

L-SIP Increases Assessment, Reassessment Numbers

by Tina Su, MPH, manager, Quality Systems

The Laboratory System Improvement Program (L-SIP) saw a slight uptick this spring in both assessment and reassessment numbers. The Virginia Division of Consolidated Laboratory Services (VA DCLS) convened an assessment in April, while the City of Milwaukee Health Department Laboratory (MHDL)—the first local public health laboratory system to complete a reassessment—held its event in May.

Both laboratories brought together system partners, including representatives from the health and environmental departments and academia, for a one-day assessment. Facilitators led breakout groups through a discussion of the ten sections of the L-SIP assessment tool, which correspond to the 10 Essential Public Health Services (*see sidebar*). Through this dialogue, the system partners gained a better understanding of system strengths and opportunities for improvement.

VA DCLS Assessment

In Virginia, Essential Services #1, #2, #3, #5, #6, #7 and #10 were recognized as system strengths, while Essential Services #4, #8, and #9 were deemed areas needing improvement. VA DCLS Laboratory Director Denise Toney described her L-SIP experience with enthusiasm, “What a great opportunity to hear such positive feedback on all the different types of activities the laboratory provides each and every day but also to learn specifically about what we can do to improve our laboratory testing services in order to better meet the needs of our stakeholders.”

MHDL Reassessment

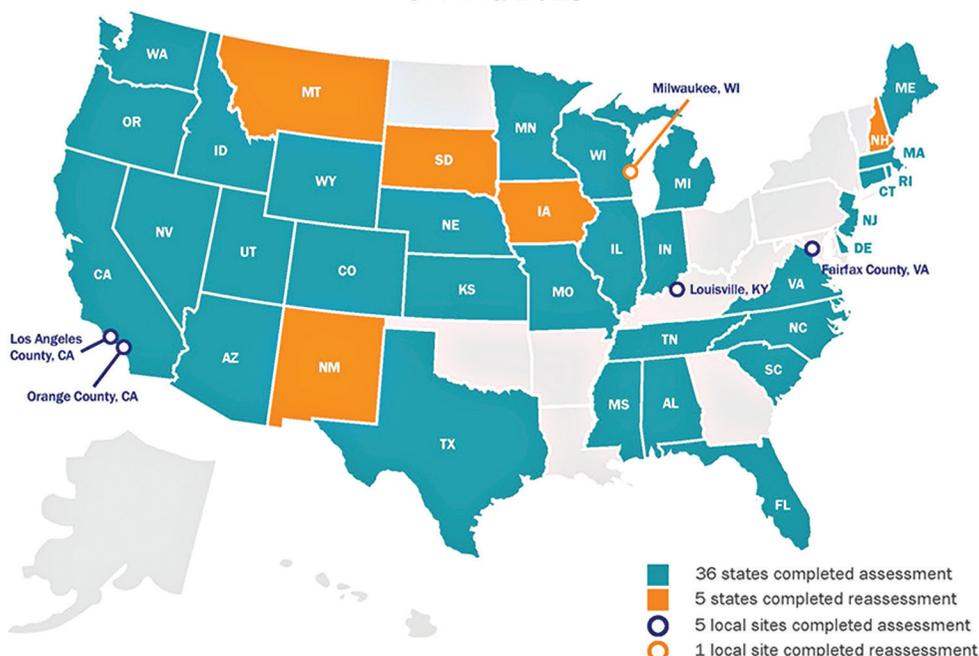
In Milwaukee, Essential Services #3, #6 and #7 were identified as system strengths, whereas Essential Service #9 was found to have low activity within the system. MHDL Director Sanjib



Denise Toney, laboratory director of the Virginia Division of Laboratory Services and Sanjib Bhattacharyya, laboratory director of the City of Milwaukee Health Department laboratory, posed with their L-SIP Certificates of Participation, which were awarded to them at the 2018 APHL Annual Meeting

Bhattacharyya described Milwaukee’s L-SIP reassessment as very timely. “It has been about eight years since we conducted our first L-SIP assessment. Changes in leadership, partners and areas of priorities prompted us to consider reassessment of our system’s performance,” Dr. Bhattacharyya said. “We also wanted to do a reality check on previously identified priority essential service areas, which (we) had been working toward during past years. The reassessment allowed us to verify the

L-SIP PARTICIPATION MAP
SPRING 2018



As of July 1, 2018, 36 state PHL systems have held an assessment and five a reassessment. At the local level, five PHL systems have held an assessment and one a reassessment.

availability of resources and services to the community and the impact of PHL practices in sustainable quality improvement at the local system level.”

With assistance from APHL Quality Systems Manager Tina Su and contractor Anne Weber, the MHDL team was able to utilize tools developed during its initial 2010 assessment to improve planning for its reassessment. “There were a lot more challenges during the first assessment, since we had to customize the L-SIP guidelines for local lab use. This time, with

a relatively new planning team and short prep time, APHL local L-SIP tools were used efficiently,” Bhattacharyya reflected. “Since we had many new system partners for the reassessment, initially there were some challenges in understanding the purpose of the event (specific laboratory improvement vs. laboratory system improvement). We eventually identified jurisdictional success and challenges toward future quality improvement.”

Next Steps

As the L-SIP coordinators consider the information gathered from their respective assessments, they will begin to prioritize which needs or concerns identified during the discussions will be addressed first given available time and resources. APHL hopes to hear more about the VA DCLS and MHDL post-assessment quality improvement activities in future APHL communications, such as the L-SIP Update newsletter and bimonthly Quality Improvement Forum calls. ■

10 ESSENTIAL PUBLIC HEALTH SERVICES

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



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