

# So You Want to Be PHAB-ulous? Preparing for Accreditation

---

## CDC Performance Improvement Managers Network Call

**October 27, 2011**

**Today's Presenter:** Mary L. Kushion, Central Michigan District Health Department

**Moderator:** Teresa Daub, CDC/OSTLTS

**Sarah (Operator):** Welcome and thank you for standing by; all participants will be in a listen only mode for today's conference. After the presentation we will conduct a question and answer session. To ask a question please press star one. Today's conference is being recorded, if you have any objections you may disconnect at this time. I would now like to turn the call over to Ms. Teresa Daub. Ma'am you may begin.

**Teresa Daub:** Thank you and welcome everyone to the October Performance Improvement Managers Network Call or PIM Call. I am Teresa Daub with the Office for State, Tribal, Local, and Territorial Support. I am joined here today at CDC with some colleagues from OSTLTS. We are delighted that you could join us for today's call. This is our ninth call in the monthly webinar series for Performance Improvement Managers throughout the country. The PIM Network is intended to be a forum to support all performance improvement managers in learning from each other as well as from partners and experts in the field. These monthly calls are a way for members of the network to get to know each other better, learn about best practices, and quality improvement and performance management, and share information about resources and training opportunities. On today's call we'll hear about one health officer's experience with national voluntary accreditation and following that, we'll have the opportunity to discuss technical assistance with a few of the NPHII capacity building assistance partners. I'll introduce our speaker shortly, but before I do, let me review some of the technological features of today's call.

We will be taking live questions at the end of the presentation today, so you can help us out by keeping background noise to a minimum by muting your lines. You can use the mute feature on your phone or press star six to mute and then again star six to un-mute your line if you have a question. So please take advantage of that feature now. That would help greatly. For those of you who are not able to access the web portion of the call today, you may refer to the slides that were e-mailed to you this morning. For



those of you on the LiveMeeting site, you will see the slides on your screen. They're also available for download via the icon at the top right of your screen; it's the icon that looks like three sheets of paper. If you're on the web you will also be able to see other sites and people participating by clicking on attendees under the link on the top left.

We hope you will have questions on the call today and there are two ways to address them to us. First you may type in a question at any time during the call by using the Q and A box which you can find by clicking 'Q&A' in the toolbar at the top of your screen. It's the second from the right. We will also open the line for live discussion at the end of the presentation. Please note if you're submitting a question via LiveMeeting that we will announce the identity of the questioner. If you prefer to remain anonymous to the group in posing your question, please type 'Anon' either before or after your question so we can honor that request.

Today's call will last approximately last one hour. It is being recorded and the full presentation will be archived on the OSTLTS/PIM Network webpage. We will have a few polls on today's call. I'll introduce each poll question and when I announce that the poll is open you may cast your vote by selecting your response with a mouse click.

The first poll question is on your screen now and it will give us some idea of who is participating on the call today. The results are coming in. Please cast your vote if you have not already done so.

Ok we'll move now to our next poll question, which will give us an idea of how many people are on the line today, and the question is, 'How many people are in the room with you?' So the poll is open for you to cast your vote. All right, looks like we're finished with that poll. Thank you for participating in the polls. We will want to hear your thoughts about today's call at the end, so please plan to answer our final poll at the end of the call and tell us what you think of today's call.

I want to introduce our speaker now and today we have with us Mary Kushion who has been the health officer for the Central Michigan District Health Department since 1993 and she's been active in public health since 1988. Ms. Kushion has a Master of Science and Administration from Central Michigan University and a Bachelors of Arts degree from Alma College in Alma, Michigan. She is a member of the National Public Health Accreditation Board's Standards Development Workgroup, and prior to that, served on the Research and Evaluation Workgroup for the CDC and Robert Wood Johnson Foundation's Exploring Accreditation Project. Mary is the current chairperson of the National Association of County and City Health Officials' Accreditation Preparation and Quality Improvement Team and also serves on the Michigan Local Public Health Accreditation Commission. In addition to her work on accreditation, in May 2010, Mary provided leadership for establishing the Together We Can Health Improvement Council to address the findings in the county health rankings and to create a community health improvement plan for the six counties within her department's jurisdiction. She also serves on several boards including the Michigan Association for Local Public Health, the Northern Health Foundation, the Michigan Public Health Institute, the Michigan Community Dental Clinic, the Region Six Homeland Security Planning



Board, and the Central Health Plan. Mary is one busy lady who has had one busy week so we are very honored to have her with us today. And Mary, the floor is now yours.

**Mary Kushion:** All right, well thank you Teresa, and thank you to the group so much for the invitation to present on this monthly call. I am just so pleased and honored to be able to spend some time with you this afternoon to give you some examples and really my perspective on how health departments might be able to use much of what we already have within our departments to be able to meet the PHAB standards and measures.

If you could go to the next slide. Teresa gave a bit of this in the introduction that she gave about me, but I always say, 'Why me? Why would the PIM Network want me to come and talk?' And I'm always amazed at when I look back and I see the opportunities of the past that actually paved the way to be where I am today, I have to start, really with the MLC project, its not on your slide, and the fact that at one of the first MLC national meetings I had the opportunity to meet Les Beitsch, who a lot of you know, and Les was actually the one who invited me to become a member of his research and evaluation team as part of exploring accreditation. So that got me more involved with and interested in all things accreditation, but, a little confession, not all that interested in developing logic models for the rest of my career. But developing standards was something that was of interest to me. So when PHAB was looking for volunteers to join the Standards Development workgroup, I applied and was able to serve on that workgroup. Then decided, gosh, why develop standards if you can't see how they work and so I applied and actually was a beta test site visitor for both the state of Iowa and for the Navajo Nation. Of course I am a local Public Health Officer. Have been here since 1989 at the Central Michigan District Health Department. Michigan as many of you may know does have a state-based accreditation program. I've seen it from the local health officer's perspective and being someone in an agency that's been reviewed four times now and also from the reviewer's perspective. So because of that, the University of Michigan asked me to provide a crosswalk of what Michigan's system looked like as compared to the PHAB standards. And I actually gave a presentation pretty similar to this in June for both Michigan's state and local health departments. So that is what brought me to all of you today because they liked it and so I was asked to give it again today. And I will also mention real briefly that I'm proud to announce that our health department was one of the first, I believe, in the state of Michigan, not in the country obviously, that submitted statement of intent to PHAB to go through the accreditation process.

Well the goals of the session today, and I'm hoping by the end of today's call, you will have an increased knowledge of the PHAB standards and maybe have some new ideas on how to potentially meet them. To increase awareness of how Michigan's Local Public Health Accreditation process is similar and different from the PHAB process. I will be speaking in general terms about what Michigan's accreditation process has in it and how we could use those to meet the PHAB standards. And then, again, giving some tips on what I call, how to do PHAB on a budget.

The workgroup members that were involved with the standards development workgroup, I just think it's important to note, that they did come from both state and local health department officials. Also from both centralized and decentralized states. There were members on the workgroup that came from large



jurisdictions as well as very small, rural, and sometimes frontier jurisdictions and then also a good mix of urban and rural health departments.

So as we know now that in July, version 1.0 of the PHAB standards and measures arrived and hopefully everyone on the call has had a chance and the opportunity to look through those. If you did then you will know that they are based on the ten essential public health services. There are actually twelve domains. And the eleventh and twelfth one, actually the eleventh, domain eleven is in public health infrastructure and domain twelve is on governance. And I know Kaye Bender, when she presented to all of you last month talked about a bit of this as well. So just a quick review.

Next slide. Oh this is what I call my disclaimer slide. And again these are just based on my experiences and what I know about the standards and measures and some of the thought processes that went behind it, as well as being a site reviewer for the beta test. I can't say that any of the information that you're going to hear from this point forward will actually be a "met" when you go out and go through the PHAB accreditation process. It's simply my opinions and are tips that I will probably, undoubtedly use within my own local agency.

Well let's get started. Domain One of course is our Community Health Assessment Domain that is a prerequisite for PHAB. Within this domain, they're looking of course for the completed community health assessment, but they're also looking for population health data from a variety of sources. And some of the sources that we'll be using include the information that's in the County Health Rankings, and Health and Human Services county profiles and health indicators that are located in the new Health Indicator Warehouse. Health departments may have, for example, state health departments may have chart profiles or chart books that include data, census data certainly, health department individual program data, information that's included in regards to leading causes of death, information that you already collect and record in a report.

So they also want to know the current services provided. What we have found in Michigan, and in my agency in particular, is that a great system to look at is the two one one online system. They've developed a great repository for current services within a community, within a county, and you can go there and see and categorize, you can see what the current services are that are provided. What PHAB would like to see, I believe, is the sharing of that information, the assessment information, so again, show what you've shared. Show that you put it on your website, that you've created press releases, it's sitting in your waiting rooms, it's available on your annual report. They also want to see evidence that you have shared that information, so again, screen shots of your website, samples of emails where you sent the assessment information out, if you have a SharePoint site where you're keeping that data or a health dashboard perhaps that would be a great place to show where your community health assessment information lies. Currently, Michigan's system does not require within its accreditation system a community health assessment.

Domain Two is the Investigations of Problems and Hazards, of health problems and hazards. The most important thing for everyone to remember, well one of the most important things anyway, with domain



two, is to start today if you haven't already and keep a list, it can be a shared document on your server, it can be a Google doc, but of significant public health events that have occurred within your agency for the past five years. That's one of the things that I know, again, in the beta test sites that a lot of the groups didn't have. And so it's important to start making that list right now. Also written protocols that include procedures for conducting investigations of health problems and hazards of health problem; so things such as agency's communicable disease Plan and then foodborne outbreak procedures. And some of these have to be in paper form and binders because of course PHAB is going to ask for everything to be uploaded onto their system electronically so if you haven't already put it in electronic format, that would certainly be a great thing to get started and make sure of course that everything is dated and signed. PHAB has just been real great about making it something that is electronic, that they're asking for screen shots or asking for emails: those types of things. Same thing with the completed after action reports. Again it can be a follow up of a critical violation of a foodborne outbreak. It can be an after action report from a pertussis outbreak in a school or perhaps a camp. It has to be for both infectious and non-infectious diseases, so maybe there's a spike in a cancer vein in a community and how did you track that or perhaps diabetes and what are you doing to look at those kinds of things. So just being able to show that you've done those types of investigations, and then what you did about them, and then after action reports.

Domain Three is informing and educating the public. This is in the form of course of any sort of public presentation, press releases that agencies put out, brochures, flyers, public service announcements, Facebook, Twitter, any of the social media that is now currently in use and maybe in the future; things like food service news letters; anything that shows the mission and vision and what public health is all about are things that need to be included in domain three. They also want to make sure that you show evidence that the target population helped frame your message. So if you can show that your family planning advisory council or your tobacco reduction coalition helped with the press release, put it out as a part of or on behalf of that particular coalition. Maybe have a client review team. Maybe if it's for a foodservice newsletter have sample restaurant owners look at it in advance. You also want to make sure that it is culturally appropriate and so that's an important component. Also evidence of unified messaging with community partners. Again, just making sure that you are sharing it with others, that others may want to put it onto their website. I know with our health department, whenever we put out a press release about a community event, we send it not only to the media, but we also send it to universities and they put it on their websites as community events. And then of course, meeting your media plan. If you're going to inform and educate the public, you want to make sure that you have a media plan which is typically included in your risk communication plan.

In Domain Four, this is the involved community engagement. Again they want to see current collaborations. So things like family planning, advisory councils, Great Start collaboratives, flu coalitions, child-death review teams are just a few of them I've listed here. You may have conducted town hall meetings or are considering conducting town hall meetings. Perhaps it's a coalition of food policy council or Complete Street. Sample documentation of course would include the meeting minutes, press releases, anything that you've done regarding policies or things that you wanted to see proposed as



policy, or perhaps you don't want to see something repealed. Right now in Michigan, there's consideration of repealing the motorcycle helmet law. So we want to make sure we engage the community and let them know, that that's not good for public health. And again, you have to show two examples and be able to document that. Within the community engagement, it doesn't have to be something that the local health department has facilitated or really that even the state health department, but you have to show that you have actively participated in it. In Michigan's system right now, we have to show that we are working with the schools and daycare providers to track immunization levels.

Domain Five is the development of public health policies and plans. Both the second and third prerequisites are actually contained in domain five. The second prerequisite is the community health improvement plan, which of course goes hand in hand with the community health assessment. So they want to be able to see the plan. They want to see you've engaged your community partners and knowing what the role in existing meetings are. You want to call on your university partners. You want to have that plan be readily available. I know that it's tough right now in all health departments to come up with the funding to develop a community health improvement plan, but I don't think it's all that difficult to ask for donations. That's what we did at our agency. We went out and did ask for community donations and you'd be surprised I believe at what the community responds to those types of requests can be. We were very, very surprised and pleased that our hospitals were willing, because of course they need it for their community benefit, but to get funding back from our hospitals to help to assist us in the development community health development improvement plan. You want to show that you are using evidence-based practices so I recommend certainly looking at CDC's Community Guide for Preventive Services, using Healthy People 2020, the National Prevention Strategies. There may be a state initiative. I know in Michigan, right now, there is an obesity reduction initiative as well as an infant mortality reduction and so there may be something that the state is already implemented and then as a local you may want to show how you're responding to that locally.

The other part of domain five, the second part actually, is maintaining an all-hazards emergency operations plan and I believe this is pretty standard. In all local health departments and all state health departments throughout the country. And again, they can fill it out electronically. A couple of things to remember is that they want to see evidence of what was tested and revised on an annual basis and then also be able to answer the question of what activates an all-hazards plan. So what makes you open up that particular file and say that we need to activate an all-hazards plan as opposed to just responding to a foodborne outbreak at a potluck, something like that. And then of course there's third part of the article, which is the agency's strategic plan, which is also required in domain five.

Domain Six is enforcement of public health laws. Again, review of public health laws. These can be on your website. They just want to see that you have looked at them so it can be—and again like with the motorcycle helmet law, your food code, your sanitary code, public health codes, smoke-free air—it's helpful to have meeting minutes showing that you have done a review of those laws on a periodic basis. Sharing them and discussing them with your local governing entity or other groups that would be



supportive, whether it's county commission or perhaps a township government. Just show them that you've been able to document a review of its public health laws. And just as importantly is how staff has been trained in the laws. So again, I know in Michigan we have to show training logs and certificates for our food service workers that they have been adequately trained. It's the same thing with our staff that conducts communicable disease investigations, we have to show that they have been adequately trained. Recently in the last year, Michigan implemented its smoke-free air law, so we had to be able to train staff on how to implement those requirements. You also need to be able to conduct and monitor enforcement activities. Again, when the smoke-free air law came into effect, what we did is we did get some complaints. It is a complaint-based system so we immediately developed, again, our favorite thing, the Google document which we were able to log in the complaints, who received the complaint, which county did it come from, which establishment, and what the follow-up was. And then it goes to the next bullet point that is following up on complaints, so that can be anything from communicable disease, onsite sewage, food service, there's just a whole host of those. I also listed food service hearings and compliance plans and again just being able to show sample letters, minutes from the enforcement hearing, those are the types of things that they will want to see. I know again in Michigan with our accreditation program, programs such as family planning, HIV/AIDS, and our breast and cervical cancer control program, we need to show that we are following state and mandated protocols. **(24:14)**

Domain number seven: access to health services. There are actually two parts to domain seven and of course the first one is to convene or participate in a collaborative process to assess availability of health care services and the second part of that is to establish strategies. But what they're looking for here I believe is again, working with local collaborative councils so they want to see the meeting minutes, they want to see participation in those collaborative councils and how you assess the availability of health care services within your community. They want to see the description of the partnerships. It could also be something like participation in an FQHC planning grant that perhaps your local hospital or another health care partner has put together. Participation in county health plans for those dates and counties that have county health plans, just being able to assess the availability. Also from a health department perspective, one of the current services that are already being available, so providing a list to your community partners of what within public health we already have as health care services such as HIV counseling and testing, family planning, provision of immunizations, sexually transmitted disease counseling and services, and perhaps even hearing and vision screening. The second part of domain seven again is then to establish strategies. So again, it's the same type of information and it's the same set of meeting minutes, same partners, but they really want to see the strategies and what was the outcome of that assessment of the availability of the health care. And then looking at it again, and perhaps its in your health improvement plan. I know in ours, one of the number one priority areas was access to health services. So certainly within our health improvement plan, we'll have strategies to on how to improve access to health care services.

In Domain eight, this is the competent public health workforce. What PHAB would like to see here I believe is documenting relationships that promote public health as a career. So if you have interns and provide internships for students, if you can show their goals and objectives, if you can show what their



work products are, or perhaps it's a formal engagement letter with the university for the particular intern or type of intern that would be helpful to have as one of your documents. If you've been a guest lecturer at a college or university or even a high school or any educational opportunity where you can promote public health and what you do as a public health professional. Presentations, copies of PowerPoints, if you put in an agenda for a presentation, if you could have a copy of the agenda and what you presented on, I think that would also be helpful. And then also they want to see that the health department workforce has been adequately trained. So again, if you have internal staff meetings, make sure that you have your staff sign-in, make sure that you have agendas that are available and what you covered in those staff trainings. We have Google logs, again, for all of our staff so if they go to our training, they complete the Google logs so we know. Also the TRAIN system is a great system that's available to be able to log trainings in for your staff and yourself. Again within Michigan, there's specialty food trainings for the instruction staff. All of our vision and hearing technicians need state health department training. So again, just all sorts of workforce development training logs and those types of things; as long as they want to see a plan: they want to know that health departments are following in the nationally adopted core competencies. Again they want to see the training schedules and they also want to see that your leaders are continually receiving staff development; so they want to see evidence of leadership training as well and you need to give two examples of that. Not of leadership training, but just of trainings scheduled.

Domain nine is one I'm sure is near and dear to everyone on this call's heart, it's the performance management and quality improvement domain. And there is evidence of maintaining an agency performance management system. So agencies will need to show a system where there's been assessment, monitoring, and results. They want to see that there was staff involvement with the performance management system and its development: really all three phases the assessment, monitoring and results. So again meeting minutes, agendas, those types of things. I know that in Michigan we could probably use the state based accreditation as a performance management system because, again, it does include a self assessment process, we're monitored, they come out and do an onsite review, there are corrective plans of action that are put into place, then we see what the results are. So if there's something within your state or within your agency that includes both components, whether it's an accreditation system or standards measurement type system, I would seriously consider using something like that as your performance management system. They will want to see evidence of a written quality improvement plan. Again, not only a performance management system, but also a QI plan. And they also, PHAB wants to see two examples of how the QI plan was utilized within your agency. So one has to be program based, which could be something like improving immunization rates or customer satisfaction surveys, no-show rates, what did you do, what was your QI plan, or what was the QI process that you followed. And then one has to be administrative. So right now in our agency, for example, we're working on a QI project that will reduce our Medicaid error rates and billing rates. It can also be employee satisfaction, internal communication, those types of things. As long as one's program and one's administrative you shouldn't have any problem.



Now we can go to number ten. Number ten is what I like to refer to as the research domain, but it is contributing to and applying the evidence base of public health. Again being able to utilize CDC's Community Guide to Preventive Services if you are implementing a new program within your agency or you're considering that you need to go before your local governing entity. Perhaps you want to consult with CDC's Community Guide as an evidence-based practice first to make sure that it's in there. This also could include literature review; certainly utilize college and universities, they're always looking for research opportunities; most states with public health institutes they may be also able to help you with looking at types of research as well as state health department staff, colleagues and other health department staff, and other local and state partners that you may have. The evidence can be not only for a program but could also be for a process. There's a Baldrige survey on the Baldrige website of are we making progress that can be used, again, for an internal management, communication, leadership, and there's seven different components that health departments can use to measure their progress with staff so we certainly would encourage that. I know that one of the things that we've done again, in our agency, is our medical director provides a monthly report to our board of health and now every month he's given a recommendation from research and it's typically from CDC and then the board endorses that, those recommendations, or they might revise them a bit. And then we send out press releases. We send them to our social media sites, we send it to our website, and to our various ListSers. Just a quick anecdotal on this month of course was about breast cancer and the need to conduct breast exams and get mammograms. And so we sent that out to our health improvement planning workgroup members and one of the group members asked if the health department had anything for women without health insurance and are low income. And it was just a great opportunity to reach back to this woman who also would happen to qualify for the BCCCC program. So we were happy to be able to do that. But, so, you never know, again, when one path is going to lead to the next.

Okay. Domain eleven: administrative and management capacity. This is again where you're written operational plans; you want to make sure those are acceptable to your staff. So whether its on an intranet site, whether it's a disc that you give them, you want to make sure that your staff have signed off on that. In Michigan, we have to submit a plan of organization as part of our accreditation process so every three years we have to show them what our operating procedures are, what our audits are, those types of things. And so the legal responsibilities, your organization, your mission, your vision, your values, all those types of things are going to go into this administrative and management capacity. You can see them listed up there. Also they're going to want to see evidence of that you're asking for more money to fund public health. So again, meeting minutes for your budget was approved, or was the grant that you submitted for more funding for public health, legislative testimony, those types of things where they want to see that you are continually asking them, that shouldn't be a tough one to meet because I know that we're all continually asking them for more money.

And last but not least: domain twelve is engaging the public health governing entity and of course for the purposes of PHAB, the governing entity has the primary responsibility for supporting the health department to achieve accreditation and it's the point of accountability for the health department. So again they want to see documentation of statutes, rules, regs, ordinances for mandated services, which



also give public health the authority to conduct the programs. So things like your public health codes, the sanitary code, your food code are all good possibilities for this particular domain and then examples of communication with the governing entity regarding public health issues and/or actions of the health department. So for example meeting minutes from your governing entity board, an annual review of the issues discussed, actions taken, policies set by the board, an annual review of your agency's strategic plan, the board member orientation so that they know what their responsibilities are, so then examples of what the orientation packet may look like, what the agenda looks like for orientation, the meeting minutes to show that you actually did conduct governing entity orientation showing them what their responsibilities are.

So then I just have PHAB on a budget. And, again, I don't think anybody on this call would say they have tons of money to start accreditation. So what we've been using, again in my district health department, we use interns a lot. Why? Because they're free; because they're eager; they're young, it's a great experience for them. Just before the draft standards were out, we had a health administration intern come in. Her sole responsibility was to meet with our staff and go domain by domain by domain and ask them for sample documentation. So we, you know, once they switched from part A to part B we still had some tweaking to do and we will as we get new examples, roll off the old examples. But she created folders and you know they're so techno-savvy when they're students like that. She set up all these folders and made everything so easy and understandable to read so I highly encourage you to use interns because again it's something they can put on their resume, it's new, and it's exciting, and they love to be a part of it. Use technology. I just learned within the last month that there's this cool feature on my Outlook email called OneNote where I can store emails for all the different domains. So again, as I talked today there was a lot of things that if you share something on an email, if you share something on a listserv then once I send it or someone sends me one I pop that into OneNote they're all stored there and then once as we get close to getting to submit our documentation to PHAB we just go to that OneNote and boom there they are. We also have a share drive on our servers that all the folks at our health department that are dedicated to a domain or a champion of each domain, they can populate those domain folders on that share drive. Also I can't stress the use of Google enough for training logs, for calendars, for just about anything. I put on here use NACCHO resources. They've got templates, they have webinars, they have PowerPoint presentations, they have accreditation, their e-newsletter. But I'm sure ASTHO and NALBOH... I'm not as familiar with the resources they have. Certainly all of the partners of PHAB are creating resources for both state and local health departments to be able to use. I just happen to know that NACCHO has a lot of great ones out there so would encourage you to get on the NACCHO website, it changes everyday and it gets better and better every day. As Kaye said last month, and I'm paraphrasing here, the more familiar you become with the standards and measures, the more examples you'll be able to find and that's what we've experienced here, again, knowing what Michigan standards are we just have to become more familiar with the PHAB standards. I would encourage all of you to do the same thing because then it just becomes second nature. If somebody says they're going out to do a presentation at a college, I'll say make sure that you get that into the one about the competent public health work force. It just becomes second nature. As I mentioned at the start U of M did do this crosswalk between the PHAB domains and standards as well as what's in the Michigan



accreditation program and where it wasn't addressed in Michigan's accreditation process and I offered some other examples of what I thought may be able to be relevant such as our all-hazards plan and community health assessment activities and what not. So there is, it's been recently put online and the URL is listed here. And I think I am ready for questions.

**Teresa Daub:** We all are. Mary, that was such a great presentation. Thank you so very much for all the practical and informative advice and examples that you shared. It was helpful to hear and helpful probably for anyone who is thinking of pursuing accreditation. We have a couple of questions we want to toss your way before we open the lines. And we'll start with a question about the extent to which you had an accreditation coordinator in your local health department. How was that? Did you have a designated person? How was that role handled?

**Mary Kushion:** We didn't have one when we went through Michigan's process. We're a pretty lean staff so, and I'm pretty much a control freak. So it was me, but now that we started with national accreditation we actually have designated a member of my staff to serve as the accreditation coordinator and then we also have given her a backup. When we went through the four training modules that are required for PHAB we actually, I had to sit in on them as the health official but we also had two additional staff members that will be taking the lead for the national accreditation.

**TD:** Okay, thank you for that response. Could you say a little bit more about how you have managed and plan to manage all of the documentation? I mean I heard you talking about some of the technology you've use Google logs, Google docs, OneNote. Can you say a little bit about how you systematically tracked and kept up with the documentation needed for accreditation?

**MK:** Right. What we did is again, is we have the shared drive, so myself, anybody that is, there's probably ten of us I would say, that have access to this share drive currently. And then, again, if it's a sample PowerPoint or if it's our last audit, if it's a press release on something, the people, then just load it up into this file. And then when we get closer to getting ready to submit our documentation then we will assemble ourselves, so as ten people, as a team and open up those files and see what's in there and then pick the best two examples that we can for the required documentation. We recognize that there are some pieces of documentation right now it may be a booklet. We have one that we use with our governing entity called *Michigan's Guide to Public Health for Local Governing Entities*. I don't know that it's even available electronically, so we have some hard copies, but again we have far fewer binders than what we had before. There are some of them that we were just keeping for the on-site visit to show as examples there. But literally right now its all just stored on document drives. We haven't purchased any files cabinets, or binders, or page protectors, or anything like that as we did do when we started Michigan's accreditation system a long time ago in cycle one.

**TD:** Great Mary. Thank you again. One more question here about, so you've been through four cycles and you have probably had to get buy in from a variety of people that you interact with; so your staff throughout the agency, your governance leadership and the community. Can you say a bit about how you've approached that in your area?



**MK:** For the national accreditation?

**TD:** For Michigan or national.

**MK:** Well for Michigan, again, we have gone through it and it's a three-year cycle for Michigan so, you know, it's been over twelve years and we're fairly, I can't, we're very comfortable with it. I was going to say fairly comfortable with it, but we know what the program indicators are. So at this point it's become not necessarily routine, but it's a far less labor intensive than it was the first time we went through it. And I honestly believe people going through PHAB will find out that it might be quite labor intensive, especially if they haven't been through an accreditation process before the first time. But then it does get easier because then it is a, it's not like once the onsite review process is over, that your done. It's a constant updating and revising and just keeping things fresh and new. So our staff, again being through four cycles, is used to accreditation and when I showed them the crosswalk in that they didn't have to come up with a whole bunch of new pieces of paper or new documentation, they were far more comfortable with it than they were when Michigan introduced its system.

**TD:** Thanks Mary. I think one thing you've really done well today is you helped us see how the work that we're already doing relates to accreditation and how we can use it to demonstrate meeting standards and measures without necessarily creating new work, we're just documenting the work we're already doing.

What I would like to do now is open the line for questions for Mary.

**Sarah (operator):** Thank you. Once again to ask a question, please press star one. To withdraw your question press star two. Once again, if you would like to ask a question, please press star then one.

**TD:** We'd also like to make everyone on the line aware that we have with us on the call some of our NPHII capacity building assistance partners. Mary mentioned the great resources that NACCHO has to assist with accreditation readiness. Some of the other accrediting, sorry, capacity building assistance partners are also able to help in that regard. Someone can make sure that you're aware of those and know that you can reach out to your CDC performance officers with a TA request to access these partners. So certainly NACCHO in regards to comprehensive accreditation readiness including health improvement planning. ASTHO is also available to help states with comprehensive accreditation readiness including the prerequisites for accreditation. In addition, our partners at Public Health Foundation can help with performance management and quality improvement technical assistance. The National Network of Public Health Institutes can assist with issues related to performance measures and evaluation. And APHA is available for public health policy or health reform policy TA requests. In fact as a bit of a preview beyond accreditation readiness on our December call, these partners will be joining us for the full hour.

Are there any questions on the line? I believe the lines are actually open.

**Sarah:** Yes, all lines are currently open and interactive.



**TD:** Great, thank you. If you don't want to ask a question you can mute your line. If you have a question, please go ahead.

Are there any questions on the line for Mary or any of our capacity building assistance partners?

Okay, Mary, we'll go ahead with another question that we have here. If you could give us an example of working with a hospital in your area: I heard you mention that relationship as part of some of your documentation. Could you say a bit more about that?

**MK:** Sure. When we wanted to begin our community health assessment process, we had learned about the same time that the IRS was requiring non-profit hospitals to also conduct community health assessments process. And so I sent letters out. We have five hospitals in our six counties and cited the IRS rule and reg to them and said, we're getting ready to launch this pretty significant initiative, our Together We Can initiative and it would be great if you would give us some start up money to help with that and it would also benefit the hospitals by being a participant. And so they were very much, I should have asked for more, because they were all, we had checks arriving within a week of me asking and so we were able to hire a facilitator. But in the meantime we've also with our hospitals, in the last year, since we began our community health assessment process, you might remember that I mentioned about access to health services. So we had one health system that applied for a FQHC grant; they did not get the FQHC grant, but they decided to put the free clinic in regardless because they knew that access to those services were needed. In another county we have a hospital system that is getting ready to submit in for a HRSA grant for improving access in a federally designated health shortage area. So they are also working with us to secure facilities and things like that. And then a third hospital, starting in January, they are actually partnering with the health department and we're providing the space after-hours for them to come in and bring in a free clinic in to our office space again to be able to increase access to health services. The fourth example is that we have a health effort working with us in coordinating one of the county health improvement planning teams. So just an overwhelming amount of support. They also helped fund our public health summit that we've had this past year and have been very willing to help us with focus groups, town hall meetings, anything that we've asked of them, they've been great to partner with

**TD:** Mary, thanks for sharing that experience and that really great lesson: always ask for more. We actually had a question that came through online that seems to be intended for us at CDC so I just want to clarify. The question was about making a technical assistance request for capacity building partners. Let me clarify this. The way to do that is to be in touch with your performance officer and indicate the type of technical assistance that you want. If you have a partner in mind that you think would adequately provide that service, make that known to your performance officer. They will assist with making that connection. So I hope that answers that question. Are there any live questions on the phone?

Okay well we have not had any other questions come in today. So I think Mary you can take that as a compliment for having been so thorough in your presentation. Very much appreciate what you had to



share with us today. I think it was again, so practical and so very helpful. So thank you Mary for the presentation and everyone for participating including our partners for being on the call. Please remember that we'll have a break for the month of November, a Thanksgiving break. We will reconvene on the partner call on December twenty-third, which will be devoted to our capacity building assistance partners and their role. So you will get to hear from them on that call.

But before we leave today we have one more poll. And we'd like you to rate this webinar overall please. The poll is open. Please cast your vote. Melody here will let us know when we have all votes in.

Okay we have one more poll question. We don't actually have a question. The question was to be, what was your opinion to having all the lines open, but if you have feedback on that or anything else, including suggestions for topics for future calls please email us. The email address is [pimnetwork@cdc.gov](mailto:pimnetwork@cdc.gov). We welcome your feedback on the call, on the Network, topics for future calls, any feedback that you have for us to help the PIM Network work better for you. Again, please remember that the next call is December twenty-third and we'll be hearing from the NPHII Capacity Building Assistance partners on that call. So we will see you all again in December. We thank you for participating today. Have a great afternoon. Bye everyone.

**Sarah (Operator):** Thank you for participating in today's conference. You may disconnect at this time.

