“Partners in Accreditation”

David Stone | Education Specialist | May 19, 2014

Advancing public health performance
Course Overview
Objectives

- Process
- Documentation
- e-PHAB
- Preparation
OVERVIEW

1. What we’ll be doing
2. Handouts & Materials
What is Public Health Accreditation?

• The measurement of health department performance against a set of nationally recognized, practice-focused and evidence-based standards.

• The issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity.

• The continual development, revision, and distribution of public health standards.
The Public Health Accreditation Board (PHAB)

PHAB is a non-profit, voluntary accreditation organization founded in 2007 whose goal is to advance public health performance by providing a national framework of accreditation standards for Tribal, state, local, and territorial health departments.

Located in Alexandria, Va., PHAB is the national organization charged with administering the public health accreditation program.
The goal of a national public health department accreditation is to improve and protect the health of the public by "advancing the quality and performance" of Tribal, state, local, and territorial public health departments.
Improved community health indicators

Strengthened public health agencies and systems

Increased visibility of public health agencies

Increased ability to communicate work and results

Increased support for accreditation

Increased use of benchmarks for evaluating performance

PH agencies more effectively and efficiently use resources

Strengthened organizational capacity and workforce

Improved responsiveness to community priorities

Increased science base for public health

Increased consistency in practice

Improved quality of services

Increased inter-agency and inter-sectoral collaboration

Increased visibility of public health agencies

PHAB:
- Accreditation program: marketed, implemented, evaluated and improved
- Database developed

Stakeholders and Partners:
- Promotion and support efforts provided
- Research conducted

Intermediate Outcomes

- Improved identification and use of best practices
- Increased consistency in practice
- Increased inter-agency and inter-sectoral collaboration
- Increased visibility of public health agencies

Long-Term Outcomes

- Improved conditions in which people can be healthy
- Increased public recognition of public health role and value
- Increased public investment in public health

Strategies

PHAB Resources:
- Organizational structure
- Board, committees and work groups
- Staffing and expertise
- Information system
- Standards, measures and guidance
- Assessment process
- Site visitors

Stakeholder and Partner Strategies:
- Promote national accreditation
- Encourage agencies to seek accreditation
- Support agencies through TA before, during and after process

External Resources:
- Funders and partner organizations
- Funding
- Incentives
- Technical Assistance

Public Health Agencies:
- Interest, buy-in and commitment to seek accreditation
- Appropriate stability, resources and level of readiness to apply
- Previous quality improvement and assessment experience
- Agencies are accredited
- Report/results received and acted on
- QI efforts are in place
- Plans for reaccreditation underway

Public Health Agency Strategies:
- Participate in training and TA opportunities
- Submit application
- Conduct self-assessment
- Host site visit
- Review findings
- Share results
- Develop and implement improvement plan
- Implement QI
- Participate in reaccreditation process

Public Health Agencies:
- Agencies are accredited
- Report/results received and acted on
- QI efforts are in place
- Plans for reaccreditation underway

Outputs

- Strong, credible and sustainable accreditation program in place

Short-Term Outcomes

- Increased science base for public health
- Increased ability to communicate work and results
- Increased support for accreditation
- Increased use of benchmarks for evaluating performance

Inputs

PHAB Strategies:
- Market program
- Implement program
  - Train agencies
  - Review application and documentation
  - Conduct Site visit
  - Determine accreditation status
  - Write and share report
  - Develop database
  - Evaluate program and improve quality
  - Promote research

External Resources:
- Funders and partner organizations
- Funding
- Incentives
- Technical Assistance

Public Health Agency Accreditation System Implementation

Approved August 2010
What a Health Department Should Be Doing Before They Even Think About Applying
What’s Involved?

- PROCESS
- TIME & RESOURCES
- DOCUMENTATION
Gain support of:
• Leadership
• Staff
• Governing entity

Photo courtesy of:
UW Digital Collections
Get Organized
Readiness Checklists

Assessment

Planning Tool

Modify
When To Prepare Docs?

- HDs should prepare their docs BEFORE they gain access to Doc Submission access in e-PHAB

- Identify, Locate, Develop, Select, Save, Review, and Update Documentation Early
Links To Current Documentation

Don’t create just to meet the measures.

Draw from current documentation.
Pre-requisites

- Community Health Assessment
- Community Health Improvement Plan
- Strategic Plan
- Quality Improvement Plan
CHA - What Is It?

1 2 3 4 & 4A 6 7 8 & 8A
Community Health Assessment

1. A state level community health assessment that includes:
   a) Data from various sources
   b) Demographics
   c) Population groups with health issues and disparities
   d) Contributing factors
   e) State assets or resources
2. State population to review and contribute to the community health assessment
3. Ongoing monitoring of data and data analysis
CHIP - What Is It?
Community Health Improvement Plan

1. State health improvement plan that includes:
   a) measurable outcomes or indicators and priorities for action
   b) Policy changes needed
   c) Responsibility for implementing strategies
   d) Consideration of Tribal, local and national priorities
DSP - What Is It?
Department Strategic Plan

1. Health department strategic plan that includes:
   a) Mission, vision, guiding principles/values
   b) Strategic priorities
   c) Goals and objectives
   d) Key support functions
   e) External trends, events, or factors
   f) Strengths and weaknesses
   g) Link to the health improvement plan and quality improvement plan
QIP - What Is It?
Quality Improvement Plan

1. A written quality improvement plan, which includes:
   a) Key terms
   b) Structure
   c) Training
   d) Project Selection
   e) Goals & Objectives
   f) Monitoring
   g) Communication
   h) Assessment
Other Plans

Workforce Development

All Hazards Emergency Operations Plan

Risk Communication Plan
Challenges and Gaps

• Past Documentation
• Community Engagement
• Defining the Process
• Showing Implementation
• Building on the Foundation
Start Now to Locate, Select, Develop, Identify, Save Your Best Documentation For Each Measure!
Climbing the Steps
The Seven Steps Of Accreditation

Step 1 – Pre-Application

Step 2 – Application

Step 3 – Documentation

Step 4 – Site Visit

Step 5 – Accreditation

Step 6 – Annual Reports

Step 7 – Reaccreditation
Step 2 – Application

• Submit 1 year from SOI acceptance
• Formal agreement to abide by PHAB process
• Payment due 30 days after Invoice
• Information includes:

See “e-PHAB Application Information” for more details
Step 2 – Application

Pre-reqs (5 years):

Additional uploads:
- Letter of Support by the HD’s Appointing Authority
- HD’s Organizational Chart

See “National Public Health Department Accreditation Prerequisites” for more details
Step 3 – Doc Submission

1 year to submit
Get documentation organized
• Appoint an AC who is right for the job
• Get the Accreditation Team working

See “Considerations for Selecting an Accreditation Coordinator” for more details
Step 3 – Doc Submission

Summary of Tips:
• Carefully review what is required
• Team approach to selecting documentation
• Highlight specific sections within a document
• Write good upload descriptions
• Write good measure narratives
• Pick the best examples
Step 4 – Site Visit

- Agenda Tip - Consider best representatives for:
  - Entrance Conference
  - CHA and CHIP
  - Strategic Plan
  - Concurrent domain interviews
  - Community partners
  - Governing entity representatives
  - HD director
  - Exit Conference
Step 4 – Site Visit

- Site visitors may ask for additional documentation during the site visit
  - Health departments may not offer additional documentation

Docs must be:
- In use when the health department submitted its original documentation
- Electronic
- Uploaded in e-PHAB by last Executive Session
Step 5 - Accreditation Decision

- Written notification to health department
- Two possible decisions
  - Accredited
  - Not accredited
- Accreditation lasts 5 years
- If not accredited, Action Plan due within 90 days
Step 6 - Reports

• Submitted Online
• Substantial changes
  – Leadership changes
  – Other changes that affect ability to conform to the standards
• How Opportunities for Improvement are being addressed
Supporting Elements Of e-PHAB

Advancing public health performance phaboard.org
Who uses e-PHAB?

Welcome to e-PHAB

The Public Health Accreditation Board (PHAB) is the official accrediting body for national public health department accreditation. e-PHAB is PHAB’s online information system that health departments, site visitors, PHAB staff, and PHAB’s Accreditation Committee use throughout the accreditation process. Users are granted access to different information, depending on their role and the step in the accreditation process.
When do HDs upload?

- **Application**: Pre-reqs are uploaded
  - Can be revised for Doc. Submission

- **Doc. Submission**: HDs gain access after in-person applicant training
  - 1 year to submit
  - Documentation must meet time requirements based on their submission date

- **Site Visit**: In response to SVT requests
When do HDs prepare Docs?

• HDs should prepare their docs BEFORE they gain access to Doc. Submission tab in e-PHAB

• Encourage HDs to:
  🔔 Identify, Locate, Develop, Select, Save, Review, and Update documentation early
Documents – Attention to Detail

• Common errors can be seen by SVT as sloppiness:
  – Missing dates
  – Draft
  – Blank signature lines
  – Sideways documents
  – Screen shots with no dates or context
  – Too many documents, some good and some bad examples.
Basic Elements of Docs

• All documentation considered by the Site Visit Team must be electronic

• Documentation can be revised until submitted

• Provide context to Site Visitors
  – Highlighting/Notes in Document
  – Upload Title
  – Upload Description
  – Measure Narrative
Documentation Presentation

- Arrows, underlining, different color font, PDF notes/flags, highlighting, etc. to point to relevant portions of text to meet requirements
- PDF preferred
- Can use documentation more than once
  - Should have different emphasis
  - Note differences when using
Provide a concise name for the document so the site visitors know what they are about to read

1. Size limit: 250 characters
2. Required
3. Letters, numbers and spaces
File Titles

- Obesity Coalition Minutes
- Administrative QI Project
- Healthy Heart Task Force Members
- New Employee Orientation Policy
- Board of Health Presentation
Provide the link between the measure and the document for the site visitors

1. Size limit: 150 words

2. Optional
   - How document demonstrates conformity
   - Identify specifics
   - Provide context
   - Describe author
The Coalition minutes are provided by the Hospital Representative. See page 2 for the strategies of the coalition. See the highlighted sections on pages 3 & 4 for Health Department involvement.

(Measure 4.2.1 A)
File Description

Policies are not individually signed and dated. The manual is revised and approved as a single unit. If a new policy is added, it is noted on the signature page (page 4 of the Policies Manual)

(Measure 11.1.1 A)
### Titles and Upload Descriptions

<table>
<thead>
<tr>
<th>DOCUMENTATION</th>
<th>TITLE</th>
<th>UPLOADED BY</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document 1.1.2 L.2.1</td>
<td>2011 Community Health Assessment</td>
<td>Jonas Salk</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>04-20-2012</td>
<td></td>
</tr>
<tr>
<td>Document 1.1.2 L.2.2</td>
<td>Appendix 2</td>
<td>Jonas Salk</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>04-20-2012</td>
<td></td>
</tr>
</tbody>
</table>

Appendix 2 of the 2011 Community Health Assessment is a list of the Community Partners engaged in the planning process.
Provide the reason for selecting ALL documents submitted for the measure

1. Size limit: 10,000 characters

2. Optional
   - Give context to the evidence
   - Describe how all evidence demonstrates conformity
   - Explain why the HD is using the documents
Use the following box to explain how the submitted documentation, taken as a whole, demonstrates and illustrates how the health department meets this measure.
Measure Narrative

Our previous purchasing process was cumbersome and uncontrolled. The resulting changes created a purchase order system that requires leadership approval, tracks budget and financial allowances and reduces duplicate orders.

Our overhaul of the turn around time in Environmental Health (EH), based on a LEAN process, resulted in better customer service, praise from the County Commissioners, and improved staff morale. The full EH staff was involved in the process of improvement.

(Measure 9.2.2 A)
Measure Narrative

Our effort with houses of faith, targeting African-Americans for diabetes, high blood pressure and stroke, has grown to include 17 churches and shows the positive results of an education program that includes radio ads, bulletin inserts and email alerts.

The worksite wellness program was developed with the chamber of commerce and business owners and leaders. It was created to provide a means for improving the health of workers and increasing productivity and reducing absenteeism.

(Measure 3.1.1 A)
Using the Standards & Measures
PRINCIPLES OF THE STANDARDS AND MEASURES

- Advance the collective public health practice
- Moderate level: not minimum, not maximum
- Be simple, reduce redundancy, minimize burden
- Apply to all sizes of hds and all forms of governance structure
- Establish same standards for tribal, state and local health departments
- Build quality improvement into standards
Twelve Domains

1. Conduct assessments focused on population health status and health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and solve health problems
5. Develop public health policies and plans
6. Enforce public health laws and regulations
7. Promote strategies to improve access to healthcare services
8. Maintain a competent public health workforce
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
11. Maintain administrative and management capacity
12. Build a strong and effective relationship with governing entity
STANDARDS AND MEASURES VERSION 1.5

- 12 Domains*
- “Purpose” and “Significance” Statements*
- Required Documentation*
- Documentation Guidance Specific to Each Piece of Required Documentation*

*Just like Version 1.0
STANDARDS AND MEASURES VERSION 1.5

- Clarifies language
- Includes 8 new measures
- Released January 1
- In effect July 1

- To apply under Ver. 1.0., application complete by June 2
VERSION 1.5 – The Basics

- Foundations
- Process
- Emerging Areas
- Content Changes
VERSION 1.5 – Foundations

- Number of examples
- Time frame
- Must is must
- Signature to Authenticity
- Documentation guidance
VERSION 1.5 – Process

- Over 2012-2013
- Accreditation Improvement Committee
- Questions/Think Tanks/Feedback
- Vetting Period
- Approved 12-2013
VERSION 1.5 – Emerging Areas

- Communication Science
- Informatics
- Workforce Development
- Emergency Preparedness
- Health Equity
- Public Health Ethics
VERSION 1.5 – Content Changes

- Handout
  - Revisions
  - Clarifications
  - By Domains
- PHAB Website
- Newsletter
VERSION 1.5 – Content Changes

- 43 Measures revised/clarified
  - 23 - revised
  - 11 - revised & clarified
  - 9 - clarified
VERSION 1.5 – Content Changes

- Domain 10 - no changes
- Workforce issues - from 11 to 8
- Standard 8.2 changed
STANDARDS AND MEASURES
VERSION 1.5

• 12 Domains
• “Purpose” and “Significance” Statements
• Required Documentation
• Documentation Guidance Specific to Each Piece of Required Documentation
• Adds Timeframe and # of examples
STANDARDS AND MEASURES VERSION 1.5

- Clarifies language
- Includes 8 new measures
- Released January 1
- In effect July 1
- To apply under Ver. 1.0., application complete by June 30
1. Relevant to Domain, Standard & Measure
2. Specific to What is Being Requested
   • Focused
   • Unnecessary Superfluously Ornate Rhetoric
   • Don’t Dazzle or Baffle
3. What is Present Versus What is Required
4. Give Context
ASSESSING DOCUMENTATION

- Domain
  - Standard
    - Measure
      - Required Documentation
      - Guidance
  - Purpose
    - Significance
ASSESSING DOCUMENTATION

DOMAIN 5
Develop Public Health Policies and Plans
<table>
<thead>
<tr>
<th>Measure</th>
<th>Purpose</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.4.1 A Process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP)</td>
<td>The purpose of this measure is to assess the health department’s collaborative activities to organize coordinated responses to emergencies.</td>
<td>Health departments play a central but not exclusive role in response to emergencies. It is critical to ensure effective coordination of many agencies and organizations involved in responding to emergencies, managing the many response and recovery activities, and building community resilience.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Required Documentation</th>
<th>Guidance</th>
<th>Number of Examples</th>
<th>Dated Within</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation of: 1. Collaborative planning with other government agencies</td>
<td>1. The health department must document that it participates in preparedness meetings with other government agencies and other levels of health departments (Tribal, state, and local). Documentation could be meeting agendas and minutes, meeting rosters, calendar of meetings, email exchanges, and phone calls, as shown on a log or other record</td>
<td>2 examples</td>
<td>5 years</td>
</tr>
<tr>
<td>Required Documentation</td>
<td>Guidance</td>
<td>Number of Examples</td>
<td>Dated Within</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------</td>
<td>-------------------</td>
<td>--------------</td>
</tr>
</tbody>
</table>
| 1. Collaborative testing of the All Hazards EOP, | 1. The health department must document that it participates in drills, exercises, or actual implementation of the All Hazards Emergency Operations Plan in order to test its implementation.  
   a. The documentation may be of either an actual or a simulated emergency (drill or exercise). This description must include documentation of how the health department coordinated with emergency response partners during the emergency or drill/exercise. Emergency response partners may be Tribal, state or local emergency services agencies, including law enforcement, or community partners, such as a hospital. Partners may also come from the Tribal, state or local planning committee.  
   b. Documentation must include debriefing or evaluation reports from the emergency or drill/exercise.  
   Examples could be an evaluation report, minutes from a debriefing session, or the AAR produced by the health department or a partner health department. | 2 examples | 5 years |
<p>| a. Description of a real emergency or exercise | | | |
| a. Debriefing or After-Action Report (AAR) | | | |</p>
<table>
<thead>
<tr>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Collaborative revision of the All Hazards EOP that includes:</td>
</tr>
<tr>
<td>a. A collaborative review meeting</td>
</tr>
<tr>
<td>b. Updated contact information</td>
</tr>
<tr>
<td>c. Coordination with emergency response partners</td>
</tr>
<tr>
<td>d. Revised All Hazards/EOP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. The health department must document collaboration in revising emergency plans including</td>
</tr>
<tr>
<td>a. A collaborative review of the All Hazards Emergency Operations Plan by those responsible for its implementation.</td>
</tr>
<tr>
<td>Documentation could be meeting agendas and minutes or attendance rosters.</td>
</tr>
<tr>
<td>b. A contact list of respondents.</td>
</tr>
<tr>
<td>Documentation could be the most current contact list and minutes or previous listings that have been updated.</td>
</tr>
<tr>
<td>c. The delineation of roles and responsibilities in the Emergency EOP and the various roles that partners play in responding to a public health emergency or hazard.</td>
</tr>
<tr>
<td>d. A copy of the revised emergency operations plan to document the result of the work to maintain the plan and ensure that it is up-to-date and reflects current practice and information. Updates must be indicated in some way (e.g., underlined) and the date of the change must be noted.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Examples</th>
<th>Dated Within</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 example</td>
<td>5 years</td>
</tr>
<tr>
<td>Must provide documentation for all Measures</td>
<td>Health Dept. provides service or is involved</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Documentation From Health Dept.</td>
<td>In use by Health Dept.</td>
</tr>
<tr>
<td>Documentation from Other Agency or Partner</td>
<td>In use by Health Dept. (or HD is named)</td>
</tr>
</tbody>
</table>
PHAB Documentation Requirements
1. Current & in use when submitted
2. Draft documents not accepted
3. No confidential information
4. Within past 5 years unless otherwise required
5. Paperless process
   • “Hard copy” submitted electronically in e-phab
6. Submit in acceptable file formats
# ACCEPTABLE FILE FORMATS

<table>
<thead>
<tr>
<th>FILE TYPE</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audio</td>
<td>mp3, wav</td>
</tr>
<tr>
<td>Image</td>
<td>The following should be pasted into a MS Word or PDF; they should not be uploaded as a separate file. bmp, gif, jpeg, jpg, tif, tiff</td>
</tr>
<tr>
<td>MS Excel</td>
<td>xlsx, xlsx</td>
</tr>
<tr>
<td>MS PowerPoint</td>
<td>pps, ppsm, ppsx, ppt, pptm, pptx</td>
</tr>
<tr>
<td>MS Word</td>
<td>doc, docm, docx, rtf</td>
</tr>
<tr>
<td>Portable Document Format</td>
<td>PDF</td>
</tr>
<tr>
<td>Text</td>
<td>htm, html, txt</td>
</tr>
<tr>
<td>Video</td>
<td>wmv, mpeg, mpg, mpv, mp4</td>
</tr>
</tbody>
</table>
1. Documents may be used for more than one measure
   • i.e., can use same document more than once
2. Continuity versus across department
3. Several documents may be needed to demonstrate conformity
4. Don’t confuse # of examples with # of documents
1. Number of required examples specified by measure
2. Different Program Areas
3. “Policies And Procedures” Are Often One Document
4. Not Sure? Ask PHAB
FROM WHERE?

“WHAT” is in place, not “HOW” it got there or “WHO” developed it
DATES AND SIGNATURES

Check ALL Documentation

1. Policies
2. Procedures
3. Plans
4. Directives
5. Public Information
6. Protocols
WHAT IS A DATE?

1. Created Date
2. Revised Date
3. Reviewed Date
4. Amended Date
5. Effective Period

Must be on the Document
WHAT IS A SIGNATURE?

“Evidence Of Authenticity”

1. HD Logo
2. HD Director Signature
3. HD Abbreviation
4. HD E-mail Address
5. Membership List
CORE PUBLIC HEALTH PROGRAMS

1. Access To Clinical Services
2. Chronic Disease Prevention And Control
3. Communicable Disease
4. Community Health
5. Environmental Public Health
6. Governance
7. Health Education
8. Health Promotion
9. Injury Prevention
10. Management/Administration
11. Maternal And Child Health
13. Public Health Laboratory Services

See Standards and Measures page 6
1. Mental Health
2. Substance Abuse
3. Primary Care And Other Health Care
4. Human Services
5. Social Services (Including Domestic Violence)
6. Health Care Facilities
7. Professional Licensing Programs

PHAB’s scope of accreditation authority does not extend to these areas. Documentation from these program areas will generally not be accepted for public health department accreditation.
Principles of Documentation
SELECT DOCUMENTATION

The mission, goals & work of the HD

1. Appropriate and effective processes, services and programs as required by standards

2. Your health department’s capacity to fulfill its purposes in creating and maintaining a healthy community

3. Quality improvement
1. Electronic Files
2. Set Up One Set Of Files
3. Paper Files
4. Shared Drive Vs. Single Computer
5. Software?
ELECTRONIC FOLDERS

Main Folder - Accreditation
Subdirectory - Domains
Subdirectory - Standards
Subdirectory - Measures

Use Full Numbering!
Organizing Documentation
NAMING FILES

1. Use a system that makes sense to you
2. Use a system so that you will know what is in a file and what it is for
3. Use a system so that anyone in your department who looks at the name will know what the file contains
4. Titles and Descriptions
PRINCIPLES OF DOCUMENTATION

1. Verifiable
2. Comprehensive
3. Mutually Reinforces
4. Representative
1. Information to Evidence

2. Four Questions
   • What do I have?
   • How does it demonstrate conformity?
   • What do I want this to say?
   • How would it be assessed?
ATTENTION TO DETAIL

COMMON ERRORS SEEN BY SVT AS SLOPPINESS:

• Missing dates
• Draft
• Blank signature lines
• Sideways documents
• Screen shots with no dates or context
• Too many documents, some good and some bad examples
• Too few examples
PROVIDE CONTEXT

A. In Documentation
   • Highlighting/Notes in Document

B. In e-PHAB
   • Upload Title
   • Upload Description
   • Measure Narrative

See “e-PHAB Preparing Documentation” for more details
IN DOCUMENTATION

1. Point to relevant portions of text to meet requirements
2. PDF Preferred
3. Can use documentation more than once
   • Should have different emphasis
   • Note differences when using
ASSESSING DOCUMENTATION

1. Reflects the work of the health department
2. Representative of the entire range of programs and services
3. Most applicable to what the measure requires
Connect the Dots
CASE STUDY
CASE STUDY 1

Measure 5.4.1 A

1. Read through the measure and the required documentation
2. Refer to the guidance and the guide to documentation
3. Review the submitted document(s)
4. Assess the documents
5. Note the good, the bad and the ugly
What Were Your Findings?
RESOURCES

• PHAB Standards & Measures, Version 1.0
• PHAB Documentation Guide
EVALUATION

https://www.surveymonkey.com/s/NNPHI

The link will also be emailed to you.