

**Performance Management Collaborative
Learning Project #9**

**Michigan Accreditation Program
Lansing, Michigan
March 18-20, 2002**

Materials for the Meeting

Prior to the visit, members of the learning team were sent a video with an overview of the accreditation program in Michigan as well as written materials on the program, and on the two local public health agencies that would be visited by the team. The web site for the accreditation program was also provided to the team members.

The Site Visit

Bob Scranton, Director of the Division of Community Health Services, Michigan Department of Community Health, arranged the site visit for the learning team. The agenda included visiting two local public health agencies, attending a meeting of the Accreditation Commission, and review of the accreditation program by state agency and institute program staff. Members of the learning team included Pat Libbey (Washington State), Robert Vincent (Oklahoma), Laura Landrum (Illinois), Judy Alexiou (Missouri), and Michael Hatcher (CDC).

Background of the Accreditation Program in Michigan

In September 1996, The Michigan Association for Local Public Health, with the administrative support of the Michigan Public Health Institute (MPHI), convened an 18-member Accreditation Steering Committee comprised of representatives from local health departments, Michigan Association of Counties, Michigan Departments of Agriculture (MDA), Community Health (MDCH) and Environmental Quality (MDEQ), and the University of Michigan School of Public Health. The Steering Committee was responsible for identifying the structure of the accreditation process; developing the necessary assessment tools; overseeing the pilots conducted by MPHI; refining the assessment tools; and identifying the Accrediting Agency.

The Accreditation Steering Committee relied on four primary objectives in developing the accreditation process. It should:

- Serve as a measure of accountability to the legislature and other funding sources.
- Provide state and local governing entities a clear definition of core capacity, cost-shared, and categorical grant-funded services that must be in place in order to qualify as an accredited local health department.
- Maintain Michigan local health departments' abilities to remain current and up-to-date regarding public health practice and science.
- Reduce the numerous onsite reviews of state funded programs to one coordinated review process.

Over an eight-month period, the Accreditation Steering Committee reviewed accreditation literature; examined the experiences of other states with local health department accreditation processes and consulted with national accrediting organizations (such as the Community Health Accreditation Program). After completing this research, the Committee concluded that a two-step accreditation process that included an internal self-assessment to be followed by an on-site review would be most appropriate.

The Michigan Local Public Health Accreditation Program is a systematic review of the administrative capacity, the local public health operations, and some of the categorical grant funded services provided by a local health department. The mission of the program is to assure and enhance the quality of local public health in Michigan by identifying and promoting the implementation of public health standards for local public health departments and evaluating and accrediting local health departments on their ability to meet these standards. The program is a collaborative effort between the MPHI and the Michigan Departments of Agriculture, Community Health and Environmental Quality.

The Michigan Local Public Health Accreditation Commission provides oversight of the Program. The Commission is comprised of fourteen (14) members:

- 1 Chair (Appointed by MPHI Board of Directors)
- 5 Local representatives including:
 - 3 from local public health
 - 2 from Michigan Association of Counties
- 1 Representative from Michigan Department of Agriculture

- 2 Representatives from the Michigan Department of Community Health
- 1 Representative from the Michigan Department of Environmental Quality
- 2 At-Large Representatives
- 2 Representatives from Michigan Public Health Institute Board of Directors

The 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.

There are three primary steps that typically occur in the Accreditation process:

- **Self-Assessment:** This step requires the local health department to conduct a self-assessment, which serves as an internal review of the department's ability to meet requirements for the delivery of administrative capacity, local public health operations, and categorical grant-funded services. The self-assessment assists the local health department in identifying deficient areas and prepares the department for the on-site review. Reviewers receive a copy of the self-assessment materials two months prior to the on-site review.
- **On-Site Review:** After completion of the self-assessment, the local health department undergoes an on-site review. On-site reviewers will, through examination of required documentation and discussions with staff, verify that a local health department is meeting all essential indicators for accreditation. The on-site review team submits their findings to MPH. A report is developed and sent to the local health department and to the Accreditation Commission.
- **Corrective Plans of Action:** Local Health Departments that do not fully meet all requirements for accreditation will be required to develop and submit corrective plans of action to correct deficient areas. The LHD may undergo a follow up on-site review to verify implementation.

The Accreditation process assesses a local health department's ability to meet requirements for "essential" and "important" indicators. Essential indicators represent the minimum capacity that a local health department must have in order to be accredited. The local health department must meet all essential indicators in order to be accredited. Important indicators are "bonus points." Local health

departments that meet more than half of the important indicators, in addition to meeting all essential indicators, will receive accreditation with commendation.

The Steering Committee identified seven minimum administrative capacity service areas that local health departments should strive to achieve and maintain. The Committee also developed indicators to accompany each of the eight minimum administrative capacity service areas, as a means to measure a local health department's ability to satisfactorily provide minimum administrative capacity services. The eight areas are health assessment, policy development, quality improvement, health promotion, health protection, administration, and creating and maintaining a competent workforce. The Guidance Document provides detailed information on how to meet each of the indicators. If a local health department needs more clarification for any indicator, the appropriate technical assistance representative is contacted.

There are also minimum program requirements that must be met in food service sanitation, general communicable disease control, hearing, immunization, on-site sewage treatment management, sexually transmitted diseases, and vision. Minimum program requirements are the basic level at which the provision of a service is considered viable and eligible for state funding.

The minimum program requirements were developed and formally adopted by the Michigan Department of Community Health through a process that included input from local health departments and their representative organizations, as well as other expert entities in the health care field. A Standards Review Committee meets yearly to review and make recommendations to the MDCH Director. This Committee includes representatives from state and local health agencies. The MDCH Director provides final review approval. The Departments of Agriculture and Environmental Quality share this responsibility for food service and environmental health.

In addition, there are six categorical grant-funded services counties available for contracts. They are HIV/AIDS prevention and intervention, maternal support services/infant support services, family planning, cardiovascular disease prevention, breast and cervical cancer control program, and WIC. These services, as well as the program requirement indicators, are found in the guidance document.

Local health departments can receive one of four accreditation designations: Accreditation with Commendation, Accredited, Provisionally Accredited, or Not Accredited. Accreditation with Commendation and Accredited are three-year

awards beginning from the date of on-site review. Provisionally Accredited agencies do not meet all essential indicators for accreditation. They must develop corrective plans of action to address deficient areas. The Provisionally Accredited designation is for one year. Local health departments that do not fully meet all essential indicators at the time of the follow-up review will receive a Not Accredited status.

Observations and Lessons Learned

By learning team members:

- The accreditation process has improved the practice of local public health in Michigan. It has drawn attention to assuring the specific indicators are being addressed, thus improving the performance of the various services being evaluated.
- Primarily the measures and indicators are focused on individual services and secondarily on administrative capacities. There doesn't appear to be an overarching review or synthesis connecting the functional based capacities to the categorically framed service indicators. In other words, there is no way of seeing if there is a correlation between the capacities and service performance.
- All 200+ of the indicators carry the same weight during the evaluation process. Failure to meet any one of the indicators results in not achieving full accreditation. There are 40+ indicators for food services and WIC, but only 8 for health assessment. Are all indicators considered equal?
- The consequence of not meeting the indicators and not being accredited was somewhat unclear. It is a provision of the contract between the MDCH and the local agencies that they participate in the accreditation process but not that they be accredited. Given the indicators represent minimum standards as well as a contract performance criteria, it appears there could be a financial consequence for not meeting accreditation. But apparently those actions will be independent, by the state agencies, of the accreditation process.
- Preparation for the accreditation review is seen as paper and labor intensive but the level of time and paper may decrease as local operations change and documentation is maintained on a regular basis.

- The question was raised at both the commission meeting and at the local public health agencies, about the definition of a local health agency if it does not perform all services and functions covered by an accreditation program. If it does not provide the minimum required standards, is it a public health agency?
- The commission deliberations were a surprise on two counts: the civility of discussion and the consistent candor. Beginning assumptions presumed a low probability that all agencies would achieve accreditation on the first cycle. The frank discussion of deficiencies was achieved quite dispassionately and almost with a sense of relief, as if what had been most irritating was the historical denial of these issues.

By local agency staff:

- Staff felt there would be “value added” by participating in an accreditation process. It institutionalized processes that had been in place for sometime, but were never adequately documented.
- Standards provide a reference point for local public health officials to advocate for specific resources to meet and maintain accreditation standards.
- Standards provide local public health officials performance credibility with their local governing structures.
- Comprehensive review in the accreditation process was seen as beneficial in identifying organization-wide strengths and weaknesses.
- Process provides an opportunity to work collaboratively with state programs and other health agencies to improve operations addressed by the accreditation standards.
- Need to tighten standards and guidance document to avoid “requirement creep”. In other words, guidance document requirements change yearly

although standards remain the same. Resulted in some documentation rejected at one agency although approved at another.

- Standards provide for consistency throughout the state.
- Accreditation process has resulted in more networking between local public health agencies in the state.
- Accreditation preparation is a continual, not just once every three years.
- Process needs an “exit conference” component to help assure clear understandings and resolutions of deficiencies from on-site evaluations, as well as an “agency response” component to go with the on-site review report. Currently the process offers no opportunity for consideration and resolution of differences.
- Continued focus is needed to avoid overlaps between accreditation sections and assure that minimum rather than maximum standards are applied by evaluators at site visits.

By program staff:

- Consistency of team is very important.
- Corrective plan of action process takes much more time than originally thought.
- Need total commitment from top of agencies down to make process work.
- Anticipate that agencies won't meet accreditation even after the provisional status year, and the need to determine how to handle it.
- Process points out the lack of leadership in some local public health agencies
- Stick to the rules, deadlines, etc. Keeps equity in process.
- The process is never completed; change should be expected and accepted.