

**Accreditation
Supplemental Report**

**Local Health Services
May 2004**



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Why a Supplemental Report?

The purpose of this Accreditation Supplemental Report is to increase communication and knowledge about the Michigan Local Public Health Accreditation Program. As many regular Local Liaison Report (LLR) readers know, the Accreditation Quality Improvement Process Survey identified a need for improved communication, particularly between state agencies and local public health. With that in mind, this Supplemental Report has been designed to provide a snapshot of current Accreditation-related activity and is intended to offer a preview of improvement efforts “in the works.”

Next month, Local Health Services (LHS) staff will continue to provide expanded information about Accreditation by incorporating supplemental news articles or reports into the usual LLR format. We hope this information is of value and encourage you to share your comments, concerns, and suggestions for improvement with any of the Local Health Services staff identified at the conclusion of this supplement.

AQIP Findings and Recommendations

Accreditation: Improving Communication is Key

One of the key findings from the Accreditation Quality Improvement Process Survey was that communication between state agencies and local public health is insufficient.

The Michigan Department of Community Health and its partners are seeking opportunities to address improved communication. For starters, the Local Liaison Report is expanding to include more (and improved) Accreditation-based information. Additionally, in partnership with the Michigan Public Health Institute, we have retooled the Accreditation Website. As another method of communication and in collaboration with MALPH, we have included Accreditation related information on the MALPH website at www.maliph.org under "What's New."

We will continue to seek and implement improvement in our content and methods of exchanging information. Recognizing that communication is a two-way process, we invite and encourage you to offer suggestions on meeting local health department Accreditation-based communication needs. Please contact Debra Tews, MDCH Local Health Services at 517-335-9982 or via tewsd@michigan.gov.

Accreditation Quality Improvement Process (AQIP)

The Michigan Local Public Health Accreditation Commission accepted the AQIP reports at its January 2004 meeting and recommended state agency review and implementation. The Michigan Departments of Community Health (MDCH), Agriculture (MDA), and Environmental Quality (MDEQ) have reviewed the AQIP reports and are actively engaged in Accreditation quality improvement.

As of March 17, 2004, the state departments and its partners have implemented all of the non-training related phase one survey-specific recommendations. Recommendations relative to training were introduced to reviewers at the January 2004 all-reviewer meeting and will be implemented in the upcoming months. Overall, twenty-one (21) of the forty-four (44) total recommendations 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 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. The “Accreditation Process Training,” focus area targets the incorporation of ten (10) AQIP recommendations.

To view to AQIP recommendations and implementation reports, visit the Accreditation website at www.accreditation.localhealth.net or the MALPH website at www.malph.org

AQIP Workgroup Resumes

Continuation of the Accreditation Quality Improvement Process (AQIP) Workgroup was one of forty-four recommendations submitted to the Accreditation Commission. We are pleased to announce the resumption of workgroup activity via the AQIP II Workgroup. Original workgroup members and other local health department representatives have been asked to participate. AQIP II will meet on June 17, 2004. The Workgroup will focus on monitoring and assuring ongoing Accreditation quality improvement. Questions regarding AQIP II may be directed to Mary Kushion, AQIP II Chairperson, at mkushion@cmdhd.localhealth.net.

Two New Accreditation Workgroups Now Forming

As a result of recommendations made by the AQIP Workgroup, two new state/local Accreditation related workgroups are now forming:

- The A-G Workgroup will focus on the review of requirements for Accreditation sections A through G listed below:

- Section A: Health Assessment
- Section B: Policy Development
- Section C: Quality Improvement
- Section D: Health Promotion
- Section E: Health Protection
- Section F: Administration
- Section G: Competent Workforce

We anticipate that remaining Accreditation sections will also undergo review pursuant to state/local Standards Review Committee recommendations. Workgroup participants have been identified and will meet during July.

- The Boilerplate Workgroup will be charged with recommending a structured course of action for use by state agencies when a local health department receives the designation of “Not Accredited.”

We anticipate that this workgroup will review the current policy and practice of non-accreditation, develop timeframes for how long state agencies should work with non-accredited agencies toward becoming accredited, and explore the use of sanctions, if any, that might be applicable to non-accredited agencies. Workgroup participants have been identified and will meet during July.

Questions regarding the A-G Workgroup or the Boilerplate Workgroup may be directed to Mary Kushion, at mkushion@cmdhd.localhealth.net.

Food Service Sanitation Program – Recommendations for Improvement

As part of the Accreditation Quality Improvement Process and to provide Accreditation technical assistance to Local Health Departments, the Michigan Department of Agriculture (MDA) Food Service Sanitation Program is preparing statistics surrounding missed (unmet) program indicators. A summary of the findings will be prepared and shared with local health upon the conclusion of each series of ten evaluations conducted. In the meantime, however, MDA has been sharing recommendations for improvement when common trends appear leading to a “Not Met” designation. Recommendations for improvement have been issued for the following indicators:

Indicator 2.8 – Inspections Result in Food Code Compliant Establishments: Over 80% of the departments evaluated since the pause have missed the indicator due to two primary violation categories; Cross-connections (83%) and improper Consumer Advisories (67%).

Indicator 4.4 – Limited Licenses: About half of the departments evaluated since the pause have missed this indicator because of documentation problems. Failure to notify the applicant of the right to a hearing, as required by the Food Law, has been the primary reason.

Indicator 6.2 – Foodborne Illness Investigation Procedures: Almost 70% of the departments evaluated since the pause have missed this indicator. The primary reason is that baseline enteric interviews are not being conducted for all illness complaints and the proper forms for conducting investigations are not being used in accordance with MDA/MDCH June 24, 2003 memo titled “Foodborne Illness Reporting and Documentation.”

Agencies, that find a change in practice is in order, may prepare a “Moot Point” memo to document the date the change has been instituted. Once the change has been in place for at least a year, MDA’s time period for reviewing the indicator will begin with the date the change was made. See Annex 2 – Moot Point Principle of the Guidance Document for details.

For more information, you may email Tom Crook at CROOKT9@michigan.gov

MDEQ Congratulates Local Health Departments

Overwhelmingly, the results of Michigan Department of Environmental Quality (MDEQ) Cycle 2 Accreditation evaluations of local health department on-site wastewater treatment programs have revealed continuing improvement in the quality of programs. This is true, even with the pause in the Accreditation process. Awarding “special recognition” has become a welcome addition to the Cycle 2 evaluations. MDEQ staff applauds local health departments who have obviously embraced the concept of continuous quality improvement on a job well done.

Of the changes implemented for the Accreditation process, MDEQ views one of the most positive additions as being the ability to use the designation of “met with conditions”. This designation has added to the overall flexibility of the process in communicating needed improvement of a less critical nature. A number of recent evaluations have made use of this designation, which appears to be a well-received alternative by Local Health Departments.

For more information, you may email Richard Falardeau @ FALARDER@michigan.gov

Reviewer Evaluation Process Under Development

One of the Accreditation Quality Improvement Process (AQIP) Workgroup’s recommendations is to develop a mechanism for evaluation of state agency program reviewers. This would provide a structured opportunity for Local Health Departments (LHDs) to provide valuable feedback regarding reviewer performance while conducting the accreditation on-site review.

Reviewer Evaluation, when fully completed will be a web-based application. However, due to budget constraints, the first iteration will be a manual system. The development of a mechanism for reviewer evaluation has been a topic of discussion by LHDs, state program managers, and reviewers since the inception of the Accreditation program and the AQIP survey identified it as a “must do.” Reviewers received a heads up at the last all-reviewer meeting in January. Currently, the process is still at the high-level definition stage. The AQIP Workgroup will continue to shape and monitor development. Once the process is fleshed out, it will be shared with LHDs, program managers, and reviewers for input and comments.

In the interim, to be responsive to our local public health partners, we have established a temporary mechanism for LHDs to share comments and/or concerns regarding reviewers and the on-site review process. One of the primary responsibilities of MDCH, Local Health Services (LHS), is Accreditation Program oversight. As such, LHS is managing the interim process, which is designed for use until a structured reviewer evaluation process is in place.

It is important that local health departments and state agency review staff are aware of this interim process. LHS will contact each LHD (health officer) at least one week before the accreditation on-site review. The health officer will be encouraged to contact LHS with any serious concerns relative to the on-site review process or reviewer interactions. Examples could include serious issues about reviewer professionalism, punctuality, program expertise, review strategies, behavior, appropriate use of exit conferences, attitude, etc. The LHD will also be encouraged to share positive experiences.

LHS will document any information received from the health officer (or his/her designee) and will contact the appropriate state-level program manager by phone or email to share the information. Program managers may then determine whether immediate action or intervention is required and take next steps as appropriate. We anticipate that the program manager will provide LHS with the final disposition once completed.

We know this interim process does not fully accomplish the same objectives as a more formalized reviewer evaluation mechanism. However, we aim to assure LHDs, program managers, and reviewers that we are aware of concerns and will promptly assist in addressing any issues. We also expect this will allow us to document factual experiences for use in developing new training material. For more information about the interim process, you may contact Debra Tews at 517-335-9982 or via tewsd@michigan.gov.

Commission Members & Meeting Dates

The Accreditation Commission meets quarterly to discuss issues concerning the Accreditation process and to review On-Site Review Reports. After reviewing the on-site review outcomes, the Commission makes Accreditation status recommendations to MDCH, MDA and MDEQ. The three departments then make the final Accreditation determination. The remaining 2004 commission review dates are scheduled for June 16, September 17 and December 17 at the Michigan Public Health Institute's Interactive Learning Center. Commission members are as follows:

Chair

Jean Chabut - Chief Administrative Officer, Public Health Administration

Local Health Professionals

Jeffrey L. Elliot, BBA – Van Buren-Cass Health Officer

Thomas J. Kalkofen, MPH – Macomb Health Officer

Ellen Clement, MSW – Washtenaw Health Officer

Michigan Association of Counties (MAC)

Duke Anderson, MPH, MBA – Branch County Administrator

Harvey Wallace, PhD – Marquette County Commissioner

Michigan Department of Agriculture (MDA)

Katherine Fedder – Director, Food & Dairy Division

Michigan Department of Environmental Quality (MDEQ)

Richard Sacks – Chief, Environmental Health Section

Michigan Department of Community Health (MDCH)

Douglas Patterson- Director, Division of Family & Community Health

Loretta Davis-Satterla, MSA – Director, Division HIV/AIDS-STD

MPHI Board of Directors

R. Michael Massanari, MD – Director, Center for Health Care

At Large Representatives

Anne Rosewarne – President, Michigan Health Council

Cynthia Tauveg – Vice President, Urban and Community Health

Michigan Public Health Institute is Webwise

Have you visited the newly revamped Michigan Local Public Health Accreditation Website at <http://accreditation.localhealth.net/>? In response to your comments and requests, the MPHI Accreditation team has rebuilt the site catering more towards functionality and pertinent information delivery. A fresh new design and navigational site map make it easier than ever to find the Accreditation information that you need.

In addition to the newest version of the Accreditation Tool, every technical assistance question and subsequent answer beginning with the 1999 Tool to the present has been posted. Most documents on the site have been converted to Adobe Portable Document Format (PDF) for viewing and downloading ease. The new Commission page updates quarterly with minutes from the latest meeting. Activities and reports of the Accreditation Quality Improvement Process (AQIP) Workgroup are also highlighted.

The sections of the Tool are broken down exactly as they are in the print version: the Introduction and Overview, Policies & Procedures, Technical Assistance & Forms, the Self-Assessment and the Guidance Document, which is separated by program. Every form that a local health department needs to facilitate their Accreditation activities is found in the Technical Assistance & Forms section, further augmented with instructions on submittal of the required pre-materials as well as the Corrective Plans of Action process in the Protocols & Policies section.

Local health department staff can also easily contact the MPHI Accreditation team via email directly from the website. Bookmark this page in your web browser: <http://accreditation.localhealth.net/>, for all your Accreditation information needs.

Did You Know ...?

Accreditation Quality Improvement Survey Results, October 2003

Total Respondents: 180 (161 LHDs and 19 Reviewers with 44 LHDs Responding)

80.6% of respondents either Strongly Agree or Incline to Agree the on-site review report assists the LHD as a tool for performance improvement.

89.4% of respondents either Strongly Agree or Incline to Agree the purpose of the Accreditation process should be on-going quality improvement.

59.4% of respondents either Strongly Agree or Incline to Agree the Accreditation process can be improved by increased focus on recommendations for performance improvement.

68.9% of respondents either Strongly Agree or Incline to Agree that the Accreditation process has improved the program performance of the LHD.

73.3% of respondents either Strongly Agree or Incline to Agree that the Accreditation process serves as a useful internal LHD program evaluation tool.

83.3% of respondents either Strongly Agree or Incline to Agree that the establishment of the Best Practices Directory would improve the Accreditation process.

86.1% of respondents either Strongly Agree or Incline to Agree that they would seek program guidance from the Best Practices Directory for the purpose of achieving Accreditation.

88.9% of respondents either Strongly Agree or Incline to Agree that they would share resources with the Best Practices Directory.

83.9% of respondents either Strongly Agree or Incline to Agree that additional training on the Accreditation process is needed for program reviewers.

11.7% of respondents either Strongly Agree or Incline to Agree that current communication between the commission and the Accreditation process stakeholders is adequate.

45% of respondents either Strongly Agree or Incline to Agree that they are familiar with the CDC National Public Health Performance Standards.

Additional Information and Resources

For more information about Accreditation, visit the Accreditation website at:

www.accreditation.localhealth.net

To learn more about public health issues and policy as they relate to citizens of the State of Michigan visit the Michigan Association for Local Public Health (MALPH) website at

www.malph.org or HealthLine at www.healthline.org.

To learn more about the CDC's National Public Health Performance Standards, go to

www.phppo.cdc.gov/nphsp.

Please Contact Us!

We hope this Supplemental Report begins to meet LHD needs for improved communication about Accreditation. Our goal is to provide articles of interest and value to all our readers. As such, your feedback is important and will shape future informational items. Please contact any Local Health Services team member by email with your comments, questions, and suggestions for improvement:

Virginia Ball at ballv@michigan.gov

Debra Tews at tewsd@michigan.gov

Konrad Edwards at edwardsek@michigan.gov

Jim Butler at butlerj@michigan.gov

Jami Roach at roachj@michigan.gov