**Checklist for Accreditation**

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| Activity | Assigned Staff | Completed / Date |
| I. Appointing Roles | | |
| Assemble accreditation team |  |  |
| Designate agency accreditation coordinator (AAC) |  |  |
| Assign roles among accreditation team |  |  |
| Assign responsibility for management support functions required for the process |  |  |
| Set meeting schedule for accreditation team |  |  |
| II. Pre-Application | | |
| Obtain buy-in for accreditation process from key staff, agency governing body, and administration |  |  |
| Develop a timeline that identifies dates to complete prerequisites, submit application, complete self-assessment, host site visit |  |  |
| Plan a kick-off event to initiate the process |  |  |
| III. Application | | |
| Completed Community Health Assessment |  |  |
| Completed Community Health Improvement Plan |  |  |
| Completed Strategic Plan |  |  |
| Completed Quality Improvement Plan |  |  |
| Completed Accreditation Application |  |  |
| Submit Accreditation Application and Prerequisites to michoffice@michweb.org |  |  |
| Pay fees when MICH sends invoice |  |  |
| IV. Preparing for the Self-Assessment | | |
| Mirroring the DropBox filing structure sent from MICH, establish filing system with a separate file for each standard/measure |  |  |
| Do a quick review of the “Accreditation Worksheets” and determine areas where additional time will be needed to complete work, i.e. workforce development plan, emergency operations plan, or communications plan. |  |  |
| Develop a work plan with timeframe based on variances between performance measures and current situation, assign staff to work on shortfalls, coordinate efforts with regular meetings |  |  |

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| Activity | Assigned Staff | Completed / Date |
| V. Self-Assessment | | |
| Review “Accreditation Worksheets” with accreditation team and entire management team to identify available documentation for each performance measure and to ensure adequate representation of all agency programs and services. Assign staff to secure or produce documentation for each performance measure and develop document descriptors for Standards Workbook |  |  |
| Develop documents and/or processes for each performance measure the accreditation team was unable to locate documentation for. Refine descriptors for documentation to provide context to Reviewers so they understand the story of documents |  |  |
| Update policy and procedure manuals; create policy or procedure if necessary, to meet performance measures |  |  |
| Conduct weekly or more frequent meetings of team to track progress of documentation |  |  |
| VI. Staff Training | | |
| Ensure all staff have at least 8 contact hours of continuing education per year for past 5 years |  |  |
| Conduct staff training – ensure all staff have yearly client confidentiality training, 2 contact hours in health equity and cultural awareness, and orientation to quality improvement methods and tools |  |  |
| Develop and distribute handouts and posters as adjunct to staff training sessions |  |  |
| VII. Preparation for Site Visit | | |
| Review MICH site visit agenda, revise as needed |  |  |
| Check personnel files for current job descriptions, performance appraisal, Core Competencies Self-Assessment, training plan, licensing, certifications & education required for workforce standards. Reviewers will randomly select 20% or minimum of 5 employee files to review |  |  |
| Develop information packets for MICH Review Team – e.g., map of LPHA facility/facilities, phone extensions of key staff, instructions regarding how to place local phone calls, maps of community, list of restaurants if available Chamber of Commerce Welcome Packet. |  |  |
| Schedule room for review team with internet access |  |  |
| Assign staff member to do opening Walk Through |  |  |
| Arrange entrance and exit conference sites and decide which staff and governing body members will attend |  |  |
| Assign staff member to serve as liaison between agency staff and MICH On-Site review team |  |  |

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| VIII. Governing Body Role | | |
| Schedule meeting of governing body with accreditation and leadership team |  |  |
| Confirm meeting in writing with governing body |  |  |
| Send information packet regarding accreditation and the site visit schedule to governing body |  |  |
| Phone or email to verify date and time of the opening meeting with MICH on-site reviewers |  |  |
| Assign staff member to greet governing body and introduce them to accreditation team and reviewers |  |  |
| IX. Preparation of Facilities | | |
| Arrange thorough cleaning of all facilities |  |  |
| Check facilities for compliance with OSHA, HIPAA and fire & safety benchmarks, and signs are posted |  |  |
| Check facilities for appropriate bilingual signage and add where necessary |  |  |
| X. Follow-Up to Site Visit | | |
| Maintain all files and documentation in the event of questions or requests for further review |  |  |
| Stay in touch with MICH liaison for updates regarding accreditation status |  |  |
| XI. After Notification of Accreditation Status | | |
| Review the MICH Board’s decision regarding accreditation status and prepare appeal if appropriate |  |  |
| Communicate results to staff, governing body, and community partners |  |  |
| Communicate results to Media |  |  |
| Celebrate! |  |  |
| XII. Development of Agency 5-Year Quality Improvement Plan | | |
| Set date after site visit to conduct debriefing with accreditation team and leadership team, discuss agency strengths and opportunities for improvements observed during the accreditation process |  |  |
| Review Standards Workbook and develop a plan of action to strengthen areas needing improvement and establish process for QI team to update Staff and Governing body on progress |  |  |
| Within 3 months of receiving accreditation, submit Annual Report, Year 1 to MICH for approval for your 5-year quality improvement plan |  |  |
| Prepare Annual Reports for year 2, 3, and 4 and submit to MICH at Accreditation Anniversary dates |  |  |