2017 New Mexico State Public Health Laboratory System Assessment

New Mexico Scientific Laboratories Building
1101 Camino de Salud, NE
Albuquerque, New Mexico
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# TABLE OF CONTENTS

TABLE OF CONTENTS ........................................................................................................ 2  
EXECUTIVE SUMMARY .............................................................................................. 3  
I. INTRODUCTION ......................................................................................................... 4  
II. BACKGROUND .......................................................................................................... 4  
   A. The Ten Essential Services .................................................................................... 6  
   B. Focus on the Overall State Public Health Laboratory System ......................... 7  
   C. Optimal Level of Performance ......................................................................... 7  
   D. Process of Improvement .................................................................................... 7  
III. ASSESSMENT PROCESS .......................................................................................... 7  
IV. ASSESSMENT RESULTS ......................................................................................... 10  
   A. Scoring .............................................................................................................. 10  
   B. Next Steps ....................................................................................................... 12  
   C. Evaluations ....................................................................................................... 15  
V. CONCLUSION ........................................................................................................... 17  
VI. ACKNOWLEDGEMENTS ......................................................................................... 17  
VII. REFERENCES ......................................................................................................... 17  

APPENDIX A. Scientific Laboratory Division Clients ............................................... 18  
APPENDIX B. Overall Scoring ................................................................................... 20  
APPENDIX C. Essential Services Discussion ................................................................. 23  
APPENDIX D. Laboratory System Improvement Project: Other Materials .............. 47
EXECUTIVE SUMMARY

New Mexico held an assessment of the State Public Health Laboratory System on May 11, 2017. The LABORATORY SYSTEM IMPROVEMENT PROGRAM Performance Measurement Tool is based on the work of the National Public Health Performance Standards Program (NPHPSF), the Association of Public Health Laboratories (APHL) and their partners. The instrument incorporated the ten Essential Public Health Services and the eleven Core State Public Health Laboratory Functions.

The New Mexico State Public Health Laboratory System scored as follows:

**Optimal Activity** - Greater than 75% of the activity described within the question is met within the state public health laboratory system
- *Essential Service #1:* Monitor Health Status to Identify Community Health Problems
- *Essential Service #2:* Diagnose and Investigate Health Problems and Health Hazards in the Community
- *Essential Service #7:* Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable
- *Essential Service #9:* Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Services

**Significant Activity** - Greater than 50%, but no more than 75% of the activity described within the question is met within the state public health laboratory system
- *Essential Service #3:* Inform, Educate, and Empower People about Health Issues
- *Essential Service #4:* Mobilize Community Partnerships to Identify and Solve Health Problems
- *Essential Service #5:* Develop Policies and Plans that Support Individual and Community Health Efforts
- *Essential Service #6:* Enforce Laws and Regulations that Protect Health and Ensure Safety

**Moderate Activity** - Greater than 25%, but no more than 50% of the activity described within the question is met within the state public health laboratory system
- *Essential Service #8:* Assure a Competent Public Health and Personal Health Care Workforce
- *Essential Service #10:* Research for Insights and Innovative Solutions to Health Problems

**Minimal Activity** - Greater than zero, but no more than 25% of the activity described within the question is met within the state public health laboratory system
- *No scoring in this category*

The comparison between the scores from 2008 and 2017 indicated either an increased scoring in 6 Essential Services or maintained the same scoring in 4 Essential Services. It is heartening to note that there were no ‘Minimal’ or ‘No Activity’ compiled scores in the current assessment.

Next steps were compiled into three categories, including Communication, Collaboration, and Information Technology Development.

Overall, the stakeholders felt this was a worthwhile process. The ‘Next Steps’ will begin with the compilation of a list of contacts for all the agencies which will be distributed to the entire group.
I. **INTRODUCTION**

In 2007, the Association of Public Health Laboratories (APHL), in conjunction with the Centers for Disease Control and Prevention’s Division of Laboratory Systems, developed the *State Public Health Laboratory System Assessment* using the Ten Essential Public Health Services as measurement tools. In order to evaluate the capacity of the laboratory system, it is necessary to evaluate not only the laboratory, but also the system which includes those who analyze the samples, those who use the results, and those who participate in the delivery of samples and results.

In 2008, the New Mexico Department of Health Scientific Laboratory Division (SLD) completed the first Laboratory System Improvement Program (L-SIP) assessment. The original assessment determined several areas that could be improved. These areas were *Communication* (formal communication plan, regular stakeholder meetings, increased communication venues), *Preparedness* (continuity of operations planning, system personnel, future employees), and *Effectiveness* (metric development, system evaluation).

While there was no system-wide effort to address these areas, SLD efforts were as follows:

*Communication:*
1. SLD expanded their website to include accreditation certificates and post publications. Note that the website has been changed since this was implemented.
2. SLD developed an external newsletter containing articles from each of the scientific bureaus (Biological Sciences, Toxicology, and Chemistry) that was sent out 2-3 times per year. This newsletter lapsed with the retirement of the former director but has been restarted. However, the number of issues per year is under discussion.
3. SLD has setup regular meetings with many of the partners.

*Preparedness:*
1. SLD has established Continuity of Operations Plan. It has been shared with the Department of Health Bureau of Health and Emergency Management. It has not been disseminated to partners.

*Effectiveness:*
1. SLD has developed turn-around time metrics to evaluate internal processes. These are shared with appropriate partners.
2. SLD has distributed Customer Satisfaction Surveys on a biannual basis. This is a requirement for the College of American Pathologist’s accreditation for clinical testing but was also distributed to our non-clinical partners.

The New Mexico Public Health Laboratory System Reassessment occurred on May 11, 2017. This report will describe the discussion surrounding the Ten Essential Services.

II. **BACKGROUND**

“A successful National Laboratory System is dependent on the creation of fully integrated and coordinated networks in every state. The goals of the National Laboratory System are to support voluntary, interdependent partnerships through public-private collaboration, for assurance of quality laboratory services and public health surveillance.”

To achieve a successful National...
Laboratory System, each state must evaluate its own laboratory system. The process of bringing all parties to the table to discuss the current system will highlight current strengths and weaknesses which will lead to the development of a strategic plan to enhance the entire system. The process will also impart knowledge and understanding of the part each partner plays in the system. Ultimately, this process can be used as a tool to educate lawmakers in their policy development, resulting in improvement in the health and well-being of the citizens of New Mexico.

The State Public Health Laboratory System Improvement Program (L-SIP) is intended to improve the quality of public health laboratory practice and the performance of public health laboratory systems by:

- Providing performance standards for public health laboratory systems and encouraging their widespread use;
- Engaging and leveraging state laboratory system partnerships to build a stronger foundation for public health preparedness;
- Promoting continuous quality improvement of public health laboratory systems; and
- Strengthening the science base for public health practice improvement.

The expected benefits of the assessment process are as follows:

- **Improving communication and collaboration**, by bringing partners (public health, commercial, other laboratories and key constituencies) to the same table.
- **Educating participants about the system that performs public health laboratory testing, and the interconnectedness of activities**, which can lead to a higher appreciation and awareness of the many activities related to improving the public’s health.
- **Strengthening the diverse network of partners** within state and local public health systems, which can lead to more cohesion among partners, better coordination of activities and resources, and less duplication of services.
- **Identifying strengths and weaknesses** that can be addressed in quality improvement efforts.
- **Creating a better articulation of resources needed to improve the SPH Laboratory System.**
- **Identifying resources** to implement state public health laboratory system improvements.
- **Providing a benchmark for public health laboratory system practice improvements**, by setting a “gold standard” to which public health systems can aspire.

The following concepts were used to develop the Public Health Laboratory System Standards:

1. The standards are **designed around the Ten Essential Public Health Services**. The use of these Essential Services assures that the standards cover the gamut of public health action needed at state and community levels. The Eleven Public Health Laboratory Core Functions are incorporated into the ten Essential Public Health Services.

2. The standards **focus on the overall state public health laboratory system**, rather than a single organization. A state public health laboratory system includes all public, private, and voluntary entities that contribute to public health laboratory activities within a given state. This ensures that the contributions of all entities are recognized in assessing the
provision of essential public health services.

3. The standards **describe an optimal level of performance**, rather than provide minimum expectations, ensuring that standards can be used for continuous quality improvement.

4. The standards are intended to **support a process of improvement**. System partners can use the assessment process and the performance standards results as a guide for learning about public health laboratory activities throughout the system and determining how to make improvements.

A. The Ten Essential Services

The Essential Services were developed by the Core Public Health Functions Steering Committee (DHHS) in 1994 and published in a statement entitled *Public Health in America*. The Essential Services are public health activities that should be undertaken in all states and communities.

These Essential Services are:

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 issues.
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 health care 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 health services.
10. Research for new insights and innovative solutions to health problems.

In addition, the APHL developed a set of eleven core functions of state public health laboratories. The core functions, which are described as “a role assumed the by the laboratory that underlies the laboratory’s ability to support public health” are broader functions and elements that are required to ensure the capability to execute the essential services. The core functions are:

1. Disease prevention, control, and surveillance
2. Integrated data management
3. Reference and specialized testing
4. Environmental health and protection
5. Food safety
6. Laboratory improvement and regulation
7. Policy development
8. Emergency response
9. Public health-related research
10. Training and education
11. Partnerships and communication
B. **Focus on the Overall State Public Health Laboratory System**

The state public health laboratory system is composed not only of the Scientific Laboratory Division (SLD), but any organization that is involved with the biological, environmental, or toxicological testing, whether they request the analysis, use the results, or perform vital services. It is important to identify all organizations that are involved in this system. A pictorial representation of who is directly involved with SLD is shown in APPENDIX A. However, this representation only shows clients of SLD and is not representative of the entire system. It does not include academia, couriers, legislators, regulators, suppliers, emergency responders, or the community.

C. **Optimal Level of Performance**

The State Public Health Laboratory System Performance Measurement Program instrument used during the assessment process describes an optimal level of performance and capacity. Optimal standards provide benchmarks which can be used to identify strengths and areas for improvement. Optimal standards also provide a level of expectation that can be used to advocate for new resources or needed improvements to better serve the population.

D. **Process of Improvement**

The State Public Health Laboratory System Performance Measurement Program is intended to serve as a process of improvement. The assessment process will identify the system’s strengths and areas where improvement is needed. System improvement plans should be developed and implemented.

III. **ASSESSMENT PROCESS**

SLD’s Deputy Director and Office of Quality, Safety, Security, and Emergency Preparedness (QSSEP) Director coordinated the assessment process. Sixty-seven (67) partner agencies (listed below) were invited to participate in the process:

- New Mexico Department of Health: Secretary, Public Information Officer, Chief Medical Officer, Tribal Liaison, Information Technology Services Division, Administrative Services Division [Finance, Loss Control Prevention, Office of Border Health], Public Health Division [Director, Districts (NW, NE, SW, SE), HIV Program, Sexually Transmitted Disease Program, Hepatitis Program, Tuberculosis Program, Family Planning], Epidemiology & Response Division [Director, Bureau of Health and Emergency Management, Environment Public Health Tracking Program], Office of General Counsel, Office of Policy & Performance, Medical Cannabis Program, Division of Health Improvement
- New Mexico Environment Department: Air Quality Bureau, Drinking Water Bureau, Surface Water Bureau, Radiation Control Bureau, Groundwater Bureau, Districts 1, 2, 3, 4, 5,
- New Mexico Department of Agriculture: Veterinary Diagnostic Services, Dairy Division
- NM Department of Public Safety
- New Mexico Attorney General’s Office
- New Mexico District Attorney’s Office
The following thirty-eight (38) different programs, divisions, or organizations in attendance were represented by forty-three (43) individuals:

New Mexico Department of Health: Secretary, Public Information Officer, Chief Medical Officer, Information Technology Services Division, Public Health Division [Medical Director, Districts (NW), Sexually Transmitted Disease Program, Tuberculosis Program], Epidemiology & Response Division [Director, Bureau of Health and Emergency Management, Environment Public Health Tracking Program], Office of General Counsel, Office of Policy & Performance, Division of Health Improvement, Scientific Laboratory Division
New Mexico Environment Department: Air Quality Bureau, Drinking Water Bureau, Surface Water Bureau, Radiation Control Bureau, Groundwater Bureau
New Mexico Department of Agriculture: Veterinary Diagnostic Services, Dairy Division
NM Department of Public Safety: Forensic Laboratory
New Mexico Attorney General’s Office
New Mexico District Attorney’s Office
New Mexico Department of Public Safety: Crime Laboratory
New Mexico Department of Finance and Administration: Capital Outlay
City of Albuquerque: Water Utility Division, Air Quality Division, Crime Laboratory
Bernalillo County Office of Emergency Management
Attendees were placed into one of three groups. Discussion groups were led by facilitators from the Arizona Department of Health (Director and Quality Manager) and the Association of Public Health Laboratories. Each group had two theme-takers to record notes. The computer theme-takers, who were from SLD, could discuss, answer questions, and vote. The flipchart theme-takers were from the New Mexico Department of Health but outside of SLD and abstained from voting. SLD’s Director, Deputy Director, and QSSEP Director were present as SLD representation in the various groups.

The groups were asked to discuss the components for each essential service and give the State Public Health Laboratory System a ranking based on the following scale:

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

They were also asked to suggest “Next Steps” to help improve the system.
IV.  ASSESSMENT RESULTS

The collective discussion led to two types of results, Scoring and Next Steps, which will be detailed in this report. Specific notes from the discussions that occurred on May 11, 2017 can be found in APPENDIX B. While the participants agreed that the assessment process was worthwhile, it was also noted that a limitation of the process was that many of the key players were not in attendance. Many partners had either no representation, or the key decisions and policy makers were not present. Another limitation of the process was that members of the group had no knowledge of the topic or what either the system or their partners were doing to address the topic.

However, the process of bringing together the State Public Health Laboratory System partners highlighted the diversity of the partners and their needs. One comment was made stating, “They knew what we did but did not appreciate the complexity of what was being done”.

A. Scoring

The scoring of the Essential Services serves as a general guide for the State Public Health Laboratory System. It should be noted that the overall Essential Service scores serve as a composite of the Indicator and Key Idea scores, and as such, do not reflect the detail within the scores. An explanation and detail of the scoring process is presented in APPENDIX B. The compiled results are as follows:

**Optimal Activity** - Greater than 75% of the activity described within the question is met within the state public health laboratory system

- Essential Service #1: Monitor Health Status to Identify Community Health Problems
- Essential Service #2: Diagnose and Investigate Health Problems and Health Hazards in the Community
- Essential Service #7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable
- Essential Service #9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Services

**Significant Activity** - Greater than 50%, but no more than 75% of the activity described within the question is met within the state public health laboratory system

- Essential Service #3: Inform, Educate, and Empower People about Health Issues
- Essential Service #4: Mobilize Community Partnerships to Identify and Solve Health Problems
- Essential Service #5: Develop Policies and Plans that Support Individual and Community Health Efforts
- Essential Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety

**Moderate Activity** - Greater than 25%, but no more than 50% of the activity described within the question is met within the state public health laboratory system

- Essential Service #8: Assure a Competent Public Health and Personal Health Care Workforce
- Essential Service #10: Research for Insights and Innovative Solutions to Health Problems

**Minimal Activity** - Greater than zero, but no more than 25% of the activity described within the question is met within the state public health laboratory system

No score in this category
Of interest is the comparison between the scores from 2008 and 2017. Scores increased in 6 Essential Services and maintained the same scoring in 4 Essential Services with no downgrade in score across any of the services. It is heartening to note that there were no ‘Minimal’ or ‘No Activity’ compiled scoring in the current assessment.

<table>
<thead>
<tr>
<th>Essential Service</th>
<th>2008 score</th>
<th>2017 score</th>
<th>Direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>ES#1</td>
<td>Significant</td>
<td>Optimal</td>
<td>↑</td>
</tr>
<tr>
<td>ES#2</td>
<td>Optimal</td>
<td>Optimal</td>
<td>=</td>
</tr>
<tr>
<td>ES#3</td>
<td>Moderate</td>
<td>Significant↑</td>
<td></td>
</tr>
<tr>
<td>ES#4</td>
<td>Minimal</td>
<td>Significant↑</td>
<td></td>
</tr>
<tr>
<td>ES#5</td>
<td>Significant</td>
<td>Significant</td>
<td>=</td>
</tr>
<tr>
<td>ES#6</td>
<td>Significant</td>
<td>Significant</td>
<td>=</td>
</tr>
<tr>
<td>ES#7</td>
<td>Significant</td>
<td>Optimal</td>
<td>↑</td>
</tr>
<tr>
<td>ES#8</td>
<td>Moderate</td>
<td>Moderate</td>
<td>=</td>
</tr>
<tr>
<td>ES#9</td>
<td>Moderate</td>
<td>Optimal</td>
<td>↑</td>
</tr>
<tr>
<td>ES#10</td>
<td>Minimal</td>
<td>Moderate</td>
<td>↑</td>
</tr>
</tbody>
</table>

However, while the overall score for Essential Service #8: Assure a Competent Public Health and Personal Health Care Workforce was a score of MODERATE, the subsection MODEL STANDARD 8.2: Recruitment and Retention of Qualified Staff “Key Idea 8.2.1: The SPH Laboratory System maintains an environment to attract and retain highly qualified staff.” scored MINIMAL. The laboratory system is experiencing difficulty in recruiting and retaining staff.
B. Next Steps

The following were the next steps proposed by the groups. Not all Next Steps were prioritized. In these cases, the items appear in the order as documented by the theme-takers.

<table>
<thead>
<tr>
<th>Essential Service</th>
<th>Agency Lead</th>
<th>Next Steps (* indicated Highest Priority)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ES #1 Monitor Health Status</strong></td>
<td>TBD</td>
<td>*Inventory Partner Requirements</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Collaborative Efforts with IT</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>More Flexibility for reporting/receiving reports</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Contributory system funding approach and other supports (e.g. personnel)</td>
</tr>
<tr>
<td><strong>ES #2 Diagnose and Investigate</strong></td>
<td>TBD</td>
<td>*IT infrastructure development is critical</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop disaster recovery site/plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Access for end users to electronic data that is secure (including users outside of DOH)</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Distribute Call-Down lists; partner liaisons</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Continuity of Operations Plans shared; expanded to include system partners</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Develop funding protocols as a group</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Find or develop more training opportunities to retain staff</td>
</tr>
<tr>
<td><strong>ES #3 Inform, Educate, Empower</strong></td>
<td>TBD</td>
<td>*Educate officials, including financial professionals, on laboratory system</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>*Enhance public awareness of systems and public health importance (Educate public)</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Establish and educate partners</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Develop strategies with partners to be more proactive</td>
</tr>
<tr>
<td><strong>ES #4 Mobilize Partnerships</strong></td>
<td>TBD</td>
<td>Disseminate points of contact (at least 2 deep)</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Regular system meetings</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Increase education and outreach with partners</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Listserv for partners to post questions and receive feedback</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Use social media more</td>
</tr>
<tr>
<td>Essential Service</td>
<td>Agency Lead</td>
<td>Next Steps (* indicated Highest Priority)</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>ES#5 Individual/Community Health</td>
<td>TBD</td>
<td>*Build awareness about policies and engage communities</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>*Disseminate Continuity of Operations Plans and engage communities</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Drills/Trainings</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Engage community in policy planning, dissemination of alerts</td>
</tr>
<tr>
<td>ES #6 Laws and Regulations</td>
<td>TBD</td>
<td>*Clarify gray areas in policy</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Have accessible content area expert for regulations</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Listing of tools available to clarify regulations</td>
</tr>
<tr>
<td>ES #7 Link People to Services</td>
<td>TBD</td>
<td>*Accessibility/Schedule of Courier (including funding source)</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Determine if testing can be expanded</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Review testing/services turn-around times</td>
</tr>
<tr>
<td>ES #8 Competent Workforce</td>
<td>TBD</td>
<td>*Gain a presence on all universities</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Job Fairs: more public, better advertised, in all areas</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Internship development</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Develop presence for high/middle schools for future workforce</td>
</tr>
<tr>
<td>ES #9 Evaluate Effectiveness, Accessibility, Quality</td>
<td>TBD</td>
<td>*Communication: making relevant/diverse outreach; getting feedback from partners</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Customer Satisfaction Surveys for the system</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>System newsletter; include partner articles in SLD newsletter</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>System meetings every couple of years</td>
</tr>
<tr>
<td>ES #10 Research</td>
<td>TBD</td>
<td>Communication: develop a plan for dissemination of information and how to inform about current research</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Collaboration: Develop Research Consortium for the state</td>
</tr>
<tr>
<td></td>
<td>TBD</td>
<td>Collaboration: Identify partners/stakeholders</td>
</tr>
</tbody>
</table>
There were several overlapping themes throughout the **Next Steps**: Communication, Collaboration, and Information Technology development:

**Communication:**

- Contact Lists disseminated: minimal two-deep
- Educate partners, public, legislators about what the system does (newsletters, website, social media)

**Collaboration:**

- Continuity of Operations Plans disseminated
- Develop stronger partnerships within the system
- Develop partnerships with non-traditional partners
- Work together for funding, research, system development

**Information Technology Development:**

- Develop a secure system
- Develop a robust system
- Develop an IT system useful throughout the SPH Laboratory System to include standardizing reporting formats
C. Evaluations

Thirty-two evaluations were received from the forty-three participants. The overwhelming majority rated the process ‘Good’ or higher. All thirty-two responded that they would participate in this process again.

Comments received were placed in the following categories:

*What Worked?*

- Enough time to discuss fully, good interactions
- Good food
- The process for voting helped even those of us who may not have had direct experience with a topic.
- Facilitators, Structured Agenda, clear purpose and activities
- Mix of different kinds of stakeholders in assessments.
- Arrangement of tables, calling on different people to keep attention.
- Collaborating with the many partners/stakeholder of the ‘laboratory System’
- Timing was great.
- Getting everyone in same room.
- Dialogue
- Facility is excellent place for a meeting
- Open dialogue was effective and range of participants helped in over-all process.
- Having a spectrum of stakeholders.
- Allowing detailed dialogue.
- Made connections.
- Process was good.
- Standardized format to help facilitate discussion was helpful.
- Good facilitation and objectives definitions.
- Great conversations between group members.
- Thanks for bringing everyone together.
- Two-person note taking.

*What Could Be Improved?*

- Have more SLD members for different services
- The scoring was a little awkward – the ranges are very broad. Sometimes I would have voted ‘optimal’ but didn’t want that misunderstood to say nothing needed improving.
- Some partners missing or present but not engaged.
- Some of the key idea evaluations in the L-SIP tool didn’t make sense to me or were not applicable or were vague.
- Some of the points of discussion could have been clearer.
- Some language too flowery – could mean anything (10.2.1). Too silo’ed to appreciate.
- Follow through
  - Concepts, objectives and desired product outcome.
  - Invite more stakeholder and legislator that can impact SPHL success.
  - Identification of people in attendance. Couldn’t figure out relationships.
  - Unfamiliar with overall process of SPH in relation to my position. Was educated by attendees who work for department but at time felt it was biased due to this fact also.
  - Having more key idea examples (locally based?).
Find a way to get more people to show up.
Objectives should be clearly stated. Vague at first. Room too cool.
More players at the table.
Would be good to have some background and some of this from SLD prior to voting.
More emphasis on next steps => plan of action for key areas of improvement.
The groups were diverse and not all info applied to our activities. Time management but topical issues with large groups.
Give material ahead of time so we could bring others.
More labs, invite IHS, invite Agriculture, maybe an emergency manager.
Better representation for some partners that were missing.
Public health in hospital should be invited.
V. CONCLUSION

The New Mexico State Public Health (SPH) Laboratory System is a large and very complex system covering public and private laboratories, Health, Agriculture, Dairy, Environmental, Law Enforcement, and Judicial entities, Information Technology, suppliers, couriers, Purchasing, Fiscal, Academia, State, federal, and local Governments, and the Public. The Laboratory System Improvement Program Assessment meeting held on May 11, 2017 represented only thirty-eight different agencies. Many partners were either not represented or under-represented, which renders the final scoring limited. However, the overall areas of potential for improvement: Communication, Collaboration, and Information Technology Development, are key areas for all members of the SPH Laboratory System.

To begin the process of addressing the overall stated concerns, SLD will take the lead in establishing a contact list. In July 2017, SLD will set up a distribution email address and send out a request for contacts from each agency. Once the contact list is established, it will be distributed to all entities. At that point, a decision will be made as a group to determine which identified areas for improvement will be addressed in the SPH Laboratory System.

However, each agency is strongly encouraged to start the process of reaching out to their partners to improve the communication and collaboration. This not only builds a better SPH Laboratory System, but, in the end, benefits all citizens of New Mexico.

IV. ACKNOWLEDGEMENTS

The Association of Public Health Laboratories LABORATORY SYSTEM IMPROVEMENT PROGRAM Performance Measurement Tool, updated September 2013 was used to assess the system.

The team would also like to acknowledge the facilitation services of Victor Waddell, PhD, Arizona State Health Laboratory Director, Kathryn Wangsness, Arizona State Health Laboratory Quality Manager, and Tina Su, Association of Public Health Laboratories, Senior Specialist, Laboratory Systems and Standards. In addition, we would like to recognize the Theme takers from the New Mexico Department of Health: Terry Bryant, Mara Trujillo, Steven Schan, Tim McBride, Jessica Acosta, and Erica Swanson.

*This assessment was supported by a grant from the Association of Public Health Laboratories.*

V. REFERENCES


APPENDIX A

Scientific Laboratory Division
Clients
APPENDIX B

Overall Scoring from the May 11, 2017
Laboratory System Improvement Program
Assessment Meeting
### SYSTEM PERFORMANCE

#### Essential Public Health Service:

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The next table details the scores for each of the Key Ideas.

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<th>Essential Service #1: Monitor Health Status</th>
<th>Essential Service #2: Diagnose &amp; Investigate</th>
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APPENDIX C

Essential Services Discussion
May 11, 2017
Laboratory System Improvement Program
Assessment Meeting
Essential Service #1: Monitor Health Status to Identify Community Health Problems

MODEL STANDARD 1.1: Monitoring of Community Health Status. The SPH Laboratory System generates surveillance information and supports others in monitoring health status and identifying health problems in the community.

Key Idea 1.1.1: The SPH Laboratory System identifies infectious and environmental sentinel events, monitors trends, and participates in surveillance systems.
- Statewide sentinel surveillance is good.
- Infectious yes; Environmental yes also, including air monitoring
- Staffing is a challenge: training and retaining. No continuity because staff leave
- Intersection of infectious and environmental systems is a strength; small population and strong partnerships.
- Multiple methods for gathering data interoperability improving Pulsenet; outbreaks including foodborne and centralized PH system state.
- Interstate lab relationships. Isolate sharing, MOA’s, COOP—strong with neighboring states.
- Epi’s have relationships with all states.
- Communication protocols in place, isolate sharing more difficult
- IT is a challenge.

FINAL VOTE: Optimal

Key Idea 1.1.2: SPH Laboratory Systems monitors congenital inherited, and metabolic diseases of newborns and participates in state and federal surveillance systems.
- NM is a contract state (with Oregon) for newborn screening testing.
- DOH/PHD has MOA’s in place with Human Services.
- New IT system for newborn screening just launched.
- Abnormal results addressed effectively
- Education program could be an improved.
- New funding has supported expanded surveillance and some education.
- Is there processes for adding disorders?
- 35,000 births/year
- Technology improving
- Cost exploration; funding/billing-General Funds
- Billing capabilities limited; 3rd party?

FINAL VOTE: Optimal

Key Idea 1.1.3: The SPH Laboratory System supports monitoring chronic disease trends by participating in state and federal surveillance systems.
- Chronic disease is a priority.
- Hospital inpatient discharge is accessible, analyzed, and reported.
- Periodic bio-monitoring
- Provider offices, maybe some clinical labs, some local policy supports:
- Not so much the laboratory system.
• Right representation was not present to discuss further.

FINAL VOTE: Not Applicable (did not vote)

MODEL STANDARD 1.2: Surveillance Information Systems. The SPH Laboratory System generates information and supports others in identifying problems and monitoring health status in the community and state.

Key Idea 1.2.1: SPH Laboratory System has a secure, accountable and integrated information management system for data storage, analysis, referral, reporting and exchange.
- LIMS not highly integrated. 75% Electronic Laboratory Records (infectious) or other systems
- Centralized database
- Prompt reporting a challenge
- One way information flow
- Security is strong
- Stable system, infrastructure/network is a challenge
- Too many reporting formats
- Inconsistent standards.
- Customizing to every customer rather than customer retrieving in unique way depending on their needs (alternative for lab: NEST)
- HIE have access to patient’s results. Not readily available to others outside network.

FINAL VOTE: Significant

Key Idea 1.2.2: SPH laboratory system partners collaborate to strengthen electronic surveillance systems.
- Some funding (ELC, EIP) but not a lot
- Private, non-commercial lab has large share of lab market in NM; supported by EPI
- Special legislative funding category for IT, continuously apply to support SPH laboratory system
- Regularly contribute to monitoring health status
- Strong system for reporting out
- Allow some public access
- Enthusiastic about partnerships.
- Participates in numerous collaborative laboratory systems (Foodnet, Pulsenet, etc.)
- Responsive to partner communications.
- Needs more training for newborn screening clientele

FINAL VOTE: Optimal

ESSENTIAL SERVICE #1 OVERALL SCORE: OPTIMAL

Essential Service #1 NEXT STEPS
Highest priority: Inventory partner requirements
Other steps:

- Needs collaborative effort with IT
- Training around newborn screening
- One consumable message for many customers
- More flexibility for reporting/receiving reports
- Contributory system funding approach and other supports, e.g. personnel
Essential Service #2: Diagnose and Investigate Health Problems and Health Hazards in the Community

MODEL STANDARD 2.1: Appropriate and effective high-quality testing
The system assures the availability of appropriate laboratory testing of the highest level of quality to support timely diagnosis and investigation of all health problems and hazards.

Key Idea 2.1.1: The SPH Laboratory System assures the effective provision of services at the highest quality to assist in the detection, diagnosis, and investigation of all significant health problems and hazards.

- Includes all incoming samples and outgoing results
- Is infrastructure there to make this all possible – continue to be possible?
- Dairy would like a new reporting system - TK says more work is needed here.
- How to keep up with Law enforcement needs?
- Certifications are clear/expertise is in place.
  - Accreditation and sensitivity/specificity is clearly relayed to end user
  - Early onboarding of testing is good and appreciated – up to date on testing methods; ex: HIV testing.
- VDS Dairy – has good communication with SLD as far as reporting goes. Work together with SLD, to improve and then use outside the lab – good testing for further use down the road. Good working relationship
- Lab does do a good job maintaining compliance, staff are well trained and cross trained on equipment. Feels confident
- IT challenges: state is very rural, broadband issues and tech issues as a result. Admin challenges include – our response plan to emergencies – but IT needs good ideas of deployment if they are needed in a serious response. Could benefit from drills. Outdated equipment. SLD is “special need” and IT tries to support SLD as a result, but instrumentation may not always be updated resulting in outdated systems as a whole and there is difficulty in bridging these gaps.
  - Contracts are also an issue – understanding the proper language needed or how to amend contracts to meet CDC or other guidelines
  - Interoperability is also an issue
  - Sharing information from other systems outside the state or other state entities is not always easy or smooth.
    - Suggested that increased communication can mitigate this.
  - Multiple ways needed to report drinking water to the state, will be different for feds, etc. Adds layers to this challenge/issue.
    - City needs different format
    - Dairy needs different format
    - Clinical goes to CDC, NMHIC, - all have different formatting
- Very challenging, testing is good, but how to get result out in the needed format in a timely fashion?
- Information in LIMS is not always in a useable format for end user.
  - Exported information can be edited easily with minimal resources needed by end user.
AZ has system that pulls info out of LIMS and automatically faxes to get information out rapidly

Outdated equipment is a big vulnerability - especially if there was a public health emergency.

how is communication in system?
- Don’t have liaison with each department or entity – makes it difficult to find issues.
  - New validation was performed, but this process was not relayed to end user.
    - Why was this information not relayed to end users to help them be more efficient?
  - Need a liaison to communicate and explain delays, outages, new tests etc. A ‘go-to’.
  - Training by SLD individual helped end user a LOT. Why not have this occur all the time to help with quality in all facets?

Lab has limitations, combined with a rural state – hard to get the best experts – how to measure this in an emergency situation?
- How we are able to manage the operations of that state system with the limitations we have is good.
  - But how to assure we provide expert data and results, communication often gets stymied by these issues.
    - always try to have a plan, but plan not always there. Communication of issues with other departments can help to share resources in a pinch or in an emergency situation.
    - But this happens as last resort when all options have been exhausted. How to plan for this BEFORE it happens? Need collaboration and participation from ALL parties.
    - AZ – once per month sets up a webinar-type communication from the lab about upcoming technologies or tests etc. What impacts this will have on partners, etc.
  - Set up special times for communication.
  - Environmental lab – reports go to an email – guy who gets the info must open every report to decode it and then disseminate it. Can it be changed to reference ID number that the submitter uses to track files or samples instead of LIMS number which means nothing to him?
  - we are working on this in LIMS
  - Tools to take report and modify may help this issue.
    - Can be renamed as a PDF, this option should be explored by user until LIMS is able to meet that need (IF).

EPI perspective – They use a rotating on-call system, the one person on-call communicates with the lab – there is good and immediate communication back and forth.
- Make sure to call lab ahead of time to warn if surge in samples
- Helps lab to be prepared
  - If there are several people calling from EPI, does this over communication cause SLD problems?

better if there is a list of people to email and notify in the event the person you need to contact is out.

If outbreak is big, EPI is a resource and outbreak-list would help with general communication.
- Lists should be made and mass email sent out.
- AZ has group EPI list that can be used for mass dissemination on encrypted email – multiple points of contact in case one person is out
• VDS – calls epi on call for rabies heads that come in on weekends. EPI understood the urgency of the test and relayed the timeframe in which sample needed to be processed – EPI, SLD & VDS all worked well together.
• PHEP grant exercise performed by IT included info sharing capability – mapped out all communication between SLD and EPI – might be worth looking at this information to see how it was all executed in the table-top exercise.
• Need adequate systems in place to communicate effectively with communities or partners when issue arises. Local citizens and “boots on the ground” need good communication to ensure they can respond in rural/small communities where DOH may not have large/any presence.
• DOH-EPI-ENV department? on call system for ENV – not a lot of agencies that have that in place – after hours communication is difficult – if non-emergent issue for ENV, wait until next morning to alert departments as needed. If communication for NMED is needed, call lists used and communication works well.
  ▪ Emerging threat to staff noted by one location – exposure to pentenyl.
• VDS – BSL3 is adequate for VDS needs – no BSL3 downstairs, but used 4th floor – it met their needs

**FINAL VOTE: Optimal**

Final thoughts (as this was the first Essential Service discussed):
There are communication gaps that need to be addressed.
Technology limitations.
Is there a mapping of the complete knowledge of system capability?
Participant knowledge of systems is limited to local experience in system.
Validate emergency testing to support investigation; maintain existing public health only testing (system received Kudos on this.)
Many of the comments were funding dependent. System as a whole needs to be creative to work with the lack of resources: finances, personnel

**Key Idea 2.1.2:** The SPH Laboratory System has the necessary system capacity, authority, and preparations in place to rapidly respond to emergencies that affect the public’s health.
  ▪ VDS – sharing space with SLD on 4th floor. Both can’t run tests simultaneously. Shared cost for the machines, but one test must wait delaying turn-around times.

  ▪ Emergency management guy - Long period of time for results of white powder – need to have communication of some result in a timelier fashion. Good relationships with environmental, agriculture, but not all entities. More should be included in planning.

  ▪ Forensic lab - works with OMI – no set up for forensic to be pulled in for body identification in an emergency situation. Is there a plan involving forensic labs to aid in mass disaster forensic identification? Fingerprinting bodies, DNA testing, etc.?
  ▪ Emergency management not involved in aftermath – only in initial response, not as good at working with other agencies for the later-on issues following disaster.
  ▪ Exercise upcoming this fall to address this.
  ▪ Should involve funeral directors in this type of situational training, they know how to handle a body and can be a good resource in small communities. Other entities do have plans for working with the funeral directors. This indicates a need for collaboration between various groups.
• No process for integrating lab in exercises for emergencies – fracking spill, railcar crash – why not involve lab in these exercises? The labs DO NEED TO BE INVOLVED!!

▪ If large disaster occurs, will IT survive?
  • Lots of redundancies, and partners in other states, so not a huge concern. Planning is in place and exercises are there to test this.

▪ Centralized public health can make it difficult to communicate state level information to others in the community, especially small communities. How to get details out consistently?
  • Need improvements in COOP plans for all agencies. Need to ensure that all agencies have and are continually improving COOP.

▪ Many departments don’t know what SLD does for agencies other than their own; advertise this. Increase public outreach so it is known how wide the reach is. This may help others understand how many directions SLD is pulled and how many different levels of regulation SLD is subject to. Help to understand the level of quality measures SLD is subject to in addition to other entities and public.

_FINAL VOTE: Significant_

Final thought: Speaking to the system as a whole, there needs to be interaction with many elements to recognize the deficits.

**ESSENTIAL SERVICE #2 OVERALL SCORE: OPTIMAL**

**ESSENTIAL SERVICE #2 NEXT STEPS:**

Highest Priority: IT infrastructure should be crucial mission.

▪ There is no complete disaster recovery site in place.

  Need to develop access for end users to electronic data that is secure.
  IT is also very important for core business, even when not in an emergency situation.

Other priorities:

▪ Increased communication: distribute call-down lists; liaisons
▪ Continuity of Operations Plans should be shared and expanded to include more partners across the system. Also, planning done for when systems are down to ensure continuity during ‘normal’ operations. Include cross-training and redundancy for personnel and technology.
▪ Develop funding protocols, including partners. It is more effective when a group comes together to ask for funding.
▪ Find or develop more training opportunities to keep employees engaged and retained.
Essential Service #3: Inform, Educate, and Empower People about Health Issues

MODEL STANDARD 3.1: Outreach to Partners
Key Idea 3.1.1: The SPH Laboratory System creates and delivers consistent information to community partners about relevant health issues associated with laboratory services.

- HIPAA compliance is in place; summary data released with communication protocols.
- IPRA coordinator at SLD.
- Procedures for chain of custody documents in place.
- Information is shared with partners.
- Compliance with regulatory reporting
- There is outreach to provide info concerning laboratory services
- HAN
- Epi and Environmental Health outreach to communities
- SLD and System at large is assuring messages are consistent

**FINAL VOTE: Optimal**

Key Idea 3.1.2: The SPH Laboratory System creates and provides education opportunities to health and non-health community partners.

- Some educational opportunities provided but not systematic.
- No systematic outreach to education government leaders
- Capital outlay-get financial professionals involved to educate executive & legislature
  - It is important to educate legislators on how programs relate to each other and how they need necessary funding.
- Education provided on specific issues or investigations
- NMDOH does maintain a website; has PIO; has social media presence (Facebook™, Twitter™, etc.)
- Laboratory system is more reactive than proactive. Need multi-layer proactive approach. There are systems in place for coordination.
- Lab and media expertise exists in system but outside lab, who knows what about the system?
- Who has responsibilities for system?
- Partners maintain independent media presence; mechanisms do exist for coordination.
- Health messages (HAN) generated in response to issues;
- Public generally unaware of system.

**FINAL VOTE: Moderate**

Final thoughts:
- Partners are individually working on education and outreach well
- The System is not as evolved in this aspect

MODEL STANDARD 3.2: Empower Partners
Key Idea 3.2.1: Relationship-building opportunities are employed to empower community partners.
• Partners are creating opportunities for community members.
• The media needs to be educated along with community partners
• Lab “hosts” media interviews
• Support non-health partner learning in response to opportunities: less proactive, more reactive
• Work with partners to encourage correct and appropriate testing
• SLD ‘shares turf’ with private labs to prioritize services. This is a dynamic process and changes by situation.

**FINAL VOTE: Significant**

**ESSENTIAL SERVICE #3 OVERALL SCORE: SIGNIFICANT**

**ESSENTIAL SERVICE #3 Next Steps:**

**Highest priorities:**
• Educate officials, including financial professionals, on laboratory system
• Enhance public awareness of systems and public health importance

**Other actions:**
• Be more proactive; strategize within other opportunities
• Educate within the system; establish partners
• Educate the public about the laboratory system and its importance
Essential Service #4: Mobilize Community Partnerships to Identify and Solve Health Problems

MODEL STANDARD 4.1: Partnership Development
Key Idea 4.1.1: Partners in the SPH Laboratory System develop and maintain relationships to formalize and sustain an effective system.

- SLD meets regularly with some partners in various areas
  - SLD-Forensic Lab for strategic plan
  - SLD-TB for cooperative agreement
  - SLD-NMED partners (Drinking Water Bureau, Surface Water Bureau, Groundwater Bureau, Air Quality Bureau)

However, needs more formal process with other partners (Albuquerque Environment Dept, ABCQUA)

- Public Health Department has concerns working with hospitals. Changes in their workflow have resulted in no reporting of infectious diseases.
- Epidemiologists can use the HAN to communicate with physicians, but there are limitations to this communication method.
- More partnerships need to be built for mandatory reporting.
- More formalized processes need to be into place. System is too dependent on specific individuals.
- Regulations are very defined as to what tests are validated.
- Private citizens are directed to appropriate labs
- Outreach does happen but needs to be improved
  - Department of Agriculture does annual food safety alliance meeting
  - Emergency Preparedness could reach out more
  - Need partnerships with lab to bring technical relationships in. MUST connect with folks farther away to include them on thinking about who is in the lab, who is in the system. Increase dissemination of roles.

- Changes need to be identified for system and all groups need to be helped to understand what their role is in helping each other to attain these goals. Often effort is there, but we need to finish out as a team.
- Team approach is needed to maintain testing services available. For example, lab is mandated to do certain tests, but what about others that are ‘nice to have’?

FINAL VOTE: Significant

MODEL STANDARD 4.2: Communication
Key Idea 4.2.1: SPH Laboratory System members communicate effectively in regular, timely and effect ways to support collaboration.

- Individual systems in place, but may not include everyone necessary. Need to test or implement better communication.
- Laboratory system is weak with law enforcement and judicial system. Minimal collaboration.
- Partners have different levels of success communicating with SLD. Some good. Some not. All agreed communication could be better both ways. Liaison would help.
- DOH PIO is used for press releases.
- EPI On-call number given when strange calls received.
- Some concern about reports being given to unlicensed personnel. This was addressed through the SLD’s outreach training. Others want it in LIMS to make sure that it is correct.
- Secure email is not always present for all who may need it but it can be used to expedite results.
• Important to reach out before a failure occurs; regular meetings are very important. *Communication is key!!!*
• Emergency situations are better as for as testing. Sometimes knowing who is to say what is key.
  
  FYI: SLD directs questions to partners. We try to stay silent unless instructed to respond.
• Routine situations may be slower for environmental testing. Discussed how mandated testing is completed first. Unfunded requests are later in the queue which may lead to delays.
• Other areas of communication: distribution lists (school nurses), social media is good, but need to clarify message. Is social media useful. City of Albuquerque uses Mail Chimp to access social media and disseminate information to the public. Easy to use and affordable.

**FINAL VOTE: Significant**

**MODEL STANDARD 4.3: Resources**

**Key Idea 4.3.1:** The SPH Laboratory System works together to share existing resources and to identify new resources to assist in identifying and solving health issues.

• Definition of ‘Resources’
• Meeting rooms are a resource
• Staff (lab, outreach, epi) present at meetings
• Financial: Need to consider partners throughout the system when funding sources appear. Eg. Environment department and Forensic Lab are working with SLD on separate projects with potential grants.

**FINAL VOTE: Significant**

**ESSENTIAL SERVICE #4 OVERALL SCORE: SIGNIFICANT**

**ESSENTIAL SERVICE #4 Next Steps:**

• Disseminate points of contact (at least 2 deep), as well as update lists
• Regular system partner meetings
• Increase education and outreach with partners
• Listserv for partners to post questions and receive feedback
• Use social media more
Essential Service #5: Develop Policies and Plans that Support Individual and Community Health Efforts

MODEL STANDARD 5.1: Partnerships in Public Health Planning
Key Idea 5.1.1: The SPH Laboratory System obtains input from diverse partners and constituencies to develop new policies and plans and modify existing ones.
- Yes. SLD gets input from partners for reg for blood/breath alcohol revisions.
- Cattle testing gets state vet input
- Dairy asks for input
- State regulation process is well defined, input from public and revisions done.
- Policies are relatively consistent throughout state.
- The laboratory system works with others to address health needs: e.g., fentanyl response; harm reduction programs, infectious diseases.
- SLD has emergency response plan, but how to get others involved.
- SLD is trying to interact more with emergency response officials instead of just being a line item or thought of after the fact.
- The attempts are there to have interactions with partners. Needs to be communication both ways: what partners need, and what lab needs.
- Plans/policies are not proactive developed through formal assessment.

FINAL VOTE: Significant

MODEL STANDARD 5.2: Role in Laboratory-Related Policy Making
Key Idea 5.2.1: The SPH Laboratory System and partners contribute their expertise and resources using science and data to inform and influence policy.
- The SPH Laboratory System does do a good job developing policies that are consistent with federal policies, regulations, and plans.
- There is some opportunity to inform legislators and give feedback, but only when asked.
- There is sufficient and appropriate lab data available to inform policy making process
- There is work with appropriate officials using evidence-based approaches and analysis to inform policies but often only after things go wrong. Could be more proactive.
- Input on plans/policies is sometimes constrained by political issues

FINAL VOTE: Optimal (not a strong vote; hard to put values on;

MODEL STANDARD 5.3: Dissemination and Evaluation
Key Idea 5.3.1: The plans and policies that affect the SPH Laboratory System are routinely evaluated, updated and disseminated.
- Potential area of improvement if you don’t have a regulatory agency driving this as you might not see the gap. BHEM brought in an external partner to bring all partners together for a unified plan.
- While feedback is collected regularly, not always being asked for input or being alerted to changes until implemented.
- It is up to individuals/agencies to check for new/revised policies/plans.
- No policy to inform affected groups of changes. View policies as internal that don’t necessarily affect others.
**FINAL VOTE: Moderate**
Thoughts: Good communication between partners and labs when they change things

**ESSENTIAL SERVICE #5 OVERALL SCORE: SIGNIFICANT**

**ESSENTIAL SERVICE #5 Next Steps:**

**High Priority:** build awareness about policies and engage communities
   Disseminate Continuity of Operation Plans and engage the communities.

**Medium Priority:** Drills/Training
   Suggested activities: wet labs, mock drills, update bioterrorism book/manuals, tool kits on how to present information to non-laboratory people, on-going training because of turn-over

**Low Priority:** engage the community in policy planning more often, dissemination of alerts
   Note: suggestion of Everbridge which is a program that contacts cells, land-lines and email at one time.
Essential Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety

MODEL STANDARD 6.1: Laws and Regulations

Key Idea 6.1.1: The SPH Laboratory System is actively involved in the review and revision of laws and regulations pertaining to laboratory practice.
- Depending on partner, may refer to either federal, state, or both
- Reviews are done on legislative bill analyses, but are often ignored
- Reportable disease and required isolate submissions are listed online.
- We have a small voice in regards to federal regulations. Sometimes have to react to ruling aftermath.

FINAL VOTE: Optimal

Key Idea 6.1.2: The SPH Laboratory System encourages and promotes compliance by all laboratories in the system with all laws and regulations pertaining to laboratory practice.
- QA is normally within the entity, not shared throughout the system. Partner agencies do have QA staff.
- SLD regularly works with partners to identify potential areas of concern.
- Concern about agency understandings of Regulations. Who in the agency is the go to for CLIA, EPA, etc.?
- Concerns that the regulatory process isn’t being communicated throughout the system. This is a two-way process. Example: SLD updates forms and lets folks know, but what is the internal process to make sure the old forms are destroyed? [PHD and NMED]
- Processes need to be in place to assure smooth transitions during turnover?
- How to identify key staff who do have the knowledge? Also, how to streamline so the message is delivered in an efficient manner.
- Compliance is assured through certifications, reliable service, and reimbursement protocols.

FINAL VOTE: Optimal

MODEL STANDARD 6.2: Enforcement of Laws and Regulations

Key Idea 6.2.1: The SPH Laboratory System has the appropriate resources to provide or support enforcement functions for laws and regulations.
- Areas are either well defined (TB) or loosely defined (vaccine refusers, dealing with family, raw milk). Who has jurisdiction over what? Example: health issues at schools, restaurants
- How do we collect samples for areas of ‘loose’ definitions: concerns about chain of custody
- Major concern over sufficient budget and personnel with the necessary training and certifications.
  - Good in emergency, but routine is thin
  - Tied to specific agency; no way to support others
- Enforcement is difficult: No teeth.
- Information is shared through the system.

FINAL VOTE: Moderate

ESSENTIAL SERVICE #6 OVERALL SCORE: SIGNIFICANT

ESSENTIAL SERVICE #6 Next Steps:
**Highest Priority:** Clarify gray areas in policy: improving public health preparedness in legal terms as well as in enforcement of recommendations.

**Other Actions:**
- Understand all tools available.
- Have accessible content area expert for regulations.
Essential Service #7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable

MODEL STANDARD 7.1: Provision of Laboratory Services
Key Idea 7.1.1: The SPH Laboratory System identifies laboratory service needs and collaborates to fill gaps.

- Laboratory services availability, quality, accessibility and timeliness depends on the type of samples. This is not only a laboratory variable but also the collection variable.
- Wishes more services were available: Higher radiation level testing, better courier.
  NOTE: Private courier paid by SLD only picks up samples from Public Health offices to maintain ‘non-compete’ with private labs.

FINAL VOTE: Significant

Key Idea 7.1.1: The SPH Laboratory System provides timely and easily accessed quality services across the jurisdiction.

- System provides timely testing.
- Sample delivery is a problem in a rural state.
- SLD Directory of Laboratory Services (clinical), Testing list (environmental) on website. Relatively easy to find.
- Laboratory outreach is important
- SLD generic email for continuity being set up
- Generally, results are timely
- There is adequate access to consultation
- Biggest challenges is being located in a rural state for transport, access, reporting.

FINAL VOTE: Optimal

ESSENTIAL SERVICE #7 OVERALL SCORE: OPTIMAL

ESSENTIAL SERVICE #7 Next Steps:
Highest Priority: Accessibility/schedule of courier for dairy and other partners

Other Actions:
  Determine if testing can be expanded. (Raise level for radiochemical testing above 2x background limits)
  Review turn-around time for specific testing (air quality)
Essential Service #8: Assure a Competent Public Health and Personal Health Care Workforce

MODEL STANDARD 8.1: Defined Scope of Work and Practice

Key Idea 8.1.1: All laboratories within the SPH Laboratory System identify position requirements and qualifications; assess competencies; and evaluate performance for all laboratory workforce categories across the entire scope of testing.

- Position requirements are specified within the system
- Testing requirements are set within laboratory side of system
- Sampling side could use more training in order to understand importance of process. Example: understanding why expired test tubes can’t be used.
- SLD has monitors in place to identify areas of concerns (example: packaging/shipping, form completion)
- Potential solutions: more trainings available using YouTube, website, Chain of Custody, checklists, Train-the-Trainer
- NM does not have licensure requirement for laboratorians. However, many areas are very regulated (breath alcohol testing, veterinary, environmental). Other areas are more loosely regulated, but do have SOP’s in place.
- Some areas have annual training [CST, HAZMAT]. CLIA federal law requires yearly competency.
- Systems are in place but we need consistency. Also, short staffed. Patients/samples come before the QA log. Need to utilize tools that are in place

FINAL VOTE: Optimal
As a whole, system is efficient, but more improvement can be made.

MODEL STANDARD 8.2: Recruitment and Retention of Qualified Staff

Key Idea 8.2.1: The SPH Laboratory System maintains an environment to attract and retain highly qualified staff.

- Job Fairs have occurred in the past, but in limited areas.
- Limited to SHARE/SPO advertising. Some advertising done in professional websites
- Some support for going to professional events to recruit.
- Rare for entry/mid level staff to go to meetings. This is also a deterrent to retention.
- Cross-training used to fill gaps staffing shortages.
- Internal projects to pique interest helps keep some workers
- Travel process barriers limits travel
- Some areas have plenty of funding for travel, others don’t. Velvet rope syndrome
- Low pay was cited as a deterrent for recruiting and retention. Can’t get’em and can’t keep’em

FINAL VOTE: Minimal

MODEL STANDARD 8.3: Assuring a Competent Workforce

Key Idea 8.3.1: The SPH Laboratory System works to assure a competent workforce by encouraging and supporting staff development through training, educations, and mentoring.

- Rotating through duties keeps people interested
- Interagency collaboration is good way to keep interest;
- Spend a day also shows appreciation for what the other is doing
- Internal trainings
- Participate in drills/sharing equipment
- Ensuring training/education first; testing proficiency is difficult and important.

**FINAL VOTE: Moderate**

**Key Idea 8.3.2: The SPH Laboratory System identifies and addresses current and future workforce shortage issues.**

- Problems: Retiring workforce, decrease in public health education programs, private labs are paying more; private labs consolidating resulting in reduction of positions.
- Succession planning: minimally done
- NM has traditionally done more with less which helps fill some gaps in succession planning
- Need to start growing our own. Recruiting within
- Also, recruit competent individuals…don’t ‘make do’
- Salary is a concern. We train them, and they leave. CLIA has been 18 years with no backup.
- Colleges need to be aware of what we need, and the level of expertise we require. Some programs are graduating students that do not have acceptable education levels.
- Develop unpaid internships?

**FINAL VOTE: Moderate**

**ESSENTIAL SERVICE #8 OVERALL SCORE: MODERATE**

**ESSENTIAL SERVICE #8 Next Steps**

**Highest Priority:** Gain a presence on all universities.

**Other Actions:**

- Job Fairs: Make more public, better advertised and other areas besides Santa Fe and Albuquerque
- Recruit people who want to stay
- Internships are key. Develop strong connectivity with community.
- High School Connections-work to set the seeds.
Essential Service #9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Services

MODEL STANDARD 9.1: System Mission and Purpose

Key Idea 9.1.1: The SPH Laboratory System range of services, as defined by its mission and purpose, is evaluated on a regular basis.
- Individual missions are set but not clearly communicated.
- No cohesive mission for the system
- Like to see more promotion of SLD with agencies (social marketing campaign)
- Like to see SLD email blasts about tests, current events, steps to take with emerging events
- No system in place to routinely evaluate scope of services within system
- Feedback surveys are being started
- No methodology to identify gaps
- How do we determine if the resources that we have are underutilized?
- Not functioning as a system currently

FINAL VOTE: Significant

MODEL STANDARD 9.2: System Effectiveness, Accessibility and Quality

Key Idea 9.2.1: The effectiveness of the personal and population-based laboratory services provided throughout the state is regularly evaluated.
- We think there is a system in place
- Evaluate the health outcomes associated with the data.
- There are collaborative working relationships among the system partners

FINAL VOTE: Optimal

NOTE: Don’t know about the whole system.

Key Idea 9.2.2: The availability of personal and population-based laboratory services throughout the state is regularly evaluated.
- Benefit: Centralized public health system
- Challenge: Ability to respond rapidly to a new current event (genomic sequencing, fentanyl pattern)
- Use contracts utilizations as feedback
- Sending tests to contractors due to slower turn-around times

FINAL VOTE: Significant

Key Idea 9.2.3: The quality of personal and population-based laboratory services provided throughout the state is regularly evaluated.
- SLD sends out customer satisfaction survey every two years (CAP/CLIA)
- SLD does site visits to sentinel labs and others depending on events
- Quality Assurance Manager in SLD, but do partners have?
- Turn-around times are published, but not known by most attendees
- Quality Assessment: Proficiencies being done

FINAL VOTE: Optimal
ESSENTIAL SERVICE #9 OVERALL SCORE: OPTIMAL

ESSENTIAL SERVICE #9 Next Steps:

**Highest Priority:** Communication
- Making communications relevant and diverse.
- Getting feedback from partners.
- SLD newsletter: Add features about partners; disseminate broadly; opt-in/out

**Other Actions:**
- Customer satisfaction survey for system!
- System discussion (meetings like this one) every couple of years (sooner than 9 years!)
  - Get feedback about this meeting.
**Essential Service #10: Research for Insights and Innovative Solutions to Health Problems**

**MODEL STANDARD 10.1: Planning and Financing Research Activities**

**Key Idea 10.1.1: The SPH Laboratory System has adequate capacity to plan research and innovation activities.**

- The SPH Laboratory system does identify topics for research at the system level: CDC grant to study resistant gonorrhea; rabies grey fox identified by SLD and CDC.
- Does collaborate with partners:
  - Four Corners Biomonitoring Consortium
  - TLC grant to CDC for emerging enfections technology
  - Toxicology collaborating on new method for fentanyl identification
  - VDS research on bears and livestock for fish and wildlife on Chronic Wasting Disease
- No system in place to recommend/evaluate research projects that support broad public health goals and public health systems and services research.
- Right hand doesn’t know what the left hand is doing.
- Collaboration to obtain resources for research is limited due to budget, research being independent, and resources are not pooled.
- There is access to institutional review boards.

**FINAL VOTE: Significant**

*NOTE: There is giant room for improvement on our research opportunities*

**MODEL STANDARD 10.2: Implementation, Evaluation and Dissemination**

**Key Idea 10.2.1: The SPH Laboratory System promotes research and innovative solutions.**

- The SPH Laboratory System tends to present to specific groups but not to everyone.
  - Partners present to peers at SLD, but not to other partners
  - VDS presents to veterinarians but not to public
  - Biomonitoring involves communities and people
- One area of growth: How do we get the community voice on outbreaks, etc.
- Staff are encouraged to identify and propose innovative solutions, but again, reach out is to individual partners, not all
- Trying to use new technologies and scientific knowledge.
  - VDS sharing with SLD
- Evaluation of research findings and implementation of applicable innovation is not taking place (that we are aware of)
- System does a good job of collecting information but what are we doing with it
- There is no consistent system to disseminate information
- Collaboration with academic institutions on clinical and translational science research is done but is done in silos.
- Needs to be more collaboration with academic institutions.

**FINAL VOTE: Moderate**

*NOTE: Private entities don’t know what others are doing.*

*Research is promoted, just not very visible.*
ESSENTIAL SERVICE #10 OVERALL SCORE: MODERATE

ESSENTIAL SERVICE #10 Next Steps:

- **Communication**: Develop a plan for dissemination of information and how to inform about current research.
  - Involve outside partners. Pull articles from individual newsletters into one for all partners.

- **Collaboration**
  - Research consortium for the state; put info in a newsletter as a specialized section so others can see who is working on the same thing.
  - Identify partners/stakeholders for research and innovations.
  - How do we engage nontraditional partners?
Overview

The L-SIP assessment is a day-long evaluation of how the Public Health Laboratory System supports the 10 Essential Public Health Services at state and local levels. Facilitators guide the participants through discussion using the L-SIP assessment tool.

The entire group begins with discussing one Essential Service so that everyone is introduced to the format. After a facilitated discussion, the group gives an assessment score on the performance of the Public Health Laboratory System for that Essential Service.

Following the initial evaluation, the large group breaks into three smaller groups, which discuss and score the remaining assigned Essential Services. Theme takers record the major discussion points, ideas and issues needing more exploration for each Essential Service. After the breakout sessions, all the participants reconvene and the small groups report their findings.

At the end of the day-long event, documents will be produced outlining the assessment scores, ‘parking lot’ issues, and prioritizing next steps. This information can be used for planning continuous improvement activities.

Objectives

L-SIP seeks to improve the Public Health Laboratory System through the collaborative work of partners to:

- Assess the system’s performance
- Plan for system improvements
- Implement improvement strategies
- Re-assess system performance

Agenda

Thursday, May 11, 2017
New Mexico Scientific Laboratories Building
First Floor Training Rooms
8:00 am—4:30 pm
1101 Camino de Salud, NE
Albuquerque, NM 87102

8:00 Registration
8:15 Welcome and Introduction
8:30 Overview of the Assessment Day
9:00 Plenary: Essential Service (ES) #2: Diagnose & Investigate Health Problems
10:30 Break
10:45 Break-outs:
  Group A—ES #1: Monitor Health
  Group B—ES #9: Evaluate Effectiveness, Accessibility, Quality
  Group C—ES #8: Assure Competent Workforce
12:00 Lunch (provided)
1:00 Breakouts:
  Group A—ES #7: Link People to Needed Personal Health Services
  Group B—ES #10: Research
  Group C—ES #4: Mobilize Partnerships
2:00 Break
2:15 Breakouts
  Group A—ES #3: Inform, Educate, and Empower People
  Group B—ES #5: Develop Policies & Plans
  Group C—ES #6: Enforce Laws & Regulations
3:30 Summary, Evaluation & Next Steps
4:30 Adjourn
### Participant Evaluation Form

We appreciate your feedback and take your suggestions seriously. Please rate your responses on a 5-point scale by placing an "X" in the applicable cell. Add any comments to the back of this sheet. Thank you!

#### Utility of Meeting:

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<th>Good</th>
<th>Superb</th>
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- Stated objectives of meeting were met.  
- Dialogue was useful.  
- I support the efforts being made.  
- Next steps are clear.  
- Meeting was a good use of my time.

#### Meeting Arrangements:

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- 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:

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- Started on time.  
- Clear objectives for meeting.  
- Agenda followed or appropriately amended.  
- Facilitation was effective.  
- The ‘right’ people were at the meeting.

#### What Worked?

See Reverse

#### What Could Be Improved?

See Reverse

Would you participate in this process again?  

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<th>Yes</th>
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Do you see this as a helpful tool and process?  

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