



Michigan Local Public Health Accreditation Commission Meeting
Minutes – Approved 03.08.2018
January 11, 2018
Michigan Public Health Institute - Interactive Learning Center

COMMISSIONERS: Sue Moran, Marcus Cheatham, Bill Ridella, Betty Kellenberger, Kevin Besey, Dana DeBruyn, Bruce Bragg; Dialed in: Lynette Biery, Sarah Lyon-Callo, Lisa Stefanovsky, Dan Hale, Nick Derusha, Vaughn Begick

GUESTS: Sean Dunleavy, Rachel Melody, Jon Gonzalez, Laura de la Rambelje, Jessie Jones, Erin Madden, Kristy Medes, Orlando Todd (Dialed In)

Meeting convened at 9:34 AM, chaired by Sue Moran.

GENERAL ANNOUNCEMENTS – ALL MEMBERS

Moran welcomed the group and the new staff member Laura de la Rambelje with Local Health Services, who will be working with the Accreditation Commission going forward.

Hepatitis A Outbreak in the Michigan currently over 680 cases, which is keeping the LHS at MDHHS and the LHDs very busy. Weekly meetings, reporting, and work in the communities to immunize those at risk is occurring.

PFAS – Chemical contamination that is affecting many communities around Michigan’s drinking water, in response (MPARD) Michigan PFAS Action Response Team was created.

More to come on the Governor’s budget at the next meeting.

AGENDA APPROVAL – ALL MEMBERS

The agenda was accepted. Cheatham motion, Ridella support, motion carried unanimously.

ORGANIZATIONAL ITEM – ALL MEMBERS

Vice Chair Appointment – Health Officer Marcus Cheatham has agreed to continue his appointment going forward. Motion Kellenberger, second Ridella, motion carried unanimously.

MINUTES OF PREVIOUS MEETING – ALL MEMBERS

The minutes were accepted; Ridella motioned, Kellenberger supported. The motion carried with no corrections.

UPDATE OF ON-SITE REVIEWS AND CORRECTIVE PLANS OF ACTION STATUS – JESSIE JONES

Jones presented the following local health departments to the Commission for Accreditation Recommendations:

Saginaw County - Commendation

- 4 missed indicators: 1 Onsite Wastewater, 3 Children's Special Health Care Services (CSHCS)
- Participated in and passed Quality Improvement Supplement (QIS) with zero missed indicators
- No repeat missed indicators
- Fully implemented CPAs
- Motion from Cheatham, support by Kellenberger to recommend for Accreditation with Commendation. Motion carried unanimously.

Wayne County Department of Health, Veterans, and Community Wellness

- 0 missed indicators
- Did not participate in QIS
- No repeat missed indicators
- Motion from Ridella, support by Kellenberger to recommend for Accreditation. Motion carried unanimously.

Jones shared On-Site Review Updates:

Genesee County

- 7 missed indicators in total - 4 missed indicators Family Planning, 1 missed indicator Communicable Disease, 2 missed indicators Onsite Wastewater
- CPAs are due at the beginning of February
- Did not participate in QIS
- One repeat missed indicator – Onsite Wastewater 2.1

Discussion took place around Genesee's Accreditation results. A question from Moran about missed indicator in Family Planning. Noted by Cheatham that Communicable Disease has been a topic of concern and only one missed indicator shows strong work from Genesee; Congratulations! Moran noted that they had some TA from neighboring jurisdiction; Peer to Peer learning helped to shore up some of the policies and procedures.

CORRESPONDENCE

Full Accreditation Notification Letters (Tab 3)

The signed letters from September and January were included.

COMMITTEE REPORTS

Accreditation Data Reports (Tab 4)

Final cumulative missed indicator data report for Cycle 6; there were no changes in the indicators listed on this report from the previous Accreditation Commission meeting (CSHCS 3.2, 3.5. and 4.4) most frequently missed indicators for the last cycle. Jones indicated that these three indicators were addressed before CSHCS tool was finalized for Standards Review Committee (SRC) for Cycle 7.

Discussion around how 3.5 is a frequent missed indicator. Since CSHCS has only been part of the Accreditation program for two Cycles, Ridella questioned whether this was because they are so new to

Accreditation. Moran asked if the Commission needs any additional information about this indicator, since it really does not prove how well the children and families are being served. Derusha noted that the SRC took into account when looking at improvements for Cycle 7. Jones noted that this indicator has been removed for Cycle 7; Cheatham further noted that reports should be in on time. Derusha summarized that the SRC felt that the reports being required to be in 100% of the time was very stringent. Todd added that after a meeting with CSHCS, this was removed from Cycle 7, but moved to the CPBC reporting instead.

Question from Begick, Jones answered question about Bay QIS missed indicator. Jones discussed that 23/45 LHDs participated in QIS for Cycle 6, only two LHDs missed any of these indicators. Some LHDs did seek TA assistance to move in a strong direction forward.

Jones discussed Cumulative Review Evaluation for Cycle 6, rating the Accreditation Onsite Review process by health departments. Nothing has changed much since Cycle 6, Moran asked if most LHDs participate in this survey, Jones indicated that 30 health departments did last year, but that does not mean that they gave feedback for all Sections.

Cheatham discussed the process of how evaluations are coming in. Ridella stated there were some communication challenges. Jones noted the survey is linked on the MLPHAP website, MALPH is responsible for collecting the survey results and sending them to MPHI.

Moran asked if the survey continues to serve a purpose, that perhaps there is room to improve the survey or process. Cheatham stated that people are not using this as a tool, because of the work of the QI committee. They survey results seem to be episodic/condition specific. Jones stated that the survey was improved Cycle 6 to include specific questions for self-assessment and those programs that do remote reviews.

Dunleavy noted that MDARD used the results to help guide their Cycle 7 updates to their program tool; he noted that participation from more LHDs for this survey would be more helpful.

Moran asked the Commission if they recommend moving forward with the survey process, with more input from the LHDS. Commission members agreed to move forward.

Michigan Public Health System Strategic Planning – Slide Presentation (Moran/Jones)

Jones provided an overview of the Michigan public health system strategic planning activities that started in October 2016.

Cheatham stated that there is even more activity now, supporting this Strategic Planning.

Ridella stated LHDs are involved in the Maternal Child Health Assessment work, looking at data which is helping to build more capacity locally.

Hale asked a question in reference to looking at performance and outcome based assessments. Jones answered that the Public Health Advisory Commission (PHAC) included as one of their recommendations that Accreditation focus on performance and outcomes rather than just checking the box. Hale asked if there was more information on that, Moran stated that this work looking at Accreditation standards to be more in alignment with national efforts, performance and outcome based will translate into the work of our Commission for this year. Additional question from Hale, in reference to limited involvement

with potential non-governmental partners, wondering more about this reference. Jones discussed how strategic planning participants walked through how they prioritized gaps to be addressed.

Bragg asked what examples of non-traditional services/partners would include. Ridella offered an example as the planning department from a county. Cheatham offered it is hard to summarize a long discussion into a bullet point. We need to do a better job of identifying who other partners could be.

Jones stated that strategic planning participants noted difficulty collaborating with non-traditional public health partners, providers, and community members to the table. Hale stated that many people feel that we need to get to the right partners; he hopes this gets more attention moving forward.

Accreditation Quality Improvement Initiative (AQII) – (Melody/Moran)

To address PHAC recommendation #36, Moran is requesting that the Commission approve development of the Accreditation Quality Improvement Initiative (AQII).

To set the stage, Melody provided an overview of the handout titled, “Common Themes to Address Recommendation #36.” This handout presents common themes among all different sources of national public health standards.

Jones presents proposed AQII Accreditation Revision Timeline. Moran noted that there would be monthly reports back to the Accreditation Commission from the AQII, updates quarterly.

Bragg asked if this replaces any pieces of the Accreditation Tools, Moran added this is in addition to that. Jones further discussed the in-depth dive into the work the AQII will be doing. Moran stated that new MPRs would not take place in the middle of Cycle 7, but at the start of Cycle 8. (January 2021) Hale commended the work that has been done on the AQII timeline; it has been a long time in coming.

Moran turned the group’s attention to the AQII sub-committee charter.

AQII is tasked with addressing PHAC recommendation #36. Recommended co-chairs include one health officer and the Director of Local Health Services. Moran asked if there is discomfort of MDHHS having a seat at the table; no Commission members raised objections.

Gonzalez stated that Joynes (Allegan County) has accepted the Co-Chair position; members noted that she was co-chair for of the Sub-Committee for SRC and an excellent choice to help lead this charge.

Ridella asked a question of the Cross-Sectional/Non-Traditional partner on the sub-committee as a member to help this process. Discussing visibility, Governing Boards being part of the Accreditation process. Bragg mentioned that maybe a LGE representative might be helpful to think about adding to the membership.

Moran asked if any of the Commissioners were Chairs of their local Commission Board, hearing none. Cheatham mentioned that MAC might be a good partner; Moran stated possibly getting at a minimum a reaction, offering a focus group or key informant interview to MAC. Cheatham discussed that we should include them early, not during the critical time of implementation.

Bragg what about key legislator staff member committee to be involved on this sub-committee. Moran stated that she would go back to their legislative representative Karla. Moran continued to walk through the Charter. Next steps select a MDHHS co-chair; identify Commission members who would like to be involved, as well.

Moran asked for general thoughts and feedback, does this seem like a reasonable framework to move this work forward. Ridella asked why Data/Assessment had a higher number of references in national standards, but was not selected as a focus for this work. Jones offered that there are existing initiatives for this work, whereas, there are gaps in Workforce Development and non-traditional partnership.

Cheatham discussed an example: Opioid Data Collection, which is an Analytics Problem, and how this affects the whole state. This touches but does not necessarily fall under Accreditation. Bragg stated that this is a very positive structure; this is a positive thing for public health.

Cheatham question that Workforce (Human Resources) and Non-Traditional Partners (Community Health Assessment/ Improvement Planning Process) comes under two separate areas in his health department. Jones offered that the Accreditation Commission discussed and did not want a large set of MPRs/Indicators, and so put both under the umbrella of PH 3.0. Cheatham asked what the indicators related Quality Improvement might look like. Jones suggested this might look at how the department uses data to know they are serving customers appropriately. DeBruyn asked who will be impacted by this changed, who will need to make changes or who will be benefited by these changes. Jones shared that the LHDs are going to be reviewed on these changes, the managers/reviews will need to do the reviewing, Commission and MPH/ staff will need to be looking at the data, LGE and Michiganders will be impacted by successfully meeting the MPRs.

Moran we have some fine-tuning to do to this document and then to share with the Accreditation Commission, Jones is capturing changes/additions.

A motion for the Commission to state support of the Sub-Committee moving forward was requested. Bragg moved, Cheatham seconded, motion passed with no opposed or abstained.

Meeting National Standards: Capacity Building – (Melody)

Presented by Rachel Melody on behalf of Office of Performance Improvement and Management (OPIM) at MDHHS.

Accreditation Readiness Mini-Grants

OPIM's mini-grant program provides funding to LHDs and Tribal public health agencies to advance quality improvement, performance management, and accreditation readiness activities. The 2018 mini-grant RFP has been sent out to all Michigan's LHDs and Tribal public health agencies. Proposals are due by January 26th and 3 mini-grant awardees will be selected. The project period will run through August 31th 2018 and per usual we'll provide an update at this meeting on project activities and the progress being made toward building QI, PM, and accreditation readiness in the selected agencies.

Technical Assistance Bank of Hours

We are piloting a slightly different approach to our technical assistance bank of hours this year. We usually send out the application for all 200 hours of TA in February. This year we have divided TA into

quarterly application periods to see if interest in the TA bank varies throughout different times of the year. Right now, we are not delivering TA to any agencies, but the next round of applications will be sent out again this month and we anticipate more interest at this time of year.

In the past, OPIM and MPHI have provided TA in the areas of developing a QI plan, developing a workforce development plan, reviewing and providing recommendations on a performance management system, providing QI, PM, and accreditation preparation resources, and preparing for a PHAB site visit among other things. The TA bank also helps LHDs prepare for Michigan's quality improvement supplement. Technical assistance will be delivered through August 31st, 2018.

Michigan Network for Accreditation Coordinators (MI-NAC)

As a reminder, the purpose of this group is to provide a collaborative, peer-sharing network for Michigan's LHDs and Tribes to share ideas and resources to advance quality improvement, performance management, and PHAB accreditation readiness. The Michigan Network for Accreditation Coordinators or (MI-NAC) held a call on December 9th and we heard from two of the three mini-grant awardees from FY17 who talked about their successes and lessons learned through mini-grant activities. Carrie Hribar from Oakland also gave a slightly condensed version of her health equity presentation from the Michigan Premier Public Health Conference. The date and time for the next call are still to be determined, but it will be held in March of 2018, so we will send an email soon pinning down those details.

NEW BUSINESS – GOOD OF THE ORDER

None provided

OPEN DISCUSSION/ANNOUNCEMENT

Lyon-Callo heard from MDSS staff during the meeting offered no issues or updates from MDSS at this time. They are awaiting the completion of the data use agreement from each LHD. Cheatham will work with Meagan Swain at MALPH to see if there is a list of LHD who have completed this. He will bring updates to the next meeting.

Cheatham – Cross Jurisdictional Training Grant, Mark Miller has a good start to this work; the trainings are coming together around the state.

Todd – offered that additional Public Health Law trainings are coming soon.

Moran – motion to adjourn, Cheatham moved, Ridella Support, motion carried. Meeting concluded at 11:03

Next meeting – March 8, 2018 from 9:30 to noon.