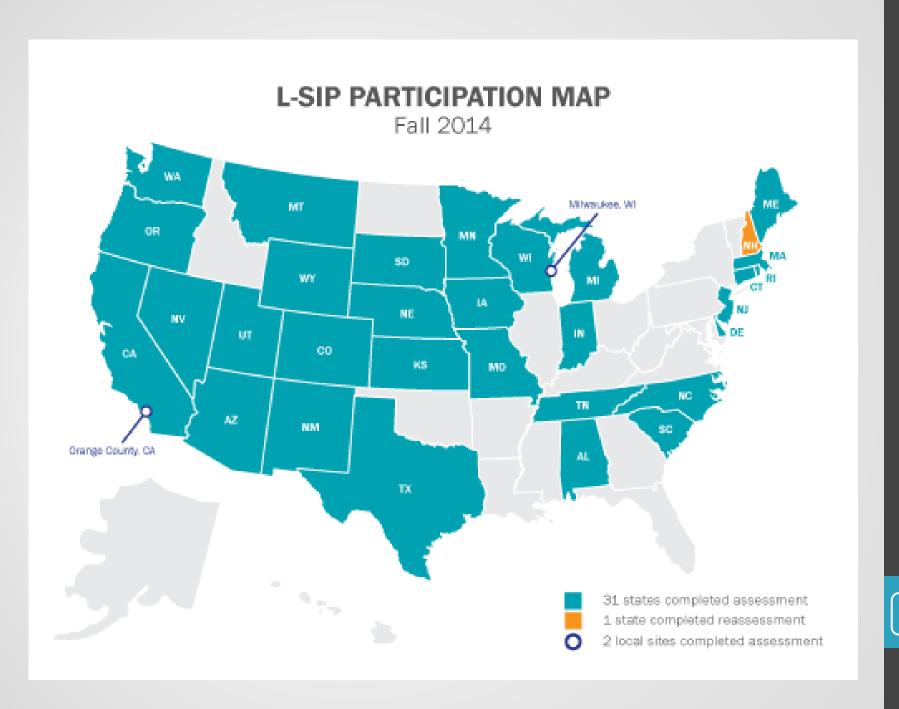
Orange County Health Care Agency Laboratory System Improvement Program (L-SIP) Strategic Plan 2014 – 2016





L-SIP Benefits

- Provides a foundation for the accreditation of state and local public health departments by the Public Health Accreditation Board (PHAB)
- 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.

How we scored:

Essential Service #1: Monitor Health Status

1.1 Monit	52.5	
1.2 Surve	33.0	
	Overall Score	42.8

Essential Service #3: Inform, Educate & Empower

3.1 Outreach to Partners		83.5
3.2 Empower Partners		67.0
	Overall Score	75.3

Essential Service #5: Develop Policies & Plans

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

Essential Service #7: Link People to Services

7.1 Provision of Lab Services		83.5
	Overall Score	83.5

Essential Service #9: Evaluation of Effectiveness

9.1 Syster	33.0	
9.2 System Effectiveness & Accessibilit		55.7
	Overall Score	44.3

Essential Service #2: Diagnose & Investigate

2.1 Appro	priate & effective testing	66.5
	Overall Score	66.5

Essential Service #4: Mobilize Partnerships

4.1 Partnership Development		33.0
4.2 Communication		5.0
4.3 Resources		5.0
	Overall Score	14.3

Essential Service #6: Enforce Laws & Regulations

6.1 Laws & Regulations		19.0
	Overall Score	19.0

Essential Service #8: Competent Workforce

8.1 Defined Scope of Work & Practice	67.0
8.2 Recruitment & Retention of Staff	67.0
8.3 Assuring a Competent Workforce	50.0
Overall Score	61.3

Essential Service #10: Research

10.1 Planning & Financing Research		100.0
10.2 Implementation & Evaluation		100.0
	Overall Score	100.0

Low Scores:

ES #4: Mobilize Community Partnerships to Identify and Solve Health Problems

- 4.2: Communication: Members communicate effectively in regular, timely, and effective ways to support collaboration.
- We do have the capacity to generate blast faxes.
- We don't regularly updated lab website.
- We don't have a newsletter.
- 4.3: Resources: Has a process in place to receive & share existing resources & to identify new resources to assist in identifying & solving health issues.
- We do train other Microbiologists.
- We do help other labs with training and troubleshooting problems.
- We have had OC Vector Control use our equipment but not routinely done.

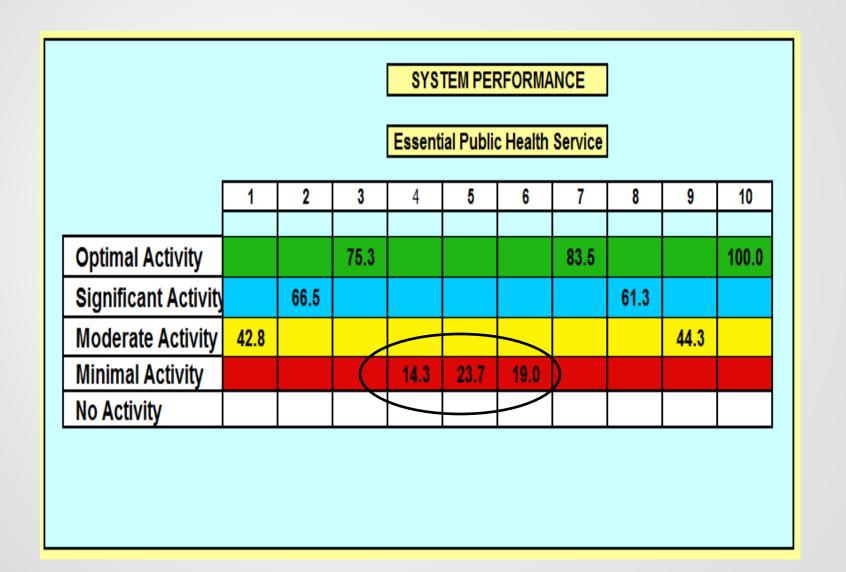
ES #5: Develop Policies and Plans that Support Individual and Community Health Efforts

- 5.3: Dissemination and Evaluation: The plans & policies that affect the PHL system are routinely evaluated, updated, and disseminated.
- No method in place to monitor effectiveness of policies and plans.
- We do not disseminate policies and plans to partners.
- We do not have strategies to inform partners of relevant lab system plans and policies.

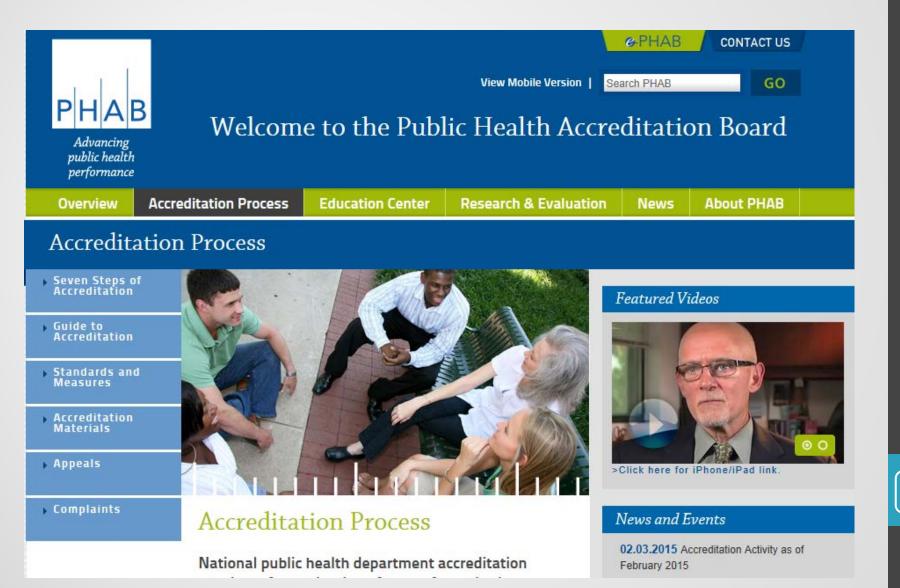
ES #6: Enforce Laws and Regulations that Protect Health and Ensure Safety

- 6.1: Actively involved in the review and revision of laws and regulations pertaining to laboratory practice
- CAPHLD monitors /influences PHL laws and regulations so we have minimal influence. Also, our clinical partners follow regulations, CA Business and Professions Code.
- We do monitor & investigate complaints for non-wave tests, passively

Overall Scores for Essential Services:



Public Health Accreditation Board (PHAB)



What is PHAB?

- New national, voluntary process launched in September 2011
- Submission of documents and site visit showing Public Health department's proficiency in the 10 essential services of public health (101 measures with 243 documentation pieces)
- Valid for 5 years
- Benefits include
 - Improved communication and collaboration with community
 - Recognition, validation, accountability
 - Opportunities for quality improvement

Quality Improvement Committee (QI)

- Quality Improvement plan is one of the PHAB requirements.
- OC Agency created a QI Committee
- QI Goals:
 - Familiarize participants with key quality improvement concepts, methodologies and tools to increase capacity for quality improvement
 - Generate excitement and commitment for building a department-wide culture of quality improvement
 - Create a learning forum to share innovative strategies and allow peer networking
- Two Lab Supervisors went to the QI training became "QI Trainers".
- Lab QI Trainers took on the L-SIP outcomes as projects.
- Formed 3 Lab QI teams: 4-5 lab personnel, OC QI Coordinator, &
 2 Lab QI Trainers.
- Approx. 20/47 lab staff are involved with QI projects.

QI uses PDSA Cycle tool

Plan

- What is the goal?
- Why do we think this is happening and what might be the needed action?
- Plan to carry out the cycle (who, what, where, when)

Do

- Carry out the plan (on a small scale)
- Document problems and unexpected observations
- Begin looking at data from the experiment

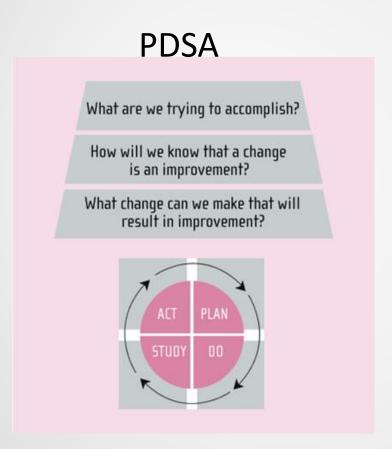
Study

- Reach conclusions and form opinions
- Compare outcomes to hunches
- Summarize what was learned

Act

- Adapt?
- Adopt ?
- Abandon?
- Next cycle?

OCPHL Quality Improvement Committee





8. Develop Action Plan

From L-SIP Assessment to Projects using "Next Step" Worksheets

Lab Director and lab Supervisors assigned "Importance" to each proposed steps. Lab QI Trainers took on "Next Steps" as projects to three teams. Each team selected one "High Importance" project to tackle.

Next Step	Importance	Contact	Outcome
Make Electronic Laboratory Reporting (ELR) to State CalRedie program operational	High	Laboratory Director	Completed (see e-mail below) 4/2/2014. Orange County PH Laboratory ELR operational.
Simplify laboratory results on reports sent to partners/clients	Medium	Laboratory QI Committee	
Meet with IT and Partners (EPI, Public Health Programs) to see what programs are available to extract data from Cerner LIS. Request IT training of Lab, EPI, and Clinical supervisory staff.	Medium	Laboratory QI Committee	
Compare Laboratory Continuation of Operations (COOP) to partner COOP's to make sure they are compatible.	Medium	Laboratory QI Committee	

Three QI Lab Teams

QI Project 1	QI Project 2	QI Project 3
Improving Lab Website	Survey Lab System Partners	Review Usage of PHL for Routine Clinical Work
ES #3	ES #4	ES #7
ES #4		ES# 1

ES #1: Monitor Health Status to Identify Community Health Problems

Next Steps	Importance	Outcome
 Make Electronic Lab Reporting (ELR) to State operational-CALREIE Assist commercial lab partners in getting ELR operational 	High	4/2/2014 Completed: OCPHL ELR operational
Simplify lab results on reports sent to Partners/Clients	Medium	QI Project 3: Review Usage of PHL for Routine Clinical Work
Meet with IT and partner to see what programs are available to extract data from Cerner system • Request IT training of lab, Epi, and EHS supervisory staff	Medium	

ES #1: OCPHL Electronic Lab Reporting (ELR) operational by 4/2/14

From: Meesey, Jill (CDPH-CID-DCDC)

Sent: Wednesday, April 02, 2014 12:57 PM

To: Zahn, Matthew Subject: in production

Dear Dr. Zhan,

The <u>CalREDIE</u> ELR team is pleased to report that the Orange County Public Health Laboratory has progressed to ELR production status as of midnight 4/02/2014. This is the first Public Health Lab in production in California. Congratulations!

Sincerely,

The CalREDIE ELR Team

Jill M. Meesey

CalREDIE ELR Analyst

Communicable Disease Emergency Response

Division of Communicable Disease Control

California Department of Public Health

ES #2: Diagnose & Investigate Health Problems and Health Hazards in the Community

Next Steps	Importance	Outcome
Compare Lab Continuity of Operational Plan (COOP) to Partners COOP to make sure they are compatible	Medium	Lab QI
Network better with commercial labs through interactive communications	Medium	Lab QI
Provide pre-analytical and post- analytical information and training to physicians and staff when new assay is introduced	High	5/2/2014 Completed
Network with veterinary and other nontraditional labs	Low	Lab QI

ES #2: Provide pre-analytical and post-analytical information and training to physicians and staff when new assay is introduced

Validation & Verification protocols updated to include:

Test Information

TrainingSafety	PROFICIENCY TESTING PLAN IN PLACE [] CAP [] WSLH [] CDC [] AAB [] IN HOUSE BIANNUAL TEST	DATE: ING
	ASSAY SAFETY RISK ASSESSMENT COMPLETED	
	TRAINING OF PHYSICIANS, NURSES, AND/OR CLUON NEW ASSAY RECOMMENDED [] YES [] N	NIC STAFF
	ABOVE TRAINING COMPLETED	DATE:
	APPROVAL: Laboratory Director	DATE:
		DATE:

Quality Assurance Supervisor

ES #3: Inform, Educate, and Empower People about Health Issues

Next Steps	Importance	Outcome
Contact speakers groups and local colleges to improve visibility of lab and lab professions	High	Lab QI
Participate in activities outside lab during "Pubic Health Week"	Medium	
Improve Lab website	Medium	QI Project 1: Improving Lab Website

QI Project 1: Improve Lab Website

Possible project goals:

- Lab newsletter
- Promote jobs/careers
 - ✓ Improve outreach to schools & partner labs for future employment recruitment
- Educate partners (general public, hospitals)
 - Archive updates
 - LRN
- Updated Lab Requisition slip
 - ✓ Create a fillable lab requisition
- Laboratory Test Manual with search capabilities
- Change Lab Test Manual format
 - ✓ Create 'one-pagers' for each test
- Improve sharing of research outcomes with partners
- Provide information "About us"

QI Project 1: Improve Lab Website

First hurdle:

Determine if this project fit within the QI guidelines of having some measurable outcomes:

- 1. Decrease the volume of calls to the lab? NO
- 2. Reduce staff time providing information to clients? NO
- 3. Decrease the numbers of requisition errors from clients? NO

No measureable outcomes so it is not a QI project

Lab project or part of another QI project that involves communication

QI Project 1: Improve Lab Website cont'

Where we are today:

- 1. Meet with OC IT to begin web design.
- 2. Lab manual: Write up 20 tests into "one pagers".
- 3. Look into converting Lab requisition into a fillable form.
- 4. Two people on the team will start writing information to "promote jobs/careers" for website.













HCA HOME

PUBLIC HEALTH SERVICES

HEALTH INFORMATION

PROVIDER RESOURCES

CONTACT US



Public Health Services

About HCA

Laboratory



Email



LABORATORY

- » Public Health Week Home
- » Calendar
- » Career Information
- » Downloads
- » Links / Resources

Public Health Laboratory



Public Health Laboratory

The Public Health Laboratory provides specialized, high quality laboratory testing for detection and control of infectious and environmental diseases including agents of Bioterrorism.



POPULAR

Beaches Cli

Clinics and Medical

Services

Disease Control Environmental and Health Home

Epidemiology

Measles

Food Protection

Family Health FAQ

Health

HIV Planning

Nursing

Promotion and Coordination

Laboratory Services

Public Health Laboratory Services Manual

Forms

Lab Form

Laboratory System Improvement Program (L-SIP)

L-SIP



ES #4: Mobilize Community Partnerships to Identify and Solve Health Problems

Next Steps	Importance	Outcome
Improve and distribute to all partners Electronic Lab Manual with Search Feature	High	Project 1: Improving Lab Website
Survey partners regarding how they want to receive information – to, from and about the Lab • Quarterly calls, website, newsletter	High	QI Project 2: Survey Lab System Partners

First meeting...first steps:

- Project Name
- Aim Statement
- Problem Statement

QI requirements

- Create a Work Plan
- Discuss different types of communication
- Determine who are our clients/partners:
 - ✓ Internal
 - ✓ External
- Discuss sending out a survey clients/partners

Work Plan:

- Draft an Aim Statement
- Identify lab partners
- Review existing communication protocols
- Deciding to either survey clients/partners or have a focus group to develop a plan that could or could not use a survey
- Ask focus group how they want to receive/send information from Public Health Laboratory as a starting point

Aim Statement

- ✓ Aim 1: By June 2015, establish a communications protocol that will ensure uniformity of information being sent and received to/from our system partners.
- ✓ Aim 2: By June 2015, increase lab partners satisfaction with communication.

Problem Statement

Currently, there is no consistent process or protocol on how/ when to send/ receive information with our system partners. As a result, timeliness and quality of information shared is not uniform; this could be affecting our partner's satisfaction.

 Measurement: L-SIP reassessment score on communication (this was one of the lowest scores, 5)

Clients/Partners:

Internal Partners

- County Clinics
- Jail
- Animal Care
- Vector Control
- Environmental Health
- EPI Partners (reportable diseases)
- PH Lab Staff

External Partners

- CA PH Labs
- Hospitals/LRN labs
- ILI Clinics
- Water Lab Clients

What needs to be communicated?

- New tests
- Reporting changes
- Public Health updates
- Downtime notifications
- LIS information
- Specimen collection information
- Testing offered by OCPHL

How could we communicate?

- Email
- Fax
- Website

Where we are today:

Create a focus group - composed of 8-12 people (include clients/partners).

- Present focus group with questions/topics to discuss
 - ✓ Survey system partners?
 - ✓ Ask about their prioritization of communication issues
 - ✓ Present proposed communication plan
 - ✓ Ask who are their system partners?

ES #5: Develop Policies and Plans that Support Individual and Community Health Efforts

Next Steps	Importance	Outcome
Work on Continuity of Operations Plan (COOP) with partners; review and update	Low	
Make sure lab and partners are represented when policies are being discusses	Low	
Contribute data to influence policies	Low	

ES #6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Next Steps	Importance	Outcome
Create and hire a fulltime Quality Assurance (QA) coordinator	Low	Budget issues prevent creating a new position
Offer QA training to labs	Low	
Review public health laws and regulations to determine what if any local lab regulatory powers exist	Low	
Monitor case reporting through EPI and enforce culture/slide submission for Salmonella, MTB, and Malaria as required by State law	Medium	

ES #7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare Workforce

Next Steps	Importance	Outcome
Review use of PH Laboratory for routine clinical work by partners-reduce outsourcing of clinical tests	High	QI Project 3: Review Usage of PHL for Routine Clinical Work
Improve turn-around-time for clinically relevant samples	High	QI Project 3: Review Usage of PHL for Routine Clinical Work
Review sputum testing protocolsConsider modified clinical reporting guidelines	High	

QI Project 3: Review Usage of PHL for Routine Clinical Work

First met in October 2014 to determine problem and develop an AIM statement.

- Project name
- Who do we survey?
 - ✓ Program supervisors
 - ✓ Program managers
 - √ Clinic physicians
- Is this topic really problem for the lab and do we have a problem that needs to be improved?
- No AIM statement until the problem is clarified.

Work Plan (QI requirement):

Objective/Task	Deliverables	Timetable
Get list of all the tests offered	Create an orderable list through CERNER	11/20/14
Get list of what clients' orders	Create orderable lists by clients through CERNER	11/20/14
Obtain list of contacts that need to be invited to the information meeting	List of clinic contacts	11/20/14
Create a list of participants for the information meeting	List of lead contact for each program	12/9/14
Write questions that will be used in the information meeting	List of questions for the meeting	12/9/14
Create a spreadsheet for all the clients' orders	List of order for STD, PDS, REACH, Jails, JH, and FH-CAST	1/5/14
Send out invitations	e-mail clients	1/12/14
Meet with client representative from STD, Pulmonary Clinic, Jails, Juvenile Hall, FH-CAST	Discuss the tests that lab offers that are outsourced by clinics	1/29/14

Spreadsheet for all client orderables that will be invited to the meeting

Order Procedure	STD	PDS	Reach	Jail	JH	CAST	EPI
Hepatitis A Total Antibody	1287			1			
Hepatitis B Core IgM Antibody	21	33	1	213	11	1	
Hepatitis B Core Total Antibody	3451	613	847	46		12	
Hepatitis B Surface Antigen Antibody	3507	587	847	65	4	9	
Hepatitis B Surface Antigen Screen	3469	620	850	360	79	184	
Hepatitis C Antibody	3867	620	872	408	268		
HIV 1 Viral Load, Taqman	3046			244			
HIV 1 Antibody Screen, Oral Fluid	2	3	13	2008	1	143	
HIV 1,2 Antibody Screen	3992	1913	863	1108	1411	428	
Influenza PCR	18			143	2	12	85
Measles Ab							8
Norovirus PCR					2		7:
PHL-Hepatitis B Surface Antigen Confirmation	45		2	1		5	
PHL-HIV 1 IFA	271	4		27			
PHL-HIV 1 Western Blot	46	1	1	2			
PHL-HIV 1 Western Blot, Oral Fluid				26			

QI Project 3: Review Usage of PHL for Routine Clinical Work cont'

Meeting Agenda 2/5/2015

- Introductions/Welcome
- Meeting Objectives/Purpose
- Discussion Identifying the Needs and Priority of the Clinic Programs
 - ✓ Question 1: Is the PHL meeting your needs for current services?
 - ✓ Question 2: Are there any other services, you provide your clients, that are not offered by the lab?
 - a) Examples, and who provides the service.
 - b) What are some of the reasons for out-sourcing testing?
 - ✓ Question 3: Are there any specific services that our lab does not provide that you would like to see incorporated in the future?

Meeting Outcomes:

- Can stat RPR's be reported out earlier than the current 1 hour TAT? No, time savings of 20 mins to get preliminary versus final report.
- When reporting culture results, change reporting to give preliminary results instead of only final results? Yes, as organisms are identified a report will be sent out and once completed a final will be sent. Aligns with hospital reports
- Can we run Quantative Hepatitis C testing? Need to determine potential testing volume and need program requesting test to fund supplies.
- Can lab provide second line of TB drugs? Not for the price the current send out lab charges.

QI Project 3: Review Usage of PHL for Routine Clinical Work

Where we are today:

- Change our protocols for reporting cultures.
- Make our reporting format clearer.
- We can't provide 24 hour turn around time services.
- We need to determine which tests we can drop because demand is not there.

ES #8: Identify position requirements and qualifications; assess competencies; and evaluate performance for all laboratory workforce categories across entire scope of testing

Next Steps	Importance	Outcome
Improve assessment of employee performance and competency by reevaluating current Personnel Training and Competency Record (PTCR) tools	High	Lab Director
Review Performance Incentive Program (PIP) goals as a tool for Quality Improvement (QI)	Medium	
Review future staff retirements and expand succession planning	High	Lab Director
Improve outreach to schools and partner laboratories for recruitment of future lab employees.	Medium	
Conduct employee job satisfaction survey	Medium	

ES #9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Populated-based Services

Next Steps	Importance	Outcome
Conduce a client survey on quality of PH Laboratory services	Medium	
 What tests to offer or delete 		
Establish a mission statement	Hiσh	Lab Director & Lab Staff
Write a strategic plan for the Laboratory consistent with the Health Department's goals and Partner's needs	High	Lab Director & Lab Staff

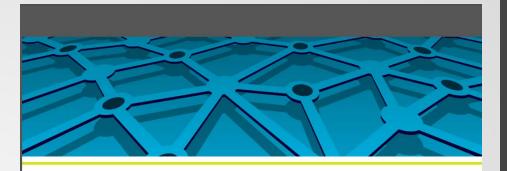
ES #10: Research for Insights and Innovative Solutions to Health Problems

Next Steps	Importance	Outcome
Improve sharing of research outcomes with partners	High	
Continue to conduct applied research projects in PH Laboratory		Lab Director & Lab Supervisors
Support PhD fellowships to assist in research projects	High	Lab Director & Lab Supervisors

Challenges, Hurdles, and Mayhem

- Start date was 10/29/14 but QI Trainers had to train the three teams on QI tools before they could start their projects (several meetings, several months)
- Holidays
- Scheduling meetings is always a challenge especially when almost half of the staff is participating
- Each team struggled with who should be invited as system partners
- As projects progressed we discovered that there are overlap between the three projects.
- Concerns about will we "over" survey our clients?
- Should we combine meetings and/surveys?
- In some of the groups there were challenges with strong personalities that override group ideas or decisions

Thank You



LABORATORY SYSTEM IMPROVEMENT PROGRAM

Performance Measurement Tool for Local Public Health Laboratory Systems



Developed by the Association of Public Health Laboratories



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