



Michigan Local Public Health Accreditation Commission
Meeting Minutes – Pending Approval
January 8, 2015
Capitol View Building

INTRODUCTION/TELECONFERENCE ROLL CALL

COMMISSION: Kevin Besey, Bruce Bragg, Marcus Cheatham (Vice Chair), Kathy Forzley (dialed in), Corinne Miller, Mark Miller, Susan Moran (Chair), Michael Mortimore (dialed in), Liane Shekter Smith, Lisa Stefanovsky (dialed in), and Rashmi Travis.

GUESTS: Jeanette Ball, Jon Gonzalez, Jessie Jones, Rachel Melody, Denise Reinhart, and Debra Tews.

Meeting convened at 9:30 a.m.

GENERAL ANNOUNCEMENTS – ALL MEMBERS

Smith announced that they filled Ric Falardeau’s position with Jeremy Hoeh. Hoeh is a licensed engineer and comes from air quality division. He will be overseeing On-site Waste Water, Septic Waste Program Part 117, and Campgrounds and Pools Part 125.

Moran announced that Director Lyon is now serving as the interim director of the Department of Human Services. Moran also announced that department is preparing to re-bid for the Medicaid health plan contracts for fiscal year 2016. Unlike previous bidding processes, the bidder will now bid on a region. The State is being split into different regions all based on the Governor’s prosperity regions. The bidder must bid for all counties within a prosperity region.

M. Miller announced that Konrad Edwards, Local Health Services, who was involved in the Accreditation program, has retired and now Jon Gonzalez has taken over different aspects of Accreditation.

Besey announced Becky Peterson, a food service consultant, is retiring.

AGENDA APPROVAL – ALL MEMBERS

The Commission reviewed the agenda. Cheatham moved to approve the agenda and C. Miller seconded. The motion carried unanimously.

ORGANIZATIONAL ITEMS-ALL MEMBERS

Jones explained that January is the annual business meeting for the Commission and at this time the Vice Chair is appointed for that year. The Vice Chair will run the meeting if the Chair is not available. Currently, Cheatham is Vice Chair and has served two terms. Bragg moved that Cheatham be appointed for the 2015 term. Mortimore seconded the motion. The motion carried unanimously.

MINUTES OF PREVIOUS MEETING – ALL MEMBERS

The minutes from the September meeting were reviewed and accepted. Cheatham initiated the vote, C. Miller moved to support, and the motion carried unanimously.

CYCLE SPREADSHEET/UPDATE OF CORRECTIVE PLAN OF ACTION STATUS–JESSIE JONES

Jones presented the Cycle 6 Spreadsheet and noted that reviews will start at the beginning of February. Kalamazoo, Branch-Hillsdale-St. Joseph, and Marquette have accessed the tool and the module and are getting ready for their reviews

Jones then discussed the Cycle 5 spreadsheet. Five local health departments (LHDs), in blue, are pending recommendation for accreditation by the Commission: Benzie-Leelanau, Berrien, Saginaw, Ingham, and Macomb.

Four LHDS in green are still pending implementation of their Corrective Plans of Action (CPAs). These are Ionia, Midland, Monroe, and Wayne. One LHD, Calhoun, is in the red because the department has less than 90 days to fully implement their CPAs.

ACCREDITATION STATUS RECOMMENDATIONS –JESSIE JONES

Jones presented a summary of the LHDs eligible for Accreditation. The Benzie-Leelanau District Health Department On-Site Review occurred the week of September 30, 2013. Benzie-Leelanau had eight missed indicators: one in Powers and Duties, four in Food Service, two in On-Site Wastewater Treatment Management, and one in Vision. They have two commonly missed indicators between Cycle 4 and Cycle 5; MPR 7 and MPR 8 in Food Service. All CPAs have been fully implemented and are eligible for Accreditation. Cheatham motioned to recommend approval for Accreditation, C. Miller seconded, and the motion passed unanimously.

The Berrien County Health Department's On-Site Review occurred the week of November 4, 2013. Berrien missed four indicators: two in Food Service and two in Family Planning. Berrien has fully implemented all CPAs. There were no commonly missed indicators between Cycles 4 and 5. Berrien met 100% of indicators in the QIS and is eligible for Accreditation with Commendation. C. Miller motioned to recommend approval of Berrien for Accreditation with Commendation, Smith seconded, and the motion passed unanimously.

The Saginaw County Health Department's On-Site Review occurred the week of January 27, 2014. Saginaw missed eight indicators: two in Food Service, one in General Communicable Disease Control, one in On-Site Wastewater Treatment Management, two in Family Planning, and two in CSHCS. Saginaw has fully implemented their CPAs and did not have any commonly missed indicators between Cycles 4 and 5. Saginaw met 100% of indicators in the QIS and is eligible for Accreditation with Commendation. Bragg moved to recommend approval for Accreditation with Commendation, Cheatham supported, and the motion passed unanimously.

The Ingham County Health Department's On-Site Review occurred the week of March 3, 2014. Ingham missed nine indicators: two in Food Service, one in On-site Wastewater Management, and six in Family Planning. Ingham has fully implemented their CPAs. They do not have any commonly missed indicators between Cycles 3, 4, and 5. Ingham met all ten indicators of the QIS and is eligible for Accreditation with Commendation. Cheatham moved to recommend approval for Accreditation with Commendation, Bragg supported, and the motion passed unanimously.

The Macomb County Department of Public Health's On-Site Review occurred the week of April 21, 2014. Macomb missed two indicators: one in Family Planning and one in CSHCS. They did not have any commonly missed indicators between Cycles 4 and 5. Macomb met all ten indicators of the QIS and is eligible for Accreditation with Commendation. Cheatham moved to

recommend approval for Accreditation with Commendation, C. Miller seconded, and the motion passed unanimously.

Jones provided an update on the Wayne County Health Department. Wayne's On-Site Review occurred the week of August 11, 2014. They missed five indicators all in CSHCS. They did not have any commonly missed indicators between Cycles 4 and 5. Wayne's CPAs are currently in progress.

FULL ACCREDITATION NOTIFICATION LETTERS –JESSIE JONES

Western Upper Peninsula Health Department, Dickinson-Iron District Health Department, Genesee County Health Department, Lenawee County Health Department, Livingston County Department of Public Health, and Oakland County Health Division received their Cycle 5 Accreditation letters since the last Commission meeting in September 2014.

ACCREDITATION DATA REPORTS –JESSIE JONES

The Cycle 5 Missed Indicator by Frequency report provides a list of the indicators that have been most commonly missed by LHDs for all of Cycle 5. The most frequently missed indicator was Food Service MPR 8 but that has been revised. Besey confirmed that all of the frequently missed indicators have been revised and corrected for the next cycle. Bragg asked if the revisions were to clarify issues and not to reduce the standard. Besey stated that instead of evaluating the restaurant against the last inspection they will now evaluate the staff training and ability to recognize issues. Reviewing the staff's level of agreement with the trainer and ensuring that everyone can identify issues at different levels.

Jones continued the discussion noting that the two other data reports that are typically done were not included because there had been no updates from the previous meeting. Travis offered a comment on Indicator 4.4, which relates to CSHCS family center. They had a new director start in April 2014, some issues missed may have been related to the leadership change-over may have been due to the fact that the center was not up and running and people were not aware of what services are offered. M. Miller stated that CSHCS came in as a new program in Cycle 5 and initially it was a bit of a struggle and there were quite a few missed indicators early on in the cycle but that seemed to go down as the process continued. Now that the indicators for CSHCS have been revised, things should smooth out.

NPHII UPDATE/PHAB UPDATE (STATE ACCREDITATION) – DEBRA TEWS

Tews reminded the Commission members that the National Public Health Improvement Initiative (NPHII) grant, which provides support for performance management, quality improvement (QI), and accreditation readiness, ended last September. For FY 2015 the funding has been secured to continue this work through the Preventive Health and Health Services Block Grant. This will allow them to provide the same level of support to local health departments and tribal agencies that are working in the areas of performance management, quality improvement, and accreditation readiness. The Office of Performance Improvement and Management will primarily work with LHDs in three areas: provide four mini-grants, TA through MPH, and the Primer.

Mini-grants can be used to work towards accreditation readiness. The request for mini-grant applications went out this month and the work will begin in March.

Technical assistance (TA) will also be provided through the TA bank of hours. The TA hours are provided through MPH so that health departments and tribal agencies receive just-in-time

training or consultation regarding any of the QI, performance management, or accreditation readiness work. Applications will be accepted in March and continue through August.

Finally, the Primer will be available at no-cost to local and tribal health departments that are looking to train their staff in QI and performance management. To date there has been over 900 users of the Primer nationwide and worldwide.

Tews continued by sharing that in terms of overall PHAB applications, as of December 9th, 60 health departments have received national accreditation. Fifty-two of those are local health departments. There are currently 206 local health departments and 28 state health departments that are in the e-PHAB system, which means they are actively preparing for accreditation by PHAB.

Bragg asked how many Michigan LHDs are working towards accreditation. PHAB does not share that information, but two LHDs (Central Michigan and Kent) are already accredited through PHAB, and a number have shared that they are in the process. Based on surveys we can see that LHDs' willingness to participate is increasing.

Accreditation Efficiencies Committee – Mark Miller

M. Miller began by stating that the current QIS has been replaced by PHAB Domain 9. M. Miller worked with MPHI over the last quarter to revise QIS and it is now implemented. The first QIS will be reviewed in February. MPHI will do the review online, if there are any issues that require on-site review then Mark Miller or Jon Gonzalez will assist with it when they are doing the on-site review.

M. Miller continued by discussing his future conversation and approach with Kaye Bender regarding the other recommendations. M. Miller is working to create a plan that combines all of the recommendations and approach them in that way with Bender. Also, M. Miller will ask if Bender will approve accepting those local health departments that have already passed the QIS to pass Domain 9.

The other piece of the recommendation is to try and get more programs to be more efficient, for example the QIS will be online. Breast and Cervical Cancer will do their review online and Communicable Disease Control is already doing theirs online.

Another aspect of the improvements that is being considered is a process for continuous quality improvement, which is similar to what DEQ and MDARD process. LHDs are able to do self-assessment and the reviewers do more of a spot check. This shortens that time that it takes to do the evaluation. The programs are doing things on a continual basis instead of just every three years. M. Miller would like to use some of DEQ and MDARD reviewers to help with a pilot program to see if there is something that they can incorporate. Will look at a few pilot sites, for example Family Planning is very extensive and difficult to pass. Travis commented that part of the difficulty is how the review is done based on if people have electronic health records or not. Cheatham commented that there is intense interest from MALPH about this subject and suggested that a local health officer participate in any brainstorming. M. Miller asked if he should get a nominee from MALPH and stated that he would bring it up at the next meeting. Tews suggested bringing on a health officer that has served on the accreditation efficiencies committee.

M. Miller continued by stating that all of the programs have worked hard and that the tool is in place. MPHI has revised the website and made it more user-friendly. During the last quarter, M.

Miller traveled to the Board of Health for Central Michigan, to Lenawee County Commissioners, and Livingston County Commissioners to talk about all of the work going on.

OTHER ITEMS

C. Miller inquired about the status of the online survey that was discussed in the last commission meeting. M. Miller responded by stating that back when there was a pause in the accreditation review process, it was decided that there would be a new instrument to evaluate reviewers and it would be done through MALPH. There have been discussions with MALPH to use Survey Monkey or another electronic means but have not reached an endpoint in the discussion.

M. Miller continued the discussion by stating that confidentiality was a major issue when it comes to putting together the information. With modern technology, there are ways that we can ensure confidentiality. M. Miller asked for the help of MPHI to set up a Survey Monkey survey because it could increase the number of participation in the review process. For clarification, Stefanovsky asked if MPHI would be putting the survey together and then MALPH would encourage people to fill it out. M. Miller confirmed and added that MALPH would still be able to pull the reports and distribute them but the review process would be automated. C. Miller emphasized that it was also to solicit more input. Moran clarified that the purpose of the survey was to get qualitative and quantitative feedback on the reviewer and the process. Tews asked if the survey was between 17 and 20 questions and suggested that maybe, with a review of the questions, the survey can be made shorter to encourage more to participate. Jones clarified that if MPHI were to create the survey that it would be done in Qualtrics and not in Survey Monkey. Stefanovsky added that she utilizes Qualtrics and it provides a much better analysis.

C. Miller mentioned that the immunization waiver has been passed. Bob Swanson will be working with LHDs. Cheatham was unsure if WIC was rolled over to the old servers, Travis confirmed that last night it was switched to the old server and they are working to get new server on board. M. Miller asked, for the immunization waiver, there is an expert group putting together the guidance and asked if there was timeline for that work. C. Miller is unsure of their timeline but will get an update from them. M. Miller will be presenting to the Nurse Administrators Forum, Stefanovsky asked that he emphasize the fact that DCH leadership and MALPH board members are working closely and cooperatively on the issue of regionalization.

Meeting adjourned at 10:30 am.

Next Commission Meeting - Thursday, March 12, 2015 from 9:30 a.m. – 11:30 a.m. at the Michigan Department of Community Health - Capitol View Building at 201 Townsend Street, Lansing, Michigan.