

***Accreditation Quality Improvement Process (AQIP)***

***Implementation Status Report***

***to the***

***Michigan Local Public Health  
Accreditation Commission***

***Submitted By: The Michigan Departments of Community Health,  
Agriculture, and Environmental Quality  
March 17, 2004***

## **Accreditation Quality Improvement Process (AQIP) 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 and services 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 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.

In 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.

In 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.

The Michigan Local Public Health Accreditation Commission accepted the AQIP reports at its January 2004 meeting and recommended state agency review and implementation. The three state agencies have reviewed the AQIP reports in their entirety and have commenced accreditation quality improvement activity.

### **AQIP: Implementation Status Report**

As of March 17, 2004, MDCH, MDA, and MDEQ have implemented all of the non-training related Phase One survey-specific recommendations (recommendation numbers 1 through 22). It is important to note that recommendations relative to training were introduced to reviewers at the January 2004 all-reviewer meeting. In summary, twenty-one (21) of the forty-four (44) overall recommendations for improvement have been implemented.

In developing a plan to address the remainder, the state agencies sought guidance from the AQIP Survey Executive Summary and Analysis Report. The survey report as previously presented to the Accreditation Commission describes 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.

To be responsive to stakeholders' accreditation concerns, MDCH, MDA, and MDEQ have 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 will target subsequent improvement efforts in the following three focus areas:

- Accreditation Process Training
- Reviewer Evaluation
- Appeals Process

The state agencies believe that improvement activity related to these focus areas will have the most positive impact on stakeholder satisfaction—as they will address communication, reviewer and training issues. It is important to note that the “Accreditation Process Training,” focus area targets the incorporation of ten (10) AQIP recommendations. These ten recommendations are identified in the recommendation table contained in this report. Attachments to this report provide additional details surrounding state agency efforts to address these focus areas.

The following table identifies AQIP recommendations, responsible parties, implementation timelines, and implementation status. The sequence numbers reflected in the implementation status column denote the sequence in which MDCH, MDA, and MDEQ suggest addressing the recommendation. It is important to note that several recommendations will require additional state and local collaboration via workgroup activity.

**Phase One Survey-Specific Improvement Recommendations:**

**SELF-ASSESSMENT (SA):**

	<b>Recommendation</b>	<b>Responsible Parties</b>	<b>Timeline for Implementation</b>	<b>Comments</b>	<b>Implementation Status</b>
1.	No return of SA to state agencies	State agencies and LHDs	January 2004		<b>Done (January 2004)</b>

**ACCREDITATION WEBSITE:**

	<b>Recommendation</b>	<b>Responsible Parties</b>	<b>Timeline for Implementation</b>	<b>Comments</b>	<b>Implementation Status</b>
2.	Include documents in both WORD and PDF formats when possible.	MPHI	January 2004		<b>Done (January 2004)</b>
3.	Include a direct contact (hyperlink) to Technical Assistance contact persons and reviewers.	MPHI	January 2004		<b>Done (January 2004)</b>
4.	Include link from MALPH, MDCH, MDA, MDEQ websites to accreditation website.	MALPH, MDCH, MDA, MDEQ	January 2004		<b>Done (March 2004)</b>
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	January 2004		<b>Done (January 2004)</b>
6.	Update the website more frequently (quarterly or monthly if needed).	MPHI	January 2004		<b>Done (January 2004)</b>
7.	Add accreditation commission minutes to website.	MPHI	January 2004		<b>Done (January 2004)</b>

**TECHNICAL ASSISTANCE (TA) :**

	<b>Recommendation</b>	<b>Responsible Parties</b>	<b>Timeline for Implementation</b>	<b>Comments</b>	<b>Implementation Status</b>
8.	List specific TA contact person (and contact info) on each page of section specific guidance document	MPHI	January 2004		<b>Done (January 2004)</b>
9.	Include email addresses for TA contacts	MPHI	January 2004		<b>Done (January 2004)</b>
10.	State initiated TA contact person/reviewer offers of assistance to LHD prior to on-site review	MDCH, MDA, MDEQ	January 2004	To be addressed at quarterly all-reviewer meetings/training sessions.	Reviewer training issue. See Attachment 1. (Sequence 1)

**ON-SITE REVIEW (OSR):**

	<b>Recommendation</b>	<b>Responsible Parties</b>	<b>Timeline for Implementation</b>	<b>Comments</b>	<b>Implementation Status</b>
11.	Evaluation of state agency program reviewers by LHD	MPHI and LHDs	April 2004 pilot begins (per 1/27/04 commission deliberations)	Under development by MDA	See Attachment 2. (Sequence 1)
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	February 2004		<b>Done (February 2004)</b>
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	January 2004	To be addressed at quarterly all-reviewer meetings/training sessions.	Reviewer training issue. See Attachment 1. (Sequence 1)

**ON-SITE REVIEW REPORT (OSRR):**

	<b>Recommendation</b>	<b>Responsible Parties</b>	<b>Timeline for Implementation</b>	<b>Comments</b>	<b>Implementation Status</b>
14.	More frequent use of special recognition section by reviewers for inclusion in OSRR. Reviewers ask LHD to highlight best practices.	MDCH, MDA, MDEQ	February 2004	To be addressed at quarterly all-reviewer meetings/training sessions.	Reviewer training issue. See Attachment 1. (Sequence 1)
15.	More frequent use of recommendations for improvement section by reviewers for inclusion in OSRR.	MDCH, MDA, MDEQ	February 2004	To be addressed at quarterly all-reviewer meetings/training sessions.	Reviewer training issue. See Attachment 1. (Sequence 1)
16.	Modify format of OSRR to include indicator description.	MPHI	February 2004		<b>Done (January 2004)</b>
17.	Inclusion of a "met with conditions" option (would be counted as a "met" indicator where programmatically feasible)	MDCH, MDA, MDEQ	February 2004	To be addressed at quarterly all-reviewer meetings/training sessions.	Reviewer training issue. See Attachment 1. (Sequence 1)

**CORRECTIVE PLAN OF ACTION (CPA):**

	<b>Recommendation</b>	<b>Responsible Parties</b>	<b>Timeline for Implementation</b>	<b>Comments</b>	<b>Implementation Status</b>
18.	State agencies to work with program reviewers to establish a more consultative, quality improvement focus through increased communication with LHDs.	MDCH, MDA, MDEQ	January 2004	To be addressed at quarterly all-reviewer meetings/training sessions.	Reviewer training issue. See Attachment 1. (Sequence 1)
19.	Prepare guidance (instructions) on how to develop plan for improvement.	MDCH, MDA, MDEQ	June 2004 (per 1/27/04 commission deliberations)		<b>Done (March 2004)</b>

**TRAINING:**

	<b>Recommendation</b>	<b>Responsible Parties</b>	<b>Timeline for Implementation</b>	<b>Comments</b>	<b>Implementation Status</b>
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	Begin January 2004	To be addressed at quarterly all-reviewer meetings/training sessions.	Reviewer training issue. See Attachment 1. (Sequence 1)
21.	Increase training opportunities for LHDs (i.e., before and during the self-assessment phase and beyond).	MDCH, MDA, MDEQ	Begin January 2004		Training Issue. See Attachment 1. (Sequence 1)
22.	Provide additional training opportunities to share and develop practical ways of meeting minimum program requirements.	MDCH, MDA, MDEQ	Begin January 2004	To be addressed at quarterly all-reviewer meetings/training sessions.	Reviewer training issue. See Attachment 1. (Sequence 1)

**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: Over 50% Done January 2004. Needs more local input.**

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

**Implementation Status: Done January 2004**

26. 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: Done January 2004**

**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:**

	<b>Recommendation</b>	<b>Responsible Parties</b>	<b>Timeline for Implementation</b>	<b>Comments</b>	<b>Implementation Status</b>
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.	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.		(Sequence 4)



**NETWORKING AND BEST PRACTICES:**

	<b>Recommendation</b>	<b>Responsible Parties</b>	<b>Timeline for Implementation</b>	<b>Comments</b>	<b>Implementation Status</b>
28.	Establish an Accreditation Peer Support Network (APSN).	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.		MALPH response necessary.
29.	Establish a Best Practices Directory.	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.		MALPH response necessary.

**APPEALS PROCESS:**

	<b>Recommendation</b>	<b>Responsible Parties</b>	<b>Timeline for Implementation</b>	<b>Comments</b>	<b>Implementation Status</b>
30	Adopt the recommended appeals process.	State Agencies and Accreditation Commission	October 1, 2004		See Attachment 3.
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 General and local legal counsel representatives regarding appropriate boilerplate and what can be required.	State Agencies and MALPH	July 1, 2004		See Attachment 3.
32	Accreditation Commission Bylaws need to be revised.	MPHI and Accreditation Commission	July 1, 2004		See Attachment 3.

**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**

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

**Implementation Status: (Sequence 3)**

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: Done January 2004**

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

**Implementation Status: Done January 2004**

38. 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**

39. 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**

40. Adoption of written appeals process.

**Implementation Status: See Attachment 3.**

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

**Implementation Status: (Sequence 2)**

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

**Implementation Status: (Sequence 6)**

43. 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: (Sequence 5)**

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

**Implementation Status: Reviewer training issue. See Attachment 1. (Sequence 1)**

## **Attachment #1**

### **Draft TRAINING PROPOSAL**

The AQIP Survey Executive Summary and Analysis Report describes two common accreditation themes that surfaced in both the closed and open-ended survey responses. The Concerns with Accreditation theme is relevant to this training proposal. In essence, the 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.

Of the forty-four (44) AQIP recommendations for accreditation improvement, ten (10) were specific to training needs and issues. Additionally, many of the other recommendations, such as use of model criteria for indicator review, and others will require reviewer training.

In an effort to improve communication between state and local agencies, clarify accreditation key elements and processes, increase accreditation reviewer knowledge of the process, develop practical ways of meeting minimum program requirements, and focus on a consultative quality improvement approach, the state departments propose to broaden the scope of existing reviewer training.

This training proposal seeks to develop a simple assessment of specific training needs, utilize the existing interagency partnership for oversight, develop content, conduct trainings, and provide outcome measurement.

The proposal seeks to increase all-reviewer meetings from an annual occurrence to quarterly occurrences. This represents 3 additional reviewer training sessions (1/2 day each) for the period of October 1, 2004 through September 30, 2005. Additional training opportunities will be identified as needed and implemented as resources permit.

## Proposed Training Workplan

**Strategy 1: Develop a simple needs assessment tool to determine training needs within state agencies. Based on findings establish a prioritized training agenda.**

Tasks	Target for completion
Develop instrument	October 2004
Identify participants, completion timeline	October 2004
Analysis of results	October 2004
Finalize training agenda	October 2004

**Strategy 2: Utilize the existing inter-agency partnership to provide oversight of training agendas, materials, presenters/trainers, and event coordination.**

Tasks	Target for completion
Share detailed project plan including training agendas prior to finalization	October 2004
Provide overall project status report at bi-monthly meetings	Ongoing
Preview all training materials	Ongoing

**Strategy 3: Develop content materials.**

Tasks	Target for completion
Recruit/schedule presenters	October 2004
Develop power point presentation	Specific to each training
Create handouts and participant materials	Specific to each training

**Strategy 4: Conduct trainings.**

Tasks	Target for completion
Reserve facilities, catering and technologies	October 2004
Send "Save the Date" notifications to participants	Specific to each training
Hold trainings	Specific to each training

**Strategy 5: Provide outcome measurement through evaluation activities.**

Tasks	Target for completion
Develop instrument	October 2004
Identify participants, completion process and timeline	Specific to each training
Analyze results	Ongoing
Develop white paper on training process and outcomes	September 2004

## **Attachment #2**

### **Draft REVIEWER EVALUATION PROPOSAL**

#### **Overview**

1. Each section will provide one copy of the “Accreditation Reviewer Evaluation” form along with mailing instructions at the exit interview.
2. The LHD will be asked to complete only one form that collectively summarizes their experience with all of the reviewers in the section.
3. The LHD will be asked to submit the reviewer evaluation form to the section within 30 days upon receipt of the Onsite Review Report. Reports received after 30 days will not be accepted.
4. Upon receipt, the section will enter the data into the spreadsheet provided. (sheet 1).
5. Each section will send a quarterly report to MPHl (at a time to be specified). The reports will be sent to the Commissioners along with other mailings in advance of the quarterly commission meeting.
6. A quarterly report is created by copying the chart generated in the spreadsheet (chart 1) and pasting it into the template provided in Word format. In addition, the date and the number of LHDs reporting (calculated in sheet 1) are also entered on the Word report.

**Attachment #2**

**Accreditation Reviewer Evaluation (DRAFT 3/5/04)**

**Section:** \_\_\_\_\_ **Number of Reviewers:** \_\_\_\_\_

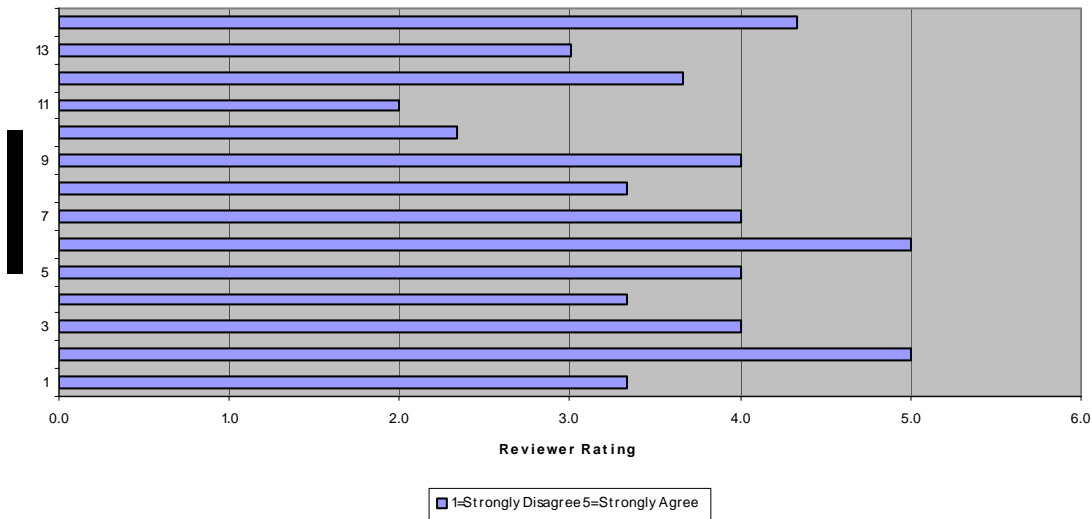
Directions: Circle the number that corresponds to your response, using the following scale:

- 1 = Strongly disagree **SD**
- 2 = Disagree **D**
- 3 = Neutral **N**
- 4 = Agree **A**
- 5 = Strongly Agree **SA**
- blank = Does not apply or prefer not to answer

	<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>S A</b>
1. Reviewer(s) offered technical assistance to LHD prior to onsite review	1	2	3	4	5
2. A clear overview of "what will occur" and "how the LHD will be evaluated" was provided by the reviewer(s) either on-site or in advance of the visit.	1	2	3	4	5
3. Reviewer(s) conduct was professional throughout visit	1	2	3	4	5
4. The reviewer(s) maintained a consultative and quality improvement focus	1	2	3	4	5
5. The reviewer(s) are experts in their field	1	2	3	4	5
6. The reviewer(s) made judgments consistent with published program standards	1	2	3	4	5
7. Reviewer(s) allowed for an appropriate amount of interaction	1	2	3	4	5
8. The reviewer(s) listened carefully and respectfully to LHD responses to questions	1	2	3	4	5
<b>8. Reviewer(s) conducted an exit interview (if no skip 9- 12 )</b>	<b>No</b>		<b>Yes</b>		
9. Reviewer(s) scheduled the exit interview far enough in advance	1	2	3	4	5
10. Program strengths and weakness were discussed	1	2	3	4	5
11. Recommendations for improvement were made as necessary	1	2	3	4	5
12. Reviewer(s) provided copies of relevant material during the exit interview	1	2	3	4	5
13. The written Onsite Review Report made optimum use of the "Special Recognition" and "Recommendations for Improvement" categories	1	2	3	4	5
14. The Onsite Review Report provided for this section is very helpful for me to use to improve the quality of this program	1	2	3	4	5
13. Overall, the reviewer(s) did an excellent job.	1	2	3	4	5
14. The review was compatible with my agency's program self-assessment	1	2	3	4	5

## Section H – Food Service Sanitation 3 Local Health Departments Reporting March 3, 2004

Accreditation Reviewer Evaluation Summary



**Review Categories:**

1. Reviewer(s) offered technical assistance to LHD prior to onsite review
2. A clear overview of “what will occur” and “how the LHD will be evaluated” was provided by the reviewer(s) either on-site or in advance of the visit.
3. Reviewer(s) conduct was professional throughout visit
4. The reviewer(s) maintained a consultative and quality improvement focus
5. The reviewer(s) are experts in their field
6. The reviewer(s) made judgments consistent with published program standards
7. Reviewer(s) allowed for an appropriate amount of interaction
8. The reviewer(s) listened carefully and respectfully to LHD responses to questions
<b>8. Reviewer(s) conducted an exit interview (if no skip 9- 12 ) (0=no, 5=yes)</b>
9. Reviewer(s) scheduled the exit interview far enough in advance
10. Program strengths and weakness were discussed
11. Recommendations for improvement were made as necessary
12. Reviewer(s) provided copies of relevant material during the exit interview
13. The written Onsite Review Report made optimum use of the “Special Recognition” and “Recommendations for Improvement” categories
14. The Onsite Review Report provided for this section is very helpful for me to use to improve the quality of this program
13. Overall, the reviewer(s) did an excellent job.
14. The review was compatible with my agency’s program self-assessment



## **Attachment #3**

### **EXISTING APPEALS PROCESS**

To become accredited, all 300 plus essential indicators must be met. There are instances when there may be a different point of view whether an indicator has been met as determined by the reviewer. The following procedure should be used by a local health department to resolve those disagreements.

#### Step 1

During the exit interview the interpretation of why a particular indicator not met should be discussed between the reviewer and the local health department representative(s). If resolution cannot be obtained, the local health department should proceed to step 2.

#### Step 2

Local health departments that disagree with on-site review findings after the exit interview may request an inquiry. Typically, the inquiry group will consist of relevant LHD staff, the on-site reviewer, the reviewer's manager, the Accreditation Commission Chair and the MPH Accreditation Project Coordinator. The objectives of this group are to clarify facts, verify information and seek a resolution. This process is initiated by the local health department sending a letter to the MPH Accreditation Project Coordinator requesting an inquiry of the questionable indicator.

#### Step 3

Since being accredited requires that 100 percent of the indicators be met, the next step is for the individual state department to utilize the Administrative Procedures Act requirements to seek compliance. Hopefully through a Consent Agreement between the state agency and the local health department, resolution can be obtained. If unsuccessful, an Administrative Order is issued by the state agency to the health department requiring correction of the indicator(s), which will lead to becoming accredited.