Tarrant County Public Health

Performance Management / CQI

2016 SWOC Analysis Worksheet For TCPH NTRL

	Factors likely to lead to positive change and improvement in the quality of services/programs	Factors which may hinder improvement in the quality of services/programs
Inside the Division (Internal)	Quality: Excellent documented quality, excellent PT record, productivity, good customer survey performance, excellent communication with clients, responsive to internal and external customer needs, extensive Continuing Education/Training, reputation as innovators Assets: Good facilities, Good environmental controls, knowledgeable workforce, experienced and degreed staff, knowledgeable about regulatory compliance requirements for certifying agencies Fiscal responsibility: Consistent budget and inventory control awareness Testing: Testing is kept current with changing methods/technologies, capacity to produce lab developed testing, R&D capability, and great response to emerging agents.	Weaknesses: Lack of Laboratory Information Management System (LIMS) Grant funding is out of the lab's control, Feast or famine on testing volumes Overly bureaucratic processes Politics overriding science Unable to get 3rd party insurance reimbursements for clinical testing Small volume testing is necessary, but cost inefficient Not EPA certified for chemical analysis of drinking water Lack of capital authority for equipment purchases.
Outside the Division (External)	Opportunities: DSRIP project funding Expand water chemistry to regulated lead and copper testing Email blast about holidays Implement CLIA regulated IQCP for Geenius and/or Amplivue; once established can be expanded to other tests, reduces cost and tech time, reduces turnaround time, can be offered to our external submitters Office supply coordination Key equipment upgrades Expand Panther testing to include: HIV-I NAATS, HPV, and/or Trichomonas Long-term intern opportunity.	Challenges: Not authorized to negotiate prices; leads to limited ability to compete. Medicaid reimbursement rates are used for fee schedule. Unable to get T04 budget increases to expand testing capabilities/fund new equipment. Limited Workspace/Storage space/Expansion difficult—discussion already begun with LT Unnecessary competition with other regional health departments Bureaucratic processes Aging workforce/Retention of new hires who are costly to train Uncertain grant funding/Inadequate T04 budget—certain grant fund awards are based on unspent end of year funds. FDA clearance required on routine clinical test methods before implementation Are we missing other opportunities?