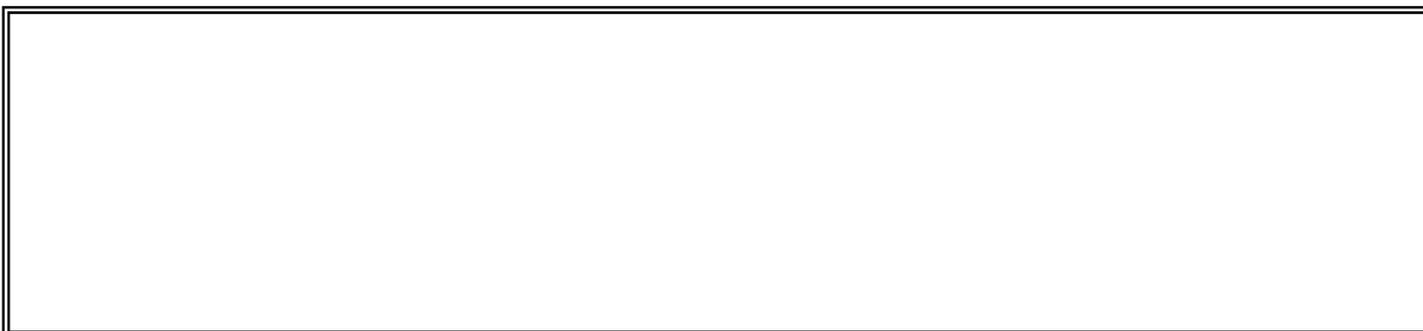
The standards provided in the L-SIP tool are not the minimum standards for a laboratory system, but describes the optimal level of performance and capacity for an ideal state system. The optimal level also provides a foundation in which to move forward and advocate for additional resources or new and innovative ways to better serve the population within Alabama.

Alabama's L-SIP assessment was funded by a grant from the APHL. APHL staff also provided technical support throughout the process, provided a mentor (who had already gone through the process) and provided many of the materials. The most useful tool provided was the L-SIP User's Guide. It outlined the entire process to optimize its use. While it leans towards standardization, it is readily adaptable to meet an individual state's need. Many of the materials from the User's Guide were compiled and provided to the participants in advance for their review prior to their attending the AL-SIP. In addition, each participant was given a notebook containing the remainder of the materials needed to complete the assessment, including the agenda. A copy of the cover sheet and agenda are contained in Appendix 1 and Appendix 2.

As per recommendations from the User’s Guide, laboratory staff identified three facilitators to guide the assessment process. To help minimize bias, the facilitators were not laboratory employees; however, they were familiar with the basic functions of the laboratory. Serving as facilitators were the Director of ADPH Professional and Support Services, the former Director of ADPH Professional and Support Services (now retired), and the former Assistant Director of ADPH Professional and Support Services (now retired). The facilitators lead a group sessions that had been assigned specific essential services and key ideas to assess. They aided in brining the group to a consensus for rating Alabama’s SPHLS ability to meet the essential service being discussed. Each facilitator had two theme takers available throughout the day to record scores and capture key ideas discussed during the sessions manually and electronically. The theme takers were State Public Health Laboratorians. They used the scoring tool provided in the User’s Guide to help determine the activity levels for each essential service using the rating categories described below.

ASSESSMENT RATINGS CATEGORIES	
Optimal Activity 4	Greater than 75% of the activity described within the question is met within the public health system
Significant Activity 3	Greater than 50% but less than 75% of the activity described within the question is met within the public health system
Moderate Activity 2	Greater than 25% but less than 50% of the activity described within the question is met within the public health system
Minimal Activity 1	Greater than 0% but less than 25% of the activity described within the question is met within the public health system
No Activity 0	0% or absolutely not activity

Each participant was provided a colored card to hold up to vote for the level of activity that they felt that the SPHLS functioned for the essential service assigned to their group. The colored cards were synonymous for the colors for each activity level previously described.





The participants were pre-assigned to one of three AL-SIP Star Teams: red, blue, or green based on their profession as best as could be determined. A colored red, blue, or green dot was placed on their notebook which was picked up at registration. The rooms also had colored paper on them to help direct the participants to the appropriate areas they were to convene for their group’s discussions. The green team was group A and was assigned essential services 4, 9, 3. The blue team was group B and was assigned essential services 6, 5, 2. The red team was group C and was assigned essential services 4, 9, 10. All participants, as one group, discussed essential service 7.

At the end of the day, all three groups reconvened where the facilitators and theme takers lead discussions in review of their individual discussions, the scores determined for each essential service and next steps. All participants were requested to complete an evaluation to assess the effectiveness of the meeting logistics. Sixty two of those attending the day long assessment returned their evaluations that indicated that the process was successful and provided several comments and observations. The majority (98%) indicated that they saw the assessment as a helpful tool and process while 94% would participate in the process again. A central theme for things that worked was the facilitator’s leadership of the session. There were many offerings for areas of improvement for the meeting, one being that a couple of participants felt uncomfortable having state laboratory personnel present, especially when providing answers to questions regarding services they provide. The compilation of all responses is located in Appendix 4.

ASSESSMENT TOOL RESULTS

The AL-SIP assessment process determined that the state laboratory system was on target for many of the public health essential functions. It also determined several areas for improvement. A compilation of the results is depicted in the graphic below and indicate the Alabama’s laboratory system was rated as having optimal activity for essential functions 1, 2, and 5; significant activity for essential functions 3, 7, and 8; moderate activity for essential functions 9 and 10; and minimal activity for essential function 5.

		ESSENTIAL PUBLIC HEALTH FUNCTIONS									
ASSESSMENT RATINGS	1	2	3	4	5	6	7	8	9	10	
Optimal Activity	78.0	83.5		89.0							
Significant Activity			58.5				67	61			
Moderate Activity						41.5			44.3	33.0	
Minimal Activity					23.7						

No Activity										
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The complete AL-SIP assessment results, including the notes taken, are attached in Appendix 5, but a snapshot that summarizes the scores for each key idea that supports the essential services being evaluated are indicated in the following table.

Essential Service #1: Monitor Health Status

1.1 Monitoring Community Health Status	89.0
1.2 Surveillance Information Systems	67.0
Overall Score	78.0

Essential Service #3: Inform, Educate & Empower

3.1 Outreach to Partners	50.0
3.2 Empower Partners	67.0
Overall Score	58.5

Essential Service #5: Develop Policies & Plans

5.1 Partnerships in Public Health Planning	5.0
5.2 Role in Laboratory Policy Making	33.0
5.3 Dissemination & Evaluation	33.0
Overall Score	23.7

Essential Service #7: Link People to Services

7.1 Provision of Lab Services	67.0
Overall Score	67.0

Essential Service #2: Diagnose & Investigate

2.1 Appropriate & effective testing	83.5
Overall Score	83.5

Essential Service #4: Mobilize Partnerships

4.1 Partnership Development	100.0
4.2 Communication	67.0
4.3 Resources	100.0
Overall Score	89.0

Essential Service #6: Enforce Laws & Regulations

6.1 Laws & Regulations	50.0
6.2 Enforcement of Laws & Regulations	33.0
Overall Score	41.5

Essential Service #8: Competent Workforce

8.1 Defined Scope of Work & Practice	100.0
8.2 Recruitment & Retention of Staff	33.0
8.3 Assuring a Competent Workforce	50.0
Overall Score	61.0

Essential Service #9: Evaluation of Effectiveness

9.1 System Mission & Purpose	33.0
9.2 System Effectiveness & Accessibility	55.7
Overall Score	44.3

Essential Service #10: Research

10.1 Planning & Financing Research	33.0
10.2 Implementation & Evaluation	33.0
Overall Score	33.0

Participants rated Alabama’s SPHL system as optimal for monitoring the health status to identify community health problems; diagnosing and investigating health problems and health hazards in the community; and mobilizing community partnerships to identify and solve health problems.

In response to essential service one, Group 3 indicated that the laboratory system provides results for reportable conditions and other significant results timely and readily collaborates with CDC. It has statewide sentinel systems for preparedness and influenza testing and has established redundant lines of communication with them. The system is able to retrieve electronic laboratory results for reportable diseases electronically from health departments. The state laboratory and epidemiologists coordinate efforts for foodborne outbreak investigations and provide trainings throughout the state. It was noted that the nurse coordinators for the Newborn Screening program and the brochures provided to the expectant parents at the doctor’s office adds value to the program. Also valuable to a successful outcome of this program is that all abnormal disorders are followed up until they are resolved.

Some areas for improvement noted from the discussions indicated that test reporting could be improved including greater LIMS access to rural areas, electronic ordering and reporting for newborn screening and calling in panic values even if electronically reported. Participants thought that the system could benefit from the state laboratory providing educational information and testing for certain chronic diseases surveyed by the health department. There was also a discussion concerning the lack of the state having a formal policy for disposition of blood spots as this is a topic of national concern. In order to address these concerns, the following were offered as next steps: a) Investigate electronic medical records (EMR) resources b) Investigate systems for electronic ordering and reporting for NBS; and c) Improve reporting for isolated situations.

The state laboratory was analyzed more than the “laboratory system” by Group B for some of the components covered in essential service two. Highpoints included an existing memorandum of understanding with two neighboring states for pandemic emergencies, expertise in high level testing and existence of a plan to respond to emergencies. The participants voiced their concerns regarding how the laboratory communicate their testing limitations to partners and if the laboratory had an ICS. The next steps included to solidify laboratory’s specific role in the state’s ICS; invite preparedness coordinators to laboratory sponsored conferences; publish updated laboratory services on website.

In discussions regarding essential service four, The Green Team seemed pleased with efforts towards progress in this arena. Effective communication among partners seemed to be key. For example, it was noted that correspondence, calls, meetings and the website provided pertinent information and directions in support of preparedness, TB, and newborn screening activities. However, there were areas noted for improvement: Keep updates of retirees & new people on contact list; partners need to know about processes before they are implemented; make more use of various state systems (i.e. ERS/alerts/AIMS/BLAST) to contact, inform and coordinate partners. There were not any next steps recorded for this discussion but several could be gleaned from their parking lot items. Among them are: Determine appropriate pertinent partners to add to emergency contact list; identify mechanisms for more workshops/seminars for clinical laboratory community; and do a better job of communicating information on testing advancements.

The assessment results for the AL-SIP indicated significant activity for informing, educating, and empowering people about health issues; linking people to needed personal health services and assuring the provision of healthcare when otherwise unavailable; and assuring a competent public health and personal healthcare workforce.

The Green Team seemed to think that the state laboratory system informs its community partners of preventative measures for disease control; HIPPA information; and communicable disease reporting. It was noted that the system, when resources are available, offers testing for community groups and organizations (health fairs, college campus screenings, etc.) The system was noted as not providing information for home testing or any type of follow up for its use. This group did not provide specific next steps, but concerns noted that could be considered as next steps include: participate in hospital and emergency preparedness disaster relief seminars (drills); investigate role for distribution of information regarding home testing; and consider mechanism to inform legislators of essential laboratory system information.

While a great deal of discussion related to the importance of implementing systems to allow for electronic reporting for improved turnaround times, the laboratory system overall seemed to be on the right track in that regard based on discussions for essential service seven. Epidemiology and laboratory collaborate for appropriate samples, testing and reporting guidance for distribution to public; courier service is in place to transport specimens from health departments; and county health department personnel is kept aware of services. Some areas for improvement included: regular updates for specimens sent to CDC for testing; local citizens need to be aware of laboratory services; laboratory quality assurance staff information need to be made available. The next steps for consideration: publish updated laboratory personnel contact list for testing areas as well as testing capabilities (service manual) for easy access; share courier service information as option for submitting specimens to laboratory; use website to disseminate pertinent information; form coalition with partner state laboratories (e.g., environmental, agricultural, CST).

Group C, The Red Team decided that the system did a good job in defining the scope of work and practice for assuring competent and qualified staff, but only mediocre in recruitment and retention of them. A recurrent observation was the consideration for use of retired employees for a larger role in training staff. Duly noted however, were personnel (including competitive salaries) and various programmatic federal regulatory restrictions. Internships were also offered an option to peak interest for public health career path. Other areas of discussions included greater involvement in state and national organizations and increased cross training and continuing education efforts. The next steps determined from this group were to begin succession planning in effort to maintain knowledge base; develop creative approaches to boost interest in Public Health Lab (laboratory work); and determine most appropriate use for internships, mentoring program.

The participants scored the Alabama Public Health Laboratory System as moderate activity for enforcing laws and regulations that protect health and ensures safety; evaluating effectiveness, accessibility & quality of personal & population-based services, and developing policies and plans that support individual and community health efforts

The focus of the discussion held by The Blue Team to assess essential service six was interactions between the laboratory, the FBI and first responders. For the most part, adequate communication exists between these partners and there is some training that they share. Noteworthy is the effective communications between them during the anthrax investigation in 2001. It was pointed out that more collaboration is needed to involve other partners such as the USDA, EPA, and other state agencies. In addition, the team determined that each entity understood their own laws and regulations concerning dealing with biohazard events, but the system as a whole did not understand each other's. The Blue Team recommends that the next step to improve areas in support of this service be to: form a biohazard committee forum to meet frequently; establish small groups with first responders for table top exercises; improve laboratory website (too many layers to get information)

Group A participants determined that the laboratory system's services as defined by their mission and purpose are not reviewed and evaluated at all levels, just among public health partners. It was also implied that partners outside of the public health arena might benefit in being able to assess the quality of the test results received as compared to other states. This could be mediated by making proficiency score cards available or make use of customer service surveys. This group brought up the need for funding opportunities (i.e. billing, improved budget, etc.) to ensure quality testing efforts. They did not provide next steps but comments recorded suggest the following for consideration as next steps: evaluate customer service (i.e.

survey patients about lab results, clinician satisfaction with turn-around) to determine effectiveness and quality of services and consider billing private insurance to recapture testing expenses.

The Red Team, in its assessment for essential service ten, provided succinct comments as it might have been one of the more difficult areas to analyze. This score was also near lowest for the assessment. One reason is that the health department's research efforts do not readily involve the laboratory. Requests are often received from universities to use data collected from patients from research, but it's at the discretion of the department's institutional review board to allow it to be shared. Most laboratory research is via collaborations with the CDC. This team noted there is a "disconnect" between development of innovative projects and funding. It was alluded to that research efforts might improve with directions from senior staff of their priority issues and needs, rather than various departments just responding to whatever funding opportunity that is available that will provided funding for staff. The team suggests as next steps that the system articulate innovation priority needs to help define funding opportunities and make de-identified data readily available for research efforts.

The system received the score, "minimum activity" for developing policies and plans that support individual and community health efforts. This score was the lowest score for the entire assessment and was expected as there is a challenge to determine pertinent partners for such partners for a few of "over stepping" state departmental boundaries. Each entity develops their own policies and plans and disseminates them as they deem appropriate, and sometimes without input from a vested partner. Currently, there is not a unified system that exists to allow such sharing with external partners. There is also a need for an improved ability for ADPH staff and partners to review policies being considered for legislation. Next steps noted to help meet standards for essential service five include updating and making available entity contact lists; provide documentation to pertinent staff for how plans and policies are put in place; publish entity's plans and policies on websites (easier to share); and organize formal meetings with partners to discuss various plans and policies.

IMPROVEMENT PLAN

The first Alabama L-SIP (Laboratory System Improvement Program) event was successful in bringing together various partners to engage in discussion on the 10 essential services and to determine how Alabama's Laboratory System ranked in addressing them. The participation, discussions, and results from those attending helped discern areas for improvement. Most of the participants made a point to indicate to a committee member how please they were for the opportunity to take part in the process. Many expressed excitement for being able to meet and discuss issues face to face, to network and dialog with many of their colleagues. Some were also excited to interact with partners that they had not previously regarded as such. A few recognized that several of them shared some of the same experiences and concerns.

The AL-SIP committee observed the following central themes that resonated as areas for improvement in the AL-SIP discussions and recommends that these areas of concerns be addressed as next steps.

- Improved result reporting, especially for newborn screening
- Increased outreach activities with academic partners
- Increased collaboration with non public health partners for emergency preparedness
- Updated publication of laboratory services
- Considerations for maintaining competent staff, and overall
- Improved communication.

A review of these priorities and next steps identified determined that the Alabama Laboratory System can benefit with improved reporting, outreach, collaboration, communication, and staffing. The AL-SIP assessment is just the beginning of a long-term process to create an environment of continuous improvement. The committee intends to make this report available to all attendees and requests comments, further suggestions and volunteers for further discussions. However, some steps are already in motion to make progress towards addressing these issues. For one, the laboratory service menu is being updated,

but an updated listing of the analytes has been added to the website. In addition, the FBI WMD coordinators have helped coordinate a group (i.e. FBI, State Troopers, CST, Agriculture, Homeland Security, Environmental Management, etc.) that have met twice to give updates and training opportunities in their various areas of expertise. Laboratory staff has been invited to participate in outreach activities with a local university as well as a health department agency.

The AL-SIP committee is satisfied that the specific goals as set in the guidelines were met to:

- Define the State Public Health Laboratory System.
- Bring together key partners of the system to determine system performance.
- Measure the capacity and performance of our state public health laboratory system in addressing national standards.
- Provide results and a starting point for system improvement.

DRAFT

Alabama Department of Public Health
Bureau of Clinical Laboratories

Presents

Alabama

Laboratory System Improvement Program



Alabama Industrial Development Training (AIDT) Center
15 Technology Court, Montgomery, Alabama 36116

ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES

AGENDA

Alabama
Laboratory
System
Improvement
Program

Tuesday, January 31, 2012

Alabama Industrial Development Training (AIDT) Center
15 Technology Court, Montgomery, Alabama 36116

8:00 - 8:30 am	Registration/Refreshments		
8:30 - 8:50 am	Welcome & Introductions		
8:50 - 9:45 am	Overview of the day & Orientation		
9:45 - 10:30 am	Plenary: ES #7: Link People to Needed Personal Health Services		
10:30 - 10:45 am	Break		
10:45 - 12:00 pm	Breakout Sessions		
	ES #4: Mobilize Partnerships (Group A)	ES #6: Enforce Laws & Regulations (Group B)	ES #8: Assure Competent Workforce (Group C)
12:00 - 12:30 pm	Lunch Break - (Please pick up your lunch and return to your work group)		
12:30 - 2:15 pm	Breakout Sessions		
	ES #9: Evaluate Effectiveness, Accessibility, Quality (A)	ES #5: Develop Policies and Plans (B)	ES #1: Monitor Health (C)
2:15 - 2:30 pm	Break		
2:30 - 3:45 pm	Breakout Sessions		
	ES #3: Inform, Educate, and Empower People (A)	ES #2: Diagnose & Investigate Health Problems (B)	ES #10: Research (C)
3:45- 4:30 pm	Summary, Evaluation & Next Steps		
4:30 pm	Adjourn		

APPENDIX 3

2012 AL-SIP SIGN-IN SHEET						
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**Alabama Department of Public Health Bureau of Clinical Laboratories Laboratory System
Improvement Program Assessment
Compilation of Participant's Evaluation Results**

	POOR		GOOD		SUPERB
	1	2	3	4	5
Utility of Meeting:					
Stated objectives of meeting were met	X	X	5	32	23
Dialogue was useful	X	X	6	29	26
I support the efforts being made	X	X	2	23	35
Next steps are clear	X	2	9	31	15
Meeting was a good use of my time	X	5	8	27	20

Additional Comments: Was not sure why organization was invited.

	POOR		GOOD		SUPERB
	1	2	3	4	5
Meeting Arrangements:					
Advance notice of the meeting	1	1	6	16	37
Meeting Room Accommodations	X	X	8	24	29
Advance materials for meeting were useful	1	1	12	24	24
Advance materials were received with time to review	1	2	10	21	25

Additional Comments: N/A

	POOR		GOOD		SUPERB
	1	2	3	4	5
Flow of Meeting:					
Started on time	X	X	1	14	39
Clear objectives for meeting	X	1	3	24	32
Agenda followed or appropriately amended	1	1	1	19	38
Facilitation was effective	X	X	4	18	38
The "right" people were at the meeting	X	1	8	24	26

Additional Comments:

1. Commended Public Health for doing this!
2. Great tool and concept for many public service agencies.
3. A lab person was needed in the room to explain basic lab functions/services. Many of us were not able to answer the questions as we were not aware if the lab provided the function or service.
4. Jamie (facilitator) was excellent! Very energetic & enthusiastic.
5. Was unaware helpful information was on ADPH website. Will definitely visit site for self-knowledge and will educate staff. Was not aware lab did all that it does!
6. Frances (facilitator) did an excellent job!
7. Don't stop here continue moving forward.

	YES	NO
Would you participate in this process again?	58	3
Do you see this as a helpful tool and process?	61	1

What worked?

1. Breakout sessions.
2. Excellent facilitation.
3. Facilitators were great!
4. Facilitators, working lunch, enthusiasm of ADPH.
5. Facilitators were good, but maybe needed to have a better understanding of the questions.
6. Appropriate mix of agencies to provide input.
7. Discussions were good. Learned a lot.
8. The open dialogue, pleasant sessions.
9. Good guide.
10. Small groups.
11. Was worried about time, but because of open discussions and sorting through each model, time was no longer an issue because lost track of it.
12. Group was structured, followed time scheme.
13. Well planned.
14. Very informative. I learned of services available I was not aware of.
15. Information very helpful for me to perform my job better.
16. Nice collaboration with all partners. Did not consider some of them as partners before.
17. Voting cards-The outline was great! Awesome! Many other organizations should follow this model. Great place to network. Learned a lot about what our laboratory and its partners do and have several people to draw info from.
18. Breakout groups to discuss issues.
19. Having service providers of diverse functions in the same room talking about how we can do things better; helps us to understand our roles in the system.

What could be improved?

1. Spokesperson from Lab always available to respond.
2. A little too much time was allowed.
3. Facilitators having a better understanding of questions (Points of Discussion)
4. More Medical provides from private community should attend.
5. A follow-up workshop for the progress of parking lot items.
6. More meetings of this type.
7. Better (clearer) instructions. Dr. Massingale should not be present during discussions as people cannot state their opinions, especially if they are ADPH employees. Dr. Massingale should not tell participants what the lab can/cannot do-that is part of the discussion.
8. Distributing lunch and snacks. Poor logistics. Limit use of lab staff-hinder honest and open communication.
9. Nothing notable.
10. After summary. Is it necessary for all to summarize and send out results to participants?
11. Was never clear whether the Public Health labs were being evaluated or the total lab capacity of the state was being evaluated. Looking back over the materials it seems the intent was to include the entire state. It was not until mid of afternoon until I realized my agency was part of the system under evaluation. I understood that those in the room were clients of Public Health labs from an external perspective. The desired outcome seems too important to rest on anecdotal comments. Very subjective.
12. CEP staff/ reps missing.
13. Slide colors not as visible.
14. Need additional meetings with health department only without outside agencies.

Note

- There were ninety registered participants; seventy-five attended
- Seventy of the seventy-five were pre-registered.
- Five of the seventy-five were not registered.

APPENDIX 5

Essential Service #1: Monitor health status to identify community health problems (Optimal Activity)

Observation Summary: Test reporting can be improved; follow up all abnormal results until resolved; no policies in place for residual blood spots; public health laboratory involvement lack in education of chronic diseases; more IT for NBS; improved LIMS access to rural areas; continue calling panic values even with electronic reporting; and more education about EMR resources.

Essential Service #1: Monitor Health Status	
1.1 Monitoring Community Health Status	89.0
1.2 Surveillance Information Systems	67.0
Overall Score	78.0

Key Idea 1.1.1: The SPH Laboratory System identifies infectious disease & environmental sentinel events, monitor trends, & participate in state & federal surveillance systems. (Score = 4)

1. Electronic lab results received and posted immediately. e.g., NEDSS
2. Collaborate with CDC
3. Significant positive results reported in a timely manner
3. Hospital - lab trouble reporting
4. Goal: Order electronically to get results quicker
Quick results are important!!!

Parking Lot:

Isolated situation reporting can be improved

Key idea 1.1.2: The SPH Laboratory System monitors congenital, inherited, & metabolic diseases of newborns & participates in state & federal surveillance systems. (Score = 4)

1. Newborn Screening (NBS) has nurse educator
2. What about expecting parents? Brochures provided; doctors' offices; hospital
3. All abnormal results = follow up until resolved
4. No policies in place for residual blood spots. Only used for essential testing.

Key Idea 1.1.3: The SPH Laboratory System supports the monitoring of chronic disease trends by participating in state & federal surveillance systems (Score = 3)

1. Health department educates public about certain chronic diseases. SPH lab does not.
2. Wellness program beneficial
3. Vital statistics published through public health system

Key Idea 1.2.1: The SPH Laboratory System has a secure, accountable & integrated information management system for data storage, analysis, retrieval, reporting & exchange (Score = 3)

1. More IT for NBS
2. Rural areas: easy way to get LIMS?
3. Need to improve on reporting results quicker
4. Even though panic values are electronic, all are called in to providers

Key Idea 1.2.2: The SPH Laboratory System partners collaborate to strengthen electronic surveillance systems. (3)

1. See Key Idea 1.2.1

Next steps:

1. More education about EMR resources
2. More IT for NBS
3. Isolated situations - reporting can be improved

Essential Service #1 Next steps: Investigate systems for electronic ordering and reporting for NBS; increase number of health care providers, including rural areas) ordering tests and receiving results via LIMS; develop formal policy for disposition of blood spots; seek role for testing in department 's chronic disease programs.

Essential Service #2: *Diagnose & investigate health problems & health hazards in community (Optimal Activity):*

Essential Service #2: Diagnose & Investigate	
2.1 Appropriate & effective testing	83.5
Overall Score	83.5

Observation Summary Needs laboratory representative at local level to provide guidance at the ICS; public needs to know limitations of laboratory testing.

Key Idea 2.1.1: The SPH Laboratory System assures effective provision of services at the highest level of quality to assist in the detection, diagnosis, & investigation of all significant health problems & hazards (Score = 4)

Evaluation: How effective is the Lab System as a whole on services? Optimal

The laboratory does have MOUs with other states if a pandemic occurs.

Laboratory has MOU with Tennessee & Miss.

The laboratory has expertise in high level of quality testing.

How does the lab communicate to partners that samples must be sent to another lab?

Bulletins are sent

Parking Lot:

Invite coordinators to lab conferences

Key idea 2.1.2: The SPH Laboratory System has the necessary system capacity, authority, & preparations in place to rapidly respond to emergencies that affect the public's health (Score = 3)

1. Lab System has in place a plan to respond to emergencies.

2. Is the ICS in place? Yes

Evaluation: Significant

Parking Lot:

Need ADPH representative at local level to provide guidance at the ICS.

Do you know limitations of lab testing?

Next steps:

1. More information on ICS

2. Need to share what lab can and cannot do

3. Health network updated. Who is in the health network?

Essential Service #2 Next steps: Solidify laboratory's specific role in the state's ICS; invite preparedness coordinators to laboratory sponsored conferences; publish updated laboratory services on website.

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

Essential Service #3: Inform, Educate & Empower	
3.1 Outreach to Partners	50.0
3.2 Empower Partners	67.0
Overall Score	58.5

Observations (Significant Activity): Need to know who to call and when; what HIPAA we be shared; more education regarding reportable diseases; laboratory does not provide information for home testing; lack of regular education regarding laboratory capacity and capabilities; more outreach to public; laboratory system should be more proactive rather than reactive; laboratory system needs to speak with “one” voice; offer testing for community groups and organizations; provide/participate in hospital and emergency preparedness disaster relief seminars (drills); legislators should be informed and updated of essential laboratory system information.

Key Idea 3.1.1: The SPH Laboratory System creates and delivers consistent information to community partners about relevant health issues associated with laboratory services (Score = 3)

1. Internal means set-up
 - Know who to call.
 - HIPAA - what we can share
2. Communicable diseases - report
3. Educate about what is reportable
4. Lab has personnel to contact
5. Home testing - no follow-up
6. Let our media know when over-the-counter tests are released
7. Good communication of preventative measures

Parking Lot:

Provide information on home testing. Talk to healthcare provider.

Google results from/provide information from lab

Does the lab have people to go out & educate public on lab measures?

Be proactive with partners

Attend disaster relief drills

Outreach to public

Key Idea 3.1.2: The SPH Laboratory System creates and provides education opportunities to health & non-health community partners (Score = 2)

1. Key points to legislators - good PH.
2. Speak with one voice
3. Give seminars
4. Be proactive; not reactive
5. Outreach to general public

Key Idea 3.2.1: Relationship-building opportunities are employed to empower community partners (Score = 2)

1. Offered testing for community groups
2. Go to hospitals for disaster relief seminars (drills); EP Team
3. Partner through intermediaries (chicken plant, Coke Co., etc.)
4. Funding

Parking Lot:

Invite lab to disaster drill

Essential Service #3 Next steps: Continue to coordinate with epidemiology division to keep health care facilities informed of reportable diseases and the tests required to determine cases for them; investigate role for distribution of information regarding home testing; investigate avenues for improved interactions with public, including hospitals, legislators, and others.

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

Essential Service #4: Mobilize Partnerships	
4.1 Partnership Development	100.0
4.2 Communication	67.0

4.3 Resources	100.0
Overall Score	89.0

Observations (Optimal): Keep updates of retirees & new people on contact list; partners need to know about process before they are implemented; use ERS/alerts/AIMS/BLAST to contact, inform and coordinate (partners).

Key idea 4.1.1: Partners in the SPH Laboratory System develop & maintain relationships to formalize & sustain an effective system (Score = 4)

Partnerships & stakeholders

1. LRN - rec. correspondence from the lab
2. Newborn screening - conference calls to inform - expertise in the lab

Informs partners of tests

1. Meetings held to inform all involved. Great information shared.

Roles & responsibilities

1. Good communications
2. TB control - lab personnel go to meetings to inform & define lab testing
3. Website - has information needed to find our roles & responsibilities
4. Quarterly meetings with ADEM are good

Parking Lot:

Keep updates of retirees & new people on contact list

Key Idea 4.2.1: SPH Laboratory System members communicate effectively in regular, timely, & effective ways to support collaboration (Score = 3)

1. Know before something is implemented
2. Progress in alerts
3. ERS & lab coordinates to inform public & partners
5. AIMS website
6. BLAST - AIMS

Parking Lot:

Add private (key) individuals to emergencies.

Keep public informed

Let people know successes

Key Idea 4.3.1: The SPH Laboratory System works together to share existing resources & to identify new resources to assist in identifying & solving health issues (Score = 4)

1. Hosting meetings
2. Good information given to sentinel labs
 - Provides equipment for labs
 - Provides grant information to providers
 - Allows grant money for items needed by providers
3. Dedicated employees

Parking Lot:

Need new lab, equipment, personnel ; work with limited funds

Funding needed

Recruiters to universities

Communicate information on testing advancements

Keep updates of retirees & contacts.

Add private (key) individuals to emergencies

Essential Services #4 Next Steps: Determine appropriate pertinent partners to add to emergency contact list; identify mechanisms for more workshops/seminars for clinical laboratory community; Do a better job of communicating information on testing advancements.

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

Essential Service #5: Develop Policies & Plans	
5.1 Partnerships in Public Health Planning	5.0
5.2 Role in Laboratory Policy Making	33.0
5.3 Dissemination & Evaluation	33.0
Overall Score	23.7

Observations (Minimal): There is not a system that exists for input information to share with others (internal or external partners) about new policies & plans; Need more ways to get out information about sample handling, collecting, transporting as only those attending special trainings are receiving currently; Need more training; There is challenge is getting policies & plans to entire Lab System; State does not have input into the system based on individuals & not as a group; not sure a group exists to bring in partners to discuss policies that would affect them; need to make sure not to step on partners’ toes; improved ability for ADPH staff and partners to review policies from legislation; internal & external partners want challenges about test methods & policies; partners would like to contribute their expertise to change/influence policies.

Laboratory System obtains input from partners to develop policies & plans
Do you feel you have input in overall system?

Key Idea 5.1.1: The SPH Laboratory System obtains input from diverse partners & constituencies to develop new policies & plans & modify existing ones (Score = 1)

Evaluation: The system as a whole...do all partners have input? Minimal
ADPH & Department of Ag. work together
Have a buffer between lab & others go get correct information about where specimens go

Parking Lot:

Is there a system that exists for input information to share with others about new policies & plans?
Who would give out the new policies & new plans to internal or external partners?
How to get out information about sample handling, collecting, transporting?
Information is only getting to a few in trainings
Need more trainings
Challenge is getting policies & plans to entire Lab System
We do have input into the system based on individuals & not as a group
Laboratory bulletin needs to be sent to state level & not just county level
Is there a group that exists to bring in partners to discuss policies that would affect them?
How to avoid stepping on partners’ toes?

Key Idea 5.2.1: The SPH Laboratory System & their partners contribute their expertise & resources using science & data to inform & influence policy (Score = 2)

ADPH has ability to review policies from legislation, but do the partners with the system have the ability?
2. Communication challenges with internal & external partners about test methods & policies
Evaluation: Can partners contribute their expertise to change/influence policies? Moderate

Parking Lot:

Providers & partners need to be educated on testing policies the laboratory must follow. e.g., CLIA
Next steps:

1. Translate one mechanism over another mechanism
2. Sharing expertise on test methods

Translate test methods & protocols in layman's terms

Standard 5.3: Dissemination & Evaluation

1. What are the lab's plans & policies?

Can be reviewed internally

Parking Lot:

Improve on getting information out to all partners. e.g., Fusion Center

Do you have input on policies regarding steps to take in an event?

Key Idea 5.3.1: The plans & policies that affect the SPH Laboratory System are routinely evaluated, updated & disseminated (Score = 2)

Evaluation: Plans & policies input: Moderate

Parking Lot:

Does ADPH have a liaison that deals with law enforcement?

Next steps:

1. Update contact list
2. Document on how plans & policies are put into place
3. Plans on website (some did not know lab was on ADPH's website)
4. Meeting to discuss policies & plans.

Need an agenda for the meeting

Need key personnel in meeting

Essential Services #5 Next steps: Laboratory bulletins circulation needs to be extended and sent to state level & not just county level; Improve efforts for sharing expertise and information on test methods and any changes as well as policies and plans with partners; Use website more for distribution of information to internal and external partners.

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

Essential Service #6: Enforce Laws & Regulations	
6.1 Laws & Regulations	50.0
6.2 Enforcement of Laws & Regulations	33.0
Overall Score	41.5

Observations (Moderate): Continued awareness of laws, regulations & information; more involvement between state law enforcements, FBI, USDA & state agencies; Website requires too many links to get to desired information; need more involvement in and regular EPA/emergency preparedness/biohazard advisory committee meetings.

1. Laboratory review laws and regulations

2. Update lists of reportable diseases

There is a state list and national list

Update lists on website

Key Idea 6.1.1: The SPH Lab System is actively involved in the review & revision of laws & regulations pertaining to lab practice (Score = 3)

3. Correlation between laboratory, FBI, local police & CDC about protocols of select agents

4. There is input from the laboratory to legislation concerning laws & regulations

5. Communication does exist between FBI & lab

6. Anthrax incident a good example of correlations between different agencies

7. Laboratory sent out letters about website

8. Laboratory does a good job with local laboratories with CLIA.

9. Laboratory System is made of partners. e.g., FBI, USDA, local health departments, etc.

Evaluation: Awareness of laws, regulations & information: Significant
Improving law & regulations awareness
Meetings between state law enforcements, FBI, USDA & state agencies.

Parking Lot:
Biohazard committee to discuss issues, laws, updates, etc.

Key Idea 6.1.2: The SPH Laboratory System encourages & promotes compliance by all laboratories in the system with all laws & regulations pertaining to laboratory practice (Score = 2)

1. Communication or getting information. There is a yearly training.
 2. Training in shipping packages
 3. Website does update with new information.
- Evaluation: Communicating with others: Moderate

Parking Lot:
Laboratory System needs to improve on communication, in getting information to partners & local residents beyond the website
Training in shipping packages for courier, local health department or partners.

Key Idea 6.2.1: The SPH Laboratory System has appropriate resources to provide or support enforcement functions for laws & regulations (Score = 2)

1. All partners understand their laws & regulations dealing with biohazard events
- Evaluation: Does the Lab System as a whole understand their roles? Moderate

Parking Lot:
Who/what has control of a biohazard event?
Define the roles of partners.
How does the Lab System work as a whole?
Need field exercises among partners dealing with criminal investigation.
e.g., law enforcement & lab
Easy website access
Create pertinent links to information
Should not have to go through several links to get information

Next steps:

1. Biohazard committee meeting (high priority)
 - EPA, emergency preparedness advisory currently meet
 - Need to meet more frequently
2. Establish smaller groups among partners/table top
3. USDA working on table top among 3 states about poultry
4. Getting information out through other venues or improve website

Essential Service #6 Next Steps: Coordinate with FBI, USDA, EPA, FDA, CST for trainings and table top exercises;
Investigate improved mechanisms for disseminating information; improve website.

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

Essential Service #7: Link People to Services

7.1 Provision of Lab Services	67.0
Overall Score	67.0

Observation (Significant): Need better mechanism for returning laboratory results; many partners, private providers, and local citizens may not be aware of lab services or website; need update for pending reports (state lab or CDC); courier has seen a few issues with labeling and improper shipping water samples; need updated turn-around times list; need better mechanism for linking information between health department, universities & marine (e.g. oil spill; is it safe to eat fish from certain lake); sharing of quality assurance information.

1. Laboratory needs & services
e.g., anthrax
2. Availability of lab services. Our lab is great!
3. Turn-around-time for results
Need results quickly instead of snail mail
Move to the future of submitting results
4. Lab has done a good job working with other agencies with interfacing to get results to providers
5. Lab works well with transporting samples
6. Do collaborate with other agencies
Evaluation: Needs & Services: Significant

Key Idea 7.1.1: The SPH Laboratory System identifies laboratory service needs & collaborates to fill gaps (Score = 3)

Parking Lot:
Do you have to wait for electronic medical record (EMR) for results?
Are there certain EMRs that work?

Key Idea 7.1.2: The SPH Laboratory System provides timely & easily accessed quality services across the jurisdiction (Score = 3)

1. Lab provides timely & easy access to services
2. The lab is optimal in timely services
2. Great communication with Epi & lab to determine type of samples, testing and reporting
3. Quality assurance & contacts are available
4. Timeliness is available
5. Local resources such as county health departments are aware of lab services
However, local citizens may not be aware of lab services or website
6. Local people are important to sharing information about lab
7. Timely getting reports back from reference lab & CDC.
Need more communication if lab testing is pending
8. List of services available on website.
9. CLIA, EPA, FDA & CDC are certifying agencies.
10. Courier has seen a few issues with labeling, placing water samples in orange bag.

Evaluation: Timely and quality services: Significant

Parking Lot:

Turn-around-times list needs to be updated

Need improvement of transporting specimens

Linking information between health department, universities & marine agencies

e.g., oil spill

Is the fish safe to eat?

Next steps:

1. Turn-around-times

Contact: QA from lab

2. Specimen transport

Contact: Kevin Deem

3. Easy access to lab results

4. Linking expertise

Essential Service #7 Next step: Courier service information will be shared as option for submitting specimens to laboratory; use website to disseminate pertinent information; form coalition with partner state laboratories (e.g., environmental, agricultural, CST).

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

Essential Service #8: Competent Workforce	
8.1 Defined Scope of Work & Practice	100.0
8.2 Recruitment & Retention of Staff	33.0
8.3 Assuring a Competent Workforce	50.0
Overall Score	61.0

Observation (Significant): Retired employees should be considered for a larger role in training staff; greater involvement with personnel for qualifications for improved staffing, better salaries and improved timelines for hiring process; need for internship program; greater involvement in state and national organizations; increase cross training and continuing education efforts; interns from surrounding universities should be considered to increase the competency of current staff.

Key Idea 8.1.1: All laboratories within the SPH Laboratory System identify position requirements & qualifications; assess competencies; & evaluate performance for all laboratory workforce categories across the entire scope of testing (Score = 4)

1. Uses updated state personnel
2. Public health works with personnel to create qualifications
3. CLIA regulated
4. Need internships?
5. Proficiency testing

Key Idea 8.2.1: The SPH Laboratory System maintains an environment to attract & retain highly qualified staff (Score = 2)

1. Recruiting: colleges, local schools (students are not aware of this option)
2. Recruiting can be limited
3. Improve timelines of the hiring process
4. Internships!!
5. Encourage & support memberships in national organizations
6. Improve salary
New hire out of college = low salary

7. Career ladder

8. Sell good points of working for state. e.g., insurance
9. Increase cross-training
10. Increase continuing education
11. Not public health, but merit system & economy

Key Idea 8.3.1: The SPH Laboratory System works to assure a competent workforce by encouraging & supporting staff development through training, education, & mentoring (Score = 3)

1. Internships from surrounding universities
2. Interns can increase the competency of current staff
3. Public health system very collaborative
4. Create mentoring program
5. Continue distance learning
6. Lab helps train those in the fields
7. Local universities not aware of public health laboratory science as an option

Key Idea 8.3.2: The SPH Laboratory System identifies & addresses current & future workforce shortage issues. (Score = 2)

1. Succession planning - team academy
2. Interest in Public Health Lab (labwork) not there in younger people

Next steps:

1. External environment / develop creative approaches
2. Recruitment / education awareness
3. Develop internships/Greater involvement with university clinical laboratory program

Essential Service # 8 Next step: Begin succession planning in effort to maintain knowledge base; develop creative approaches to boost interest in Public Health Lab (laboratory work); determine most appropriate use for internships, mentoring program (Greater involvement with university clinical laboratory program).

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

Essential Service #9: Evaluation of Effectiveness	
9.1 System Mission & Purpose	33.0
9.2 System Effectiveness & Accessibility	55.7
Overall Score	44.3

Observation (Moderate): Public health laboratory mission not communicated to all levels; keep laboratory manual updated and do so regularly – pertinent partners need to get copy; celebrate success of proficiency testing results by sharing with health care providers; have health care providers provide feedback of laboratory services

Key Idea 9.1.1: The SPH Laboratory System range of services, as defined by its mission & purpose, is evaluated on a regular basis (Score = 2)

1. Sends mission to public health laboratory; not communicated to all levels
2. Lab manual - county health departments & private labs have copies.
Will be updated

3. Routinely updated?

No

4. Updated but not filtered down
5. Score card - proficiency testing show to all. (Celebrate successes)

Parking Lot:

Post results

Key Idea 9.2.1: The effectiveness of the personnel & population-based laboratory services provided throughout the state is regularly evaluated (Score = 2)

1. Feedback from lab on interpretation of test results
2. Timely results - treat patients.
Timely treatment of patients
3. Evaluate - why/how & meaningful compared to other states
Parking Lot:
Surveys
Are they sent to providers?
Send out to assess effectiveness
Limit number of questions & give gifts
Electronically
Anonymously

Key Idea 9.2.2: The availability of personal & population-based laboratory services throughout the state is regularly evaluated (Score = 3)

1. Budget - combining labs & services
2. Funding
3. Bill private insurance

Key Idea 9.2.3: The quality of personal & population-based laboratory services provided throughout the state is regularly evaluated (Score = 3)

1. Survey patients about lab results
 2. Timely results
 3. Clinician - satisfied with turn-around
 4. Evaluate time to run & when results should be expected
- Parking Lot:
Surveys (effectiveness of services)
Survey quality
Score card - proficiency testing

Essential Service #9 Next Step: Evaluate customer service (i.e. survey patients about lab results, clinician satisfaction with turn-around) to survey effectiveness and quality of services; bill private insurance; Evaluate time to run & when results should be expected,

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

Essential Service #10: Research	
10.1 Planning & Financing Research	33.0
10.2 Implementation & Evaluation	33.0
Overall Score	33.0

Observation (Moderate): Prioritize needs and issues at state level for innovative research hand funding; use current equipment rather than buy new for research efforts; involve those perform daily work in decision making.

Key Idea 10.1.1: The SPH Laboratory System has adequate capacity to plan research & innovative activities (Score = 2)

1. IRB & DOAR implemented
2. Disconnect between innovations & funding

3. At state level, prioritize needs & issues.
“Tail wag the dog”

Key Idea 10.2.1: The SPH Laboratory System promotes research & innovative solutions (Score = 2)

1. Do things differently for improvement instead of buying new equipment
Save money - be innovative

2. Person who perform the job everyday should be involved

Next steps:

1. Articulate innovation priorities for funding
2. Wider access to de-identified data

Essential Service #10 Next Step: Articulate innovation priorities for funding and funding opportunities at all levels during decision making process; determine the utility for de-identified data for research efforts.

DRAFT

APPENDIX 6

Invitation to Auburn University Email Trail

From: Sharon Massingale/CLAB/ADPH
To: "Evelyn Franklin" <Evelyn.Franklin@adph.state.al.us>
Date: 03/27/2012 02:22 PM
Subject: Fw: Fw: recruitment

From: Kathryn West [MILLYKA@auburn.edu]
Sent: 03/27/2012 06:56 PM GMT
To: Sharon Massingale
Subject: RE: Fw: recruitment

Yeah! I know Evelyn. She was a student of mine!
I can't wait to see her again.
I look forward to Thursday night!
Take care,
kat

From: Sharon.Massingale@adph.state.al.us [mailto:Sharon.Massingale@adph.state.al.us]
Sent: Tuesday, March 27, 2012 10:47 AM
To: Kathryn West
Cc: brent.hatcher@adph.state.al.us; Evelyn.Franklin@adph.state.al.us
Subject: RE: Fw: recruitment

Evelyn Franklin will accompany me. I'll forward a brief bio later. Thanks

Sharon P. Massingale, Ph.D. HCLD(ABB)
Public Health Laboratory Director
ADPH - Bureau of Clinical Laboratories
P. O. Box 244018 - 8140 AUM Drive
Montgomery, AL 36124-4018
Work: 334/260-3400

From: Kathryn West <MILLYKA@auburn.edu>
To: "Sharon.Massingale@adph.state.al.us" <Sharon.Massingale@adph.state.al.us>
Cc: "brent.hatcher@adph.state.al.us" <brent.hatcher@adph.state.al.us>
Date: 03/27/2012 10:33 AM
Subject: RE: Fw: recruitment

Sharon,
I need the names of you and your partner for the banquet so we can make nametags and a little about you two so i can introduce you!
thanks,kat

From: Sharon.Massingale@adph.state.al.us[Sharon.Massingale@adph.state.al.us]

Sent: Monday, March 26, 2012 3:28 PM

To: Kathryn West; Brent Hatcher

Subject: Re: Fw: recruitment

I would not mind the 1st option. Thursday's event would be good to draw interest and then come later with a more detailed talk. Since its an occasion for honor, maybe 15 is sufficient.

From: Kathryn West [MILLYKA@auburn.edu]

Sent: 03/26/2012 12:02 PM GMT

To: Sharon Massingale

Subject: RE: Fw: recruitment

Sharon,

Here is the original request I sent to Brent.

Hey Brent,

Went on a recruiting trip today for AU so busy.

Yes, we would love to have you come speak to my students about job possibilities at DPH. I also think it would be great to hear all that goes on when there is an outbreak in a community of an infectious disease like H1N1. They don't know much about PH and I need a speaker to guide us and me to promote students, good students, looking to get hired in that area.

We have a banquet for new honor society students in LABORATORY AND MEDICAL TECHNOLOGY HONOR SOCIETY coming up MARCH 29th. I need a speaker for about 20 – 30 min at the banquet letting them know they are getting into the right career in Clinical laboratory sciences. I would love it if you could provide me with a speaker that could speak to parents and my students as some of my students will ask their parents and friends attend. WE usually have about 30 or more total including current members, they dress up, we all do, we eat dinner at a nice restaurant, and then they have induction ceremony, I give out awards, and then we have a speaker.

Maybe the speaker, rep of DPH could congratulate them getting into honor society and tell them (and parents) how good of a field this is to work and why and then about DPH and what occurs during an outbreak. A talk exciting to all who attend, not too technical but could be.

So we have 2 choices. If you gave a talk, 20 to 30 minutes, at this banquet this Thursday night letting know a little about DPH and your background in how you got to your position, I think that would be great. Since we have dinner, the ceremony, the awards that doesn't give you lots of time. Then you could come back in the fall, I'd love to have you come to the class and talk to you ng and old students in the curriculum.

Or you could come to a regular meeting later in a week or two and give your longer talk and show slides and such. They could ask questions and get to know you.

This Thursday it is in Auburn, at Provino's restaurant near Sam's, exit 57. We would like to have you talk, its dressy, and we will pay for your dinner. Here is the agenda for that night:

-It starts at 6p with people socializing some

-then we eat

-then the induction ceremony into the honor society

-then the awards

-and then you would talk.

We will have a computer to show slides if you need it that night too. It ends about 8:30 or so.

How does this sound?

Would you rather talk Thursday and really get them excited about the field then or would you rather do it in 2 -3 weeks?

Let me know what you think?

kat

From: Sharon.Massingale@adph.state.al.us[mailto:Sharon.Massingale@adph.state.al.us]

Sent: Saturday, March 24, 2012 1:40 PM

To: Brent.Hatcher@adph.state.al.us

Cc: Kathryn West

Subject: Re: Fw: recruitment

Is this still on? If so, let me know what time the talk is scheduled for. Besides us, I have asked a former AU student (Evelyn Franklin) of the CLS program who might be also able to attend; a personal testimony type of thing.

Sharon P. Massingale, Ph.D. HCLD(ABB)

Public Health Laboratory Director

ADPH - Bureau of Clinical Laboratories

P. O. Box 244018 - 8140 AUM Drive

Montgomery, AL 36124-4018

From: Brent M Hatcher/HR/ADPH

To: Sharon Massingale/CLAB/ADPH@ADPH

Date: 02/16/2012 12:11 PM

Subject: Re: Fw: recruitment

I will get back with you on this with details.

Thanks.

Brent

Brent M. Hatcher, SPHR

HR Administrator/Recruitment Coordinator

Office of Human Resources

Alabama Department of Public Health

PO Box 303017, Montgomery, Alabama 36130-3017

Phone: (334) 206-5814 Fax: (334) 206-5820

Email: brent.hatcher@adph.state.al.us

From: Sharon Massingale/CLAB/ADPH

To: Brent M Hatcher/HR/ADPH@ADPH

Date: 02/16/2012 09:33 AM

Subject: Fw: recruitment

Sharon P. Massingale, Ph.D. HCLD(ABB)

Public Health Laboratory Director

ADPH - Bureau of Clinical Laboratories

P. O. Box 244018 - 8140 AUM Drive

Montgomery, AL 36124-4018
Work: 334/260-3400 Cell: 334/467-2616 Fax: 334/274-9800
Email: sharon.massingale@adph.state.al.us

----- Forwarded by Sharon Massingale/CLAB/ADPH on 02/15/2012 01:39 PM -----

From: Mary McIntyre/DC/ADPH
To: Brent M Hatcher/HR/ADPH@ADPH
Cc: Sharon Massingale/CLAB/ADPH@ADPH, Tom Miller/ADMIN/ADPH@ADPH
Date: 02/06/2012 04:27 PM
Subject: Re: Fw: recruitment

Sounds like a great opportunity! I have copied Dr. Miller so he is aware.
Dr. Mac

Mary G. McIntyre, M.D., M.P.H.
Assistant State Health Officer
Acting State Epidemiologist
Disease Control and Prevention
RSA Tower, Suite 1466
201 Monroe Street
Montgomery, AL 36104
Phone: 334-206-5325
Fax: 334-206-2090
Email: mary.mcintyre@adph.state.al.us

From: Brent M Hatcher/HR/ADPH
To: Sharon Massingale/CLAB/ADPH@ADPH
Cc: Mary McIntyre/DC/ADPH@ADPH
Date: 02/06/2012 02:42 PM
Subject: Re: Fw: recruitment

I think it would be a good opportunity for students to hear from someone who works in the field specifically.
I can talk about the application process.

Brent M. Hatcher, SPHR
HR Administrator/Recruitment Coordinator
Office of Human Resources
Alabama Department of Public Health
PO Box 303017, Montgomery, Alabama 36130-3017
Phone: (334) 206-5814; Fax: (334) 206-5820
Email: brent.hatcher@adph.state.al.us

From: Sharon Massingale/CLAB/ADPH
To: Brent M Hatcher/HR/ADPH@ADPH
Cc: Mary McIntyre/DC/ADPH@ADPH
Date: 02/06/2012 01:32 PM
Subject: Re: Fw: recruitment

I would love to do this, but would like to check with Dr. Mac to see if she is okay with it (copying her this email). Sounds like a good opportunity to disseminate information regarding the public health laboratory.

Sharon P. Massingale, Ph.D. HCLD(ABB)
Public Health Laboratory Director
ADPH - Bureau of Clinical Laboratories
P. O. Box 244018 - 8140 AUM Drive
Montgomery, AL 36124-4018
Work: 334/260-3400; Cell: 334/467-2616 Fax: 334/274-9800
Email: sharon.massingale@adph.state.al.us

From: Brent M Hatcher/HR/ADPH
To: Sharon Massingale/CLAB/ADPH@ADPH
Date: 02/03/2012 03:48 PM
Subject: Fw: recruitment

Dr. Massingale,
See email below. Would you or someone from the lab be interested in speaking at the banquet on March 29th?

What do you think?

Thanks.
Brent

Brent M. Hatcher, SPHR
HR Administrator/Recruitment Coordinator
Office of Human Resources
Alabama Department of Public Health
PO Box 303017, Montgomery, Alabama 36130-3017
Phone: (334) 206-5814; Fax: (334) 206-5820
Email: brent.hatcher@adph.state.al.us

----- Forwarded by Brent M Hatcher/HR/ADPH on 02/03/2012 03:46 PM -----

From: Kathryn West <MILLYKA@auburn.edu>
To: "Brent.Hatcher@adph.state.al.us" <Brent.Hatcher@adph.state.al.us>
Date: 02/03/2012 03:33 PM
Subject: RE: recruitment

Hey Brent,

Went on a recruiting trip today for AU so busy.

Yes, we would love to have you come speak to my students about job possibilities at DPH. I also think it would be great to hear all that goes on when there is an outbreak in a community of an infectious disease like H1N1. They don't know much about PH and I need a speaker to guide us and me to promote students, good students, looking to get hired in that area. We have a banquet for new honor society students in LABORATORY AND MEDICAL TECHNOLOGY HONOR SOCIETY coming up MARCH 29th. I need a speaker for about 20 – 30 min at the banquet letting them know they are getting into the right career in Clinical laboratory sciences. I would love it if you could provide me with a speaker that could

speak to parents and my students as some of my students will ask their parents and friends attend. WE usually have about 30 or more total including current members, they dress up, we all do, we eat dinner at a nice restaurant, and then they have induction ceremony, I give out awards, and then we have a speaker.

Maybe the speaker, rep of DPH could congratulate them getting into honor society and tell them (and parents) how good of a field this is to work and why and then about DPH and what occurs during an outbreak. A talk exciting to all who attend, not too technical but could be.

OR would you rather just come speak at a regular meeting of the honor society??

thanks,

kat

From: Brent.Hatcher@adph.state.al.us[mailto:Brent.Hatcher@adph.state.al.us]

Sent: Thursday, February 02, 2012 9:48 AM

To: Kathryn West

Subject: recruitment

Ms. West,

I received your business card from my director, who also attended the lab review event on Tuesday. Tell me what information you are needing for your students, and I will see what we can do.

I look forward to hearing from you.

Brent M. Hatcher, SPHR

HR Administrator/Recruitment Coordinator

Office of Human Resources

Alabama Department of Public Health

PO Box 303017, Montgomery, Alabama 36130-3017

Phone: (334) 206-5814 Fax: (334) 206-5820

Email: brent.hatcher@adph.state.al.us

APPENDIX 7

Invitation to Speak at Area Nursing Director's Orientation Email Trail

From: Sharon Massingale/CLAB/ADPH
To: Sharon Massingale/CLAB/ADPH@ADPH
Date: 02/21/2013 04:00 PM
Subject: Fw: Area Nursing Director's Orientation for March 30th

Sharon P. Massingale, Ph.D., HCLD/CC(ABB)
Public Health Laboratory Director
ADPH - Bureau of Clinical Laboratories
P. O. Box 244018 - 8140 AUM Drive
Montgomery, AL 36124-4018
Work: 334/260-3400 Cell: 334/467-2616 Fax: 334/274-9800
Email: sharon.massingale@adph.state.al.us

----- Forwarded by Sharon Massingale/CLAB/ADPH on 02/21/2013 04:00 PM -----

From: Marilyn Knight/Tuscaloosa/ADPH
To: Sharon Massingale/CLAB/ADPH@ADPH
Cc: Thresa Dix/BPSS/ADPH@ADPH
Date: 03/05/2012 01:39 PM
Subject: Area Nursing Director's Orientation for March 30th

Good afternoon Dr. Massingale,

We have completed the scheduled for the March 30th Area Nursing Director's Orientation. We are looking forward to your BCL presentation at 3:00 PM. We will be meeting in room 1016 in the tower. You have 30 minutes. We are expecting approximately 12 individuals in all. If you need me to make copies or if you need PowerPoint, please let me know and we will do everything we can to accommodate. Once again, thanks for agreeing to provide this information to the new ANDs.

Marilyn D. Knight, MSN, RN
Nurse Educator
Bureau of Professional and Support Services
Nursing Division
Office - (205) 562-6954
marilyn.knight@adph.state.al.us