

Appendix D

City of Milwaukee Health Department Laboratory Laboratory System Improvement Program (LSIP) Assessment

Key Themes and Notes

November 18, 2010

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

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

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

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

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ESSENTIAL SERVICE #5: Develop policies and plans that support individual and community health efforts	
Overall Rating: 30.3 / MODERATE	
INDICATOR 5.1: Role in Laboratory Related Policy Making	50.0
KEY THEMES	PRIORITY NEXT STEPS
<ul style="list-style-type: none"> ▪ A lot of data is generated; on a good day data drives policy. ▪ Good collaboration between the MHD, the community and lab partners. ▪ Strong collaboration between labs especially in outbreak situations. All of the above affected policy. ▪ There is a disconnect between labs & providers about what tests need to be run. ▪ Communication about testing between state & lab, lab & state – needs to improve. ▪ Need to talk to local groups and labs to get input to improve data issues. 	<ul style="list-style-type: none"> ▪ 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. ▪ WI DPH & WSLH need to work/communicate better w/local labs & LPHD’s regarding testing recommendations and testing requirements, rather than just saying “send to state lab.” ▪ 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).
INDICATOR 5.2: Partnerships in Public Health Planning	36.0
KEY THEMES	PRIORITY NEXT STEPS
<ul style="list-style-type: none"> ▪ Partnerships great in crisis situations but not as good on a day-to-day basis. ▪ City & state partners work well with each other but this doesn’t translate to the local lab level. ▪ CBOs aren’t routinely asked for input. Not good at partnering with faith-based & ethnic groups. 	<ul style="list-style-type: none"> ▪ Define stakeholders (i.e., persons w/key expertise) to partner with & then follow through. ▪ Need to expand communication and partnership to the local lab level. ▪ Use communication and partnership models from agencies like the Department of Agriculture and the USPS. ▪ Find ways to get input from labs on broad public health issues such as Healthy WI 2020. ▪ Need to involve more diverse groups/stakeholders.

INDICATOR 5.3: Dissemination and Evaluation		5.0
KEY THEMES		PRIORITY NEXT STEPS
<ul style="list-style-type: none"> ▪ Sometimes too much information is disseminated and it overwhelms people. 		<ul style="list-style-type: none"> ▪ Identify a system to disseminate and provide meaningful information to stakeholders & specific target audiences.

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

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

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

- There is a lack of diversity within the laboratory work force.
- There is little to no promotional opportunities or laboratory career ladders.

- Need to assure staff diversity.
- Enhance the collaboration between academic institutions and laboratories.

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

INDICATOR 9.3: LPH Laboratory System Collaboration		33.0
KEY THEMES	PRIORITY NEXT STEPS	
<ul style="list-style-type: none"> ▪ There is currently no one responsible for measuring or evaluating collaboration among system components. ▪ Collaboration is occurring and working. Is it being measured and are the results being shared? 	<ul style="list-style-type: none"> ▪ Identify accountable entity to be responsible for LPHL system collaboration. ▪ Measure collaboration and share results with system stakeholders. 	

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

