



Michigan Local Public Health Accreditation Commission
Meeting Minutes – Pending Approval
January 14, 2016
Capitol View Building

INTRODUCTION/TELECONFERENCE ROLL CALL

COMMISSION: Kevin Besey, Bruce Bragg, Marcus Cheatham (Vice Chair), Kathy Forzley (dialed in), Dan Hale, Betty Kellenberger, Mike Mortimore, Lisa Stefanovsky (dialed in), and Rashmi Travis.
GUESTS: Erik Buczkowski, Jessie Jones, Rachel Melody, Mark Miller, and Ross Pope

Meeting convened at 9:50 a.m.

GENERAL ANNOUNCEMENTS – ALL MEMBERS

Cheatham called the meeting to order and asked the Commission for any general announcements; there were none.

AGENDA APPROVAL – ALL MEMBERS

The Commission reviewed the agenda and removed the discussion regarding the Accreditation Program Enhancement Committee, as the planned update was cancelled due to feedback received. Cheatham initiated the vote, Hale seconded, and the motion carried unanimously.

ORGANIZATIONAL ITEMS – ALL MEMBERS

Mortimore nominated Cheatham for 2016 Accreditation Commission Vice Chair, Hale supported the nomination. Jones initiated a voice vote on Cheatham continuing to serve as Vice Chair for 2016, and the motion carried unanimously.

MINUTES OF PREVIOUS MEETING – ALL MEMBERS

The minutes from the October 2015 meeting were reviewed and accepted. Stefanovsky initiated the vote, Cheatham moved to support, and the motion carried unanimously.

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

Jones briefly reviewed the Cycle 6 spreadsheet. The local health departments (LHDs) highlighted in grey have been Accredited, LHDs highlighted in blue are ready to be recommended for Accreditation by the Commission, and LHDs highlighted in green are currently working on their Corrective Plans of Action (CPA). There are no LHDs currently in critical status.

Jones noted that those LHDs achieving National Accreditation through the Public Health Accreditation Board (PHAB) will have three asterisks next to their department name.

ACCREDITATION STATUS RECOMMENDATIONS – JESSIE JONES

Jones presented a summary of the LHDs eligible for Accreditation and noted that there has been an update to the On-Site Review Summary pages to more easily highlight the important information.

Lapeer County Health Department's On-Site Review occurred in March 2015. Lapeer had six missed indicators: one in Food Service and five in Children Special Health Care Services (CSHCS). Lapeer has fully implemented their CPAs. There was one repeat missed indicator between Cycles 5 and 6: CSHCS indicator 3.3. Jones noted that the missed Food Service indicator MPR 8 that was missed in Cycle 5 was not the same indicator in Cycle 6. Lapeer did not participate in the Quality

Improvement Supplement (QIS). Lapeer is ready to be recommended for Accreditation. Cheatham asked if Lapeer had ever done the QIS in prior reviews; Miller answered no. Cheatham motioned to approve, Mortimore supported, and the motion passed unanimously. Lapeer County Health Department was recommended for Accreditation.

Ottawa County Health Department's On-Site Review occurred in May 2015. Ottawa had three missed indicators: one in Onsite Wastewater Treatment Management and two in CSHCS. Lapeer did not have any repeat missed indicators between Cycles. Lapeer participated in the QIS and passed nine out of nine of those indicators. Ottawa is ready to be recommended for Accreditation with Commendation. Cheatham asked Stefanovsky if there was anything she wanted to say regarding the Ottawa review process. Stefanovsky shared her positive feedback and is willing to help other LHDs with the process. Miller noted that Ottawa's QI process is so good that other LHDs use their staff to help with the process.

Cheatham motioned to approve, Stefanovsky abstained, Hale supported the motion, and the motion passed unanimously. Ottawa County Health Department was recommended for Accreditation with Commendation.

Mortimore asked where it is noted that a LHD participated in the QIS. Jones answered that it is under the Powers and Duties in the important indicators. Mortimore requested an update to the On-Site Review summary reports to make those LHD that participate in the QIS clearer; Jones indicated that this change can be implemented.

Huron County Health Department's On-Site Review occurred in September 2015. Huron had one missed indicator in CSHCS. Huron did not have any repeat missed indicators between cycles. Huron participated in the QIS and passed nine out of nine of those indicators. Huron is ready to be recommended for Accreditation with Commendation. Cheatham motioned to approve, Hale supported the motion, and the motion passed unanimously. Huron County Health Department was recommended for Accreditation with Commendation.

Stefanovsky commented that the departments' number of missed indicators for CSHCS seems to be going down. Travis agreed.

Jones next presented the health departments completing On-Site Reviews since the previous Commission meeting.

Van Buren-Cass District Health Department's On-Site Review occurred in October 2015. Van Buren-Cass had three missed indicators: two in Food Service and one in CSHCS. CPAs were submitted and are awaiting response from Reviewers. Van Buren-Cass did not participate in the QIS and did not have any repeat missed indicators between Cycle 5 and Cycle 6.

Sanilac County Health Department's On-Site Review occurred in October 2015. Sanilac had twelve missed indicators: two in Hearing, one in Onsite Wastewater Treatment Management, and nine in CSHCS. CPAs were submitted and are awaiting response from Reviewers. Sanilac has one repeat missed indicator between Cycle 5 and Cycle 6 and did not participate in the QIS.

District Health Department #4's On-Site Review occurred in November 2015. District Health Department #4 had thirteen missed indicators: one in Immunization, two in Family Planning, and ten in CSHCS. CPAs have been submitted and are awaiting response from Reviewers. District Health Department #4 has two repeat missed indicators between Cycle 5 and Cycle 6 and did not participate in the QIS.

Miller commented that District Health Department #4 lost their Health Officer last August and Brad Ryder is the new Health Officer as of January.

Bragg asked the reason why we track the Cycle to Cycle missed indicators. Cheatham answered that it is important to show if the LHDs learned from their previous missed indicators. Jones also answered that if there is a repeat missed indicator than the LHDS are not eligible for Commendation. Besey added that this can also be used to assess the measure of the indicators to see if a systemic change is needed.

St. Clair County Health Department's On-Site Review occurred in November 2015. St. Clair had one missed indicator in CSHCS; the CPA is submitted and is awaiting a response from the reviewer. St. Clair did not participate in the QIS.

Bay County Health Department's On-Site Review occurred in November 2015. Bay missed four indicators: one in Onsite Wastewater Treatment Management, two in Family Planning, and one in CSHCS. Bay did not have any repeat missed indicators between cycles and did participate in the QIS. They met eight out of the nine QIS indicators.

FULL ACCREDITATION NOTIFICATION LETTERS – JESSIE JONES

Since the last Commission meeting in October 2015 Monroe County Health Department, Kalamazoo County Health & Community Services Department, Public Health – Delta and Menominee Counties, Chippewa County Health Department, Tuscola County Health Department, and Grand Traverse County Health Department received their Accreditation letters.

Miller noted that the Accreditation certificates were delayed due to the resignation of the Department of Environmental Quality Director at the time the certificates being prepared; as such revised certificates were prepared and were sent out at a later date.

ACCREDITATION DATA REPORTS – JESSIE JONES

The Cycle 6 Missed Indicator by Frequency report provided a list of the indicators most commonly missed by LHDs. To date in Cycle 6, CSHCS has the most frequently missed indicators. The top three indicators on the list are the most frequently missed by at least a third of the LHDs.

Mortimore wanted to know if there was a requirement for Exit Interviews. Jones answered that LHDs request them and no one has not asked to have one. Mortimore added that during On-Site Reviews the reviewers indicate the results of the review at that time and there isn't a discrepancy between the exit interview and the final report; however, there was an occasion that a discrepancy happened and Mortimore asked whether this was something that others have experienced. Miller commented that Health Officers and Program Managers may have had a vague exit interview, but he suggests Health Officers attend every exit interview and ask the Reviewer to explain the rating and articulate what needs to be done to help improve that indicator as needed. Mortimore commented that being clear during those Exit Interviews is important to eliminate those discrepancies. Travis added that during the Exit Interview the Reviewers may say something to the staff and the Health Officer interprets that differently and thinks that can lead to confusion.

Besey asked Miller if there are still Reviewer trainings that are being held. Miller answered there are meetings and that is something that usually occurs in the Fall. Jones commented that Michigan Public Health Institute has done trainings for Reviewers upon request in the past and are always willing to help. Besey then added that there shouldn't be a reason that Reviewers can't come to a consensus when there is a discrepancy and it is important that the conversations are clear. Mortimore added that he agrees with Besey that as long as the conversation is clear than there shouldn't be a reason for a discrepancy during the Exit Interview. Stefanovsky commented that

making sure there is an open conversation, being that we are working to be quality improvement organizations, we are uncovering new ways to complete indicators. Therefore, we must be open to new ideas and ways of explaining that to the Reviewers so we are all on the same page.

Jones presented the QIS Missed Indicators Report and reported there are seven LHDs that have participated. There have been three missed indicators across participating LHDs: one for indicator 1.2 and two for indicator 1.5. Jones also noted that during this Cycle there is a footnote indicating that if LHDs are in the process of developing a performance management system and have a plan in place, they generally pass.

Jones next presented the Review Evaluations and commented that LHDs are skipping questions towards the end of the survey, for example in the Food Service survey. Jones added there was a quality assurance process completed on the new online surveys to make sure the questions were working properly.

Stefanovsky asked Jones if there was a way we could track who is not participating in the QIS to see why they were not participating. Jones answered we are not currently collecting that information, but we do send out a reminder to do the survey. Miller added that we did an organized QI project to see what incentives we would need to get LHDs to participate in the QIS. Perhaps this is something that we can revisit to get them to participate.

Stefanovsky commented that LHDs participating in the QIS is something that should be included and we should get to a point that there is comfort in this process and resources available to build into their everyday operations. Cheatham asked Miller if there are any LHDs that have a barrier to allocating funds to QI. Miller answered that some LHDs have budgets that are really tight and consumed by individual programs. Having extra funds to do something like QI may not be available, but if you are working on QI or performance management it should, if not save you money, but overall be more efficient. Jones added that it is not only the well-funded LHDs that have participated in QIS, and because there is a requirement to involve the Local Governing Entity, the boards have been very supportive in doing this work. Stefanovsky commented that if we could provide an initial investment to get the LHDs started, it might alleviate concerns about participation.

NATIONAL ACCREDITATION UPDATE – RACHEL MELODY

Melody presented some of the ways Michigan Department of Health and Human Services (MDHHS) is providing assistance to LHDs with QI and Performance Management. In November 2015 PHAB accredited 17 LHDs, which means that 45% of the United States population is being served by an accredited health department. MDHHS is supporting LHDs through the Technical Assistant (TA) bank of hours. There was a short application sent out to LHDs, and if you need any help with TA to contact Jones. This year there is an Accreditation Readiness Mini Grants Program, which are \$10,000 each, and which include: completing PHAB prerequisites, accreditation readiness self-assessment, and other accreditation QI and Performance Management. Also, this year MDHHS is exploring a Michigan-specific Accreditation Coordinator Network that would be a member driven network where the LHDs set the agenda and facilitate meetings. A survey is currently being piloted and will be sent out to all LHDs to get feedback to help shape this developing network.

Accreditation Program Enhancement Committee – Mark Miller

Cheatham announced this section was removed from the Agenda and will be moved to the next meeting held in March 2016.

NEW BUSINESS/OTHER ITEMS

No new business/other items announced.

Meeting adjourned at 10:53 a.m.

Next Commission Meeting is scheduled for March 10, 2016 from 9:30 a.m. to 11:30 a.m. at the Michigan Public Health Institute, Interactive Learning Center, 2436 Woodlake Circle, Suite 380, Okemos, MI 48864