



**City of Milwaukee**  
**Laboratory System Improvement Program**  
**Assessment Report**  
**November 18, 2010**

**Prepared by**  
**City of Milwaukee Health Department Laboratory**

**<http://city.milwaukee.gov/LSIP>**

## Executive Summary

On November 18, 2010, 73 Milwaukee public health laboratory system stakeholders from over 40 agencies and departments participated in the Laboratory System Improvement Program (LSIP) Assessment. Partners included clinical laboratory scientists, local and state epidemiologists, first responders, environmental professionals, academicians, researchers, state and local public health professionals and other stakeholders.

The City of Milwaukee Health Department Laboratory (MHDL) was the first to adapt and implement the Association of Public Health Laboratories' (APHL) LSIP at the **local** level. To implement the LSIP assessment for a **Local** Public Health Laboratory system (LPHL system), the MHDL developed a *Definition of a Local Public Health Laboratory System*, modified the *Laboratory System Improvement Program Performance Measurement Tool* so that it was relevant for local application, and customized the visual depiction of a State Public Health Laboratory System to represent a local system.

The LSIP Assessment is designed to measure the capacity of the system relative to ten Essential Services (E.S.). Each E.S. is measured through one or more Indicators, each of which includes a Model Standard. The E.S. and model standards represent the capacities that must be present in a public health system, whether at the local, state or national level, to assure a fully functioning system. Performance of the LPHL system was measured as follows:

- **Optimal** Activity: The strengths of the LPHL system in Milwaukee were identified as its ability to monitor health status through participation in surveillance systems and diagnose and investigate diseases.
- **Significant** Activity: Education, assuring services to underserved populations and workforce development were identified as aspects of the LPHL system with significant activity.
- **Moderate** Activity: The abilities of the LPHL system to mobilize partnerships, develop policies, enforce laws and regulations and evaluate its capacity were identified as having only moderate activity.
- **Minimal** Activity: The greatest weakness within the LPHL system was identified as activities related to research.

MHDL has secured an APHL “Innovations in Quality Public Health Laboratory Practice” grant for 2011 to implement the follow up steps of the LSIP Assessment. The MHDL will facilitate strategic planning with LPHL system stakeholders to strengthen the laboratory system in the Milwaukee area. This process will address weaknesses and will build upon current laboratory system strengths. The strategic planning process will include webinars and formation of a Steering committee and Subcommittee to brainstorm improvement activities. These activities, reflective of priority system issues identified in the LSIP assessment, will produce a strategic plan with an accompanying implementation plan.

## Introduction

On November 18, 2010, 73 public health laboratory system stakeholders in the Milwaukee system participated in the Laboratory System Improvement Program (LSIP) Assessment. LSIP was developed by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control to improve the quality of public health laboratory practice.

Primary stakeholders that make up the Local Public Health Laboratory (LPHL) System are those who are directly involved in creating and using laboratory data. Partners include clinical laboratory scientists; epidemiologists; first responders; environmental professionals involved in water, food and air surveillance; academicians, researchers, state and local public health professionals, a veterinarian, medical examiner, crime and agriculture scientists and other stakeholders. The results of the assessment provide the basis for system improvement efforts aimed at enhancing the quality of public health laboratory performance.

The LSIP assessment represents the first step in enhancing collaboration among LPHL system stakeholders. Other benefits include improved communication, increased knowledge of the laboratory system, more efficient use of resources and the initiation of continuous quality improvement efforts.

## Background

Public Health Laboratory System Standards were used to measure the capacity of the LPHL system in the Milwaukee area. These standards reflect the ten Essential Public Health Services and describe an optimal level of performance. The standards also incorporate the Eleven Core Functions and Capabilities of Public Health Laboratories.

To date, LSIP has been implemented by 25 states. The City of Milwaukee Health Department Laboratory (MHDL) is the first to adapt and implement LSIP at the local level.

**Local Modifications.** To implement the LSIP assessment at the local level, the MHDL:

## Ten Essential Services of Public Health Laboratory Systems

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 Hazards
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 Healthcare 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 Services
10. Research for Insights and Innovative Solutions to Health

- Developed a *Definition of a Local Public Health Laboratory System*.

This was adapted from APHL's *Definition of a State Public Health Laboratory System*. The local system was defined within the context of a State Public Health Laboratory System.

- Modified the *Laboratory System Improvement Program Performance Measurement Tool* so that it was relevant for local application.

Key ideas related to newborn screening and enforcement functions were deleted and language was tailored to reflect a municipal/regional laboratory system.

- Customized the visual depiction of a State Public Health Laboratory System to represent local operations.

Stakeholders that define the Local Public Health Laboratory System (LPHL) were highlighted in the revised illustration.

## **Assessment Day**

MHDL provided leadership for planning and implementing the LSIP Assessment, which was held at the downtown campus of the Milwaukee Area Technical College (MATC). The agenda for Milwaukee's LSIP Assessment can be found in Appendix A. Seventy-three laboratory system stakeholders representing over 40 agencies and departments participated in the assessment. Twenty-two of the participants - including facilitators, theme takers and scorers - represented the City of Milwaukee Health Department (MHD) and its Laboratory. The high number of participants from the MHD is unique to a local laboratory system as the city laboratory is co-located in the local public health agency and work as a team to support community health. A full list of Milwaukee LSIP participants can be found in Appendix B.

The opening plenary session included presentations by the City of Milwaukee Commissioner of Health Bevan K. Baker, FACHE, representing Mayor Tom Barrett, Wisconsin State Laboratory of Hygiene (WSLH) Director Charles Brokopp, DrPH, and the Director of the MHDL, Steve Gradus, PhD, D(ABMM). After the large group was oriented to the assessment process by participating in the scoring and discussion of Essential Service #7 (*Availability of Laboratory Services*), the participants spent the balance of the day assigned to one of three work groups, 20-25 stakeholders per group, that reviewed three Essential Services each. Work group assignments were based on subject matter expertise. Through facilitator-guided discussion, the work groups assessed Local Public Health Laboratory (LPHL) system capacity by identifying the strengths and weakness of the assigned Essential Services and brainstorming next steps for improvement efforts.

## Results

The Ten Essential Services of Public Health Laboratories were assessed using the following rating options:

<b>No Activity</b>	<b>0% or absolutely no activity.</b>
<b>Minimal Activity</b>	<b>Greater than zero, but no more than 25% of the activity described within the question is met within the local public health laboratory system.</b>
<b>Moderate Activity</b>	<b>Greater than 25%, but no more than 50% of the activity described within the question is met within the local public health laboratory system.</b>
<b>Significant Activity</b>	<b>Greater than 50%, but no more than 75% of the activity described within the question is met within the local public health laboratory system.</b>
<b>Optimal Activity</b>	<b>Greater than 75% of the activity described within the question is met within the local public health laboratory system.</b>

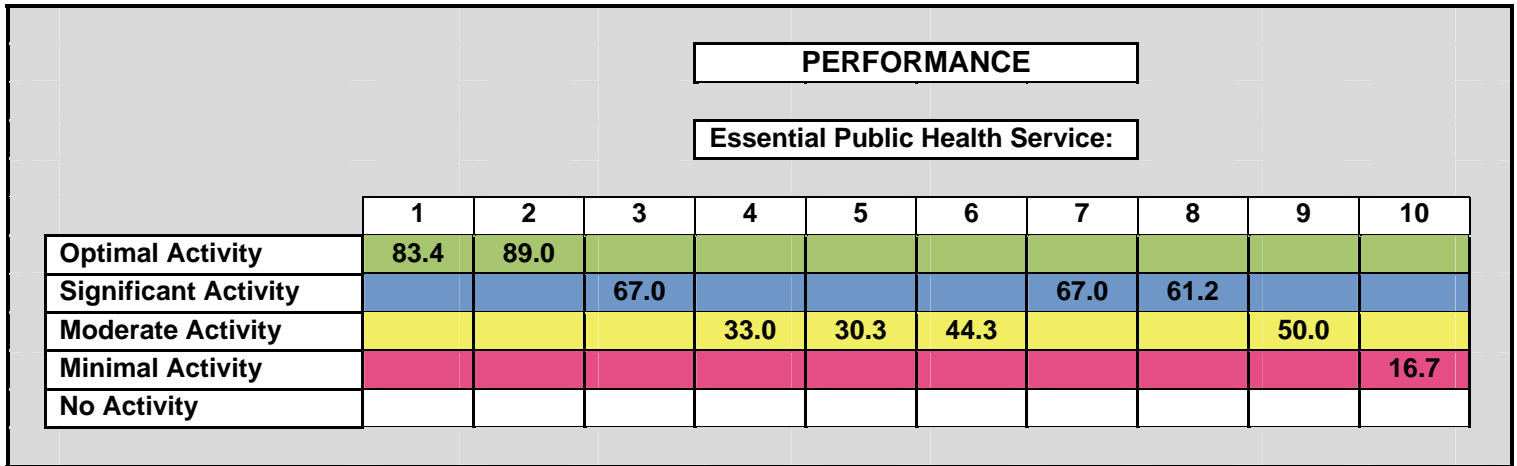
### *Summary*

The LSIP Assessment identified:

- **Optimal Activity:** The strengths of the laboratory system in Milwaukee were identified as its ability to monitor health status through participation in surveillance systems and diagnose and investigate diseases.
- **Significant Activity:** Education, assuring services to underserved populations and workforce development were identified as aspects of the LPHL system with significant activity.
- **Moderate Activity:** The ability of the LPHL system to mobilize partnerships, develop policies, enforce laws and regulations and evaluate its capacity was identified as having only moderate activity.
- **Minimal Activity:** The greatest weakness within the LPHL system was identified as activities related to research.

Appendix C contains the complete Scoring Matrix for each Essential Service. Appendix D includes detailed documentation of themes (strengths and weaknesses) and next steps.

The following graph provides a snapshot of the scores for each Essential Service (ES).



**Highlights**

The LPHL system was rated as having *optimal* capacity in:

**Essential Service #1: Monitor Health Status to Identify Community Health Problems**

Overall, the LPHL system received an aggregate score of **83.4%** (optimal) for this ES.

**INDICATORS**

<b>1.1 Surveillance Information Systems</b>	<b>100.0</b>
<b>1.2 Monitoring Health Status</b>	<b>66.8</b>

**1.1 Surveillance Information Systems**

The LPHL system received a rating of **100%** (optimal) based on its ability to identify sentinel health events and trends, participation in state and national surveillance systems and collaboration with system partners. Compliance with legally required testing, a strong network of clinical laboratories and the ability to produce data were highlighted as strengths.

**Next Steps**

- Conduct a comprehensive gap analysis of various surveillance systems.
- Translate data into public health practice to improve the health status of underserved populations.

## 1.2 *Monitoring of Community Health Status*

The LPHL system received a rating of **66.8%** (significant) based on its ability to support the evaluation of community environmental health, detect infectious diseases, generate reliable chronic disease information and its information management system. Well developed water testing programs and collaboration, infectious disease testing and reporting structures, and a responsive information management system were highlighted as strengths.

### *Next Steps*

- Increase the involvement of environmental health partners such as the Department of Natural Resources, Environmental Protection Agency, and City of Milwaukee Department of City Development to assure environmental testing for air quality, brownfields, toxic spills, etc.
- Identify resources to link and integrate data and information systems within the public sector and between the public and private sector.
- Make environmental testing data more available to the public.

## **Essential Service #2: Diagnose and Investigate Health Problems and Health Hazards in the Community**

Overall, the LPHL system received an aggregate score of **89%** (optimal) for this ES.

### **INDICATORS**

<b>2.1 State of the Art Testing</b>	<b>100.0</b>
<b>2.2 Collaboration &amp; Networks</b>	<b>100.0</b>
<b>2.3 Continuity of Operations</b>	<b>67.0</b>

### **2.1 *State-of-the-Art Testing***

The LPHL system received a rating of **100%** (optimal) on assuring appropriate and high quality laboratory testing to support the diagnosis and investigation of health problems and hazards. The MHDL surge capacity and expertise within the system were highlighted as strengths.

### *Next Steps*

- Assure adequate funding to maintain state-of-the-art laboratory facilities and workforce capacity.
- Ensure efficient use of system resources.
- Assure quality control of laboratory testing among CLIA waived laboratories.

## 2.2 Collaboration & Networks

The LPHL system received a rating of **100%** (optimal) based on its networks and collaboration in response to emergency situations and in epidemiological investigations. The MHDL classification as a Laboratory Response Network (LRN) and overall emergency response capacity within the community were highlighted as strengths.

### Next Step

- Need to develop an “all” hazard response (in addition to biological and chemical response capacity) for crisis and non-crisis situations.

## 2.3 Continuity of Operations

The LPHL system received a rating of **67%** (significant) on its surge capacity. The MHDL and the WSLH partnership in crisis situations was identified as a strength.

### Next Steps

- Develop emergency plans and conduct drills to assure surge capacity and coordination among local public health and clinical laboratories.
- Develop a backup plan for information sharing between laboratories in crisis situations.

The LPHL system was rated as having *significant* capacity in:

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

Overall, the LPHL system received a score of **67%** (significant) for this ES.

### INDICATORS

<b>3.1 Outreach &amp; Communication</b>	<b>67.0</b>
<b>3.2 Public Information</b>	<b>67.0</b>
<b>3.3 Education</b>	<b>67.0</b>

### 3.1 Outreach & Communication

The LPHL system received a rating of **67%** (significant) for its system of outreach and communication that provides information about public health issues and associated laboratory services. The MHD Laboratory’s monthly \*e\*LAB report and communication among stakeholders were identified as strengths.



*Next Steps*

- Enumerate partners and aspects of the local public health laboratory system.
- Assess the communication mechanisms within the LPHL system and develop methods to fill the gaps.
- Enhance communication by building upon the \*e\*LAB network.

**3.2 Public Information**

The LPHL system received a rating of **67%** (significant) for its ability to provide information to the community. Information transmitted is clear, accurate and relevant. Clinical partners in particular are well served.

*Next Steps*

- Identify and promote local public health laboratory system asset
- Assess the effectiveness of information dissemination and identify stakeholders (in addition to clinical laboratories) that need information.
- Educate the media and assure consistent communication.

**3.3 Education**

The LPHL system received a rating of **67%** (significant) for its ability to empower community partners through education.

*Next Step*

- Translate and provide information to non-clinical partners in an understandable manner.

**Essential Service #7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable**

Overall, the LPHL system received an aggregate score of **67%** (significant) for this ES.

**INDICATOR**

<b>7.1 Availability of Lab Services</b>	<b>67.0</b>
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**7.1 Availability of Lab Services**

The LPHL system received a rating of **67%** (significant) for its ability to link people to needed health services. Collaboration between the public and private sector and resource availability were identified as strengths.

### *Next Steps*

- Conduct an assessment to identify gaps in the private health care and related laboratory services and areas where the LPHL system needs to be strengthened.
- Create linkages with community-based organizations (CBOs) that serve hard-to-reach populations.

## **Essential Service #8: Assure a Competent Public Health and Personal Health Care Workforce**

Overall, the LPHL system received an aggregate score of **61.2%** (significant) for this ES.

### **INDICATORS**

<b>8.1 Workforce Competencies</b>	<b>83.5</b>
<b>8.2 Staff Development</b>	<b>67.0</b>
<b>8.3 Assuring Workforce</b>	<b>33.0</b>

#### **8.1 Workforce Competencies**

The LPHL system received a rating of **83.5%** (significant) for its ability to define and regularly assess laboratory workforce competencies. Compliance with accreditation requirements was identified as a strength.

#### *Next Step*

- Focus on the competencies of laboratory administrators and managers.

#### **8.2 Staff Development**

The LPHL system received a rating of **67%** (significant) for its ability to identify and respond to laboratory staff development needs. The availability of training opportunities for students through internship programs was identified as a strength.

#### *Next Steps*

- Assure adequate time and resources for staff development and training.
- Facilitate a greater role among academic partners in LPHL system staff development and training.

### 8.3 Assuring Workforce

The LPHL received a rating of **33%** (moderate) based on its ability to attract and retain exceptional staff. The strength of the current job market for laboratory hiring purposes was noted as a strength.

#### Next Steps

- Assure diversity within the laboratory workforce.
- Invest in staff development and training and support for managers.

The LPHL system was rated as having *moderate* capacity in:

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

Overall, the LPHL system received an aggregate score of **33%** (moderate) for this ES.

#### INDICATORS

<b>4.1 Constituency Development</b>	<b>33.0</b>
<b>4.2 Communication</b>	<b>33.0</b>
<b>4.3 Resources</b>	<b>33.0</b>

#### 4.1 Constituency Development

The LPHL system received a rating of **33%** (moderate) for its capacity to develop and maintain partnerships and relationships. One-on-one interactions among partners were identified as positive.

#### Next Steps

- Better define the partners that make up the LPHL system and their roles and responsibilities.
- Strengthen collaboration with the private sector and CBOs.

#### 4.2 Communication

The LPHL system received a rating of **33%** (moderate) for its communication plan. The \*e\*LAB network was identified as an important communication mechanism. Communication during emergency situations was identified as a strength.

#### Next Step

- Conduct an assessment of the communication structure within the LPHL system.

### 4.3 Resources

The LPHL system received a rating of **33%** (moderate) for having the resources that are needed to identify and address health issues. Resource availability for issue-specific health concerns was identified as a strength.

#### *Next Steps*

- Identify model laboratory communication systems.
- Identify ways to share and advocate for needed resources.

### **Essential Service #5: Develop Policies and Plans that Support Individual and Community Health Efforts**

Overall, the LPHL system received an aggregate score of **30.3%** (moderate) for this ES.

#### **INDICATORS**

<b>5.1 Role in Policy Making</b>	<b>50.0</b>
<b>5.2 Partnership in Planning</b>	<b>36.0</b>
<b>5.3 Dissemination &amp; Evaluation</b>	<b>5.0</b>

#### **5.1 Role in Policy Making**

The LPHL system received a rating of **50%** (moderate) for its ability to inform and influence policy development. Collaboration between public health, the community and the laboratory in support of policy development was identified as a strength.

#### *Next Steps*

- State of Wisconsin Department of Health Services and the WSLH need to enhance their coordination and support for local public health and the clinical laboratory systems.
- MHD Laboratory needs to improve communication to clinical laboratories and allow them to translate information for the providers within their networks.

#### **5.2 Partnership in Planning**

The LPHL system received a rating of **36%** (moderate) for its ability to work with stakeholders to develop policies and plans. Collaboration during emergencies was noted as a strength.

*Next Steps*

- Increase involvement of more diverse local laboratories and community organizations.
- Involve laboratories in broad public health initiatives such as Healthy Wisconsin 2020.

**5.3 Dissemination & Evaluation**

The LPHL system received a rating of **5%** (minimal) for its capacity to disseminate information to system stakeholders.

*Next Step*

- Develop better methods to communicate meaningful information to target stakeholder groups.

**Essential Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety**

Overall, the LPHL system received an aggregate score of **44.3%** (moderate) for this ES.

**INDICATORS**

<b>6.1 Revision of Laws &amp; Regulations</b>	<b>5.0</b>
<b>6.2 Encourage Compliance</b>	<b>83.5</b>

**6.1 Revision of Laws & Regulations**

The LPHL system received a rating of **5%** (minimal) for its role in reviewing and revising laws pertaining to laboratory practice. The ability to respond with comments to pending legislation and the involvement of the laboratory system on food issues were identified as strengths.

*Next Step*

- Define and develop a forum for LPHL system involvement in the review of legislation.

**6.2 Encourage Compliance**

The LPHL system received a rating of **83.5%** (optimal) for its ability to assure compliance with laws and regulations. Agency compliance - Agriculture and the DNR - was identified as a strength.

*Next Step*

- Smaller laboratories with waivers need to be assessed for compliance and supported to assure quality services.

## Essential Service #9: Evaluate Effectiveness, Accessibility, and Availability of Personal and Population-Based Services

Overall, the LPHL system received an aggregate score of **50%** (moderate) for this ES.

### INDICATORS

<b>9.1 System Mission &amp; Purpose</b>	<b>67.0</b>
<b>9.2 System Effectiveness</b>	<b>50.0</b>
<b>9.3 System Collaboration</b>	<b>33.0</b>

#### *9.1 System Mission and Purpose*

The LPHL system received a rating of **67%** (significant) for its ability to communicate its mission and to evaluate the services provided and technologies used. It was noted that new and improved testing technologies lend themselves to improved communication and responsiveness but that each system stakeholder has its own mission.

#### *Next Steps*

- Develop a better definition of the LPHL system including its stakeholders and geographic boundaries.
- Review and evaluate technological capacities across the system to assure efficient resource allocation.

#### *9.2 System Effectiveness, Quality and Consumer Satisfaction*

The LPHL system received a rating of **50%** (moderate) for its ability to evaluate the quality of laboratory service provided. The use of surveys and site visits at the clinical laboratory level and measurement of end user satisfaction were identified as occurring within parts of the LPHL system.

#### *Next Steps*

- Next Steps were not articulated for this indicator.

#### *9.3 LPH Laboratory System Collaboration*

The LPHL system received a rating of **33%** (moderate) for the level of collaboration among system partners. It was noted that collaboration is occurring but that it was not being measured.

#### *Next Steps*

- Identify an accountable entity to be responsible for LPHL system collaborations.
- Determine a way to measure collaboration and share results across the system.

The LPHL system was rated as having *minimal* capacity in:

**Essential Service #10: Research for Insights and Innovative Solutions to Health Problems**

Overall, the LPHL system received a score of **16.7%** (minimal) for this ES.

**INDICATORS**

<b>10.1 Planning &amp; Financing</b>	<b>19.0</b>
<b>10.2 Implementation &amp; Dissemination</b>	<b>14.3</b>

***10.1 Planning & Financing***

The LPHL system received a rating of **19%** (minimal) for its capacity to conduct meaningful research and innovative activities. The relationships between the MHDL and academic institutions were identified as a strength.

***Next Steps***

- Form a regional research committee to facilitate collaboration and resource sharing.
- Strengthen partnerships with academia related to grant writing and funding for research.
- Increase political awareness and advocacy for research support.

***10.2 Implementation & Dissemination***

The LPHL system received a rating of **14.3%** (minimal) for its capacity to conduct research and disseminate findings. The research capacity among academic institutions was identified as a strength.

***Next Step***

- Establish a research-oriented clearinghouse to assure communication about new technologies, research opportunities, current activities and findings.

## **Participant Evaluation**

Forty-two LSIP participants completed the session evaluation. The majority (90%) of respondents expressed that they valued the process and would participate again. Ratings of good to superb were given for the assessments' value, meeting arrangements and the flow of the meeting.

Facilitation skills, stakeholder diversity and open dialogue were identified as strengths of the assessment. The absence of specific stakeholders and the need to limit discussion in order to assess all of the Essential Services and Key Ideas in one day were identified as challenges. Complete results of the participant evaluation can be found in Appendix E.

## **Facilitator Evaluation**

Milwaukee LSIP planners, facilitators, theme takers and vote counters gathered to evaluate the assessment process after it was completed.

**Strengths:** High points of the assessment were identified as:

- Diversity of stakeholders that participated.
- Increased knowledge of where partners fit within the laboratory system.
- Willingness of participants to contribute and the open dialogue that occurred.
- Opportunity to “be a part of something that is bigger” than normal day-to-day work.
- Interacting with people face-to-face.
- Relief that the process worked!
- The energy in the breakout rooms
- The plenary session was effective in setting the stage for the activities of the work groups.

**Weaknesses:** Challenges of the assessment were identified as:

- Difficulty in synthesizing and sharing the results at the end of the day.
- Feeling rushed to assess all of the Essential Services and Key Ideas. Did this result in missing some detail?
- Initial confusion about the voting process. It is important to remind participants that they need to vote based on their perspective before and after the dialogue of the work group.



- Needed to allot more time for introductions in the break out groups.
- Participants did not receive advanced material with enough time to prepare.

**Participation:** Stakeholders missing from the LSIP assessment included:

- Department of Natural Resources
- Environmental Protection Agency
- Community-based agencies
- Elected officials
- Media

### **LSIP Next Steps - System Improvement**

The City of Milwaukee Health Department Laboratory has secured an APHL “Innovations in Quality Public Health Laboratory Practice” grant to implement the next step of the LSIP process. The MHDL will facilitate strategic planning with LPHL system stakeholders to strengthen the laboratory system in the Milwaukee area. The strategic planning process will include webinars, formation of a Steering Committee and subcommittees that will develop a strategic plan and activities to address the priority system issues identified during the LSIP assessment.

As the first local public health laboratory in the nation to implement the LSIP assessment, the MHDL has an unprecedented opportunity to identify unique process and content issues as LSIP is conducted simultaneously at the local and state level.

## Acknowledgements

The MHD Laboratory would like to recognize:

- City of Milwaukee Commissioner of Health Bevan K. Baker, FACHE and Health Operations Administrator Raquel Filmanowicz for their support of the MHD Laboratory and its implementation of the LSIP.
- Karen Breckenridge and Bertina Su at APHL, for their technical assistance and APHL funding that made Milwaukee's LSIP possible.
- The LSIP Steering Committee including Tom and Casey Milne of Milne & Associates for their encouragement and words of advice.
- Paula Snippes at the Minnesota Department of Health Laboratory for allowing MHDL to observe and participate in their LSIP assessment and for providing invaluable advice during planning process.
- Dr. Stanley Inhorn for his years of leadership and tireless commitment to public health laboratory efforts in Wisconsin and nationwide.
- Chuck Brokopp, DrPH, WSLH Director, for his support of Milwaukee's efforts to implement LSIP at the local level.
- MHD staff for their passion for public health.
- MHD Laboratory staff for their day-to-day commitment to excellence in laboratory operations
- The diverse group of Milwaukee LSIP stakeholders for their time, interest and active participation during the assessment and their ongoing contributions to public health in the greater Milwaukee area.

Amy Murphy, MPH, served as a consultant to the MHDL and facilitated the planning and implementation of the LSIP Assessment in Milwaukee and development of this final report.

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## **Attachments**

Appendix A: Agenda

Appendix B: Participant List

Appendix C: Performance Assessment Scores

Appendix D: Themes

Appendix E: Participant Evaluation

## Appendix A

### **Laboratory System Improvement Program Assessment (LSIP) November 18, 2010 Milwaukee Area Technical College - 6<sup>th</sup> Floor**

#### Agenda

- 8:00am** Register - Refreshments will be provided
- 8:30am** Welcome and Introductions
- 9:00am** LSIP Overview  
Orientation to the Assessment Process
- Essential Service #7: Linking People to Needed Personal Health Services
- 10:15am** Break
- 10:30am** Breakout Groups
- Essential Service #4: Mobilize Partnerships (Group A)
  - Essential Service #6: Enforce Laws & Regulations (Group B)
  - Essential Service #10: Research (Group C)
- 12:00noon** Lunch - Lunch will be provided
- 12:30pm** Breakout Groups
- Essential Service #9: Evaluate Effectiveness, Accessibility & Quality (Group A)
  - Essential Service #5: Develop Policies and Plans (Group B)
  - Essential Service #1: Monitor Health (Group C)
- 2:00pm** Break
- 2:15pm** Breakout Groups
- Essential Service #3: Inform, Educate and Empower (Group A)
  - Essential Service #2: Diagnose & Investigate Health Problems (Group B)
  - Essential Service #8: Assure Competent Workforce (Group C)
- 3:45pm** Summary, Evaluation and Next Steps
- 4:30pm** Adjourn

**Appendix B**

<b>MHDL Laboratory System Improvement Program (LSIP) Assessment                      Milwaukee Area Technical College, 700 W. State St., Milwaukee, WI                      November 18, 2010</b>		
<b>Name</b>	<b>Title</b>	<b>Agency</b>
<b>Shahla Anders</b>	Clinical Assistant Professor, Biomedical Sciences	University of Wisconsin-Milwaukee Department of Health Sciences
<b>Bevan K. Baker</b>	Commissioner of Health	City of Milwaukee Health Department
<b>James Beix</b>	Environmental Health Manager	City of Wauwatosa Health Department
<b>Sanjib Bhattacharyya</b>	Chief Molecular Scientist	City of Milwaukee Health Department Laboratory
<b>Paul Biedrzycki</b>	Director	City of Milwaukee Health Department Disease Control & Environmental Health
<b>David Bina</b>	Virology Supervisor	City of Milwaukee Health Department Laboratory
<b>Sue Blaustein</b>	Environmental Health Specialist	City of Milwaukee Health Department Environmental Health
<b>Julie Bonner</b>	Campus Health Officer/Director	University of Wisconsin-Milwaukee Norris Health Center
<b>Charles Brokopp</b>	Director	Wisconsin State Laboratory of Hygiene
<b>Robert Burlage</b>	Associate Professor of Biomedical Sciences	University of Wisconsin-Milwaukee School of Public Health
<b>Katharine Burnett</b>	Vice President of Patient Services	Planned Parenthood of Wisconsin
<b>Diane Chamness</b>	Consultant	Chamness Group
<b>Roger Charnesky</b>	Weapons of Mass Destruction Coordinator, Special Agent	Federal Bureau of Investigation
<b>Mike Costello</b>	Director of Microbiology	Aurora Consolidated Laboratories
<b>Lon Couillard</b>	Water Quality Manager	Milwaukee Water Works Linwood Plant
<b>Jeffrey Davis</b>	Chief Medical Officer, Epidemiologist	Wisconsin Division of Public Health Bureau of Communicable Diseases
<b>Cathy Edwards</b>	Wisconsin Immunization Program Advisor	Wisconsin Division of Public Health Southeast Region

<b>Raquel Filmanowicz</b>	Health Operations Administrator	City of Milwaukee Health Department
<b>Dara Frank</b>	Professor of Microbiology & Molecular Genetics	Medical College of Wisconsin
<b>Richard Gaeta</b>	Lead Grant Manager	City of Milwaukee Health Department Home Environmental Health (Lead)
<b>Kristina Georgakas</b>	Microbiology Manager	Dynacare Laboratories
<b>Tony Goodman</b>	Environmental Code Enforcement Manager	City of Milwaukee Department of Neighborhood Services
<b>Steve Gradus</b>	Laboratory Director	City of Milwaukee Health Department Laboratory
<b>Roger Gremminger</b>	Medical Director	STD Specialties Clinic
<b>Angela Hagy</b>	Epidemiologist	City of Milwaukee Health Department Disease Control & Prevention
<b>Robert Harris</b>	Regional Director	Wisconsin Division of Public Health Department of Health & Family Services
<b>Rick Heffernan</b>	Chief, Communicable Disease Epidemiology Section	Wisconsin Division of Public Health Bureau of Communicable Diseases
<b>Ben Hui</b>	Chemistry Supervisor	City of Milwaukee Health Department Laboratory
<b>Paul Hunter</b>	Associate Medical Director	City of Milwaukee Health Department
<b>Jeff Hussinger</b>	Telecommunications Analyst	City of Milwaukee Health Department
<b>Deonna Johnson</b>	Emergency Management Coordinator	Milwaukee County Emergency Management
<b>Manjeet Khubbar</b>	Microbiology Supervisor	City of Milwaukee Health Department Laboratory
<b>Swati Kumar</b>	Associate Director, Midwest Respiratory Virus Program	Children's Hospital of Wisconsin
<b>Linda Laatsch</b>	Associate Professor, Clinical Laboratory Science	Marquette University College of Health Sciences
<b>Randall Lambrecht</b>	Vice President, Research & Academic Relations	Aurora Health Care
<b>Jill LeStarge</b>	Communicable Disease Coordinator	City of Milwaukee Health Department Disease Control & Prevention

<b>Eva Marie Lewis</b>	Lab Safety Officer & Forensic Science Supervisor, DNA	Wisconsin State Crime Lab
<b>James Ley</b>	Battalion Chief	City of Milwaukee Fire Department
<b>Sandra McLellan</b>	Associate Scientist	University of Wisconsin-Milwaukee Great Lakes Water Institute
<b>Sharon Mertens</b>	Laboratory Manager	Milwaukee Metropolitan Sewerage District
<b>Sara Mishefske</b>	Operations Manager	City of Milwaukee Health Department Family & Community Health
<b>Matthew Mortwedt</b>	Security Operations Manager	City of Milwaukee Department of Public Works
<b>Erik Munson</b>	Microbiology Director	Midwest Clinical Laboratories
<b>Amy Murphy</b>	Consultant	Amy Murphy Consulting
<b>David H. Petering</b>	Director, Marine & Freshwater Biomedical Science Center	University of Wisconsin-Milwaukee Department of Chemistry & Biochemistry
<b>Raymond Podzorski</b>	Microbiology Lab Director	Waukesha Memorial Hospital
<b>Fred Radmer</b>	Health Project Coordinator	City of Milwaukee Health Department Immunization Program
<b>Ali Reed</b>	Compliance Analyst	City of Milwaukee Health Department
<b>Erik Reisdorf</b>	Virology Laboratory Team Leader	Wisconsin State Laboratory of Hygiene
<b>Irmine Reitl</b>	Communicable & Infectious Disease Program Supervisor	City of Milwaukee Health Department
<b>Daniel Rodriguez</b>	Homeland Security Coordinator	U.S. Postal Service
<b>Barb Roettgen</b>	Laboratory Manager, Special Testing	Children's Hospital of Wisconsin
<b>Agnieszka Rogalska</b>	Assistant Medical Examiner	Milwaukee County Medical Examiner's Office
<b>Barbara Saar</b>	Quality Assurance Program Specialist	Wisconsin Department of Health Services Division of Quality Assurance
<b>Neil Saxton</b>	Intelligence Officer	Southeastern Wisconsin Threat Analysis Center

<b>Stephanie Schauer</b>	Epidemiologist	Wisconsin Division of Public Health Immunization Program
<b>John Shalkham</b>	Co-Director, Office of Quality Assurance	Wisconsin State Laboratory of Hygiene
<b>Jason Smith</b>	Lieutenant, Intelligence Fusion Center	City of Milwaukee Police Department
<b>Steve Sobek</b>	Laboratory Director	Wisconsin State Agriculture Laboratory
<b>Mark Spellman</b>	Postal Inspector	U.S. Postal Service
<b>James Spoerke</b>	Microbiology Technical Specialist	Columbia St. Mary's Hospital
<b>Noel Stanton</b>	Chemical Emergency Response Coordinator	Wisconsin State Laboratory of Hygiene
<b>Geof Swain</b>	Associate Medical Director	City of Milwaukee Health Department
<b>Eric Thomas</b>	Department of Homeland Security Intelligence Officer	Southeastern Wisconsin Threat Analysis Center
<b>Laura Traas</b>	Laboratory Evaluation Officer, Division of Food & Safety	Wisconsin Department of Agriculture, Trade & Consumer Protection
<b>Roberta Wallace</b>	Chief Veterinarian	Milwaukee County Zoo
<b>Kris White</b>	Public Health Nurse Supervisor	City of Milwaukee Health Department Home Environmental Health
<b>Lorna Will</b>	Epidemiologist, Director of Respiratory & International Health Unit	Wisconsin Division of Public Health
<b>Saron Wilson</b>	Clinical Coordinator, Clinical Laboratory Technician Program	Milwaukee Area Technical College Health Occupations
<b>Tom Wisniewski</b>	Microbiology Supervisor	Clement J. Zablocki VA Medical Center
<b>Mat Wolters</b>	Pandemic Flu Coordinator	City of Milwaukee Health Department
<b>Bill Wucherer</b>	Director, Health & Social Services	City of Franklin Health Department
<b>Mark Zemke</b>	Laboratory Information Systems Specialist	City of Milwaukee Health Department Laboratory



## Appendix C - Scoring Matrix

PERFORMANCE										
Essential Public Health Service:										
	1	2	3	4	5	6	7	8	9	10
Optimal Activity	83.4	89.0								
Significant Activity			67.0				67.0	61.2		
Moderate Activity				33.0	30.3	44.3			50.0	
Minimal Activity										16.7
No Activity										

Essential Service #1: Monitor Health Status		Essential Service #2: Diagnose & Investigate	
1.1 Surveillance Information Systems	100.0	2.1 State of the Art Testing	100.0
1.2 Monitoring Health Status	66.8	2.2 Collaboration & Networks	100.0
		2.3 Continuity of Operations	67.0
Essential Service #3: Inform, Educate & Empower		Essential Service #4: Mobilize Partnerships	
3.1 Outreach & Communication	67.0	4.1 Constituency Development	33.0
3.2 Public Information	67.0	4.2 Communication	33.0
3.3 Education	67.0	4.3 Resources	33.0
Essential Service #5: Develop Policies & Plans		Essential Service #6: Enforce Laws & Regulations	
5.1 Role in Policy Making	50.0	6.1 Revision of Laws & Regulations	5.0
5.2 Partnerships in Planning	36.0	6.2 Encourage Compliance	83.5
5.3 Dissemination & Evaluation	5.0		

**Essential Service #7: Link People to Services**

<b>7.1 Availability of Lab Services</b>	<b>67.0</b>
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**Essential Service #9: Evaluation of Effectiveness**

<b>9.1 System Mission &amp; Purpose</b>	<b>67.0</b>
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<b>9.2 System Effectiveness</b>	<b>50.0</b>
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<b>9.3 System Collaboration</b>	<b>33.0</b>
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**Essential Service #8: Competent Workforce**

<b>8.1 Workforce Competencies</b>	<b>83.5</b>
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<b>8.2 Staff Development</b>	<b>67.0</b>
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<b>8.3 Assuring Workforce</b>	<b>33.0</b>
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**Essential Service #10: Research**

<b>10.1 Planning &amp; Financing</b>	<b>19.0</b>
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<b>10.2 Implementation &amp; Dissemination</b>	<b>14.3</b>
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**APHL Local Public Health Laboratory Assessment**

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

		System Performance			
		Weight	Eval.	Calc Factor	SCORE
<b>1.1 Surveillance Information System</b>					
1.1.1	The LPH Laboratory System identifies sentinel health events and trends through interoperable laboratory information systems.	33.33	4	1	33.3
1.1.2	The LPH Laboratory System participates in national surveillance systems for state and national linkage	33.33	4	1	33.3
1.1.3	LPH Laboratory System partners collaborate to strengthen surveillance systems	33.33	4	1	33.3
<b>Total ESPH 1.1</b>		<b>100.0</b>			
<b>1.2 Monitoring of Community Health Status</b>					
1.2.1	The LPH Laboratory System has a comprehensive system to gather data, organisms and samples to support evaluating community and environmental health	25	3	0.67	16.8
1.2.2	The LPH Laboratory System identifies and detects infectious diseases and contributes to a statewide surveillance system	25	4	1	25.0
1.2.4	The LPH Laboratory System generates reliable information about chronic diseases of public health significance	25	2	0.33	8.3
1.2.5	LPH Laboratory System has a secure, accountable and integrated information management system for data storage, analysis, retrieval, reporting and exchange	25	3	0.67	16.8
<b>Total ESPH 1.2</b>		<b>66.8</b>			
<b>ESPH #1 Aggregate Score</b>		<b>83.4</b>			

**APHL Local Public Health Laboratory Assessment**

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

		Weight	System Performance		
			Evaluation	Calc Factor	SCORE
<b>2.1 Appropriate State of the Art Testing</b>					
2.1.1	The LPH Laboratory System assures provision of services at the highest level of quality to assist in the diagnosis and investigation of all health problems and hazards	100	4	1	100.0
<b>Total ESPH 2.1</b>		<b>100.0</b>			
<b>2.2 Collaboration and Networks</b>					
2.2.1	LPH Laboratory System members are actively involved in networks that collaborate in the epidemiological investigation of and response to natural and man-made disasters	100	4	1	100.0
<b>Total ESPH 2.2</b>		<b>100.0</b>			
<b>2.3 Continuity of Operations Plan and Surge Capacity</b>					
2.3.1	LPH Laboratory System has the ability to respond rapidly to medical and public health emergencies	100	3	0.67	67.0
<b>Total ESPH 2.3</b>		<b>67.0</b>			
<b>ESPH #2 Aggregate Score</b>		<b>89.0</b>			

**APHL Local Public Health Laboratory Assessment**

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

		System Performance			
		Weight	Evaluation	Calc Factor	SCORE
<b>3.1 Outreach &amp; Communication with Partners</b>					
3.1.1	The LPH Laboratory System has an identified system of outreach and communication to inform about relevant health issues	100	3	0.67	67.0
<b>Total ESPH 3.1</b>		<b>67.0</b>			
<b>3.2 Information &amp; Social Marketing</b>					
3.2.1	LPH Laboratory System creates and delivers targeted laboratory information to appropriate health partners	50	3	0.67	33.5
3.2.2	LPH Laboratory System creates and delivers targeted laboratory information to appropriate non-health partners	50	3	0.67	33.5
<b>Total ESPH 3.2</b>		<b>67.0</b>			
<b>3.3 Education</b>					
3.3.1	Education and relationship building opportunities are employed to mobilize community partners	100	3	0.67	67.0
<b>Total ESPH 3.3</b>		<b>67.0</b>			
<b>ESPH #3 Aggregate Score</b>		<b>67.0</b>			

**APHL Local Public Health Laboratory Assessment**

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

		System Performance			
		Weight	Evaluation	Calc Factor	SCORE
<b>4.1 Constituency Development</b>					
4.1.1	Partners in the LPH Laboratory System develop and maintain positive relationships with each other and with other key organizations	100	2	0.33	33.0
<b>Total ESPH 4.1</b>		<b>33.0</b>			
<b>4.2 Communication</b>					
4.2.1	The LPH Laboratory System communication plan is fully integrated with partners' and collaborators' communication plans	50	2	0.33	16.5
4.2.2	The LPH Laboratory System communicates effectively in a regular, timely, accurate way to support collaboration	50	2	0.33	16.5
<b>Total ESPH 4.2</b>		<b>33.0</b>			
<b>4.3 Education</b>					
4.3.1	LPH Laboratory System works together to share existing resources and/or to identify new resources (e.g. funding, personnel, tools) to assist in identifying and solving health issues	100	2	0.33	33.0
<b>Total ESPH 4.3</b>		<b>33.0</b>			
<b>ESPH #4 Aggregate Score</b>		<b>33.0</b>			

**APHL Local Public Health Laboratory Assessment**

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

		System Performance			
		Weight	Evaluation	Calc Factor	SCORE
<b>5.1 Role in Laboratory Related Policy Making</b>					
5.1.1	LPH Laboratory and system partners contribute their expertise and resources to inform and influence policy	50	3	0.67	33.5
5.1.2	Policies and plans are informed by science and data	50	2	0.33	16.5
<b>Total ESPH 5.1</b>		<b>50.0</b>			
<b>5.2 Partnerships in Public Health Planning</b>					
5.2.1	The LPH Laboratory System obtains input from diverse partners and constituencies to develop new policies and plans and modify existing ones	50	3	0.67	33.5
5.2.2	LPH Laboratory System issues are represented in state-level plans and policies	50	1	0.05	2.5
<b>Total ESPH 5.2</b>		<b>36.0</b>			
<b>5.3 Dissemination &amp; Evaluation</b>					
5.3.1	Plans and policies are widely disseminated to inform members of the LPH Laboratory System, other stakeholders and the public	50	1	0.05	2.5
5.3.2	Plans and policies are routinely evaluated and updated	50	1	0.05	2.5
<b>Total ESPH 5.3</b>		<b>5.0</b>			
<b>ESPH #5 Aggregate Score</b>		<b>30.3</b>			

**APHL Local Public Health Laboratory Assessment**

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

		System Performance			
		Weight	Evaluation	Calc Factor	SCORE
<b>6.1 Revision of Laws and Regulations</b>					
6.1.1	The LPH Laboratory System regularly and periodically reviews and recommends revisions of federal and State laws and regulations pertaining to laboratory practice	100	1	0.05	5.0
<b>Total ESPH 6.1</b>		<b>5.0</b>			
<b>6.2 Encourage Compliance</b>					
6.2.1	The LPH Laboratory System has non-regulatory systems in place to encourage or promote compliance by laboratories in the system with all applicable State and federal regulations	50	3	0.67	33.5
6.2.2	The LPH Laboratory complies with and exceeds all applicable regulations	50	4	1	50.0
<b>Total ESPH 6.2</b>		<b>83.5</b>			
<b>ESPH #6 Aggregate Score</b>		<b>44.3</b>			



**APHL Local Public Health Laboratory Assessment**

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

		System Performance			
		Weight	Evaluation	Calc Factor	SCORE
<b>7.1 Availability of Laboratory Services</b>					
7.1.1	The LPH Laboratory System identifies laboratory service needs and collaborates to fill gaps	100	3	0.67	67.0
<b>Total ESPH 7.1</b>		<b>67.0</b>			
<b>ESPH #7 Aggregate Score</b>		<b>67.0</b>			

**APHL Local Public Health Laboratory Assessment**

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

		Weight	System Performance		SCORE
			Evaluation	Calc Factor	
<b>8.1 Workforce Competencies</b>					
8.1.1	Position requirements for all laboratory position categories within state and local public health laboratories are identified	50	4	1	50.0
8.1.2	The LPH Laboratory System has tools to assess competencies of the workforce	50	3	0.67	33.5
<b>Total ESPH 8.1</b>		<b>83.5</b>			
<b>8.2 Staff Development</b>					
8.2.1	The LPH Laboratory System identifies staff development needs	50	3	0.67	33.5
8.2.2	The LPH Laboratory System assures that resources for staff development are available for laboratorians	50	3	0.67	33.5
<b>Total ESPH 8.2</b>		<b>67.0</b>			
<b>8.3 Assuring Laboratory Workforce</b>					
8.3.1	The LPH Laboratory System maintains an environment that attracts and retains exceptional staff	50	2	0.33	16.5
8.3.2	The LPH Laboratory System addresses workforce shortage issues	50	2	0.33	16.5
<b>Total ESPH 8.3</b>		<b>33.0</b>			
<b>ESPH #8 Aggregate Score</b>		<b>61.2</b>			

**APHL Local Public Health Laboratory Assessment**

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

		System Performance			
		Weight	Evaluation	Calc Factor	SCORE
<b>9.1 System Mission &amp; Purpose</b>					
9.1.1	The LPH Laboratory System mission, purpose and range of services are evaluated on a regular basis	50	3	0.67	33.5
9.1.2	The range of technologies in use by the LPH Laboratory System is periodically surveyed and evaluated, with objective reports shared across the LPH Laboratory System	50	3	0.67	33.5
<b>Total ESPH 9.1</b>		<b>67.0</b>			
<b>9.2 System Effectiveness, Quality and Consumer Satisfaction</b>					
9.2.1	The effectiveness of personal and population-based laboratory services provided throughout the state is regularly determined.	50	3	0.67	33.5
9.2.2	The quality of personal and population-based laboratory services provided throughout the state is regularly determined	50	2	0.33	16.5
<b>Total ESPH 9.2</b>		<b>50.0</b>			
<b>9.3 LPH Laboratory System Collaboration</b>					
9.3.1	The level and utility of collaboration among members of the LPH Laboratory System is measured and shared	100	2	0.33	33.0
<b>Total ESPH 9.3</b>		<b>33.0</b>			
<b>ESPH #9 Aggregate Score</b>		<b>50.0</b>			

**APHL Local Public Health Laboratory Assessment**

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

		System Performance			
		Weight	Evaluation	Calc Factor	SCORE
<b>10.1 Planning</b>					
10.1.1	The LPH Laboratory System has adequate capacity to plan research and improvement activities	50	2	0.33	16.5
10.1.2	The LPH Laboratory System collaborates to finance research activities	50	1	0.05	2.5
<b>Total ESPH 10.1</b>		<b>19.0</b>			
<b>10.2 Implementation, Evaluation and Dissemination</b>					
10.2.1	LPH Laboratory System processes draw on diverse perspectives and expertise to stimulate innovative thinking	33.33	1	0.05	1.7
10.2.2	The LPH Laboratory System research is evaluated to foster improvement and innovation	33.33	1	0.05	1.7
10.2.3.	The LPH Laboratory System disseminates research outcomes, best practices, and recognition of research activities	33.33	2	0.33	11.0
<b>Total ESPH 10.2</b>		<b>14.3</b>			
<b>ESPH #10 Aggregate Score</b>		<b>16.7</b>			

<b>ESPH #</b>	<b>Raw Score</b>		
1	83.4	<b>ES #1: Monitor Health Status</b>	
2	89.0	<b>1.1 Surveillance Info System</b>	100.0
3	67.0	<b>1.2 Monitoring Health Status</b>	66.8
4	33.0		
5	30.3	<b>ES #2: Diagnose &amp; Investigate</b>	
6	44.3	<b>2.1 State of the Art Testing</b>	100.0
7	67.0	<b>2.2 Collaboration &amp; Networks</b>	100.0
8	61.2	<b>2.3 Continuity of Operations</b>	67.0
9	50.0		
10	16.7	<b>ES #3: Inform, Educate &amp; Empower</b>	
		<b>3.1 Outreach &amp; Communication</b>	67.0
AVE.	54.2	<b>3.2 Public Information</b>	67.0
		<b>3.3 Education</b>	67.0
		<b>ES #4: Mobilize Partnerships</b>	
		<b>4.1 Constituency Development</b>	33.0
		<b>4.2 Communication</b>	33.0
		<b>4.3 Resources</b>	33.0
		<b>ES #5: Develop Policies &amp; Plans</b>	
		<b>5.1 Role in Policy Making</b>	50.0
		<b>5.2 Partnerships in Planning</b>	36.0
		<b>5.3 Dissemination &amp; Evaluation</b>	5.0

**Es #6: Enforce Laws**  
**6.1 Revision of Laws &Regs** 5.0  
**6.2 Encourage Compliance** 83.5

**ES #7: Link People to Services**  
**7.1 Availability of Lab Services** 67.0

**ES #8: Competent Workforce**  
**8.1 Workforce Competencies** 83.5  
**8.2 Staff Development** 67.0  
**8.3 Assuring Workforce** 33.0

**ES #9: Evaluation**  
**9.1 System Mission & Purpose** 67.0  
**9.2 System Effectiveness** 50.0  
**9.3 System Collaboration** 33.0

**ES #10: Research**  
**10.1 Planning & Financing** 19.0  
**10.2 Implementation** 14.3

**Appendix D**  
**City of Milwaukee Health Department Laboratory**  
**Laboratory System Improvement Program (LSIP) Assessment**  
**Key Themes and Notes**

**November 18, 2010**

<b>ESSENTIAL SERVICE #1: Monitor Health Status to Identify Community Health Problems</b>	
<b>Overall Rating: 83.4 / OPTIMAL</b>	
<b>INDICATOR 1.1: Surveillance Information Systems</b>	
<b>100.0</b>	
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ Great job complying with legal mandates.</li> <li>▪ Produce more data than have capacity to analyze/apply.</li> <li>▪ There is participation in many surveillance programs that provide a lot of data; do it well.</li> <li>▪ Fair capacity for metabolic diseases and poor capacity for chronic illness surveillance.</li> <li>▪ Missing information from requisitions results in a drain on resources and slows down reporting.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Translate data into practice with a focus on improving the health of underserved populations.</li> <li>▪ Conduct a comprehensive assessment (gap analysis) of various surveillance systems.</li> <li>▪ Good state network of clinical labs; these systems need to provide greater support to Milwaukee.</li> <li>▪ Strengthen surveillance systems to collect more information on issues of public health importance that are not legally required.</li> </ul>
<b>INDICATOR 1.2: Monitoring of Community Health Status</b>	
<b>66.8</b>	
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ Strong water testing programs for beach quality and drinking water.</li> <li>▪ Great collaboration among water stakeholders.</li> <li>▪ Great Lakes Water Institute is a valuable community asset.</li> <li>▪ Excellent testing sites, reporting structures and partners in infectious disease testing.</li> <li>▪ Information management systems exist but they are not adequately linked.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase the involvement of the EPA, DNR, DCD, etc. to enhance air quality, toxic spills and brownfields' testing.</li> <li>▪ Make environmental testing data more available to the public. Establish data and information links between the DNR, EPA &amp; MHD.</li> <li>▪ Establish a centralized environmental tracking system and lead agency to monitor.</li> <li>▪ Identify surveillance systems for chronic diseases - are they adequate?</li> <li>▪ Strengthen the relationship between the MHD and food inspectors.</li> <li>▪ Identify resources to integrate and link public and private laboratory information systems to provide real-time data to the community.</li> </ul>

<b>ESSENTIAL SERVICE #2: Diagnose and investigate health problems in the community</b>	
<b>Overall Rating: 89.0 / OPTIMAL</b>	
<b>INDICATOR 2.1: Appropriate and state of the art testing</b>	<b>100.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ H1N1 response developed strong surge capacity.</li> <li>▪ Significant and broad array of technology in place across the laboratory system.</li> <li>▪ Expertise across the state is exceptional; enough knowledge &amp; expertise to implement testing/response to any event.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identify private sector laboratories that are not a part of the public health system and connect them.</li> <li>▪ Ensure adequate funding to maintain state-of-the-art facilities &amp; training.</li> <li>▪ How do we ensure efficient use of existing resources across the system?</li> <li>▪ CLIA-waived lab quality assurance issues need to be addressed.</li> </ul>
<b>INDICATOR 2.2: Collaboration and Networks</b>	<b>100.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ Milwaukee County has a strong network and collaboration among hospitals.</li> <li>▪ Wisconsin is strong and far more prepared than other states in emergency management.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop <i>all hazard response</i> – currently have biological &amp; chemical – need to develop “all” hazard response.</li> <li>▪ Enhance collaboration &amp; systems for non-crisis situations, building on the infrastructure and experience that exists for emergency response.</li> </ul>
<b>INDICATOR 2.3: Continuity of Operations Plan and Surge Capacity</b>	<b>67.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ MHDL &amp; WSLH have strong surge capacity and authority.</li> <li>▪ Electronic results tracking is challenging - there are a significant number of duplicate test results, efforts aren’t coordinated and information is often confusing.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assess the surge capacity of smaller and private sector labs to support the surge capacity of public health labs.</li> <li>▪ How do we credential key stakeholders - doctors, pathologists - for emergency situations?</li> <li>▪ Develop effective methods to transfer data in an emergency to key teams dealing w/disaster. <ul style="list-style-type: none"> <li>✓ VA has global system.</li> </ul> </li> <li>▪ Develop a back-up plan for information sharing if we are unable to transfer data electronically in an emergency situation.</li> </ul>



	<ul style="list-style-type: none"><li>▪ Develop a plan that supersedes agency-specific purchasing requirements in emergency situations.</li><li>▪ Conduct emergency drills for all laboratories in the system on a consistent basis.</li><li>▪ Develop a statewide surge plan &amp; electronic reporting system.</li></ul>
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<b>ESSENTIAL SERVICE #3: Inform, educate, and empower people about health issues</b>	
<b>Overall Rating: 67.0 / SIGNIFICANT</b>	
<b>INDICATOR 3.1: Outreach and Communication with Partners</b>	<b>67.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ Communication mechanisms are in place; could be broadened.</li> <li>▪ Communication between individuals happens; overall communication across the system could be improved.</li> <li>▪ The LPHL system is connected to APHL, CDC, etc.</li> <li>▪ MHD's e-lab communication provides a wealth of information.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enumerate partners and aspects of the local public health laboratory system and network them.</li> <li>▪ Identify and address communication gaps; broaden mechanisms of communication.</li> <li>▪ Enhance communication via the e-lab network.</li> <li>▪ Encourage peripheral laboratory system partners to speak up.</li> </ul>
<b>INDICATOR 3.2: Public Information</b>	<b>67.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ Information received is clear, accurate, and relevant (e.g., H1N1, co-sleeping, lead poisoning).</li> <li>▪ Some information provided is not focused; usefulness of information provided is assumed.</li> <li>▪ Clinical partners are well served but there is a subset of partners that need to be included.</li> <li>▪ Public health messaging system is outstanding; it gets information to the people who need it.</li> <li>▪ Stakeholders have their own mechanisms for communication in place.</li> <li>▪ Information is sometimes inconsistent; need to work towards more consistency.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identify and promote local public health laboratory system assets.</li> <li>▪ Assess effectiveness of information dissemination.</li> <li>▪ Provide proactive education to the media about public health laboratory issues.</li> <li>▪ Assure consistent communication.</li> </ul>
<b>INDICATOR 3.3: Education</b>	<b>67.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ Make sure that information and education provided to community partners is not too technical.</li> </ul>	<ul style="list-style-type: none"> <li>▪ None provided.</li> </ul>

<b>ESSENTIAL SERVICE #4: Mobilize community partnerships to identify and solve health problems</b>	
<b>Overall Rating: 33.0 / MODERATE</b>	
<b>INDICATOR 4.1: Constituency Development</b>	
<b>33.0</b>	
KEY THEMES	PRIORITY NEXT STEPS
<ul style="list-style-type: none"> <li>▪ Lack collaboration with private sector and community-based organizations (CBOs) in terms of “how to use” lab services.</li> <li>▪ Other area LHD’s find MHDL “difficult to use,” especially compared to WSLH.</li> <li>▪ Lack of understanding of who all the partners are; what are the standard operating procedures?</li> <li>▪ Specific interactions among system partners is positive.</li> <li>▪ No ongoing evaluation of the quality of collaboration among constituents.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Collaboration to incorporate new technology and scientific knowledge occurs through professional organizations.</li> <li>▪ Broaden the types of individuals and organizations to partner with.</li> <li>▪ Describe and define the local public health laboratory system and how it is organized. What are its assets and what is needed?</li> </ul>
<b>INDICATOR 4.2: Communication</b>	
<b>33.0</b>	
KEY THEMES	PRIORITY NEXT STEPS
<ul style="list-style-type: none"> <li>▪ Partners have their own communication plans; are these integrated?</li> <li>▪ Individual communication is happening but system-wide communication is not always getting to the right people.</li> <li>▪ Are the lab systems reaching out to the “outer limits” of the system?</li> <li>▪ Communication tends to be good at times of surge and emergencies, but isn’t as strong on a day-to-day basis.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Evaluate the current communication systems - monthly e-lab reports &amp; messaging - is it effective in reaching the right people? Is the information that is communicated important?</li> </ul>
<b>INDICATOR 4.3: Resources</b>	
<b>33.0</b>	
KEY THEMES	PRIORITY NEXT STEPS
<ul style="list-style-type: none"> <li>▪ Every lab has its own communication system and advocates for its own needs.</li> <li>▪ No system-wide method to share resources and to support collaboration.</li> <li>▪ Collaborations are issue and funding driven.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identify model laboratory communication systems.</li> </ul>

<b>ESSENTIAL SERVICE #5: Develop policies and plans that support individual and community health efforts</b>	
<b>Overall Rating: 30.3 / MODERATE</b>	
<b>INDICATOR 5.1: Role in Laboratory Related Policy Making</b>	<b>50.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ A lot of data is generated; on a good day data drives policy.</li> <li>▪ Good collaboration between the MHD, the community and lab partners.</li> <li>▪ Strong collaboration between labs especially in outbreak situations.  .....All of the above affected policy.</li> <li>▪ There is a disconnect between labs &amp; providers about what tests need to be run.</li> <li>▪ Communication about testing between state &amp; lab, lab &amp; state – needs to improve.</li> <li>▪ Need to talk to local groups and labs to get input to improve data issues.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Notify labs first about needs for specific testing and testing issues. They will put it in their own language and disseminate to their network of providers.</li> <li>▪ WI DPH &amp; WSLH need to work/communicate better w/local labs &amp; LPHD's regarding testing recommendations and testing requirements, rather than just saying "send to state lab."</li> <li>▪ Develop ways for labs to affect policy when they get negative data or information about inaccurate or bad tests, rather than just passing on the information (e.g., rapid flu testing is only 30% valid but it is still being used).</li> </ul>
<b>INDICATOR 5.2: Partnerships in Public Health Planning</b>	<b>36.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ Partnerships great in crisis situations but not as good on a day-to-day basis.</li> <li>▪ City &amp; state partners work well with each other but this doesn't translate to the local lab level.</li> <li>▪ CBOs aren't routinely asked for input. Not good at partnering with faith-based &amp; ethnic groups.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Define stakeholders (i.e., persons w/key expertise) to partner with &amp; then follow through.</li> <li>▪ Need to expand communication and partnership to the local lab level.</li> <li>▪ Use communication and partnership models from agencies like the Department of Agriculture and the USPS.</li> <li>▪ Find ways to get input from labs on broad public health issues such as Healthy WI 2020.</li> <li>▪ Need to involve more diverse groups/stakeholders.</li> </ul>
<b>INDICATOR 5.3: Dissemination and Evaluation</b>	<b>5.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ Sometimes too much information is disseminated and it overwhelms people.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identify a system to disseminate and provide meaningful information to stakeholders &amp; specific target audiences.</li> </ul>

<b>ESSENTIAL SERVICE #6: Enforce laws and regulations that protect health and ensure safety</b>	
<b>Overall Rating: 44.3 / MODERATE</b>	
<b>INDICATOR 6.1: Revision of Laws and Regulations</b>	<b>5.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ Legislators are engaged on some issues and not involved in others.</li> <li>▪ When requested, laboratory stakeholders review and comment on changes to laws and regulations.</li> <li>▪ CLIA laws need changing but there is no community voice to advocate for this.</li> <li>▪ There is an interest in food issues; there was a lot of discussion among doctors, public health and labs on the raw milk bill.</li> <li>▪ Collaboration is needed between neighboring states in regard to reportable diseases.</li> <li>▪ Different info on reports to CLIA labs vs. LPH labs.</li> <li>▪ Challenging to work through bureaucracies.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assure that federal laws &amp; state laws are reviewed in conjunction with one another.</li> <li>▪ Identify the mechanism for labs to influence laws/regulations.</li> </ul>
<b>INDICATOR 6.2: Encourage Compliance</b>	<b>83.5</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ Agencies (Agriculture &amp; DNR) are tightly measured in terms of compliance.</li> <li>▪ Smaller labs are not always in compliance as they have a certificate of waiver so there is no routine oversight.</li> <li>▪ There is a disconnect between laboratories and the community in terms of what labs are actually doing.</li> <li>▪ Confusion exists within labs that serve multiple states about what is reportable and when.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ask the WSLH and DPH to advocate for more timely reporting.</li> <li>▪ Develop a forum for affecting &amp; enacting state laws.</li> <li>▪ Strengthen the accreditation process as it is not adequate in terms of addressing issues with labs that have waivers.</li> </ul>

**ESSENTIAL SERVICE #7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable**

**Overall Rating: 67.0 / SIGNIFICANT**

**INDICATOR 7.1: Availability of Laboratory Services**

**67.0**

KEY THEMES	PRIORITY NEXT STEPS
<ul style="list-style-type: none"> <li>▪ Private and public collaboration excellent during an emergency but not as good on a daily basis.</li> <li>▪ In general, private and public labs work together to meet the health and laboratory needs in Wisconsin.</li> <li>▪ Parts of the system are fragmented; need to come together better as a system.</li> <li>▪ There is a significant part of the population with no linkage to services.</li> <li>▪ Timeliness of services may not be at optimal level.</li> <li>▪ Private labs work with public health providers to identify issues and support health needs of community.</li> <li>▪ Need greater advocacy effort to reach and serve high-risk populations.</li> <li>▪ Hospitals do not turn under/uninsured people away.</li> <li>▪ Resources exist in Milwaukee but they are not organized as a real system.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Formalize a system between the MHD Lab, the WSLH and private laboratories to work together when resources are not available for testing.</li> <li>▪ Conduct an assessment to identify where there are gaps in the private health care and laboratory system and identify where the public system needs to be strengthened.</li> <li>▪ Bring system stakeholders together to develop system improvement strategies.</li> <li>▪ Create MOUs with CBOs and clinics that provide service (testing and analysis) to the community that lacks access to care.</li> <li>▪ Improve communication between clinical service providers and the public health lab network.</li> </ul>

<b>ESSENTIAL SERVICE #8: Assure a competent public and personal health care workforce</b>	
<b>Overall Rating: 61.2 / SIGNIFICANT</b>	
<b>INDICATOR 8.1: Workforce Competencies</b>	<b>83.5</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ Laboratory accreditation requires specific board certifications and degreed staff.</li> <li>▪ Job description strong on competencies but not as specific to the tasks of bench work.</li> <li>▪ Union issues impact workforce capacity in government agencies.</li> <li>▪ Systems are in place within most laboratory organizations to address performance problems.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assure training and support (i.e., competencies) of laboratory administrators and managers.</li> </ul>
<b>INDICATOR 8.2: Staff Development</b>	<b>67.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ It is challenging to keep up with emerging technologies. Need to pay special attention to training on new technologies, especially for “seasoned” staff.</li> <li>▪ Many laboratories have an aging workforce. We need to be mindful of maintaining institutional knowledge.</li> <li>▪ Not enough time for continued staff development due to workload demands.</li> <li>▪ MHD Lab regularly hosts interns.</li> <li>▪ Training needs of veteran staff differ from the training needs of new laboratory staff.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Explore a greater role for academic institutions in the area of staff development and training.</li> <li>▪ Increase resources for ongoing staff training and in-services and travel to national conferences.</li> </ul>
<b>INDICATOR 8.3: Assuring Laboratory Workforce</b>	<b>33.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ There has been an erosion in benefits and stability of public sector positions.</li> <li>▪ Public servancy not as highly regarded as it once was.</li> <li>▪ There is a lack of diversity within the laboratory work force.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide oversight, training and support to laboratory managers.</li> <li>▪ Increase resources for staff development.</li> <li>▪ Need to assure staff diversity.</li> </ul>

<ul style="list-style-type: none"><li>▪ There is little to no promotional opportunities or laboratory career ladders.</li></ul>	<ul style="list-style-type: none"><li>▪ Enhance the collaboration between academic institutions and laboratories.</li></ul>
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<b>ESSENTIAL SERVICE #9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services</b>		<b>Overall Rating: 50.0 / MODERATE</b>
<b>INDICATOR 9.1: System Mission and Purpose</b>		<b>67.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>	
<ul style="list-style-type: none"> <li>▪ Each stakeholder in the LPHL system has its own mission.</li> <li>▪ There is a lack of awareness of laboratory system core functions.</li> <li>▪ The MHD Lab has helped assess the needs and technology requirements of other system partners.</li> <li>▪ New and improved testing technologies allow for greater communication and responsiveness.</li> <li>▪ Lack of communication may result in lack of knowledge of the capacity of each stakeholder within the system.</li> <li>▪ There is no systematic way to determine where cutting edge technology and resources are best allocated.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop a better definition of the LPHL system. Who makes up the system and what are its geographic boundaries?</li> <li>▪ Review &amp; evaluate laboratory technology capacity to assure efficiency in resource allocation.</li> </ul>	
<b>INDICATOR 9.2: System Effectiveness, Quality, and Consumer Satisfaction</b>		<b>50.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>	
<ul style="list-style-type: none"> <li>▪ Surveys and site visits are occurring at the clinical laboratory level.</li> <li>▪ Connection to public health outcomes or action is lacking.</li> <li>▪ End user satisfaction is measured by some components of the LPHL system, but not others.</li> <li>▪ Difficult to evaluate satisfaction at patient level.</li> <li>▪ Quality of system seems to be assessed at the patient level, but not at the population level.</li> </ul>	<ul style="list-style-type: none"> <li>▪ None provided.</li> </ul>	
<b>INDICATOR 9.3: LPH Laboratory System Collaboration</b>		<b>33.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>	
<ul style="list-style-type: none"> <li>▪ There is currently no one responsible for measuring or evaluating collaboration among system components.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identify accountable entity to be responsible for LPHL system collaboration.</li> </ul>	

<ul style="list-style-type: none"><li>▪ Collaboration is occurring and working. Is it being measured and are the results being shared?</li></ul>	<ul style="list-style-type: none"><li>▪ Measure collaboration and share results with system stakeholders.</li></ul>
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<b>ESSENTIAL SERVICE #10: Research for new insights and innovative solutions</b>	
<b>Overall Rating: 16.7 / MINIMAL</b>	
<b>INDICATOR 10.1: Planning and Financing Research Activities</b>	<b>19.0</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ Public health labs lack resources for research.</li> <li>▪ Collaboration is ad hoc and reactive versus having a formal system to proactively make decisions about research.</li> <li>▪ Resources, collaborations, activities and equipment/technology exist to support laboratory research, but there is a lack of awareness of these assets.</li> <li>▪ Need more connectivity and collaboration for translational research.</li> <li>▪ Barriers in flexibility and application for funding.</li> <li>▪ Funding is fragmented and barriers exist related to the ease and flexibility of grant applications.</li> <li>▪ Academic partners are strong in the research arena and have committees, but this does not apply to others within the system.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Form a regional research committee to facilitate collaboration and resource sharing.</li> <li>▪ Strengthen partnerships with academia related to grant writing and funding for research.</li> <li>▪ Increase political awareness and advocacy for research support.</li> </ul>
<b>INDICATOR 10.2: Implementation, Evaluation, and Dissemination</b>	<b>14.3</b>
<b>KEY THEMES</b>	<b>PRIORITY NEXT STEPS</b>
<ul style="list-style-type: none"> <li>▪ Subgroups for research exist - e.g., Water Health Technical Subcommittee, SW WI Beach Consortium, Great Lakes Water Institute.</li> <li>▪ No formal organizational structure exists within the LPHL system related to research.</li> <li>▪ The MHD is involved in research retrospectively after a sentinel event rather than prospectively.</li> <li>▪ Results aren't always shared outside of the laboratory.</li> <li>▪ There is a lack of awareness of who is doing what.</li> <li>▪ The posters displayed during the LSIP assessment raised awareness of who is doing what.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop research-oriented clearing house, website, listserv related to new technology, papers, patents, grant application and awards.</li> </ul>

## Appendix E

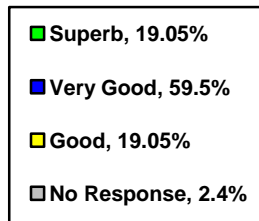
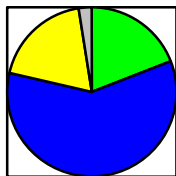
### City of Milwaukee Health Department Division of Public Health Laboratories Laboratory System Improvement Program Assessment November 18, 2010

### EVALUATION RESULTS

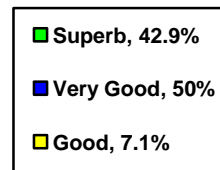
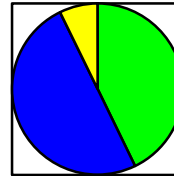
**42** of 73 total LSIP participants returned their evaluation forms. This is a compilation of their responses.

Utility of Meeting:	RESPONSES	SUPERB 5	4	GOOD 3	2	POOR 1	NO RESPONSE
Stated objectives of meeting were met	#	8	25	8			1
	%	19.05%	59.5%	19.05%			2.4%
Dialogue was useful	#	18	21	3			
	%	42.9%	50%	7.1%			
I support the efforts being made	#	21	19	2			
	%	50%	45.2%	4.8%			
Next steps are clear	#	3	14	19	5		1
	%	7.1%	33.3%	45.2%	11.9%		2.4%
Meeting was a good use of my time	#	8	22	9	3		
	%	19.05%	52.4%	21.4%	7.1%		

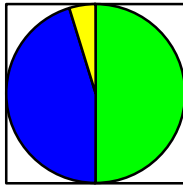
**Stated objectives of meeting were met**



**Dialogue was useful**

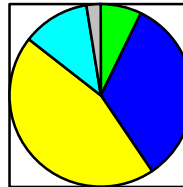


**I support the efforts being made**



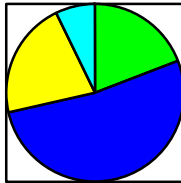
- Superb, 50%
- Very Good, 45.2%
- Good, 4.8%

**Next steps are clear**



- Superb, 7.1%
- Very Good, 33.3%
- Good, 45.2%
- OK, 11.9%
- No Response, 2.4%

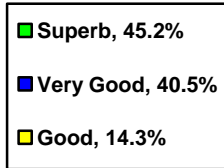
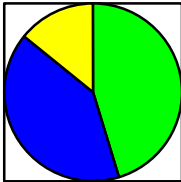
**Meeting was a good use of my time**



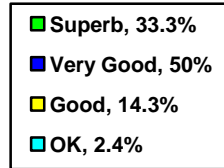
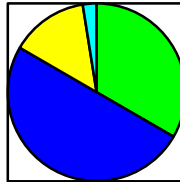
- Superb, 19.05%
- Very Good, 52.4%
- Good, 21.4%
- OK, 7.1%

Meeting Arrangements:	RESPONSES	SUPERB 5	4	GOOD 3	2	POOR 1	NO RESPONSE
Advance notice of the meeting	#	19	17	6			
	%	45.2%	40.5%	14.3%			
Meeting room accommodations	#	14	21	6	1		
	%	33.3%	50%	14.3%	2.4%		
Advance materials for meeting were useful	#	14	16	9	1		2
	%	33.3%	38.1%	21.4%	2.4%		4.8%
Advance materials were received with time to review	#	12	14	10	4		2
	%	28.6%	33.3%	23.8%	9.5%		4.8%

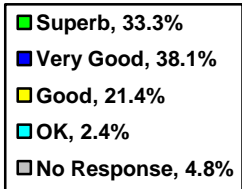
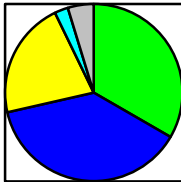
Advance notice of the meeting



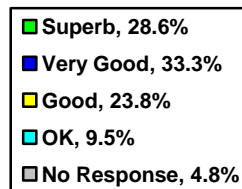
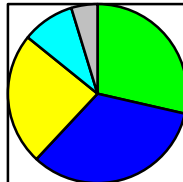
Meeting room accommodations



Advance materials for meeting were useful

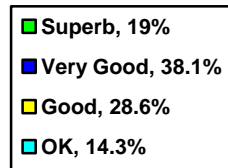
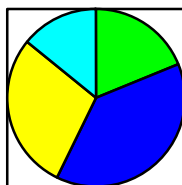


Advance materials were received with time to review

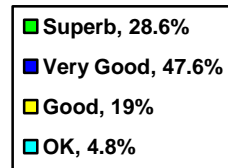
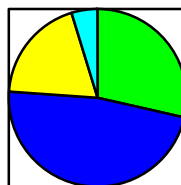


Flow of Meeting:	RESPONSES	SUPERB 5	4	GOOD 3	2	POOR 1	NO RESPONSE
Started on time	#	8	16	12	6		
	%	19%	38.1%	28.6%	14.3%		
Clear objectives for meeting	#	12	20	8	2		
	%	28.6%	47.6%	19%	4.8%		
Agenda followed or appropriately amended	#	22	13	6			1
	%	52.4%	30.9%	14.3%			2.4%
Facilitation was effective	#	20	17	4		1	
	%	47.6%	40.5%	9.5%		2.4%	
The "right" people were at the meeting	#	17	14	9	1		1
	%	40.5%	33.3%	21.4%	2.4%		2.4%

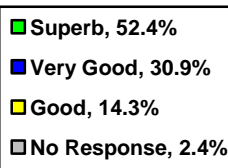
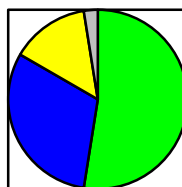
Started on time



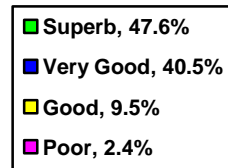
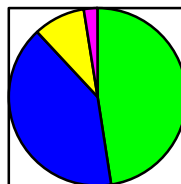
Clear objectives for meeting



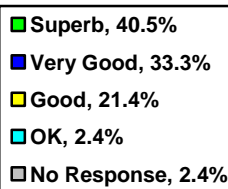
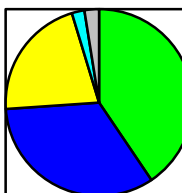
Agenda followed or appropriately amended



Facilitation was effective

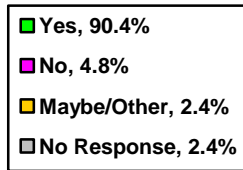
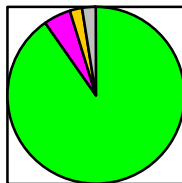


The "right" people were at the meeting

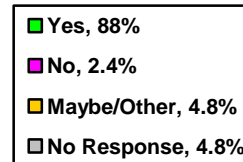
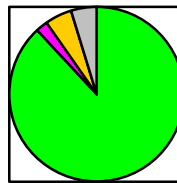


	RESPONSES	YES	NO	MAYBE/OTHER	NO RESPONSE
Would you participate in this process again?	#	38	2	1	1
	%	90.4%	4.8%	2.4%	2.4%
Do you see this as a helpful tool and process?	#	37	1	2	2
	%	88%	2.4%	4.8%	4.8%

Would you participate in this process again?



Do you see this as a helpful tool and process?





## **Comments**

Below is a summary of comments solicited from LSIP participants for each of two questions on the evaluation.

### ***What worked?***

Good facilitation – kept moving the process along.

The facilitators really helped. Personally, I really found it helpful to meet and interact with the diverse departments of the City and State Health Departments.

Good mix of stakeholder participation; very good discussion.

Open dialogue.

The format.

Networking with partners.

Good group dynamic/diversity in players.

Great facilitation, well organized.

Summation of similar ideas and next steps.

Discussion was insightful.

Size of groups, pace of discussion was appropriate.

The facilitation was excellent.

Bringing all of us from many different agencies to have this discussion was very valuable. Thank you for inviting the FBI!

I learned a lot and was thankful for the open conversation that occurred.

Great facilitation of the small group (Amy Murphy).

Participation was widespread, not limited to 1-2 people.

### ***What could be improved?***

Include EPA, DNR people.

Acoustics in the room were poor.

Facilitator needed better awareness of terminology.

General objectives and how outcomes will be applied are (...) fuzzy.

First establish system or identify “the system” stakeholders, and work from that view.

More inclusiveness of other non-traditional partners who are not in existing networks.

Because of so many topics, discussion was limited.

Information and awareness before meeting of the information on LSIP and its process.

There was a lot of overlap between some essential services, which resulted in duplicate discussions.

E-mail out measurement tool far earlier.

Felt pressured by facilitator to move score to blue or green. Facilitator did not always listen and interpret comments appropriately; sometimes did not let people finish statement.

Time management.

More time identifying areas that can be improved.

More diversity in participants.

Lunch menu and lunch timing.

Allow more time for conversation, some had to be cut short. Maybe fewer review questions.

Don't require “consensus” (actually majority rule) of only one score per issue. Likely would have had higher scores for answers RE emergency response/surge situations vs. routine PH operations. May have lost important data by not allowing a bi-modal score distribution for each question, depending on surge vs. routine setting.

Long day.

Not clear how small groups were structured. Would have been interesting to have some all small groups evaluated to look at spread of results. Additional clinicians attendance.

Missing DNR & EPA.

More discussion needed prior to first vote.

Distribute a list of participants with e-mail contact information.

**\*The following comments either address a topic rated in the evaluation tables, or were not given in response to a specific question or evaluation topic.**

Please send scoring summary, list of participants, other info.

***Would you participate in this process again?***

If you mean “knowing what I know now and if I had the chance to go back and revisit my decision to participate, would I still participate?” then the answer is “yes.” If you mean “would I do it a second time?” then the answer is “no,” because I don’t see the point in repeating it.

***Do you see this as a helpful tool and process?***

That remains to be seen: the proof will be in the pudding.