

Accreditation Quality Improvement Process (AQIP)

DRAFT Implementation Status

***Second Report to the
Michigan Local Public Health
Accreditation Commission***

***Submitted By: The Michigan Departments of Community Health,
Agriculture, and Environmental Quality
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Accreditation Quality Improvement Process (AQIP) Chronology

The Michigan Departments of Community Health (MDCH), Agriculture (MDA), and Environmental Quality (MDEQ) and Michigan's 45 local health departments are committed to providing strong, effective local health programs and services for Michigan citizens. Because an efficient, valuable, and credible accreditation process is fundamental to effecting that commitment the following has occurred:

December 2002: The Michigan Local Public Health Accreditation Commission recommended that the Michigan Departments of Community Health, Agriculture, and Environmental Quality pause the remaining Accreditation on-site evaluations and conduct a comprehensive review to seek improvements in the process. This review would involve substantial participation of local health department staff and focus on quality improvement.

March 2003: The Accreditation Quality Improvement Process (AQIP) Workgroup was organized and convened in collaboration with the Michigan Association for Local Public Health and the Michigan Public Health Institute.

June 2003: 161 local public health professionals and 19 state agency reviewers responded to a 60-question survey developed by the Workgroup. The survey was designed to identify opportunities for accreditation process improvement.

December 2003: The AQIP Workgroup finalized its deliberations with the release of a 28-page AQIP Survey Executive Summary/Analysis and a 23-page report containing forty-four (44) recommendations for Accreditation process improvement.

January 2004: The Michigan Local Public Health Accreditation Commission accepted the AQIP reports and recommended state agency review and implementation.

March 2004: MDCH, MDA, and MDEQ implemented all of the non-training related survey-specific recommendations. Twenty-one (21) of the forty-four (44) overall recommendations for improvement were implemented. The 3 state agencies agreed to work toward implementation of the remaining recommendations.

June 2004: MDCH, MDA, and MDEQ provided an oral update of implementation progress to the Accreditation Commission. Also, the AQIP Workgroup was established as a subcommittee of the Accreditation Commission and reconvened as AQIP II.

July 2004: A-G and Boilerplate Workgroups organized and convened to implement AQIP recommendations.

September 2004: MDCH, MDA, and MDEQ provided an oral update of implementation progress to the Accreditation Commission.

Current Implementation Status

The survey report as previously presented to the Accreditation Commission described two common themes: 1) Support for Accreditation, and 2) Concerns with Accreditation.

The Support for Accreditation theme asserts that Accreditation has materially improved local public health departments in Michigan, the accreditation tool and other process components are valuable, and that Michigan's Accreditation process should continue.

The Concerns with Accreditation theme asserts that communication between state agencies and local public health is insufficient, key elements of the process are inconsistent and center on reviewer activities, and training is needed for state agency reviewers and local public health department staff.

MDCH, MDA, and MDEQ created an action plan to address the remaining AQIP recommendations for accreditation quality improvement. The framework for the action plan centers on the Concerns with Accreditation theme as identified in the AQIP Survey Executive Summary and Analysis Report. As such, the state agencies have targeted improvement efforts in the following three focus areas:

- Accreditation Process Training
- Reviewer Evaluation
- Appeals Process

Current efforts related to overall Accreditation improvement and to the above three specific areas are occurring in tandem with the reinstatement of the AQIP Workgroup and the establishment of two new state/local workgroups; namely, AQIP II, A-G and Boilerplate as follows:

AQIP II: Continuation of the Accreditation Quality Improvement Process (AQIP) Workgroup was one of forty-four recommendations submitted to the Accreditation Commission. The workgroup is focusing on reviewer evaluation, communication, and training issues. The ongoing purpose of AQIP II is to monitor and assure accreditation quality improvement. The workgroup meets quarterly.

A-G Workgroup: The A-G Workgroup's goal is to assure that minimum program requirements are defined as objective criteria for meeting requirements of law, rule, regulation, or professionally accepted methods or practices for

the purposes of ensuring the quality, availability and effectiveness of services and activities (Michigan Department of Public Health Policy 8000). The A-G Workgroup's charge is to comprehensively review, modify, and/or alter (if necessary) the Accreditation standards in sections A-G of the Accreditation Tool. Additionally, the group will review and approve all remaining sections of the Accreditation tool (Sections H-T) for assurance that each section's MPRs meet the revised definition for the Department's Policy 8000. The workgroup is meeting monthly.

Boilerplate Workgroup: The Boilerplate Workgroup's goal is to develop and assure a process to fully address state action and/or other consequences in the event of local health department non-accreditation. The workgroup meets monthly and its charge is to:

- 1) Recommend an appropriate course of action by the Michigan Department's of Community Health, Agriculture, and Environmental Quality when a local health department fails to meet the requirements to achieve "Accredited Status."
- 2) Review the current practice of allowing "Not Accredited" agencies to achieve the designation of "Accredited" following successful contract compliance remedies such as Consent Agreements/Administrative Orders and recommend an alternative practice, if appropriate.
- 3) Recommend a specific time-period for which the state agencies would assist a local health department in moving from the status of "Not Accredited" to full Accreditation.
- 4) Recommend sanctions, if any, that might be applicable to agencies that are "Not Accredited." Explore the use of incentives for Accreditation.

Phase One Survey-Specific Improvement Recommendations:

The following table identifies all AQIP recommendations and provides the current implementation status.

Implementation Status is denoted according to the following color scheme:

- blue = Done
- green = Ongoing
- red = To Do

SELF-ASSESSMENT (SA):

	Recommendation	Responsible Parties	Implementation Status
1.	No return of SA to state agencies	State agencies and LHDs	Done (January 2004)

ACCREDITATION WEBSITE:

	Recommendation	Responsible Parties	Implementation Status
2.	Include documents in both WORD and PDF formats when possible.	MPHI	Done (January 2004)
3.	Include a direct contact (hyperlink) to Technical Assistance contact persons and reviewers.	MPHI	Done (January 2004)
4.	Include link from MALPH, MDCH, MDA, MDEQ websites to accreditation website.	MALPH, MDCH, MDA, MDEQ	Done (March 2004)
5.	Include LHD status report (similar to that currently contained in the Local Liaison Report) that reflects cycle one and two accreditation status of LHDs and dates of on-site review.	MPHI	Done (January 2004)
6.	Update the website more frequently (quarterly or monthly if needed).	MPHI	Done (January 2004)
7.	Add accreditation commission minutes to website.	MPHI	Done (January 2004)

TECHNICAL ASSISTANCE (TA) :

	Recommendation	Responsible Parties	Implementation Status
8.	List specific TA contact person (and contact info) on each page of section specific guidance document	MPHI	Done (January 2004)
9.	Include email addresses for TA contacts	MPHI	Done (January 2004)
10.	State initiated TA contact person/reviewer offers of assistance to LHD prior to on-site review	MDCH, MDA, MDEQ	Ongoing, discussed at January 2004 reviewer meeting. Will continue to monitor.

ON-SITE REVIEW (OSR):

	Recommendation	Responsible Parties	Implementation Status
11.	Evaluation of state agency program reviewers by LHD	MPHI and LHDs	Process has begun with MDA the lead agency. Implementation scheduled for October 1, 2005-beginning with Cycle 3.
12.	Assure opportunity for exit interviews (in part, to facilitate on-site opportunity to address possible unmet indicators or areas of concern).	MDCH, MDA, MDEQ, and LHD	Done (February 2004)
13.	Assure front-end discussion by reviewer one month before and during on-site review of "what will occur" and "how the LHD will be evaluated."	MDCH, MDA, MDEQ, and LHD	Ongoing, discussed at January 2004 reviewer meeting. Will continue to monitor.

ON-SITE REVIEW REPORT (OSRR):

	Recommendation	Responsible Parties	Implementation Status
14.	More frequent use of special recognition section by reviewers for inclusion in OSRR. Reviewers ask LHD to highlight best practices.	MDCH, MDA, MDEQ	Ongoing, discussed at January 2004 reviewer meeting. Will continue to monitor.
15.	More frequent use of recommendations for improvement section by reviewers for inclusion in OSRR.	MDCH, MDA, MDEQ	Ongoing, discussed at January 2004 reviewer meeting. Will continue to monitor.
16.	Modify format of OSRR to include indicator description.	MPHI	Done (January 2004)
17.	Inclusion of a "met with conditions" option (would be counted as a "met" indicator where programmatically feasible)	MDCH, MDA, MDEQ	Ongoing, discussed at January 2004 reviewer meeting. Will continue to monitor.

CORRECTIVE PLAN OF ACTION (CPA):

	Recommendation	Responsible Parties	Implementation Status
18.	State agencies to work with program reviewers to establish a more consultative, quality improvement focus through increased communication with LHDs.	MDCH, MDA, MDEQ	Ongoing, discussed at January 2004 reviewer meeting. Will continue to monitor.
19.	Prepare guidance (instructions) on how to develop plan for improvement.	MDCH, MDA, MDEQ	Done (March 2004)

TRAINING:

	Recommendation	Responsible Parties	Implementation Status
20.	Increase training opportunities for program reviewers (for overall process and by individual program). Note: Begin process in Phase One and continue in Phase Two for long-term improvement.	MDCH, MDA, MDEQ, MPHI	Ongoing, initiated on October 28, 2004 at the All reviewer training and AQIP and the 3 Departments will monitor to ensure all reviewers are doing.
21.	Increase training opportunities for LHDs (i.e., before and during the self-assessment phase and beyond).	MDCH, MDA, MDEQ	Ongoing, in preliminary planning stage, tentatively scheduled for October 11 or 12 of 2005 tied to the Joint Public Health Conference. Exploring use of web-based modular training.
22.	Provide additional training opportunities to share and develop practical ways of meeting minimum program requirements.	MDCH, MDA, MDEQ	Ongoing, helpful hints are published in the monthly Local Liaison Report, and posted to the different forum list-servs. Each program is developing a MPR Indicator Guide that provides instructions on how to meet MPRs.

Additional Phase One Improvement Recommendations (not AQIP survey-specific):

The following recommendations were not made on the basis of survey findings, but rather were the product of AQIP workgroup deliberations:

23. LHDs that completed the self-assessment for cycle two, but were not reviewed due to postponement of on-site reviews, should be given the option of being reviewed according to the tool previously received or the “new” fiscal year 03/04 tool.

Implementation Status: Done January 2004

24. Community Health Assessment essential indicators should be reclassified as important.

Implementation Status: Done, no longer applicable as the section will be replaced in its entirety by the work of the AG Workgroup.

MDCH and MDEQ should begin use of AQIP Model Criteria for Indicator Review, where feasible.

Implementation Status: Ongoing, initiated on January of 2004 and reinforced on October 28, 2004 at the All reviewer training. AQIP and the 3 Departments will monitor to ensure all reviewers are doing.

25. Continue state/local Standards Review process for development of MPRs. Emphasize the need for MPR consistency with funding and the basic level (minimum) of service for a viable program.

Implementation Status: On-going by the A-G Workgroup

Improvement Recommendations: Phase Two

The survey data and persistent engagement of all stakeholders will facilitate the development of long-term improvement opportunities. The AQIP Workgroup strongly recommended Phase Two continuance of Workgroup activity (beginning calendar year 2004) to focus on continuous accreditation quality improvement. This would also provide a mechanism to continuously monitor, evaluate, and measure the success of implemented recommendations for improvement and develop new improvement mechanisms. This section contains recommendations for improvement, by survey category, for longer-term implementation (i.e., Phase Two).

NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS:

	Recommendation	Responsible Parties	Implementation Status
27.	Utilization of on-line NPHPSP-Local Instrument (self-assessment) should be necessary for Accreditation with Commendation consideration. Note: Begin with Cycle 3.	MALPH, NACCHO, CDC- PHPPO will provide statewide training.	Yet to be assigned

NETWORKING AND BEST PRACTICES:

	Recommendation	Responsible Parties	Implementation Status
28.	Establish an Accreditation Peer Support Network (APSN).	MALPH (primary) and Local Health Departments (secondary) per survey response.	Yet to be assigned
29.	Establish a Best Practices Directory.	MALPH (primary) with local health departments and state agencies (secondary) per survey response.	Yet to be assigned

APPEALS PROCESS:

	Recommendation	Responsible Parties	Implementation Status
30	Adopt the recommended appeals process.	State Agencies and Accreditation Commission	Done, MDEQ had the lead and clarified the current appeals process with all concerned.
31	Local public health agencies would benefit from a clearer understanding regarding how enforcement will be handled in the event of non-accreditation. However, no change in law is recommended for accreditation enforcement purposes. State agencies <u>may</u> want to revisit their current contractual language regarding accreditation to ensure that it addresses their needs. State agencies could involve the Attorney	State Agencies and MALPH	Ongoing, began in July 2004 with the formation of the Boilerplate Workgroup. Work continues with a completion date tentatively set for March of 2005.

	General and local legal counsel representatives regarding appropriate boilerplate and what can be required.		
32	Accreditation Commission Bylaws need to be revised.	MPHI and Accreditation Commission	Ongoing, a committee of Commission members was formed staffed by MDCH and MPHI and a draft revision is to be presented to the Commission meeting on December 17, 2004.

Additional Phase Two Improvement Recommendations (not AQIP survey-specific):

The following recommendations were not made on the basis of survey findings, but rather were the product of workgroup deliberations. It is important to note that Phase Two recommendations would include further refinement of improvement ideas as identified in Phase-One Recommendations and additional recommendations inclusive of, but not limited to, the following:

33. A permanent sub-committee of the Accreditation Commission should be formed to monitor and assure on-going quality improvement and evaluation of the process.

Implementation Status: Done February 2004, with the convening of the AQIP II WorkGroup.

34. Stakeholders should seek sources of funding to conduct an external evaluation of the accreditation program.

Implementation Status: Yet to be assigned.

35. No changes in the indicators throughout a cycle (beginning in Cycle 3) unless a major change in funding and/or statute occurs.

Implementation Status: Done January 2004

36. New minimum program requirements mandated by external sources that emerge during the cycle should be developed and reviewed by the appropriate state/local workgroup using the model criteria for indicator review. Non-compliance would not impact the accreditation status until the next full cycle.

Implementation Status: Ongoing (to be done annually.)

Endorsement of the Model Criteria for Indicator Review for all sections (Begins in Phase One).

Implementation Status: Done January 2004

37. Internal evaluation of all 3 state departments regarding communication issues, followed with action plan and feedback from local health departments.

Implementation Status: Done January 2004 with the creation and acceptance of the AQIP final report.

38. Commitment from state agencies that non-LHD entities that receive funding will under go same accreditation/program review process as LHDs that provide the service.

Implementation Status: Done January 2004 with clarification that non-LHD entities are monitored by contract and therefore not subject to an Accreditation Evaluation, although the same MPRs are used for both Accreditation and Contract Compliance.

39. Adoption of written appeals process.

Implementation Status: Done with clarification instead of a new written process.

40. Establishment of criteria that determines when/if additional programs are added to the LHD accreditation process.

Implementation Status: Yet to be assigned.

41. NPHPS tools for state and governance be considered for implementation.

Implementation Status: Yet to be assigned.

42. MAPPP should work with MDCH and the proposed state/local workgroup to review the indicators for Section G in regards to Medical Director competencies.

Implementation Status: Ongoing, MAPPP is represented on the A-G Workgroup where all indicators are being reviewed including Medical Director Competencies.

Develop standardized technical assistance strategies to reduce the percentage of “Not Mets” within each section.

Implementation Status: On-going, Began with MDA, MDCH and MDEQ in process.