Accreditation Quality Improvement Process (AQIP)

Recommendations

to the

Michigan Local Public Health Accreditation Commission

Submitted By: The Accreditation Quality Improvement Workgroup
December 4, 2003

Accreditation Quality Improvement Process (AQIP) Workgroup Recommendations

Background

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, services, and care for Michigan citizens. Because an efficient, valuable, and credible accreditation process is fundamental to effecting that commitment, in December 2002, the Michigan Local Public Health Accreditation Commission recommended that the Michigan Departments of Community Health, Agriculture, and Environmental Quality commence a structured process for accreditation quality improvement. In January 2003, the on-site review component of the accreditation program was paused, in part, to enable stakeholders to focus on the improvement initiative.

AQIP Vision and Principles

In improving the quality of programs, services, and care provided to the public, stakeholders recognized that improvement options must be congruent with the mission and goals of the Accreditation Program. Additionally, improvement mechanisms should enhance or preserve the gains achieved through the current accreditation process and recognize that rule, regulation, and statute based Minimum Program Requirements (MPRs) are the crux of the accrediting tool. The improvement process seeks to:

- Increase the real value of accreditation to accredited local health departments
- Increase external customer, local health department staff, and state agency satisfaction
- Respond to local health departments' reduction in state funding levels
- Respond to local health departments' role in reacting to urgent/emergent public health issues

AQIP Workgroup

In March 2003, an Accreditation Quality Improvement Process (AQIP) Workgroup was organized and convened in collaboration with the Michigan Association for Local Public Health (MALPH). The locally-driven, 13 member AQIP Workgroup comprises 9 representatives from local health, 3 from state agencies, and 1 from the Michigan Public Health Institute (MPHI). Collectively, their charge is to provide leadership and direction for accreditation quality improvement. Specifically, the workgroup's primary goals are to:

- Ensure that improvement activities engage all key stakeholders
- Identify opportunities for process improvement
- Determine which improvement opportunities will have the most positive impact on stakeholder satisfaction
- Develop recommendations based on priorities
- Develop recommendations for ongoing process improvement

AQIP Survey

The AQIP Workgroup recognized that improvement requires an understanding of "what" to improve and "how" to improve. To engage stakeholders and listen to the voice of the local health community the workgroup developed a survey focusing on key accreditation process components.

In June 2003, 161 local public health professionals and 19 state agency program reviewers responded to the 60-question on-line survey as coordinated by the MPHI Center for Collaborative Research in Health Outcomes & Policy. Overall, local public health professionals and state agency reviewers believe accreditation has improved the performance of local public health department programs. ANNEX One contains the AQIP Survey Executive Summary.

Recommendations: Phase One

The AQIP Workgroup is charged with identifying opportunities for accreditation process improvement and determining which process improvement opportunities will have the most positive impact on increasing external customer, LHD, and state agency satisfaction. The scope of workgroup activity includes the development of recommendations that can be implemented almost immediately, followed by longer-term recommendations for ongoing process improvement (AQIP Draft Proposal, 2/6/03). This section contains recommendations for improvement, by survey category, for near-term implementation (i.e., Phase One).

SELF-ASSESSMENT (SA):

Recommendation	Source of Recommendation	Rationale	Responsible Parties	Timeline for Implementation
No return of SA to state agencies	Survey open-ended response and accreditation commission	SA is important as a *local* tool.	State agencies and LHDs	January 2004

ACCREDITATION WEBSITE:

Recommendation	Source of Recommendation	Rationale	Responsible Parties	Timeline for Implementation
Include documents in both WORD and PDF formats when possible.	Survey open-ended response.	Would increase user-friendliness of site.	MPHI	January 2004
Include a direct contact (hyperlink) to Technical Assistance contact persons and reviewers.	Survey open-ended response.	Would facilitate technical assistance.	MPHI	January 2004
Include link from MALPH, MDCH, MDA, MDEQ websites to accreditation website.	State agency discussion.	Would facilitate information accessibility and technical assistance.	MALPH, MDCH, MDA, MDEQ	January 2004
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.	Survey open-ended response.	Would be of interest and of value to LHDs.	MPHI	January 2004
Update the website more frequently (quarterly or monthly if needed).	Survey open-ended response.	Would increase the value of the website and assure that LHDs have the most current information.	MPHI	January 2004
Add accreditation commission minutes to website.	AQIP Workgroup recommendation.	Increase knowledge of commission activities.	MPHI	January 2004

TECHNICAL ASSISTANCE (TA) :

Recommendation	Source of Recommendation	Rationale	Responsible Parties	Timeline for Implementation
List specific TA contact person (and contact info) on each page of section specific guidance document	Survey open-ended response	Facilitates contact of state-agency for technical assistance requests.	MPHI	January 2004
Include email addresses for TA contacts	Survey open-ended response	Facilitates contact of state-agency for technical assistance requests.	MPHI	January 2004
State initiated TA contact person/reviewer offers of assistance to LHD prior to on-site review	Survey open-ended response	Increases collaboration.	MDCH, MDA, MDEQ	January 2004

ON-SITE REVIEW (OSR):

Recommendation	Source of Recommendation	Rationale	Responsible Parties	Timeline for Implementation
Evaluation of state agency program reviewers by LHD	Survey question OSR1: 85.6% strongly agree or are inclined to agree	The OSR process can be improved by LHD evaluation of state agency reviewers.	MPHI and LHDs	February 2004 (pilot begins)
Assure opportunity for exit interviews (in part, to facilitate on-site opportunity to address possible unmet indicators or areas of concern).	Survey question OSR2: 84.6% strongly agree or are inclined to agree	The OSR process can be improved by increased use of exit interviews.	MDCH, MDA, MDEQ, and LHD	February 2004
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."	Survey open-ended response and AQIP Model Criteria for Indicator Review (ANNEX Two)	Increases understanding of evaluation process.	MDCH, MDA, MDEQ, and LHD	January 2004

ON-SITE REVIEW REPORT (OSRR):

Recommendation	Source of Recommendation	Rationale	Responsible Parties	Timeline for Implementation
More frequent use of special recognition section by reviewers for inclusion in OSRR. Reviewers ask LHD to highlight best practices.	Survey question OSRR2: 56.7% strongly agree or are inclined to agree	The OSRR would be improved by more frequent use of the special recognition section.	MDCH, MDA, MDEQ	February 2004
More frequent use of recommendations for improvement section by reviewers for inclusion in OSRR.	Survey question OSRR3: 70.0% strongly agree or are inclined to agree	The OSRR process would be improved by increased use of the recommendation for improvement section.	MDCH, MDA, MDEQ	February 2004
Modify format of OSRR to include indicator description.	State-agency and Accreditation Commission discussion	Inclusion of the indicator description (to accompany the numerical identifier) in the report may result in a more-user friendly document for the LHD.	MPHI	February 2004
Inclusion of a “met with conditions” option (would be counted as a “met” indicator where programmatically feasible)	AQIP Model Criteria for Indicator Review (ANNEX Two)	Would be an alternative to marking the indicator “not met” when minor non-critical deviations are present.	MDCH, MDA, MDEQ	February 2004

CORRECTIVE PLAN OF ACTION (CPA):

Recommendation	Source of Recommendation	Rationale	Responsible Parties	Timeline for Implementation
State agencies to work with program reviewers to establish a more consultative, quality improvement focus through increased communication with LHDs.	Survey question CPA3: 81.6% strongly agree or are inclined to agree and survey open-ended response	The CPA process would benefit from improved communication between program reviewers and LHD staff.	MDCH, MDA, MDEQ	January 2004
Prepare guidance document or instructions on how to develop plan for improvement.	Survey open-ended response	A guide for the development of CPAs would be of value to LHD programs.	MDCH, MDA, MDEQ	January 2004

TRAINING:

Recommendation	Source of Recommendation	Rationale	Responsible Parties	Timeline for Implementation
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.	Survey question Train2: 83.9% strongly agree or are inclined to agree	Additional training on the accreditation process is needed for program reviewers.	MDCH, MDA, MDEQ, MPHI	Begin January 2004
Increase training opportunities for LHDs (i.e., before and during the self-assessment phase and beyond).	Survey question Train1: 58.9% strongly agree or are inclined to agree; and AQIP Model Criteria for Indicator Review (ANNEX Two).	Additional training on the accreditation process is needed for LHDs.	MDCH, MDA, MDEQ	Begin January 2004
Provide additional training opportunities to share and develop practical ways of meeting minimum program requirements.	AQIP Workgroup and public health code-Part 24.	Additional training is needed to meet minimum program requirements and accreditation indicators.	MDCH, MDA, MDEQ	Begin January 2004

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

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

- 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. *(Rationale: recognizes LHD previous preparation efforts and use of resources)*
- Community Health Assessment: Essential indicators should be reclassified as important *(Rationale: recognizes absence of state funding).*
- MDCH and MDEQ should begin use of AQIP Model Criteria for Indicator Review, where feasible *(continues into Phase Two—See ANNEX Two).*
- 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.

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 recommends 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	Source of Recommendation	Rationale	Responsible Parties	Timeline for Implementation
Utilization of on-line NPHPSP-Local Instrument (self-assessment) should be necessary for Accreditation with Commendation consideration. Note: Begin with Cycle 3.	Survey questions AP 1-7 indicate a desire for an overall quality improvement process.	The NPHPSP-Local Instrument was designed as a quality improvement tool.	MALPH, NACCHO, CDC-PHPPO will provide statewide training.	MALPH 2004 Conference will provide initial session to introduce the Local Instrument. NACCHO/CDC will provide trainers during 2004-2005 before the start of Cycle 3.

NETWORKING AND BEST PRACTICES:

Recommendation	Source of Recommendation	Rationale	Responsible Parties	Timeline for Implementation
Establish an Accreditation Peer Support Network (APSN).	Survey questions Ntwk 1-4. 73.3% strongly agree or are inclined to agree regarding benefits of APSN.	The creation of a peer-support network would improve the accreditation process.	MALPH (primary) and Local Health Departments (secondary) per survey response.	Accreditation cycle 3. Have ready by October 1, 2004 for on-site reviews beginning calendar year 2005.
Establish a Best Practices Directory.	Survey question BP 1-4. 83.3% strongly agree or are inclined to agree regarding benefits of best practices directory.	The development of a best practices directory would improve the accreditation process.	MALPH (primary) with local health departments and state agencies (secondary) per survey response.	Accreditation cycle 3. Have ready by October 1, 2004 for on-site reviews beginning calendar year 2005.

APPEALS PROCESS:

Recommendation	Source of Recommendation	Rationale	Responsible Parties	Timeline for Implementation
Adopt the recommended appeals process (ANNEX Three).	AQIP Workgroup	A more explicit appeals process is needed.	State Agencies and Accreditation Commission	October 1, 2004
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 may want to revisit their current contractual language regarding accreditation to ensure that it addresses their needs. State agencies could involve the Attorney General and local legal counsel representatives regarding appropriate boilerplate and what can be required.	AQIP Workgroup	The Accreditation Program purpose is primarily to evaluate compliance with minimum program requirements for local public health agencies. Compliance with state contracts which require accreditation should be enforced by the affected state agencies which may use such remedies as authorized under the Michigan Public Health Code, the Administrative Procedures Act, contract requirements and other applicable criteria.	State Agencies and MALPH	July 1, 2004
Accreditation Commission Bylaws need to be revised consistent with Annex Three.	AQIP Workgroup	Need to update Bylaws in line with recommendations. Bylaw changes should be reviewed by MPHI for any potential conflicts before approval by Commission.	MPHI and Accreditation Commission	July 1, 2004

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

The following recommendations were not made on the basis of survey findings, but rather are 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:

- A permanent sub-committee of the Accreditation Commission should be formed to monitor and assure on-going quality improvement and evaluation of the process.
- Stakeholders should seek sources of funding to conduct an external evaluation of the accreditation program.
- No changes in the indicators throughout a cycle (beginning in Cycle 3) unless a major change in funding and/or statute occurs.
- 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 (see ANNEX Two). Non-compliance would not impact the accreditation status until the next full cycle.
- Endorsement of the Model Criteria for Indicator Review for all sections (Begins in Phase One—See ANNEX Two).
- Internal evaluation of all 3 state departments regarding communication issues, followed with action plan and feedback from local health departments.
- 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.
- Adoption of written appeals process (ANNEX Three).
- Establishment of criteria that determines when/if additional programs are added to the LHD accreditation process.
- NPHPS tools for state and governance be considered for implementation.
- MAPPP should work with MDCH and the proposed state/local workgroup to review the indicators for Section G in regards to Medical Director competencies.
- Develop standardized technical assistance strategies to reduce the percentage of “Not Mets” within each section.

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ANNEX One

AQIP SURVEY EXECUTIVE SUMMARY

Introduction

This Executive Summary presents the findings of the AQIP Survey, using both its close-ended and open-ended responses. This Executive Summary presents the findings from the AQIP Survey, as well as Specific Recommendations from the AQIP Survey Work Group based on these findings.

Survey Findings

The findings from the survey have been grouped by two over-arching common themes, "Support for Accreditation" and "Concerns with Accreditation." Presented below is the detail for each of those two themes that emerged from the AQIP survey responses. The detail for both of the common themes is strongly supported by both the close-ended and open-ended responses.

Support for Accreditation

A. Accreditation has materially improved Local Public Health Departments in Michigan.

B. The accreditation tool, self-assessment instrument, on-site review report, and corrective plans of action, are all valuable aspects of the accreditation process that contribute to improved Local Public Health Department performance in Michigan.

C. Michigan's Accreditation process should continue.

Concerns with Accreditation

A. Communication between State Agencies and Local Public Health Departments is inconsistent, slow, and not sufficient for helping local health departments solve problems uncovered by the accreditation process.

B. Key elements of the accreditation process are either inconsistent or vague. Concerns regarding inconsistency centeres on reviewer activities and the fact that the accreditation tool has changed within a review cycle. Examples of concerns regarding aspects of accreditation that lack detail and clarity include self-assessment and corrective plan of action procedures.

C. Training is needed for both the reviewers and Local Public Health Department staff. The overall accreditation process, the accreditation tool, the website, and the roles of the Accreditation Commission and MPHI were cited as examples of subject areas that should be topics of these trainings.

AQIP Survey Workgroup Recommendations

The recommendations summarize ideas receiving **wide support (Level I)** within both the open-ended responses and the close-ended responses and areas that **may not have strong support (Level II)** from the other respondents in the survey, but the Survey Workgroup believes the ideas are worth pursuing. These latter are drawn entirely from the analysis of the open-ended responses.

The agency responsible for addressing each issue has been indicated. In each case, we note the specific support among the survey responses for each specific recommendation, whether that support stems from the close-ended responses, the open-ended responses, or both.

In order to put the survey results into action, the Survey Workgroup recommends:

State Agencies:

Should:

A. Conduct a self-assessment to determine the status of the program aspect relative to the survey concerns (Level I).
B. Prepare a corrective plan of action, if necessary, and submit the plan to AQIP for comment (Level II).
C. Implement the plan and report on progress (Level I).

AQIP:

Should recommend:

A. A procedure for reviewing/commenting on State Agency corrective plans of action (Level I).
B. A format for ensuring consistency in Corrective Plans of Action, and ensuring that the process has a clearly established communication procedure between the state agency requesting the CPA and the LHD that must produce the CPA (Level I).
C. A procedure for increasing inter-rater reliability of State Agency program reviewers (Level I).
D. A procedure for sharing "Best Practices" (Level I).
E. Procedures for developing an "Accreditation Peer Support Network" (Level I).
F. The pursuit of an "outside evaluation of the accreditation process" (Level I).
G. A strategy for incorporating the NPHPS into the accreditation process (Level I).
H. That the development of other indicators in the Administration Section relative to medical director competencies not be pursued without further discussion (Level II).

MPHI:

Should:

A. Conduct a self-assessment to determine the status of the program aspect relative to the survey concerns related to MPHI (Level I).
B. In consultation with MDCH, prepare a corrective plan of action, if necessary, and submit the plan to AQIP for comment (Level II).
C. Implement the plan and report on progress (Level I).

Accreditation Commission:

Should:

A. Examine its efforts to ensure widespread dissemination among all stakeholders concerning its role, mission and activities (Level I).
B. Ensure that its activities are made as public as possible (Level I).
C. Develop and establish a process for continuous quality assessment of the accreditation process (Level II).

ANNEX Two

Model Criteria for Accreditation Indicator Review

The Accreditation Quality Improvement Process (AQIP) Workgroup is charged with identifying opportunities for process improvement and determining which process improvement opportunities will have the most positive impact on increasing external customer, LHD, and state agency satisfaction. (Draft Proposal Feb. 6, 2003)

The AQIP Workgroup has reviewed the revised Food Service Sanitation indicators and guidance document materials that were developed by a state-local workgroup convened by the Michigan Department of Agriculture. While the results of the Department of Agriculture's committee have not been tested, the feedback received from both state and local representatives has been very positive. It is the consensus of the AQIP workgroup that many of the components utilized in the Food Service Committee's work can be replicated in other sections within the accreditation process. The following is the criteria the AQIP Workgroup would like both the Michigan Department of Community Health and the Michigan Department of Environmental Quality to utilize when reviewing the indicators in the remaining sections of the accreditation tool.

- Establish a state/local workgroup to review the indicators and guidance documents in a systematic and timely fashion. The review should take into consideration:
  - Legal mandates, required program outcomes, and direct relationship of defined indicators to MPRs.
  - Assurance that MPRs are related to state/federal statutes and to funding available.
  - Experience gained and changes in legal mandates that occur but minimize modifications being made within each accreditation cycle.
- Review the sections and recommend elimination of review overlap between sections and/or departments.
- Review the set of indicators within the section to assure essential and important indicators are appropriately categorized.
- Whenever sampling is required, a full description of the sampling methodology should be contained in the accreditation guidance document, including the nature of the items to be sampled, the number of items to be sampled, the time frame of all events from which the samples will be drawn, the geographic locations and any other criteria affecting the sampling methodology (see examples attached).

- Establish a compliance threshold for the sampling of a given indicator, when applicable.
- Provide a listing of materials needed in advance for the on-site review when applicable. Also provide a listing in the guidance document that specifies:
    - The precise materials needed for the review
    - Specific methods used to gather records for the review
    - How to evaluate the data
    - How to determine if the MPR is either Met, Met with Condition, or Not Met
    - In addition, the document should include information indicating what is needed to fully meet each indicator. The information should be based upon common factors that lead to a "Not Met" status.
- When applicable, consider a "Met with Conditions" category. The category is an alternative to giving a "Not Met" when minor non-critical deviations are detected that do not warrant the preparation of a Corrective Plan of Action. The follow-up evaluation for "Met with Conditions" MPRs would occur at the next review cycle. A "Met with Conditions" can only occur during the first on-site review within the cycle. If the indicator is not corrected by the follow-up visit, the indicator will be classified as "Not Met".
- Refer to the National Public Health Performance Standards materials as a resource during indicator review and revision, as AQIP is recommending LHD utilization of the on-line NPHPSP-Local Instrument (self-assessment) as consideration for Accreditation with Commendation (in cycle 3).

EXAMPLE...EXAMPLE...EXAMPLE

Michigan Department of Agriculture (MDA) Random Sampling Methods

Random number sampling introduces less bias than any other sampling method available. The objective is that every item on the list being used has an equal chance of being selected. For accreditation MDA uses a simple random sampling method to draw all samples. MDA may place criteria on certain samples, thereby rejecting the selected document or file as not meeting pre-defined criteria and then randomly selecting another, until one is drawn that meets the criteria.

To use a random selection method, it is necessary to have a list of the items to be selected from (i.e. licensed establishment list, plan review log, complaint log, etc.). Generate the list as randomly as possible to reduce bias (i.e. sorting by license number instead of A-Z produces a more random list). Many lists can be produced in only one format, such as a handwritten log that is in chronological date order.

Method #1: Random number generating calculator or computer software or hard copy random number table

Select random numbers between the minimum and maximum number from the list being used. For example, you have a list of 175 fixed food service establishments and you want to select 5 establishments from the list.

Use the calculator, software or random number table to select 5 random numbers from 1 to 175. Should the same number be generated twice, reject the duplicate and select another random number. For example, let's say the numbers selected are: 32, 86, 12, 143 and 106. You would then count from the beginning of the establishment list and choose the 12^{th}, 32^{nd}, 86^{th}, 106^{th} and 143^{rd} establishments.

Note: Be sure you thoroughly understand how to properly use the calculator, software or random number table hard copy you have chosen. Should you be unsure how to properly use these tools, method #2 may be simpler and less prone to error for beginners.

Method #2: Select every K facility

Select random numbers between the minimum and maximum number from the list being used. For example, you have a list of 175 fixed food service establishments and you want to select 5 establishments from the list.

1. Number the list, starting with 1.
2. Have another individual select a number from 1-175 (the selected number may include 1 & 175). Let's say 40 is selected. Use the selected number (40) as the starting point.
3. Divide the total number of establishments (175) by the sample size (5). 175/5 = 35. This means that every 35th establishment file will be selected for review.
4. Now find the 40th establishment from the beginning of the list. This is the first file that will be reviewed. Next count ahead 35 establishments to find the 2nd file to be reviewed. Continue until 5 establishment files have been selected. When you reach the end of the list, continue counting from the beginning. You should have selected establishment the following establishments: 40, 75, 110, 145 and 5. Should you need to select more than 5 start over with #2 above to avoid selecting items previously selected.

EXAMPLE…EXAMPLE…EXAMPLE

Office Sample Size Chart

Determine the number of food establishments licensed, plan reviews conducted, temporary licenses issued complaints investigated, etc. that a sample is to be drawn from. Find that number under population size, then find the number of files to be reviewed under sample size.

Population Size	Sample Size (n)*
4	3
5	4
6-7	5
8-9	6
10-13	7
14-16	9
17-19	10
20-23	11
24-27	12
28-32	13
33-39	14
40-47	15
48-58	16
59-73	17
74-94	18
95-129	19
130-192	20
193-340	21
341-1154	22
1155 +	23

*Sample sizes were determined using "Sample XS" software available for free download from http://www.myatt.demon.co.uk/. The software assumes a p value of 0.95. The "estimated prevalence" used was 16% and the "± maximum error" used was 15%. The mean prevalence was determined using actual data from 17 accreditation reviews conducted during 2002 & 2003.

ANNEX Three

Appeal Procedures

At any time after the Onsite Review a Local Health Department is encouraged to contact the state agency to discuss any areas of disagreement. If disagreements persist, the Local Health Department may appeal any findings in accordance with the following procedures. Further Commission action on the local health department accreditation status will be deferred until the appeal process is completed.

Step 1—Informal Conference

A local health department may request an Informal Conference within 45 working days following the Onsite Review with a state agency for the purpose of discussing areas of disagreement stemming from an accreditation onsite review which led to a "Not Met" indicator.

A local health department can request an Informal Conference in writing to the Accreditation Program Coordinator who shall notify the appropriate State Department/s.

An Informal Conference shall be scheduled by the state agency within 10 working days of receipt of the request for an Informal Conference. The state agency/ies shall provide written notice to the Local Health Department confirming the date, time and location of the Informal Conference with a copy to the Accreditation Program Coordinator.

Attendance: For the State Department, the onsite reviewer and a designated department manager (involved in the program area at a higher level than the onsite reviewer). The Local Health Department shall select no more than two representatives per section appealed.

Scope: The discussion shall be limited to the materials reviewed by the reviewer at the time of the evaluation, the reviewer's observations, and whether or not the reviewer's documented conclusion is consistent with the criteria in the Accreditation Guidance Document.

Record: The State Department shall take minutes of the Informal Conference and provide a copy to the local health department representative.

The State Department Program Manager shall make the final decision. The results of the Informal conference shall be provided in writing to the local health department within 10 working days following the conference.

The Accreditation Program Coordinator shall be notified in writing of the results of each Informal Conference by the state agency.

Step II—Formal Conference

A Formal Conference shall be scheduled only after an Informal Conference has been conducted.

A Local Health Department that is not satisfied with the results of an Informal Conference may request a Formal Conference with the Accreditation Commission. The request shall be made in writing to the attention of the Accreditation Program Coordinator within 20 working days after notice of the Informal Conference results.

A Formal Conference will be scheduled within 10 working days and called by the Conference Officer who is the chair of the Accreditation Commission and is a non-voting member of the Conference Board.

The Formal Conference will be conducted by a Conference Board made up of :

Conference Officer:	Chairperson of the Accreditation Commission
Panel:	One Accreditation Commissioner representing Local Health Departments One Accreditation Commissioner representing the public at large One Accreditation Commissioner representing a neutral State Department
Procedure:	The Conference Officer shall conduct the Formal Conference. He/She shall: • Call meeting to order • Enter the time, date and reason for the Conference on the record. • State names, positions/titles, representation and reasons for attendance of all individuals present at the Conference shall be stated for the record by the Conference Officer. • Question each Conference Board member as to any conflict of interest in the case before the Board.

A copy of the minutes from the Informal Conference shall be made available to the Conference Board for review prior to the meeting and shall be entered into the record.

A stenographer shall be provided for the purpose of tape-recording the Conference and to prepare a written summary of the Conference within 10 working days. All records of proceedings are public record.

The State Department shall present its case first. Oral and written arguments shall be provided to show why the "Not Met" judgment of the contested indicator(s) is in accordance with the criteria specified in the Accreditation Guidance Document.

The Local Health Department and the Conference Board may cross-examine the State Department.

The Local Health Department shall present its case after the State has concluded its testimony. The Local Health Department shall provide oral and written arguments to refute the opinions and conclusions of the state agency.

The State Department and the Conference Board may cross-examine the Local Health Department.

Prior to adjournment, the State Department and the Local Health Department shall have an opportunity to make a closing statement to clarify their respective positions. No additional information shall be entered into the record after the closing statement.

Upon completion of the Formal Conference, the Conference Board shall evaluate the testimony and evidence and render a decision within 30 working days. The decision shall be based upon the majority vote. A copy of the written decision shall be provided to the Local Health Department, the State Department and the Accreditation Program Coordinator.

All decisions made by the Conference Board are final and binding upon the Local Health Department and the State Department.