



PROTOCOLS

I. SELF-ASSESSMENT

The self-assessment is the first step in the Accreditation process. Local Health Departments complete the assessment, which serves as an internal review of the department's ability to meet the minimum program requirements. The self-assessment phase begins six (6) months before the on-site review.

II. SECTION SPECIFIC ADVANCE MATERIALS:

Several sections require advance materials to facilitate the actual on-site review. If the LHD operates the following programs, all of the requested materials must be sent to MPHI 2 months prior to the on-site review.



SECTION P
MSS/ISS Program

These advanced materials must be sent in with your self-assessment:

1. A current copy of your MSS/ISS roster(s) using the revised (11-93) form.
2. Your MSS/ISS policy and procedure manual
3. The total number of visits per profession for MSS and for ISS for the previous month, or the most recent month that figures are available, using the following grid:

The following are visits for the month of: _____

	Registered Nurse Visits	Social Work Visits	Registered Dietitian Visits	TOTALS
Maternal Support Services	home _____ off./cl. _____ TOTAL_____	home _____ off./cl. _____ TOTAL_____	home _____ off./cl. _____ TOTAL_____	home _____ off./cl. _____ TOTAL_____
Infant Support Services	home _____ office _____ TOTAL_____	home _____ office _____ TOTAL_____	home _____ office _____ TOTAL_____	home _____ office _____ TOTAL_____

4. The current, ACTIVE caseload for MSS and ISS. The caseload is to include all referrals pending a first visit and all cases open for follow-up. The caseload figure does not include cases closed to service, yet awaiting final paperwork/written discharge summary.

MSS: _____

ISS: _____



SECTION Q Family Planning Program

These advance materials must be sent in with your pre-materials:

1. Current organizational chart with names and positions listed.
2. Minutes from the last three meetings of the Family Planning Advisory Committee, Information and Education Subcommittee and Board of Health along with a roster of the Family Planning Advisory Board and the Board of Health, identifying the type of community representation they hold, e.g., consumer, health worker, etc.
3. Clinical protocol manual and nursing protocol manual.
4. Copy of forms used in a patient chart.

MATERIALS TO BE AVAILABLE ON SITE (DO NOT MAIL TO MPH):

5. Patient charts that will be randomly selected based on abnormal pap follow-up, adolescent status and choice of contraceptive method.
6. Sample of all billing, registration, encounter and data processing forms.
7. Written letters of agreement for referrals or emergency coverage. Also include your written policy for after hours emergency contact.
8. Client's charge schedule and sliding fee schedule.
9. Family planning administrative, legal and financial policies.
10. Quality assurance committee minutes or nursing staff minutes that address quality assurance issues.
11. Clinic in-service training schedule for the past year, identifying staff attendance at these trainings.
12. New staff orientation plan.
13. A copy of the stock or supply list and the price list for these items.
14. Equipment maintenance logs.
15. CLIA logs.
16. OSHA exposure control.
17. Copies of medical director's professional and dispensing license, nursing and advanced practice nursing licenses for family planning staff.
18. Most recent patient satisfaction surveys.
19. Educational materials, including pamphlets, tear off sheets and videos.
20. Outreach and community education logs and evaluations.
21. Most recent APN evaluation tool and documentation of most recent evaluation for all clinicians.
22. Laboratory manual.
23. Formulary.
24. Appointment schedule.
25. No show rate.



III. SETTING UP THE ON-SITE REVIEW

The following guidelines are provided to assist in planning the daily schedule for the On-Site Review. Staff may need to be present at more than one section review. For reference, the Technical Assistance & Forms section of this Tool contains a schedule template and sample layout.

MPHI will notify reviewers of the week's on-site schedule and coordinate any necessary changes or adjustments.



SECTION	TIME REQUIRED
Sections A, B, and C – Health Assessment, Policy Development, and Quality Improvement	1 day
Section D – Health Promotion	½ day
Section E – Health Protection	½ day
Section F and G - Administration and Competent Workforce	2 days
Laboratory portion of Section F (CLIA)	½ day
Section H – Food Service Sanitation	5 days
Section I – General Communicable Disease Control	½ day
Section J – Hearing	¼ day
Section K – Immunization	1 day+off-site clinics
Section L – On-site Sewage	1 day
Section M – STDs	½ day
Section N – Vision	¼ day
Section O – HIV/AIDS	½ day
Section P – MSS/ISS	2 days
Section Q – Family Planning	2 days
Section R – WCHP: <i>Not reviewed for the 2005 Tool</i>	N/A
Section S – BCCCP	1 day
Section T – WIC	5 days



Scheduling Requirements:

1. Schedule Sections A, B, and C in a single time slot for the whole day.
2. Schedule Sections D, F and G as one review block starting on Monday. Schedule the Laboratory Section on Tuesday.
3. Schedule Sections E and I back to back on the same day.
4. Schedule Sections M and O back to back on the same day.
5. Schedule Sections J and N together, as a single half-day review, (e.g. J & N, 9-12 noon). Please avoid scheduling these reviews on Friday.
6. Schedule a family planning clinic on the first day of the two-day family planning (Section Q) review.
7. For Section K, Immunization, please note that every vaccine storage unit under the authority of your LHD will be inspected and will need to be scheduled accordingly.

Note:

Please send MPHI a map and driving directions to your health department. A sample format can be found in the Technical Assistance and Forms section of this Tool.



IV. SUBMISSION OF STEP ONE MATERIALS

The preceding sections I-III identify protocols related to the Self Assessment, Advance Materials and setting up the On-Site Review. This section provides a checklist and submission instructions for step one materials.

The following items should be mailed 2 months prior to the on-site review to the accreditation associate below:

Melody D. Parker

Accreditation Coordinator
Michigan Public Health Institute
2440 Woodlake Circle, Suite 150
Okemos, MI 48864

- _____ MSS/ISS (Section P) Advance Materials and Page 2 of the Protocol section
- _____ Family Planning (Section Q) Advance Materials
- _____ On-Site Review Daily Schedule (Technical Assistance & Forms section, page 8)
- _____ Contact Information and Driving Directions (Technical Assistance & Forms section, page 6) or confirmation that current directions are correct

V. TECHNICAL ASSISTANCE (TA)

State program staff should be contacted as necessary for technical assistance. The Technical Assistance & Forms section contains program contacts and technical assistance request forms. Additional information is located on each page of the section specific guidance document. Technical assistance questions and answers are posted on the Accreditation web site <http://www.accreditation.localhealth.net/>

Directions for requesting technical assistance can be found on the technical assistance request form.



VI. ON-SITE REVIEW REPORT

The on-site review report notifies a local health department of program specific reviewer findings and serves as the official record of met and not met program indicators.

Local Health Departments will receive on-site review reports approximately four (4) weeks after the on-site review.

VII. CORRECTIVE PLAN OF ACTION (CPA)

Local health departments that do not fully meet all essential requirements must develop corrective plans of action for missed indicators. When preparing corrective plans of action, LHDs should use the *Corrective Plan of Action* form. This form is located in Technical Assistance & Forms section of this tool, on the accreditation website, and is also enclosed with the on-site review report.

The CPA form provides a mechanism to detail corrective plans of action for deficient areas, estimate the time needed to come into compliance for each deficient area, and designate a LHD contact. If you are unsure about the content of your corrective plan of action, contact the technical assistance person listed in Technical Assistance & Forms to develop and/or negotiate plans.

Local health departments must submit corrective plans of action to the Accreditation Program within 2 months of their on-site review (e.g., if on-site review begins August 4th, CPA would be due October 4th).

Once the corrective plans of action are approved by the state agencies (generally within 30 days), follow-up reviews may be scheduled, if necessary. Follow up reviews are second site visits and are conducted to confirm CPA implementation. The local health department must be able to demonstrate 90 days of compliance with the CPA at the time of follow up review. Follow up reviews must occur within one year from the approval date located on the corrective plan of action.

Local health departments receive accreditation with commendation designation when all essential indicators are met and at least 50% of the important indicators are met. If an LHD chooses to correct deficient important indicators, corrective plans of action must be submitted.



POLICIES

I. ON-SITE REVIEW SCHEDULE

The self-assessment and on-site review schedule has been established in advance. Due to the complex nature of the Accreditation cycle, changes to the schedule will not be customarily considered. However, in unusual instances the local health department may request a schedule change.

If a local health department needs to reschedule the self-assessment and on-site review, the LHD must request a scheduling change, in writing, at least three months prior to the start of the scheduled self-assessment period. The request must be mailed to MPHI and include the rationale for the schedule change. MPHI will collaborate with MDCH, MDEQ, and MDA regarding the feasibility of accommodating the request. All parties will be notified of the outcome.

II. POLICY FOR ACCREDITATION RENEWAL

Local health departments accredited during cycle one will retain official accredited status during cycle two until a subsequent decision is effected by the Michigan Departments of Community Health, Agriculture, and Environmental Quality pursuant to recommendations by the Accreditation Commission. Local health departments accredited during cycle one will not receive the designation of Provisional Accreditation during cycle two.

III. INQUIRY POLICY

Local health departments that disagree with on-site review findings or their accreditation designation, may request an inquiry. Typically, the inquiry group will consist of relevant LHD staff, the on-site reviewer, the reviewer's manager, the Accreditation Commission Chair and the MPHI Accreditation Project Coordinator. The objectives of this group are to clarify facts, verify information and seek a resolution.