



# Montana

## Public Health Laboratory System

### Assessment Summary

#### April 30, 2008

On April 30, 2008, Montana held a meeting of various partners from throughout the state to examine the Public Health Laboratory System. The intent of the assessment was to bring system partners together with diverse perspectives in order to identify gaps within the State Public Health System and to propose ways to address these gaps. This assessment was the initial step in promoting collaboration between system partners and strengthening the scientific base for public health practice improvement through a formal system. We appreciate everyone's participation.

Prior to the meeting, participants were assigned to groups based on their expertise and were provided information regarding the issues to be addressed by the groups they would be attending. Each group focused on one of the ten essential public health services, the backbone of the Public Health Laboratory System.

The meeting began with a plenary session on Essential Service #7, which introduced the assessment process. The process for each group entailed an introduction of the **essential service** and the **indicators** involved. Next **key ideas** were presented, discussed briefly and voted upon. These votes depict the group's consensus on how much activity the current system as a whole was performing in that particular area. For many, the "laboratory system" was a new concept and was probably not understood in the same way by all participants. This was another key reason for performing the assessment.

Each group contained a facilitator, to guide discussion and monitor time, and a themetaker, who noted the discussion highlights and parking lot issues. The following narrative briefly highlights the results of this assessment. It also highlights areas in the system that are perceived as having significant activity and areas that are lacking activity. A summary of the overall scores for each session is in Appendix 1. The meeting evaluation summary is in Appendix 2. A detailed final report and proposed action steps will be distributed by September 30, 2008.

#### **Essential Service #1 - Monitoring health status to identify health problems**

This breakout session encompassed two indicators with eight key ideas for discussion. For five out of the eight key ideas, participants concurred there is currently significant activity in this area as a system. There are good communication practices regarding emergence of infectious disease and good dissemination of information. Moderate activity was acknowledged for efforts in sustaining a comprehensive system to gather data. Minimal

activity was acknowledged regarding the system's capability to generate reliable information about chronic disease and retain a secure, accountable, integrated data management system. Suggested next steps include improving communication between system partners, such as the Department of Public Health and Human Services, Department of Environmental Quality, Livestock, Agriculture, and developing a two-way electronic reporting tool within the state. Other concerns included how to best educate and encourage physicians to report on sentinel events of public health significance and how to develop a better system for non-infectious disease tracking and communication. Even if not mandated by law, these reports are essential for enhancing the surveillance system for the state.

### **Essential Service # 2 - Diagnosing and investigating health problems and health hazards in the community**

This session involved three indicators and three key ideas and was the highest rated out of the ten essential services. One key issue, **collaboration and networks**, achieved an optimum score, while the remaining two key issues received high scores of activity within the system. The system is perceived as strong at assisting in diagnosis and prevention of infectious disease. Some of the next steps include developing a better two-way communication system for preparedness and developing strategies to meet the surge capacity needs of all partners. Other concerns involved the need to include zoonotic diseases in communication and surveillance, and to assess the needs of clinical labs in effort to identify gaps and make improvements.

### **Essential Service # 3 - Informing, educating, and empowering people about health issues**

This session involved three indicators and four key ideas. The consensus for all key issues in this area acknowledged there is moderate activity within the system. The PHL exhibits good activity in regard to informing and educating partners through a variety of means (i.e., blast e-mails, emergency planning assistance, support for professional organizations/educational opportunities), but there is no formal system for delivery and no system for communication of environmental health issues. All participants agreed the state website is poorly constructed and unfriendly to users. The next steps involved creating work groups to work on various educational issues and provide educational opportunities to the public, as well as within the system. Another concern was how to sustain these educational opportunities.

### **Essential Service # 4 - Mobilizing community and partnerships to identify and solve health problems**

This session involved three indicators and four key ideas. Three out of the four key ideas were viewed as containing significant activity within the system, while one key idea, **communication plan is fully integrated with partners' communication plan**, received a moderate activity vote. It was agreed there is good communication regarding disease surveillance and reportable diseases, but there is no standardized system communication plan. Funding is also a big issue, as most activities are grant supported. Next steps involved formalizing a communication plan to involve all partners. Work groups may need to be created in order to break this task into smaller more manageable pieces. The pieces will need to be assessed, prioritized, and dealt with one at a time to realistically be

effective. Another gap identified was the need to interface between zoonotic and human infection.

#### **Essential Service # 5 - Developing policies and plans that support individual and community health efforts**

This session involved three indicators and six key ideas. Two key ideas were viewed to contain significant activity, two moderate activity, and two minimal activity. The minimal activity concerned **obtaining input from diverse partners to develop new policies and plans** as well as **routinely evaluating and updating policies and plans**.

There are technically 5 “state” laboratories (veterinary, agricultural, forensic, public health, and environmental), each containing separate and varied activities. There is a need for consistent and on-going collaboration between these entities. Also, the system does not have a formalized plan to address the evaluation process. Next steps include performing a statewide assessment to evaluate the needs of the clinical laboratories and providing proactive community education. Funding issues also need to be addressed. Work groups may need to be created to facilitate this process.

Another area of concern is the need to develop strategies to better assist communities with public health planning.

#### **Essential Service # 6 - Enforcing laws and regulations that protect health and ensure safety**

This session involved three indicators and five key ideas. Two out of the five key issues were viewed as having significant activity within the system. The remaining three were considered exhibit minimal activity. These three issues include **having mechanisms in place to encourage or promote compliance, having appropriate resources to support enforcement functions, and having the capacity for the SPH laboratory and government agencies to fulfill enforcement**. There is no centralized system to promote compliance, and communication only addresses specific areas. In general, rules are often in place, but there is no system for enforcement. Most lack of enforcement stems from lack of funding. Next steps include the need to identify specific rules and to identify the gaps in enforcement. In addition there needs to be a better way to communicate how to access information regarding regulatory agencies/certificates. Other concerns include the need to assess clinical laboratories to see if problem trends are revealed; then educational trainings may be provided on these areas of concern. In addition, there is a need for standardization of practices and most importantly a need to address funding issues.

#### **Essential Service #7 - Linking people to needed personal health services and assure the provision of healthcare when otherwise unavailable**

There was only one indicator and one key idea to be voted upon during this discussion. The minimum number of key ideas was the main reason this particular essential service was chosen for demonstration purposes during the plenary session. The group identified significant activity in this area as a system. For the most part, there seems to be good collaboration between partners, and populations seem to have good access to laboratory services. Communication was one area that was viewed as having room for improvement. Suggested next steps in this area include working on better communication between laboratorians and clinicians, as well as assessing the gap between the perceptions of the PHL by clinical laboratories and the perception the PHL

about itself. Another concern entails the need to provide education to the public regarding the role of the PHL and the activities involved within laboratory services. The dilemma of shortages of professional staff was also discussed.

### **Essential Service # 8 - Assuring competent public health and personal health care workforce**

This session involved three indicators and six key ideas. All in all, this area ranked fairly high with three key ideas reflecting significant activity and three ideas reflecting moderate activity. The main concerns here dealt with providing educational opportunities to all partners, as well as the need to improve retention of professional staff by creating career ladders within the system. Next steps involve developing recruitment strategies and acquiring ways to compensate and retain exceptional staff. Concerns were discussed regarding how to evaluate problems stemming from staff shortage, staff retention and lack of funding.

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

This session involved three indicators and five key ideas. This was judged to be one of the least active areas in the system. All five key ideas were rated as possessing minimal activity within the system. Although many of the areas are addressed separately within the system, there is no written, standardized process. Laboratories may handle various areas differently depending on management and resources. There is also a need for a written, collective mission and purpose statement, as well as a formalized evaluation process. The next steps include writing a mission and purpose statement with measures that may be used for a system evaluation. Once the evaluation is complete, areas of concern need to be addressed to ensure quality data are generated and adhere to the highest quality standards. Other areas of concern include the need for assessing various topics including staffing and financial resources, waiver testing of Point of Care, accessibility of services, and other needs of the clinical laboratories. There is also a need for education in identified areas of concern.

### **Essential Service # 10 - Researching for insights and innovative solutions to health problems**

This session involved two indicators and five key ideas. This area was also judged to be one of the least active within the system, with a minimal score voted on all key ideas. The pursuit of research tends to be passive, as lack of funding is a major barrier and other areas of higher priority also have issues with funding. The interest in research is there; the funding is not. The next steps involve facilitating acquisition of funds, through grant writing, to help build a more stable infrastructure for project managers. Other issues also focused on the need for adequate funding in many areas of the system before we can reasonably devote funds towards research activities.

Attached:

- Appendix 1    Summary of Scores
- Appendix 2    Meeting Evaluation Summary

# Appendix 1

## Scores for the State of Montana Public Health Laboratory System Assessment

The consensus evaluation vote was multiplied by the weight of each indicator and the raw scores were obtained. The summarized raw score for the essential services, as well as the indicator results are listed below. (\* indicates the highest and lowest score)

### Votes

Activity	Score
None	1
Minimal	2
Moderate	3
Significant	4
Optimal	5

<b>ES #1: Monitor Health Status</b>	<b>51.2</b>	<b>ES #5: Develop Policies &amp; Plans</b>	<b>39.7</b>
1.1 Surveillance Info System	67.0	5.1 Role in Policy Making	50.0
1.2 Monitoring Health Status	35.4	5.2 Partnerships in Planning	36.0
		5.3 Dissemination & Evaluation	33.0
<b>ES #2: Diagnose &amp; Investigate</b>	<b>78.0 *</b>	<b>ES #6: Enforce Laws</b>	<b>36.0</b>
2.1 State of the Art Testing	67.0	6.1 Revision of Laws & Regs	67.0
2.2 Collaboration & Networks	100.0	6.2 Encourage Compliance	36.0
2.3 Continuity of Operations	67.0	6.3 Enforcement	5.0
<b>ES #3: Inform, Educate &amp; Empower</b>	<b>67.0</b>	<b>ES #7: Link People to Services</b>	<b>67.0</b>
3.1 Outreach & Communication	67.0	7.1 Availability of Lab Services	67.0
3.2 Public Information	67.0		
3.3 Education	67.0	<b>ES #8: Competent Workforce</b>	<b>50.0</b>
<b>ES #4: Mobilize Partnerships</b>	<b>61.3</b>	8.1 Workforce Competencies	67.0
4.1 Constituency Development	67.0	8.2 Staff Development	50.0
4.2 Communication	50.0	8.3 Assuring Workforce	33.0
4.3 Resources	67.0	<b>ES #9: Evaluation</b>	<b>5.0</b>
		9.1 System Mission & Purpose	5.0
		9.2 System Effectiveness	5.0
		9.3 System Collaboration	5.0
		<b>ES #10: Research</b>	<b>4.2 *</b>
		10.1 Planning & Financing	3.3
		10.2 Implementation	5.0

## Appendix 2

### Meeting Evaluation Summary

Utility of Meeting	poor		good		superb
	1	2	3	4	5
Stated Objective were met		1	4	16	8
Dialogue useful			2	14	13
I support efforts			2	7	20
Next steps clear		2	11	14	2
Good use of time	1		6	17	5

Meeting Arrangements	poor		good		superb
	1	2	3	4	5
Advance notice			2	12	15
Room accommodations			3	10	16
Advance materials useful		1	4	14	10
Advanced materials received in time for review		2	3	11	13

Flow of Meeting	poor		good		superb
	1	2	3	4	5
Started on time			1	9	19
Clear objectives		1	5	9	14
Agenda followed			1	13	15
Facilitation effective			1	12	16
“Right” people at meeting		2	5	18	4

	Yes	No
Participate again	27	2
Helpful tool and process	28	1

#### What worked??

- ◆ Facilitation
- ◆ Very useful – thank you
- ◆ Just making the effort to organize something like this is important and useful. Only positive results can come of it
- ◆ Collaboration of different groups of people
- ◆ Discussion was valuable
- ◆ Facilitation and moving about
- ◆ Good discussions and ideas
- ◆ Good mix of groups represented; very interesting discussion
- ◆ Dialogue
- ◆ The format and facilitation

- ◆ Facilitation
- ◆ Good dialogue to identify partners here and not here (no man is an island!)
- ◆ Dialogue
- ◆ Bringing all partners together
- ◆ Good process – clear and effective
- ◆ Good facilitation and explanation
- ◆ Very well organized and facilitated

#### What could we improve?

- ◆ Condense indicators and ideas
- ◆ More stakeholders, fewer DPHHS and if you are going to ask us to be “fully present”, could you ask DPHHS not to knit during meetings?
- ◆ Focus on more specific ways to create real change, to make a real difference. More specific goals
- ◆ Needed more clinical laboratory representatives from local hospitals
- ◆ Would have been helpful to have understood partnership and relationships prior. Definition of “system”.
- ◆ Have documents in folder different colors to make them easier to find.
- ◆ Need more time and a pre-presentation on the topic would help
- ◆ Some participants were unclear about the public health “lingo” and services – a little more general education at the first part of the session would be helpful
- ◆ More discussion, less voting – need only one vote. Get rid of the bell
- ◆ More time allowed and more stakeholders
- ◆ Need plenty of time for discussion
- ◆ Clearer objectives
- ◆ Knowing exactly what the SPH system does in all these areas before being asked to evaluate. Many disparate areas in same system, not always people who could enlighten in more than one area
- ◆ Not enough time for discussion with some indicators
- ◆ Legislature needs to know what we are doing – all this requires more resources than the state is currently allotted

#### Other comments:

- ◆ Not sure why I was asked to participate; don’t know if my presence added anything to the process
- ◆ I look forward to learning more
- ◆ Proud of the lab for taking this on