Union County is the ninth largest county in North Carolina. Located southeast of Charlotte, the county compasses 640 square miles and 14 municipalities. With an estimated population of 220,000, the county has experienced significant growth. With growth has been an increase in demand of services including public health care.

The Union County Division of Public Health (UCHD) is in the county seat, Monroe. Current services provided are Maternal Health, Family Planning, Breast and Cervical Cancer Control, Immunizations, Child Health, Communicable Disease, and Dental Services. Playing a vital and evolving role in these services is the laboratory. To support the mission of public health and UCHD (Public Health: Promotes health, prevents disease, protects the health of the community), the laboratory has evolved and adapted. Working as a team within the health department, the laboratory can point to several changes, successes, and improvements in services.

The Laboratory Team

When asked to describe the laboratory team, Dale Louder, Laboratory Manager, responded simply, “amazing.” In addition to Louder, the UCHD laboratory team consists of three full-time employees: Kelly Keziah, MLS, Helen McGougan, MOA and, Cindy Smith, MOA and two part-time personnel: Liz Risher-Trevino, Lead Interpreter and Nayeli Parra, MOA.

Louder credits much of the success of the laboratory team with having full-time employees. “It’s a huge plus. The laboratory has a purpose in the organizational structure without having to share cross-trained employees.” He acknowledged their willingness to do “anything to help [the health department] move forward.” Lastly, he pointed to an invaluable working relationship with administration and clinical staff.
Changes and Improvement

Three significant changes and improvements in the health department have helped shape the recent course of the laboratory. Administrative changes, including the resignation of the Health Director, retirement of the Director of Nursing, and hiring of new, inexperienced staff left a knowledge and leadership void. To help fill the gap, Dale gladly accepted additional non-laboratory responsibilities. In addition to chairing the QA committee and serving as the agency Chemical Officer, he also took on the role of a Clinical Navigator. The Clinical Navigator serves as an internal troubleshooter and external client advocate. He relishes the role, but has found it difficult at times to remain current with his laboratory responsibilities. However, his confidence in his staff allows him to delegate duties with no worries.

The second change affecting laboratory operations occurred when a second laboratory opened in the building. During patient surveys, one of the most cited complaints by clients is long wait times. To address this concern and better accommodate maternity and child health clients, the additional site opened. There have been growing pains related to working in a much smaller space, unanticipated shift of work load, and staff often moving between both laboratories during the day. However, the change has been a positive experience. Helen McGougan summed up the changes fittingly. “Healthcare has changed and continues to change. We have to change to get the job done.”

The last important change occurred when laboratory staff took on additional duties as Clinical Assistants. After successfully completing courses in organizational behavior and management toward a graduate degree, Dale Louder, “…realized that this would be an opportunity to utilize what I have learned to positively impact not only the laboratory but also the organization as a whole. After careful consideration, I began to seek out ways to make the lab team more efficient beyond their duties as Laboratory Technicians. After all, most of them already hold skills through their Medical Assisting training which can be used to assist and strengthen the organization over all. “

He helped identify the areas that needed improvement and referred to those negative responses about wait times on past and current customer surveys. “Lab team members were then rotated through clinic to utilize their clinical assisting skills which, in turn, drastically improved our wait times. The success of the organization was tethering on that one question on the survey. Sometimes we must change our strategy to achieve success even if this means allocating personnel to fit the new strategy.”

Successes

In addition to the successes the above changes have brought UCHD, Louder points to the laboratory’s February CLIA inspection as important. UCHD is a participant in the NC CLIA Contract Program. The program operates under a multi-site CLIA certificate meaning multiple counties operate under one CLIA certificate. Only one county is inspected every two years; as a result, counties may go years without an individual CLIA inspection. Union County’s last was 1996. Twenty-one years is a long time between inspections, but UCHD passed with no deficiencies. Dale credited the dedication and support of laboratory staff and guidance from the NC State Laboratory of Public Health for the positive outcome.
The Future

In mid to late February 2018, UCHD will be moving to a new facility. Currently, the health department occupies a 70,000 square feet repurposed strip mall and has an annual patient population of approximately 7,000. The new state of the art 140,000 square feet facility will house the health department, social services, WIC, and dental health. Exam rooms will increase from eighteen to thirty-three. Plans for the laboratory include one main laboratory and two satellite labs as well as hiring one or more additional employees. The future certainly looks bigger and brighter.

References:


Union County Capital Improvement Projects. http://gis-web.co.union.nc.us/UnionCIP/#

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