



The Michigan Accreditation Program: Central Michigan District Health Department's Experience

Many local health departments (LHDs) in northern and central Michigan cannot afford a full-time health officer, full-time medical director, or provide full health department services. To combat budget limitations, several single-county LHDs decided to collaborate to share capacity and better serve their communities. In 1970, six rural health departments in Michigan came together to form the Central Michigan District Health Department (CMDHD), in order to take advantage of limited resources and to better provide the services required under Michigan's public health code.

CMDHD chose to join its local colleagues to actively engage in accreditation as the means to standardize and enhance its existing health department services within its six counties. Based on the results of two state-local steering committees recommending an accreditation process for Michigan's LHDs, in September 1996, the Michigan Association for Local Public Health (MALPH), with administrative support from the Michigan Public Health Institute, convened an 18-member Accreditation Steering Committee comprised of representatives from local health departments and the Michigan Association of Counties, Michigan Department of Agriculture, Michigan Department of Community Health, Michigan Department of Environmental Quality, 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 pilot testing of the tool; and refining the assessment tools. The pilot sites began their Self-Assessment in August 1997 and completed in November 1997. The on-site reviews of the pilot sites occurred throughout the Spring of 1998 and were completed in May, 1998.¹

Accreditation and Quality Improvement

In 1999, the State of Michigan began an accreditation program for LHDs, mandating that all LHDs meet minimum standards to gain and maintain accredited status. For the first two cycles of the accreditation program, the state called for LHDs to meet more than just the minimum standards that were set forth in law.

In 2003, the on-site review component of the program was paused in order to evaluate all aspects of the process. The reasons for doing so included reductions/elimination of state funding for programs in the process, concerns

from local health officials on various aspects of the process and competing demands with emergency preparedness activities.

In March 2003, an Accreditation Quality Improvement Process (AQIP) Workgroup was organized and convened to conduct a evaluation of the accreditation process in order to identify opportunities for process improvement and to increase stakeholder satisfaction. The locally-driven, 14 member AQIP Workgroup comprises 10 representatives from local public health, three from state agencies and one from the Michigan Public Health Institute. In the end, 44 recommendations for improvement were developed.

Recommendations were reviewed by MALPH, the state department of health, the Michigan Local Public Health Accreditation Commission, and other state agencies. Recommendations were accepted and rolled-out with a series of monthly technical assistance conference calls for local health departments as well as quarterly training opportunities for the reviewers. In 2004 and continuing into 2005, an AQIP sub-committee reviewed the minimum program requirements for all sections and eliminated those requirements that were not based in law, code, statute or administrative rule. As a result of the review, several categories and standards were refined or eliminated.

It was recognized that improvement mechanisms should enhance or preserve the gains achieved through the current accreditation process and recognize that rule, regulation, and statute based minimum program requirements (MPRs) became the crux of the accrediting tool.² The simplified new tool implemented at the start of Cycle 3 received positive feedback, and has been more readily accepted than its predecessor, which was seen as unnecessarily cumbersome.

With the revised tool, onsite reviews are now more narrative driven, with much more dialogue between reviewers and LHD staff, rather than a simple checklist of "met" or "not met." Each review concludes with an exit interview, where LHD staff are immediately informed if they have failed to meet any standards. For unmet standards, LHDs must take corrective action within a certain timeframe, though the state offers technical assistance and is flexible in working with the LHD to reach the standard(s). Currently, two cycles of

accreditation have been completed, and the third cycle of reviews started in March 2006. All 45 LHDs in Michigan are accredited, the accreditation quality improvement process (AQIP) is ongoing continues to be chaired by the health officer of the Central Michigan District Health Department.

Connection to NACCHO's Operational Definition

While Michigan's accreditation program is not based on the 10 Essential Services, as the Operational Definition is, several of the Essential Services are addressed within the categories of Michigan's accreditation tool. When Cycle 3 revisions were made the Michigan program, NACCHO's Operational Definition was not yet final and as such, it could not be integrated into the standards. However, several local health departments including the Central Michigan District Health Department are now integrating the Operational Definition as part of their internal strategic plan.

With funding from the Robert Wood Johnson Foundation and the Michigan Department of Community Health, and as part of the Michigan Accreditation Continuous Quality Improvement Collaborative (MACQIC), four LHDs are participating in a pilot project designed to implement and evaluate continuous quality improvement (CQI) processes in the context of Accreditation. The LHDs will perform a self-assessment based on a standard of their choice from NACCHO's Operational Definition. Using the assessment results, the LHDs will then choose an organizational capacity target, identify measures of success, apply the Plan-Do-Check-Act approach, evaluate successes, and share the experiences with peers through showcase presentations at state-wide leadership meetings.³

Lessons Learned

As the Central Michigan District Health Department enters the third cycle of the accreditation process, they have gained useful insight. Applicable lessons for others considering an accreditation program include:

- **Always look on the bright side.** Motivate staff to embrace the accreditation process as an opportunity to pat themselves on the back and take pride in showing their abilities to the reviewers. Reducing the fear of failure increases support for the program.
- **Learn from your colleagues.** Don't be afraid to ask for help if you're struggling. Be willing to share materials, there is no need to reinvent the wheel. Contact colleagues in other districts or states who have gone through accreditation for support and advice. Ask them to come and provide mock-reviews in advance of the actual review.
- **You don't know until you ask.** In June 2003, 161 local public health professionals and 19 state agency program reviewers responded to a 60-question on-line survey. Their responses influenced revisions in the new tool. For example, 85% of the survey respondents desired an opportunity for an exit interview following the on-site review. In February 2004, the exit interview was added and remains popular.
- **Get out there and talk to other health officers.** Use statewide forums (such as meetings of state associations of county and city health officials) as an opportunity to discuss challenges and solutions, particularly in the early stages of your efforts.
- **Create common processes.** Having a standard statewide process ensured consistency between LHDs in terms of the objective nature and expectations of reviews, administration, and paperwork.
- **Remember the state and local partners.** State level support and inclusion of LHDs in the program development process allows for LHDs to feel like a part of the process and take more ownership in it. In 2003, a new state government administration was elected. The new administration worked with local public health leaders from the Michigan Association for Local Public Health to create an inclusive and communicative decision-making process.
- **Pause to reflect on the outcomes of your efforts.** Since Michigan implemented the accreditation program, working relationships with the state have improved. Communication around accreditation—and public health in general—are more open, which was an unexpected, but pleasant, result.

- **Encourage LHDs to meet the standards in their first review.** LHDs that took the process seriously from the start, and worked to meet the standards on the front end, fared better than those who were more concerned with making changes after failing to meet standards.
- **Successes and failures are based on leadership in the LHD.** Meeting regularly with staff and showing support for their efforts is crucial throughout the accreditation process. Staff need to understand the process and feel included to successfully implement a change/improvement.

¹ "Developing and Implementing the Accreditation Program: The Pilot process." Accessed August 10, 2007. Available at www.accreditation.localhealth.net/History.htm.

² "Accreditation and Quality Improvement." Accessed August 10, 2007. Available at www.accreditation.localhealth.net/AQIP.htm.

³ "Michigan Local Public Health Accreditation Meeting: MLC-2 Kick-off Meeting." Accessed August 10, 2007. Available at www.accreditation.localhealth.net/Program%20News.htm.

