

# Rhode Island Public Health Laboratory System Performance Standards Assessment

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The Rhode Island State Public Health Laboratory held their first Public Health Laboratory System Assessment on May 29, 2008. This was a one day meeting that brought together stakeholders from area hospitals and clinical laboratories, community health centers, various State Agencies, Emergency Management agencies, and environmental testing laboratories.

The assessment itself was based on a tool kit provided by the Centers for Disease Control and Prevention and the Association of Public Health Laboratories. It was previously field tested throughout the country by nine Public Health Laboratories. The purpose of the program was to improve the understanding of what the Public Health Laboratory System is and the role each stakeholder plays in this system. Through the open dialogue of the assessment process knowledge will be gained of the strengths and weaknesses of the system and effective policies and resource decisions resulting in an improved public health system can be formulated. The assessment tool helped to accomplish this by:

- Improving communication and collaboration, by bringing partners to the same table.
- Educating participants about the system that performs public health laboratory testing, and the interconnectedness of activities, which can lead to a higher appreciation and awareness of the many activities related to improving the public's health.
- Strengthening the diverse network of partners within state and local public health systems, which can lead to more cohesion among partners, better coordination of activities and resources, and less duplication of services.
- Identifying strengths and weaknesses that can be addressed in quality improvement efforts.
- Creating a better articulation of resources needed to improve the SPH Laboratory System.
- Identifying resources to implement state public health laboratory system improvements.
- Providing a benchmark for public health laboratory system practice improvements, by setting a “gold standard” to which public health systems can aspire.

Four concepts were used to help frame the Public Health Laboratory System Standards that were used in the assessment. These concepts are:

1. The standards are designed around the ten Essential Public Health Services. The use of the Essential Services assures that the standards cover the gamut of public health action needed at state and community levels. They also incorporate all of the Eleven Public Health Laboratory Core Functions.

2. The standards focus on the overall state public health laboratory system, rather than a single organization. A state public health laboratory system includes all public, private, and voluntary entities that contribute to public health laboratory activities within a given state. This ensures that the contributions of all entities are recognized in assessing the provision of essential public health services.
3. The standards describe an optimal level of performance rather than provide minimum expectations. This ensures that the standards can be used for continuous quality improvement.
4. The standards are intended to support a process of improvement. System partners can use the assessment process and the performance standards results as a guide for learning about public health laboratory activities throughout the system and determining how to make improvements.

### **The 10 Essential Public Health Services**

As stated in the first concept above, the Public Health Laboratory Performance Standards are based on the 10 Essential Services of Public Health. These essentials provide the fundamental framework by describing the public health activities that should be undertaken in all states and communities. The Essential Services were first introduced in a statement called *Public Health in America* and were then developed by the Core Public Health Functions Steering Committee in 1994. The statement includes a vision, mission, purpose, and responsibilities for public health. The 10 Essential Public Health Services provide a very useful structure for identifying the responsibilities that must be addressed for communications, policy development, enforcement of laws and regulations, and workforce. The 10 Essential Public Health Services are:

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

## **The 11 Core Functions and Capabilities of State Public health Laboratories**

A Task Force assembled by The Association of Public Health Laboratories in collaboration with the Centers for Disease Control and Prevention also developed a set of eleven core functions of state and public health laboratories. The term core function is defined as “a role assumed by the laboratory that underlies the laboratory’s ability to support public health.” The core functions describe the broader functions and elements that are expected to be performed by the State Public Health Laboratory. According to the Task Force all State Public Health Laboratories should be capable of performing:

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

## **A Focus on the State Public Health Laboratory System**

The State Public Health Laboratory System consists of all the participants in public health testing, including those who initiate testing and those who ultimately use the test results. The System includes individuals, organizations and agencies that are involved in assuring that laboratory data support the 10 Essential Services of Public Health. The concepts of a State Public Health System are also found in the Core Functions and Capabilities of State Public Health Laboratories. The State Public Health Laboratory System should assure that:

1. Public health threats are detected and that response is timely
2. All stakeholders are appropriately informed of potential threats
3. Reportable conditions are monitored in a comprehensive state-wide system
4. Specimens and isolates for public health testing are sufficient to provide comprehensive public health surveillance and response
5. Public Health Laboratory data are transmitted to appropriate state and federal agencies responsible for disease surveillance and control

An example of how the State Public Health Laboratory System works can be seen in the emergency response effort that took place in West Palm Beach in 2001. In this example an unknown health problem was presenting itself, a number of organizations began playing roles that, when viewed from a system perspective, comprised the State Public Health Laboratory System. In fairly short order Anthrax was identified as the causative agent. Partners in that event included local law enforcement, the FBI, local and state health departments and laboratories, the crime lab, the media, various transport organizations and many others. Each played a role that was important to assuring that the needed laboratory diagnostic work was completed appropriately. With that we can understand the importance of a systems approach to successful emergency preparedness. Also by using this approach, identification of strengths and areas for improvement are easily identified.

The State Public Health Laboratory plays a vital leadership role in the State Public Health Laboratory System. These areas may include:

1. Developing and promoting the State Public Health Laboratory System through active collaboration with stakeholders and members of the State Public Health Laboratory System
2. Collaboration and communication among stakeholders to assure comprehensive, accurate, timely testing services. Stakeholders include, but are not limited to, epidemiology professionals, first responders, and environmental health professionals in water, food and air surveillance activities.
3. Routinely monitoring clinical and environmental laboratories performing public health testing on reportable infectious diseases to assure submission of accurate, timely results using national testing guidelines and processes.
4. Maintaining an integrated informational system that includes all stakeholders.

### **Optimal Level of Performance**

Frequently, performance standards are based on a minimum set of expectations. However, these types of standards may not stimulate organizations to strive for higher levels of achievement.

For this reason the State Public Health Laboratory System Performance Assessment Program describes an optimal level of performance and capacity to which all state systems are able to identify strengths and areas for needed improvement. Additionally, optimal standards provide a level of expectation that can be used to advocate for new resources for needed improvements in order to better serve the population within a public health system.

A nationally developed set of optimal performance standards, framed in the public health services, will provide the following:

1. A means for strengthening relationships with public health, commercial, and other laboratories and partners that compromise the broader laboratory system
2. A framework for continual improvement of public health laboratory systems

3. A concrete way to educate system partners and elected officials about the laboratory system
4. A practical tool to help identify areas in need of advocacy and increased resources
5. A means to help formalize the National Laboratory System around the country, with potential inclusion of veterinary, agricultural, and environmental laboratories
6. Support for the planned process for accreditation of state public health laboratories

## **Quality Improvement**

The State Public Health Laboratory System Performance Assessment Program is intended to promote and stimulate quality improvement. As a result of the assessment process, the responding laboratory system should identify strengths and weaknesses within the state public health laboratory system. This information can pinpoint areas that need improvement and a system improvement plan can be developed and implemented.

## **Assessment Process**

This assessment was conducted in a public meeting over a one day time period. It included stakeholders that were identified to provide a broad range of expertise. Fifty stakeholders representing various organizations that play a key role in the State Public Health Laboratory System participated in the process. These participants were from the Department of Health, State Health Laboratory, other State agencies, area hospitals, and environmental testing laboratories. Following a plenary session designed to introduce the assessment process to the stakeholders; the participants conducted their first assessment as a whole group before being divided into three subgroups to discuss the remainder of the Essential Services (ES). The breakouts are as follows:

- Whole group – ES# 7 Linking people
- Group# 1 – ES# 4 Partnerships, ES# 9 Evaluation, ES# 3 Educate
- Group# 2 – ES# 6 Enforcement, ES# 5 Policy, ES#2 Collaboration
- Group# 3 – ES# 8 Workforce, ES# 1 – Monitor, ES# 10 Research

## **Assessment Tool and Scoring Process**

The State Public Health Laboratory System assessment tool is based on the Eleven Core Functions and Capabilities of Public Health Laboratories and is designed within the framework of the Ten Essential Public health Services.

- The 10 Essential Services provide the framework for each discussion
- The Essential Service is further divided into several indicators which represent major components, activities, or practice areas of the Essential Service
- Associated with each indicator are model standards that describe aspects of optimal performance

- Each model standard is followed by one or more key ideas, which together comprise the standard, and by a series of discussion points or assessment questions that serve as measures of performance for the respective key idea

There was a facilitator and themetaker assigned to each group. The facilitator began by reading aloud the Essential Service to be discussed. They then prompted discussion by the stakeholders on the Essential Service and the key points. While the discussions were progressing the themetakers recorded the main ideas of the topic. They also captured possible next steps and parking lot issues to be discussed later. Once the key ideas had been discussed, the facilitator moved to closure. They then called for a vote on the topic. The responsibility of the facilitator was to bring the group to general consensus. The voting took place by raising colored cards and the themetaker recorded the vote. The performance options were:

No Activity (9)	None of the members of the State Public health System perform any activity in this area
Minimal Activity (1)	Greater than zero, but no more than 25% of the activity described within the question is met within the public health system
Moderate Activity (2)	Greater than 25%, but no more than 50% of the activity described within the question is met within the public health system
Significant Activity (3)	Greater than 50%, but no more than 75% of the activity described within the question is met within the public health system
Optimal Activity (4)	Greater than 75% of the activity described within the question is met within the public health system

Once the assessment was completed, the scores for each of the ten Essential Services were added to an Excel spreadsheet that was provided by APHL. The scores were then tabulated to reach an overall net score for that Essential Service. The Essential Service ratings are:

<b>Essential Service Score</b>	<b>Rating</b>
0	No activity
Between 1 and 25	Minimal Activity
Between 26 and 50	Moderate Activity

Between 51 and 75	Significant Activity
Greater than 75	Optimal Activity

The overall net results from the State Public Health Laboratories System Assessment for the 10 Essential Services is:

<b>Essential Service #1: Monitor Health Status</b>		
1.1 Surveillance Information System	55.7	Significant Activity
1.2 Monitoring Health Status	46.4	Moderate Activity
<b>Overall Net Score Essential Service #1</b>	<b>51.0</b>	<b>Significant Activity</b>
<b>Essential Service #2: Diagnose and Investigate</b>		
2.1 State of the Art Testing	67.0	Significant Activity
2.2 Collaboration & Networks	67.0	Significant Activity
2.3 Continuity of Operations	67.0	Significant Activity
<b>Overall Net Score Essential Service #2</b>	<b>67.0</b>	<b>Significant Activity</b>
<b>Essential Service #3: Inform, Educate &amp; Empower</b>		
3.1 Outreach & Communications	33.0	Moderate Activity
3.2 Public Information	67.0	Significant Activity
3.3 Education	67.0	Significant Activity
<b>Overall Net Score Essential Service #3</b>	<b>55.7</b>	<b>Significant Activity</b>
<b>Essential Service #4: Mobilize Partnerships</b>		
4.1 Constituency Development	5.0	Minimal Activity
4.2 Communication	33.0	Moderate Activity
4.3 Resources	5.0	Minimal Activity
<b>Overall Net Score Essential Service #4</b>	<b>14.3</b>	<b>Minimal Activity</b>
<b>Essential Service #5: Develop Policies &amp; Plans</b>		
5.1 Role in Policy Making	19.0	Minimal Activity
5.2 Partnerships in Planning	67.0	Significant Activity
5.3 Dissemination & Evaluation	33.0	Moderate Activity
<b>Overall Net Score Essential Service #5</b>	<b>39.7</b>	<b>Moderate Activity</b>
<b>Essential Service #6: Enforce Laws</b>		
6.1 Revision of Laws & Regulations	33.0	Moderate Activity
6.2 Encourage Compliance	50.0	Moderate Activity
6.3 Enforcement	36.0	Moderate Activity
<b>Overall Net Score Essential Service #6</b>	<b>39.7</b>	<b>Moderate Activity</b>
<b>Essential Service #7: Link People to Services</b>		
7.1 Availability of Lab Services	33.0	Moderate Activity



<b>Overall Net Score Essential Service #7</b>	<b>33.0</b>	<b>Moderate Activity</b>
<b>Essential Service #8: Competent Workforce</b>		
8.1 Workforce Competencies	100.0	Optimal Activity
8.2 Staff Development	33.0	Moderate Activity
8.3 Assuring Workforce	5.0	Minimal Activity
<b>Overall Net Score Essential Service #8</b>	<b>46.0</b>	<b>Moderate Activity</b>
<b>Essential Service #9: Evaluation</b>		
9.1 System Mission & Purpose	2.5	Minimal Activity
9.2 System Effectiveness	36.0	Moderate Activity
9.3 System Collaboration	5.0	Minimal Activity
<b>Overall Net Score Essential Service #9</b>	<b>14.5</b>	<b>Minimal Activity</b>
<b>Essential Service #10: Research</b>		
10.1 Planning & Financing	3.3	Minimal Activity
10.2 Implementation	5.0	Minimal Activity
<b>Overall Net Score Essential Service #10</b>	<b>4.2</b>	<b>Minimal Activity</b>
<b>Overall Net Score All Essential Services</b>	<b>36.5</b>	<b>Moderate Activity</b>

## Summary of Results

Collectively the Essential Services were assessed as:

- No Activity for 0 of the of the Essential Services
- Minimal Activity for 3 of the Essential Services ( 4, 9, 10)
- Moderate Activity for 4 of the Essential Services (5, 6, 7, 8)
- Significant Activity for 3 of the Essential Services ( 1, 2, 3)
- Optimal Activity for 0 of the Essential Services

Collectively the Key Indicators were assessed as:

- No Activity of 0 of the key indicators
- Minimal Activity for 8 of the key indicators
- Moderate Activity for 10 of the key indicators
- Significant Activity for 7 of the key indicators
- Optimal Activity for 1 of the key indicators

## Assessment Scores and Comments

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
1.1.1: SPHL System identifies sentinel health events and trends				X	

#### 1.1.1 Comments

- HEALTH does participate to identify trends
- Information gathering through the sentinel labs is not great, an electronic format would be better

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
1.1.2: SPHL System participates in the national surveillance systems for state and national linkage				X	

#### 1.1.2 Comments

- HEALTH Drinking Water, Air Pollution, DEM participates
- Information sharing programs are, at times, difficult to design by Information Technology (IT) departments. Standardization of terms is a challenge

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
1.1.3: SPHL System collaborate to strengthen surveillance systems			X		

#### 1.1.3 Comments

- Hospital systems do collaborate
- HEALTH Epidemiology does collaborate with HEALTH Laboratories

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
1.2.1: SPHL has a comprehensive system to gather data, organisms and samples to support evaluating community environmental health			X		

1.2.1 Comments

- Data not available in one place in many areas
- HEALTH Drinking Water program comments that data gathering is good
- Response to known toxic spills is good, the response to less known toxics is more challenging (ex. Mold)
- Groundwater contamination response is acceptable if there is a clear contamination issue
- Difficult to find resources for testing for problems with consumer products

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
1.2.2: SPHL System identifies and detects infectious diseases and contributes to a statewide surveillance system			X		

1.2.2 Comments

- There is a good working system in-place
- Test results from out-of-state labs are sometimes difficult to capture
- HEALTH changes the rules for reporting on occasion, but the system still works well

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
1.2.3: SPHL System provides information to support monitoring of congenital, inherited, and metabolic diseases of public health significance					X

1.2.3 Comments

- Many systems are in place

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
1.2.4: SPHL System generates reliable information about chronic diseases of public health significance			X		

1.2.4 Comments

- No aggregate surveillance info available
- HEALTH does some testing and some of the data is analyzed
- Hospital discharge data is available

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
1.2.5: SPHL System has a secure, accountable and integrated information managements system for data storage, analysis, retrieval, reporting and exchange			X		

1.2.5 Comments

- Individual entity systems work but integration (between entities) is not completed

**Next Steps**

- Need electronic reporting
- Collaborate to coordinate monitoring systems

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
2.1.1: SPHL System assures provision of services at the highest level of quality to assist in the diagnosis and investigation of all health problems and hazards of public health significance				X	

2.1.1 Comments

- State & Private labs complement each other, although most are staffed at minimal levels. Insurance reimbursement influences services provided
- What determines Public Health significance of testing programs? Widespread disease vs. individual illnesses?
- State Lab addresses “new” problems and/or testing methods
- State Lab takes the lead on biological & chemical terrorism, as well as emerging illnesses such as Avian Flu

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
2.2.1: SPHL System members are actively involved in networks that collaborate in the epidemiological investigation of and response to natural and man-made disasters				X	

2.2.1 Comments

- Federal money has allowed State Lab to be involved in networks that collaborate
- HAN allows for communications relative to alerts & threats of Public Health significance
- Not all system members participate in preparedness exercises

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
2.3.1: SPHL System has the necessary capacity, authority, and other preparations in place to assure a rapid response to public health emergencies				X	

2.3.1 Comments

- Limited surge capacity for both private & public sectors
- The “surveillance” vs. “diagnostic” testing approach, is much more understandable
- Can only stockpile a “reasonable” supply of reagents
- There are State & Regional drill for emergency preparedness
- There are no inter-State compacts/ agreements involving the State Lab

Next Steps

- Need for additional radiological & chemical testing capacity

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
3.1.1: SPHL System has an identified system of outreach and communication to inform about relevant health issues associated with lab service			X		

#### 3.1.1 Comments

- Professional societies are rarely informed
- Lacking outreach
- Lacking environmental advisory group

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
3.2.1: SPHL System creates and delivers targeted laboratory information to appropriate health partners				X	

#### 3.2.1 Comments

- This is being done by system partners as a common approach rather than a systems approach
- Create a repository for all information to be accessible by system partners
- Second annual report from Department of Health

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
3.2.2: SPHL System creates and delivers targeted laboratory information to appropriate non-health partners and the public				X	

#### 3.2.2 Comments

- Processes do exist but can be improved upon
- Define who a “non-health” partner is
- Media announcements to public

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
3.3.1: Education and relationship building opportunities are employed to empower community partners				X	

3.3.1 Comments

- Health Fairs, Career Days, Public Announcements
- Promote understanding of partnership opportunities to protect public health
- Encourage more laboratory internships

Next Steps

- We have much more to do in this area and we need to do a better job of communicating to diverse audiences through many formats/media/venues
- Set up regular meetings of Public Health System partners
- Need to attract people to the field of laboratory science
- Broaden internships

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
4.1.1: Partners in the SPHL System develop and maintain positive relationships with each other and with other key constituencies		X			

4.1.1 Comments

- Lab Network to involve partners beyond individual small groups
- Need a statewide lab consortium/advisory group
- No needs assessment done statewide
- Regional associations but none in state

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
4.2.1: SPHL System communication plan is fully integrated with partners' and collaborators' communication plans			X		

4.2.1 Comments

- State Lab sends out communications via e-mail or fax to group
- Not well integrated to include all elements
- Need to identify gaps – include all partners in communications

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
4.2.2: SPHL System communicates effectively in a regular, timely, and accurate way to support collaboration			X		

4.2.2 Comments

- In certain incidents communication effective (HAN- health alert network)
- Need more regular communication with update material on a timely manner with labs and other effective partners
- Feedback loop – is communication plan in effect and is it effective (communication from partners & public needed)
- Department of Health is regulatory agency and can be perceived as forcing compliance without discussion

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
4.3.1: SPHL System works together to share existing resources and /or to identify new resources to assist in identifying and solving health issues		X			

4.3.1 Comments

- Minimal sharing in both directions, internal and external
- Forced into sharing resources lately because of funding issues



Next Steps

- Determine who the SPHL System customers are and assure participation of customers in planning and response
- Establish a SPHL advisory committee to convene partners
- Increase awareness of the system to identify partners
- Better definition of “system” and the difference between “Public Health Laboratory System” and “Clinical Laboratory System”

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
5.1.1: SPHL and system partners contribute their expertise and resources to inform and influence policy		X			

5.1.1 Comments

- Policies are not always supported by “hard data”
- Few opportunities available to collaborate with others in PHL system to influence policy
- Conflicting guidelines

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
5.1.2: Policies and plans are informed by science and data			X		

5.1.2 Comments

- Data produced, may not necessarily support policy development. However, there are some examples of data directly supporting policy development; i.e. Lead program
- Unsure how much formal analysis & assessment undertaken to identify community needs

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
5.2.1: SPHL System obtains input from diverse partners and constituencies to develop new policies and plans and modify existing ones				X	

5.2.1 Comments

- There seem to be informal communications between partners & constituencies
- Not all partners/constituencies consulted

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
5.2.2: SPHL System issues are represented in state-level plans and policies				X	

5.2.2 Comments

- There is some integration of Public Health Emergency Response into plans. Federal dollars have allowed this to occur

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
5.3.1: Plans and policies are widely disseminated to inform members of the SPHL System, other stakeholders and the public			X		

5.3.1 Comments

- Plans/policies are not necessarily disseminated to all within the “system”.
- “Specific” dissemination seems to be population specific.
- “Emergent” issues are more broadly disseminated
- “Routine stuff” not necessarily widely disseminated, it’s more population specific
- Dissemination can happen in layers. For example, various levels of communication within the system, in sequential order

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
5.3.2: SPHL System plans and policies are routinely evaluated and updated			X		

5.3.1 Comments

- Shifting priorities may dictate frequency. Funding may also affect frequency
- Accreditation may impact evaluation frequency

Next Steps

- Allow priorities for more formal process for information dissemination
- Reveal supporting data for policies/plans

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
6.1.1: SPHL System regularly and periodically reviews and recommends revisions of federal and state laws and regulations pertaining to laboratory practice			X		

6.1.1 Comments

- Periodic review/revision, but no formal process for input and/or change other than through public hearing. The informal processes that are in place, may not meet stakeholders needs
- Need for a more inclusive process and possibly more frequent review

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
6.2.1: SPHL System has mechanisms in place to encourage or promote compliance by all laboratories in the system with all applicable state and federal regulations			X		

6.2.1 Comments

- CAP and JACHO inspections
- Training is required to maintain licenses
- National (federal) enforcement probably more stringent than State

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
6.2.2: All Laboratories in the SPHL comply with all applicable laws and regulations				X	

6.2.2 Comments

- Due to CAP, JACHO, CLIA and EPA influence

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
6.3.1: SPHL System has the appropriate resources to support enforcement functions for laws and regulations		X			

6.3.1 Comments

- Not for environmental or clinical settings

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
6.3.2: SPHL and other appropriate government agencies collaborate to fulfill their enforcement function				X	

6.3.2 Comments

- JACHO and CAP collaborate with the State regulatory program
- The EPA collaborates with the STATE Public Health Laboratory

Next Steps

- Expand opportunities for input from stakeholders, earlier in the process
- Increase resources to support enforcement

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
7.1.1: SPHL System identifies laboratory service needs and collaborates to fill gaps			X		

7.1.1 Comments

- System not responsive to self-pay patients –cost is a barrier
- There is no database resource for who is available to perform different testing services
- We do not have tools for data collection, or there is an unawareness by providers
- Competition between entities somewhat hampers collaboration
- Collaboration will be needed, especially during an emergency event
- The system does not always project future resources /needs
- Changes in technology to help identify services needed
- Budget issues make it difficult at times
- We have the abilities but not always the capacities
- Availability and accessibility of services not always known to public

Next Steps

- Collaborate more to identify and fill gaps
- Improve communication between system members
- Statewide testing availability database
- How to meet future capacity for emerging health issues
- Advisory groups

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
8.1.1: All laboratories within the SPHL System identify position requirements for all laboratory workforce categories					X

8.1.1 Comments

- Positions are well described with necessary requirements
- Regulations for CAP, JCAHO, CLIA provide description

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
8.1.2: SPHL System has tools to assess competency of all the laboratory workforce					X

8.1.2 Comments

- Hospitals do have competency assessment systems in place
- Environmental Labs (private) and State and Federal have strict compliance with competency assessments (of workforce staff)
- HEALTH Biological Sciences has competency assessment tools
- Laboratory licensure law requires continuing education

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
8.2.1: Laboratories within the SPHL System identify staff development needs			X		

8.2.1 Comments

- There is poor planning for sudden staff shortages (ex. Retirements)
- There is no good system for passing on knowledge, skills when staff leave
- There is no discussion with staff regarding their developmental needs

Parking Lot Issues

- There is currently low enrollment in CLS, pathology schools
- As a result, schools are dropping some of their programs
- Programs in other areas, such as biotechnology, are shifting some of the resources

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
8.2.2: Laboratories within the SPHL System identify staff development needs			X		

8.2.2 Comments

- Need funding and availability of time to attend events

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
8.3.1: SPHL System maintains an environment that attracts and retains exceptional staff		X			

8.3.1 Comments

- See parking lot issues on 8.2.1
- Flexible work schedules help retain staff
- Changing positions seems to be only way to “move up”
- Need to start recruiting at high school level

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
8.3.2: SPHL System addresses workforce shortage issues		X			

8.3.2 Comments

- See parking lot issues on 8.2.1
- There is some promotion of the State Public Health Laboratory to URI students
- Low salaries and opportunities lowers the interest in the field

Next Steps

- Promote laboratory careers within high schools and colleges
- Work on ways to better transfer knowledge and skills when people leave

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
9.1.1: SPHL System range of services, as related to its mission and purpose, are evaluated on a regular basis		X			

9.1.1 Comments

- Public Health Laboratory administers a customer survey annually
- Hospitals have patient survey and self assessment tools
- Community disaster drills – fragmented
- Evaluations happening in some places but nothing evident that is system wide

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
9.1.2: SPHL System has a process in place for periodic review and evaluation of the test menus and technologies in use by laboratories within the system	X				

9.1.2 Comments

- Laboratory inspections by Federal Agencies
- Fails to periodically review and assess on a system wide basis for system wide awareness

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
9.2.1: Accessibility and effectiveness of personal and population-based laboratory services provided throughout the state is regularly determined		X			

9.2.1 Comments

- Clinical Labs use survey results from inpatients, outpatients, and physicians
- Need way to determine how effective lab services are at supporting a program objective
- Lack of feedback



	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
9.2.2: The quality of personal and population-based laboratory services provided throughout the state is regularly determined			X		

9.2.2 Comments

- Connect QA system assessment parts to create awareness of the whole system
- Not system wide shared data
- Competition/Business driven

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
9.3.1: Level and utility of collaboration among members of the SPHL System is measured and shared		X			

9.3.1 Comments

- Components are there for measurement but are not shared
- No mechanism for collaboration – too competitive

Next Steps

- Need to link lab services to Public Health programs and population outcomes.
- What is the PHL System? Who is in the system? How do they know they are in the system?
- Need an advisory group
- Ask physicians and community groups to assess needs of population based services

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

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
10.1.1: SPHL System has adequate capacity to plan research and innovation activities		X			

10.1.1 Comments

- Minimal research activities performed
- Disease outbreak activities are standard practice; not considered as research
- RI Department of Health (HEALTH) has no systematic research mechanisms

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
10.1.2: SPHL System collaborates to finance research activities		X			

10.1.2 Comments

- See comments 10.1.1

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
10.2.1: SPHL System research efforts draw on diverse perspectives and expertise to stimulate innovative thinking		X			

10.2.1 Comments

- See comments 10.1.1

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
10.2.2: SPHL System research is evaluated to foster improvement and innovation		X			

10.2.2 Comments

- See comments 10.1.1

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
10.2.3: SPHL System disseminates research outcomes, best practices, and		X			



Clear objectives for meeting	20	8	3	0	0
Agenda followed or appropriately amended	25	5	1	0	0
Facilitation was effective	27	2	2	0	0

What worked?

- Breakout groups were small
- Interaction non-DOH professionals, Networking opportunities
- Excellent facilitation, well prepared, competent & diverse
- Organization, strategy & intent well delivered
- Theme takers, competent
- Discussion points encouraged participation
- Broad range of representation of system (stakeholders)
- Very good quality improvement tool & process

What could be improved?

- Next steps / what will be done
- Understanding of the “system” / more focus definition of the “system”
- More variety of partners within groups
- Need Chronic Disease epidemiology representation
- National materials were broad & at times difficult to “bring down” to local level
- Clearer guidelines on topic/ wasn’t always clear what was being asked
- Redundancy in questions

	Yes	No	Blank
Would you participate in this process again?	25	4	2
Do you see this as a helpful tool and process?	27	2	2

Stakeholders attending: 40 (not including facilitators (3), theme takers (3), assessment representatives (3), and coordinator)