

Making the Connection

*An Exploration of Accreditation and Quality Improvement
through the Multi-State Learning Collaborative*

A Friend Remembered

Dear Colleague,

After a valiant fight with leukemia, our dear friend and valued colleague, Craig Michalak died on August 20th at his home in Chapel Hill. The loss of Craig will be felt by all who knew him and by many others who benefited from his selfless service to public health in North Carolina and across the nation. Through his work, he developed deep friendships throughout the state and the nation and he will be greatly missed. Craig creatively built and managed the North Carolina Local Health Agency Accreditation Program, the first such program in the United States. The program he helped to build will serve as a lasting legacy to his dedicated service, and it will stand as a model for others across the nation to emulate.

At Sarah Michalak's request, the Craig Michalak Memorial Library Fund has been established. [Click here if you would like to make a gift to the fund.](#)

Sincerely,
Ed Baker
Director, NCIPH

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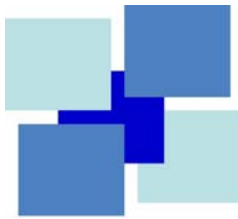
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Site Visits Showcase Progress of the MLC States

by Lee Thielen, MPA



Between the months of April and August 2007, site visits were hosted by all ten MLC participant states. Site visit participants included NNPHI staff and consultants, the Robert Wood Johnson Foundation, other MLC participant states, and national partner organizations, including the National Association of Local Boards of Health, the National Association of County and City Health Officials, the Association of State and Territorial Health Officials, the Public Health Informatics Institute and the Centers for Disease Control and

Prevention. In addition, Dr. Al Gray, the Director of the Public Health Accreditation Board was able to attend a site visit to Illinois in August.

The Multi-State Learning Collaborative incorporates site visits to participant states in the program for a number of reasons: The visits provide MLC participating states the opportunity to convene local stakeholders and leaders to welcome the "out of town" partners, to gain buy-in for their efforts, and to showcase their quality improvement efforts. In addition, site visits give those who work with the states an excellent sense of progress, problems and potential. An added benefit this year has been the participation of representatives from other MLC states. Thirty-three participants from other states were able to attend site visits to peer states. Feedback from these state visitors has been uniformly positive, perhaps because the visitor selected the state based upon a desire to learn more about best practices in a particular topic area.

So, what did the site visitors learn on these 10 visits? A great deal of progress has been made in all the states. For example, Illinois has made substantial progress toward a voluntary accreditation system and is achieving a level of consensus that is quite impressive. Michigan is piloting quality improvement in four local jurisdictions as showcases of what can be accomplished. Kansas is dealing with the many challenges of rural public health and is creating a new term many of us are using, *functional regionalization*. New Hampshire is focusing on quality improvement with their many partners in the larger public health system. Washington State continues to be a leader with their systematic approach to measures and standards. Missouri is on the road to being a regional center for voluntary accreditation. The new MLC states of Ohio and Minnesota are improving their current systems with a quality improvement approach. Florida has emerged as a national leader in public health quality improvement and has quickly become a mentor for many of the states. North Carolina has debuted a rigorous approach to state agency accreditation-like reviews and continues to improve their mature and sophisticated mandatory accreditation program.

The involvement of states in a learning collaborative with the additions of support, training and technical assistance does, indeed, seem to make a difference.

It is fine to read about the intentions of a state regarding its plan to implement quality improvement in the context of assessment or accreditation. It is a very different experience to hear local leaders speak of their progress and challenges and to be able to link people and programs with each other. The on-the-ground information that we experienced first hand about how standards are being developed, systems are being improved, and quality improvement is progressing in our 10 states is essential to help prepare the future of the MLC and its members. From the site visits, we are also able to understand what is happening in the country regarding receptivity to voluntary accreditation. Quality improvement programs and processes are taking hold in some states, while others are needing more time. The landscape is changing, and we think it is changing for the better.

Michigan Tackles Local Health Department Organizational Capacity

Excerpted from **Accreditation Quality Improvement Focus: Michigan Tackles Local Health Department Organizational Capacity**

by Debra Scamarcia Tews, MA



During its work in MLC-I, [Michigan](#) developed a model for voluntary Quality Improvement (QI) related to strengthening local health department (LHD) organizational capacity. In Michigan's work, **organizational capacity** is defined as *the ability of an organization to carry out the essential public health services, and in particular, to provide specific services; for example, disease surveillance, community education, or clinical screening. This ability is made possible by specific program resources as well as by maintenance of the basic infrastructure of the public health system. Capacity means, for example, that you have sufficient staff, training, facilities, and finances, among other things.*

The model developed calls for a LHD self-assessment of organizational capacity using the NACCHO Operational Definition of a Functional Local Health Department. The LHD, once opportunities for improvement are identified, uses the Shewhart Cycle of Plan-Do-Check-Act (PDCA) to test hypotheses, implement improvements, and seek further refinement and/or opportunities. PDCA provides a repeatable set of steps any organization can use for making improvements.

In MLC-II, Michigan is testing its model with four pilot LHDs. The four pilots were asked to select improvement projects related to the *LHD Powers & Duties* section of the Accreditation Program, which pertains to a LHD's organizational capacity to provide services and otherwise carry out its legal obligations required by the Michigan Public Health Code.

Silo-Busting

Thinking about QI as it relates to organizational capacity presents some challenges in the public health arena. We are accustomed to working with a strong "program focus." We fund and operate immunization programs, communicable disease programs, environmental health programs, and many others. Some students of public health have observed that much of our work is conducted in silos. Not surprisingly, in Michigan, as in many other states, much of our public health QI work has also occurred in our programs-in silos!

Accreditation is not easy. QI is not easy. Silo busting is not easy. And improving organizational capacity is definitely not easy. However, the four pilot LHDs in Michigan are living proof that with leadership support, training, commitment, and financial and technical assistance these undertakings are attainable.

During the recent MLC-II site visit to Michigan, representatives from the RWJF, NNPHI, NACCHO, NALBOH, ASTHO, CDC, PHF, PHII, Florida, Washington state, Missouri, Kansas, and others saw firsthand the progress that Michigan LHDs are making in terms of strengthening their organizational capacity through the use of QI tools. Using aim statements, root cause analyses, flow charts, process maps, fishbone diagrams, Pareto charts, histograms, run charts, rapid cycle improvement, and PDCA the LHDs are becoming increasingly versed in QI. The Berrien County Health Department is building media capacity; Genesee County Health Department is improving their capacity for surveillance and communication; Kent County Health Department is building organizational capacity in the areas of outreach and education; and Ottawa County Health Department is addressing leadership, planning, and communication issues spanning their entire organization. During the site visit, these LHDs presented vivid snapshots of their evolving QI efforts using Quality Improvement Story Boards. By highlighting key points and breakthroughs within a project, the viewer of a storyboard can quickly gain an idea on the scope, plan, and results of that

effort (click link below to view the storyboards).

Developing a Collaborative Learning Module

The four Michigan LHD teams will continue their QI work within the context of Accreditation. They will help shape a Collaborative Learning Module (CLM), which is under development for use by additional Michigan LHDs and the broader public health practice community. The CLM will contain a comprehensive set of QI tools, processes, resources, and guidance. Its purpose is to support growth, increase knowledge, and foster acceptance of QI as an approach for making data-driven decisions that lead to true improvement. The AQIP Committee will provide ongoing oversight and support of the living CLM.

Initial work by the LHDs as part of MLC-II will be completed by January 2008. Will they be successful in using QI to improve organizational capacity? Michigan believes the arrows are pointing upward. Nevertheless, they and you, as part of the larger public health practice community, will be engaged to help answer that question. To read full article and view LHD Storyboards click [here](#).

Washington State Gearing Up for 2008

Excerpted from **Washington State Prepares for the Third State and Local Assessment Cycle**

By Marni Mason, BSN, MBA, Rita Schmidt, MPH

The State and Local Health Departments in Washington are gearing up for the 2008 third round of performance measurement against the [Standards for Public Health in Washington State](#). In an effort to streamline and create a functional approach, the Washington Standards for Public Health were revised in 2006 and this cycle is the first time the Revised Standards will be used. There are now twelve Standards with 2 to 12 measures each that describe a capacity for both state programs and local departments.

Tools to Get Ready

Once the Revised Standards were printed in January of 2007, several new tools were developed so that agencies could begin to organize their documentation to demonstrate evidence of their performance. The first was a WEB site that has all the tools needed to understand and use the standards. It includes a Reverse Lookup to the 2005 version of the Standards, the link to the Best practices site, a glossary which defines the words used in the Standards, the results from 2005, applicability matrices that tell how the standards apply to each program at the state and local area. Perhaps most importantly a self assessment tool was developed that explains what documents will be acceptable evidence and the parameters of the documentation.

Reviewers Selected

While Washington uses an independent consulting firm, MCPP Healthcare Consulting, to oversee and carry out the site visits and score the documentation for each agency, it is the long term goal to train state and local staff to do this. In 2005, state and local staff were included in the site visits as reviewers. In preparation for 2008, recruitment resulted in 10 performance reviewers selected to be part of the site visits. The 7 state staff selected will participate in the reviews of local health and the 3 local health staff will participate in the state site visits. The recruitment included the development of a job description and an application form. Each applicant obtained permission of their supervisor to participate. Training for the performance reviewers will be held in the fall and in February and they will participate in the site preparation training.

Quality Improvement Projects

The overall goal of the Standards assessment processes is to achieve improvement in performance using the results of previous assessments. With our MLC II and some State funding, state and local

agencies were given an opportunity to receive training on quality improvement. Each agency also was the recipient of a small (\$5000) grant to work on a specific area that was identified as needing improvement in the 2005 Standards Assessment. Thirteen agencies applied and were accepted. Two full day trainings were held to teach quality improvement methodology. Each site sent a quality improvement team to the training; one agency sent their entire management team. The morning sessions were devoted to quality improvement methodology and the afternoon was an opportunity for the teams to work on their projects with technical assistance available. Each team will also receive a technical assistance day at their location.

Sustaining QI Efforts over Time

WA is using many strategies to build a quality culture into public health agencies. An initial strategy used in several of the QI efforts in Washington is to select an initial QI project with a high probability for success (it is feasible and well-focused). The results from early QI efforts can then be shared to encourage participation by other programs and agencies and to reduce the resistance to "another change" and to increase acceptance of change as positive.

As more QI projects are conducted, some agencies established an oversight process, such as a Quality Council, to direct and coordinate the QI activities. Staff receive just-in-time training in QI methods and tools. All QI training participants in Washington are required to attend training with their QI project identified, supported by agency leadership and with the rest of their QI team members. The immediate application of newly acquired QI skills enhances learning and helps to build QI into daily public health work.

To view the full article please click [here](#).

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If you have any comments, questions or suggestions regarding *Making the Connection*, please send them to Liz Tagle at etagle@nnphi.org.