

Nevada State Public Health Laboratory L-SIP Assessment Summary:

The Nevada Public Health Laboratory System Assessment was conducted on March 26, 2009. The Assessment was coordinated by L. D. Brown, MD, MPH, Director, Nevada State Public Health Laboratory, and facilitated by Milne and Associates, LLC.

The final report for the Nevada Public Health Laboratory System Assessment was prepared by Milne and Associates, LLC and was sent to Dr. Brown on April 3, 2009. An initial review of the final report was conducted by Administrative Management from the NSPHL.

Three top improvement activities were identified for further assessment and to determine feasibility and/or project implementation and time frame. These include:

1. Formation of a public health "improvement" committee consisting of members from multiple partner agencies
2. Enhance communication and collaboration between all agencies
3. Implementation of Nevada State Public Health Laboratory website

One common theme that was noted in almost every essential service area was the need for better communication and outreach between public health system partners. It was determined that this activity has the potential to develop a stronger and more cohesive health partner network while affecting long-term benefits. In addition this activity could be started by NSPHL staff immediately

The communication and outreach improvement process began by identifying all parking lot issues/next steps related to communication/collaboration/training that could be initiated by NSPHL staff (did not need initial input from other health partners). These identified issues were:

Essential Service #1:

Monitor health status to identify community health problems.

Key Idea 1.1.3:

SPH Laboratory System partners collaborate to strengthen surveillance systems.

Parking Lot Issues:

2.) Knowledge gap between people collecting samples and laboratory.

1.2 Monitoring of Community Health Status

Key Idea 1.2.1:

The SPH Laboratory System has a comprehensive system to gather data, organisms and samples to support evaluating community environmental health.

Parking Lot Issues:

1.) Here the SPH Laboratory System seems disconnected. There seems to be no communication or collaboration between agencies within the system. Example: In the event of a chemical spill, who handles this?

Essential Service #2:

Diagnose and investigate health problems and health hazards in the community.

2.2 Collaboration and Networks

Parking lot issues

- 2.) State Laboratory should generate a test HAN message.**
- 3.) Confirm if NDEP and CST are on HAN, if not have them apply.**

Essential Service #5:

Develop policies and plans that support individual and community health efforts.

5.2 Partnerships in public health planning

Key Idea 5.2.1:

The SPH Laboratory System obtains input from diverse partners and constituencies to develop new policies and plans and modify existing ones

Parking Lot Issues:

- 1.) Is communication and input effective? Should we think outside the box – inviting more and different agencies/people and explain why they are being invited?**
- 2.) Find ways to proactively seek input.**
- 3.) How can different labs (state health, agriculture, civil support team, etc) work together to use resources in case of surge capacity? There is a lot of room for coordination here.**
- 4.) Determine the progress of Agriculture lab and CST lab etc. becoming LRN compatible.**

Key Idea 5.2.2:

SPH Laboratory System issues are represented in state-level plans and policies.

Parking Lot Issues:

- 1.) Emergency plans need to be worked out in advance with all partners involved. Need to include the public health labs in practice and development plans.**
- 2.) Is field testing by 1st responders part of the lab system? Should field testing be done, and if so when. Need to communicate with 1st responders regarding this issue.**
- 3.) Need to work with CST in terms of specimen collection especially regarding chemicals.**

Next Steps:

- 1.) Continue the process of policy plans and development.**
- 2.) Need more awareness of partners. Share contact information and possibly develop a state web matrix.**

Essential Service #8:

Assure a competent public health and personal health care workforce.

8.1 Workforce Competencies

Parking Lot Issues:

- 1.) Would like to see protocol and training for collection of samples with regard to Hazmat/Emergency response (fire department) and the State Health Lab. Perhaps this is a possible gap in the system.**
- 2.) System needs to look at what other labs & responders are doing and enhance training for responders following guidelines like those in clinical labs. Patients→Sample Collection→Laboratory.**

8.2 Staff Development

Parking Lot Issues:

- 1.) In need of a more systematic approach to continuing education/training of personnel, especially with regards to first responders and others before the sample itself gets to the laboratory.**
 - 2.) Poor availability of training for first responders, can the SPH Laboratory System give more assistance by having outreach programs?**
 - 3.) System lacks programs to access and address training needs.**
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Easily Achieved Improvement Activities

There were two identified communication needs that were considered “low hanging fruit” and were easily remedied.

1. Overall assessment Next Step #7: Share contact information among participants in the session today.
[An Excel spreadsheet of all Assessment participants who agreed to share their contact information was distributed.](#)
2. Essential Service #2, Key Idea 2.2 (Collaboration and Networks) parking lot issue: Confirm if NDEP and CST are on HAN, if not have them apply.
[Information about HAN and contact info for the NVHAN administrator was forwarded to NDEP and CST personnel.](#)

An additional parking lot issue (State Laboratory should generate a test HAN message) from Essential Service #2, Key Idea 2.2 (Collaboration and Networks) was also researched.
[The NVHAN administrator was contacted regarding how NSPHL could generate a test HAN message.](#)

Primary Improvement Activity for Nevada State Public Health Laboratory

The first communication activity that NSPHL will focus on is communication, planning and training of first responders. This issue was brought up in several different Essential Service areas and has been identified previously as an area where more multi-agency integration is needed.

The process began by researching how other states were handling first responder training and what programs seemed to be the most effective. It was decided to model the new NSPHL training on the first responder training developed by the California Department of Health Services Microbial Disease Laboratory. NSPHL personnel met with the developer of the California program and received guidance and suggestions on how to proceed.

A review of the California program will be conducted to determine how the plan needs to be modified to fit Nevada’s response. Pending review, NSPHL is currently developing a workplan for development/implementation of this improved first responder training using the ADDIE (analyze, design, develop, implement, evaluate) model for developing training.

Analyze

Goals and objectives:

- ◆ Provide over-all information designed to integrate all agency responders.
- ◆ Encourage local agency interaction
- ◆ Encourage participation and interaction, not a lecture forum

Learning needs:

- ◆ How the response really works
- ◆ How to collect proper sample
- ◆ Who will take them
- ◆ How to transport them
- ◆ Where do they go

Who is the audience and what are their needs?

- ◆ Fire
- ◆ Police
- ◆ Hazmat teams
- ◆ Law enforcement
- ◆ FBI
- ◆ Dispatch personnel
- ◆ EMS
- ◆ Public Health
- ◆ Environmental Health

Existing knowledge and/or current protocols:

- ◆ Work with 1st responders and give them the opportunity to help develop training. (During the L-SIP assessment the CST Team offered to share their sample collection protocols. NSPHL will work with CST and other 1st responders to incorporate their existing protocols into training)

Delivery options:

- ◆ What is the timeline for development of project
- ◆ How long should course be
- ◆ Will continuing education units to be offered

Design

- Using prototypes and mock-ups an initial draft of the training will be made. With input from 1st responders that we hope to engage in the development of the program, a final detailed training course will be determined. Course content may include, This may include a systematic process of specifying learning objectives. Detailed storyboards and prototypes are often made, and the look and feel, graphic design, user-interface and content are determined here.

Development

- Creation of the course materials.
- Develop check list for training:
- During the development stage logistics will be addressed
 - ♦ Health partners to invite
 - ♦ Location of training
 - ♦ Other???

Implementation

- Course will be presented

Evaluation

- Course will be evaluated by participant evaluation forms and feedback.
- Modifications/additions/deletions will be made to course as needed to have a continual improvement and involvement.
- The goal of this training is to have participants leave with the tools they need to pass this training onto others in their organization.

Timeline

July - September 2009 – review California course contents

October 2009 – Identify appropriate personnel from Emergency Responders and invite them to help in developing g program.

October – December 2009 – Work with team on course concepts, format, and design.

January 2010 – Confirm date and location of first training session.
Invite participants.
Preparation of course materials

February/March 2010 – First training course conducted.

March/April 2010 – Evaluate and make improvements on course.