

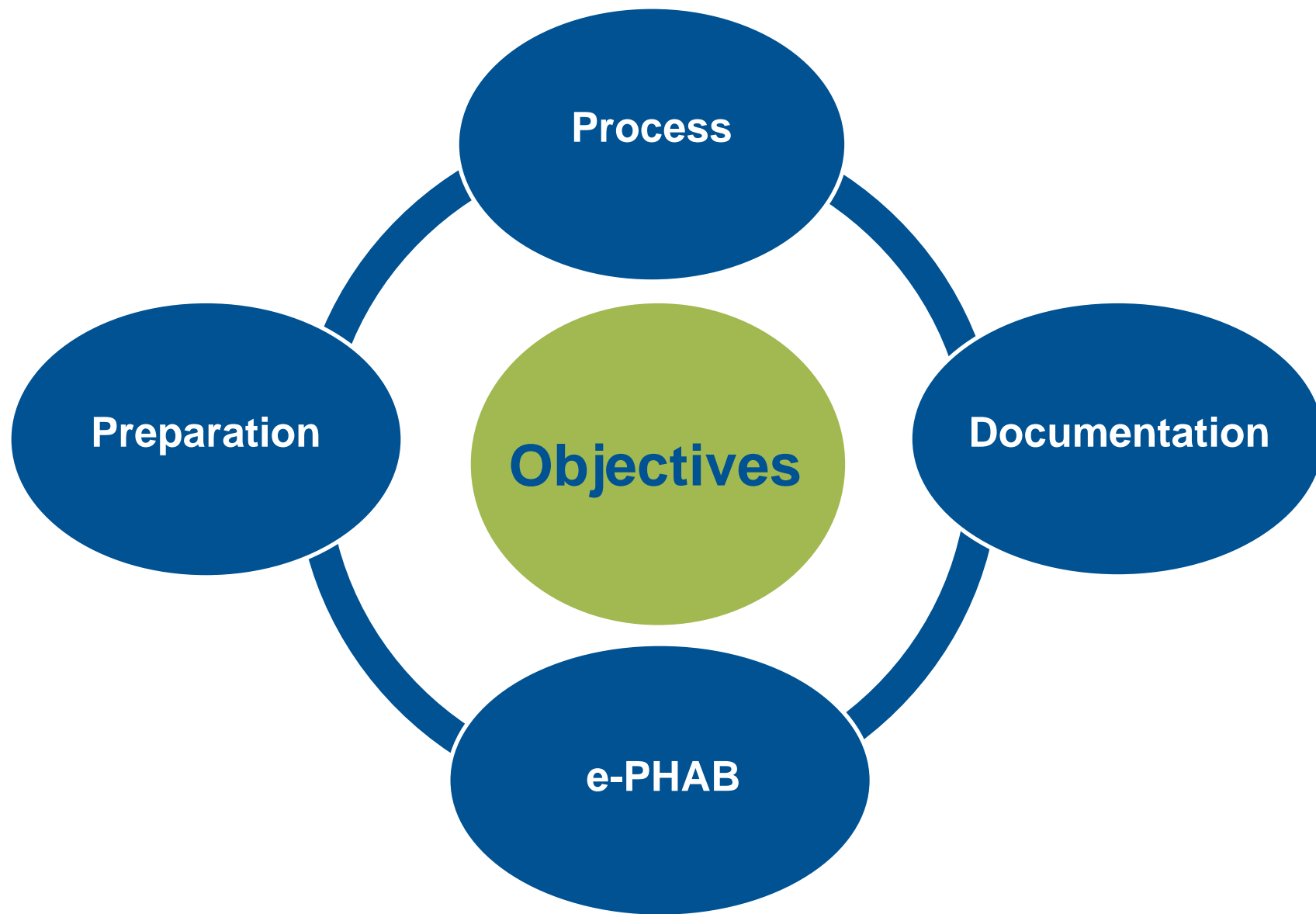


# *"Partners in Accreditation"*

David Stone | Education Specialist | May 19, 2014



# Course Overview



# OVERVIEW

1. What we'll be doing
2. Handouts & Materials





# PHAB

# Background & Update

# 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**

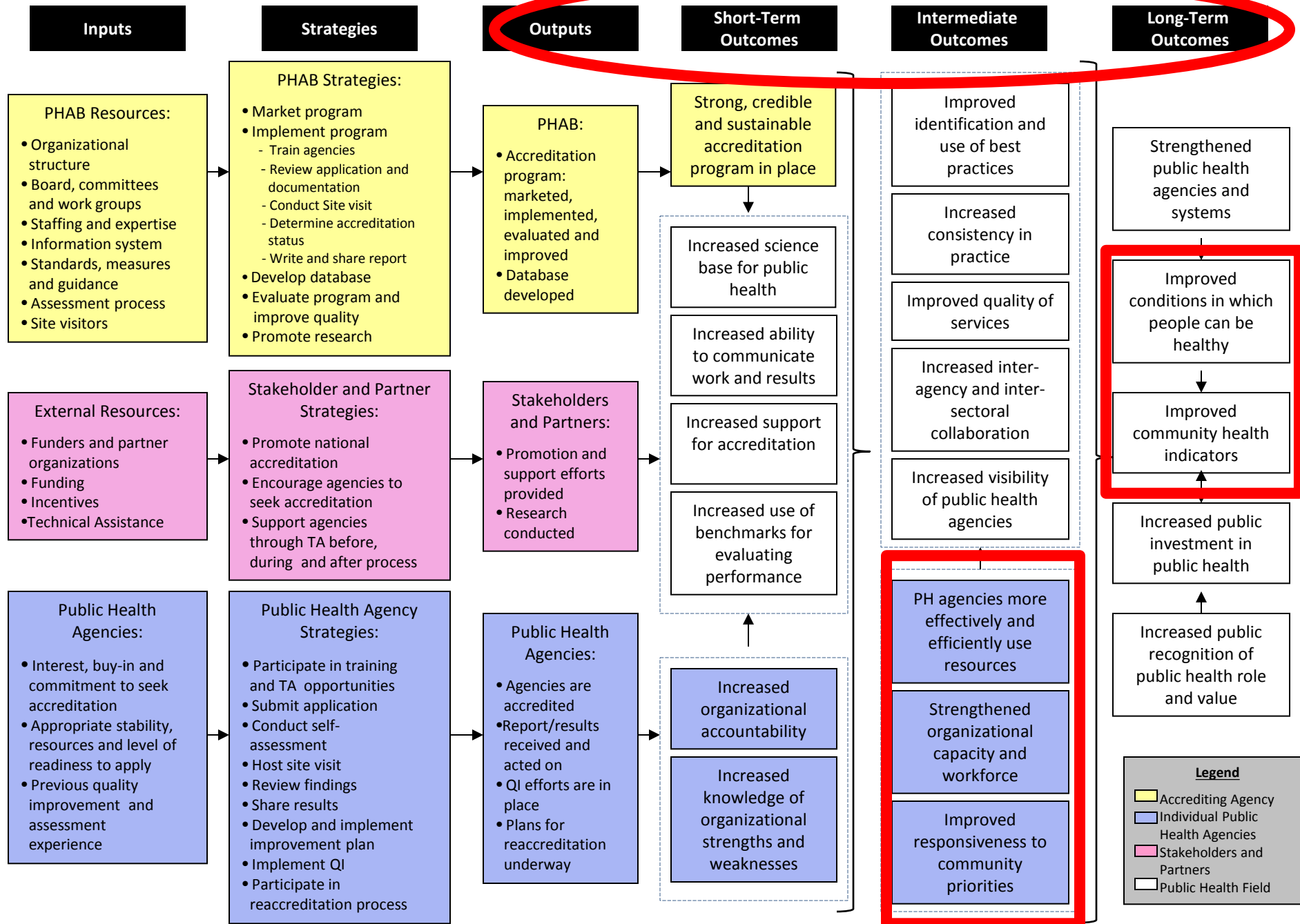
of Tribal, state, local, and territorial public health departments.





# Public Health Agency Accreditation System Implementation

Approved August 2010





Begin  
Here



What a Health  
Department  
Should Be Doing  
Before They Even  
Think About Applying

SUBMIT

# What's Involved?



PROCESS



TIME & RESOURCES



DOCUMENTATION





# Begin Here...





# Get Organized





# Readiness Checklists



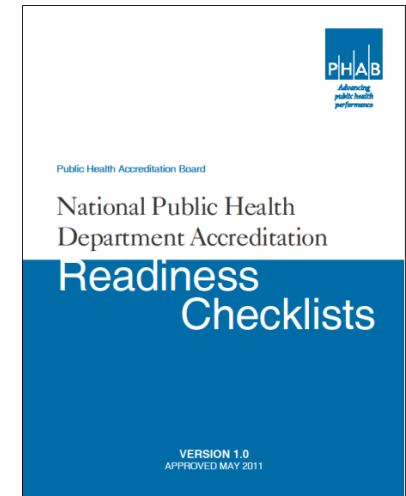
Assessment



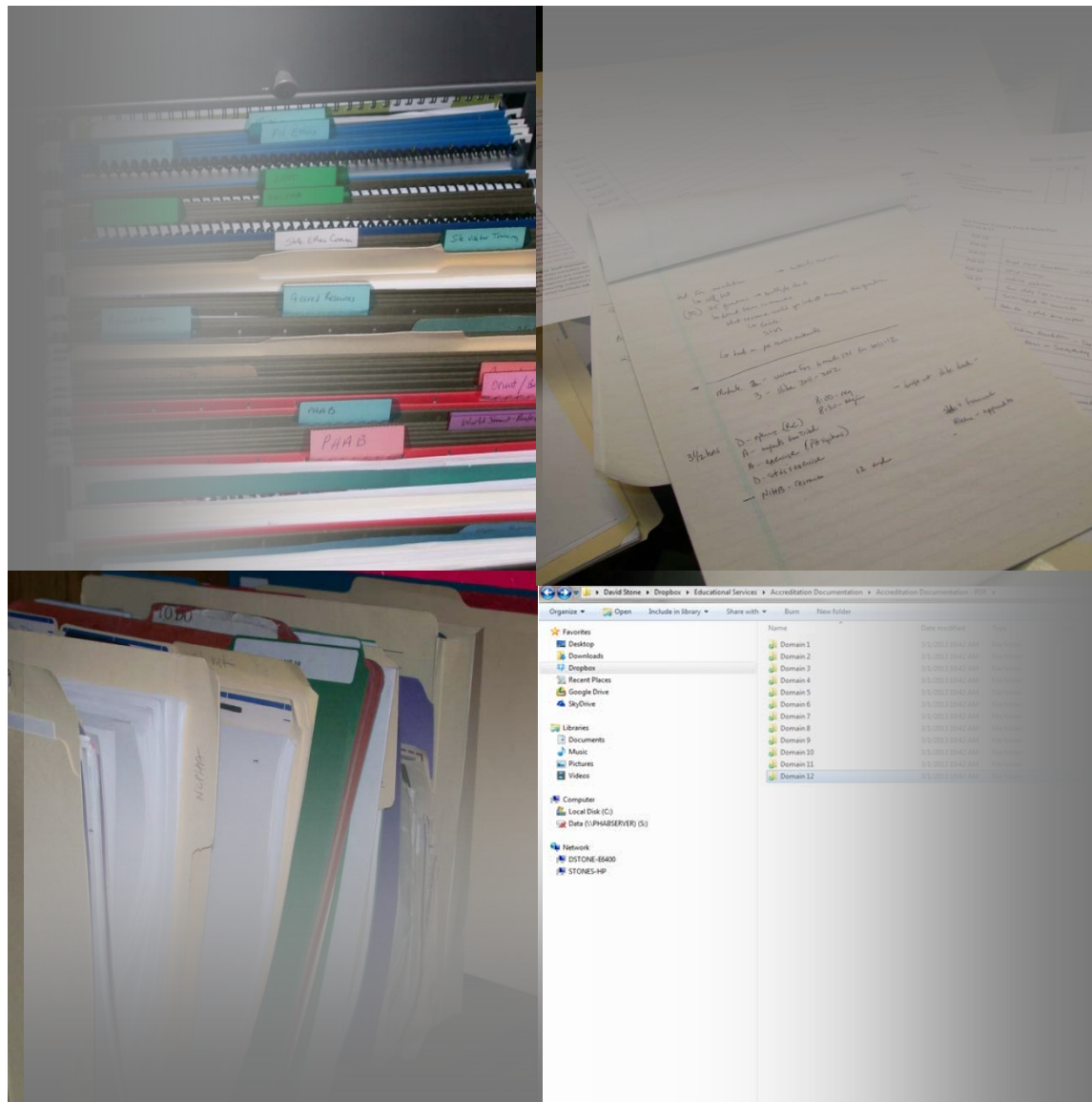
Planning Tool




Modify



# Documentation



# 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.



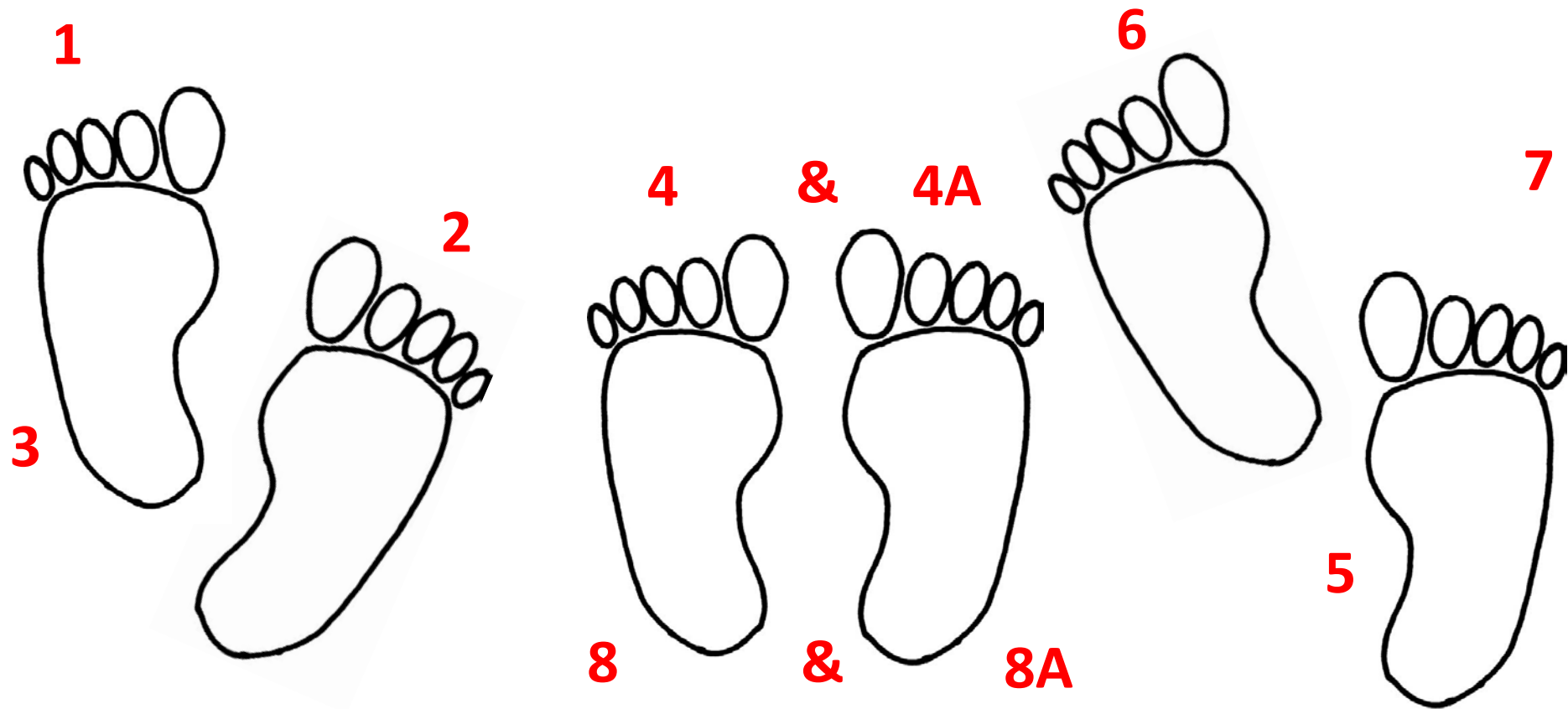
# Pre-requisites

- Community Health Assessment
- Community Health Improvement Plan
- Strategic Plan
- Quality Improvement Plan





# CHA - What Is It?



# 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?



Image courtesy of twin-tables.com

# 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?

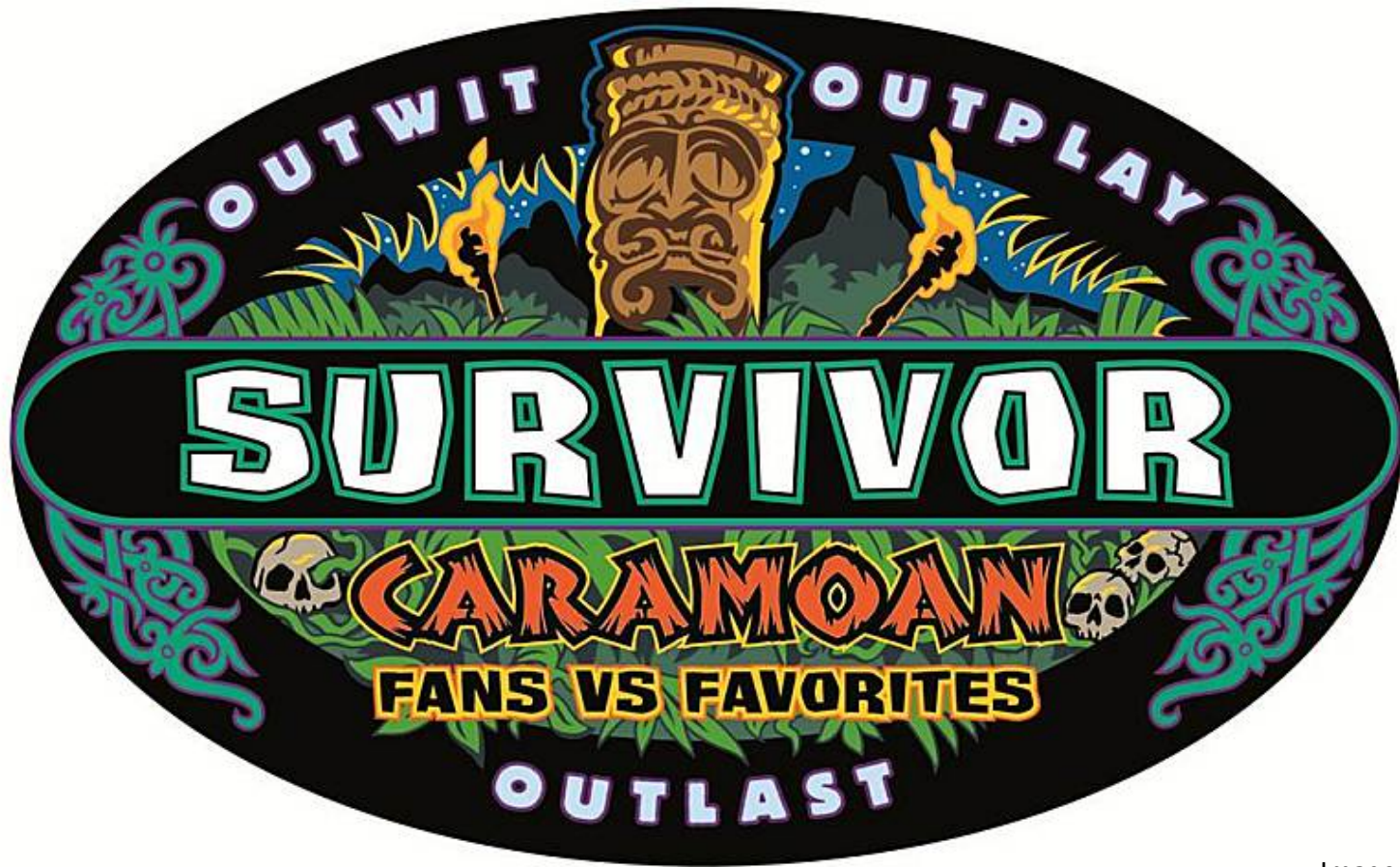


Image courtesy of CBS



# 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?

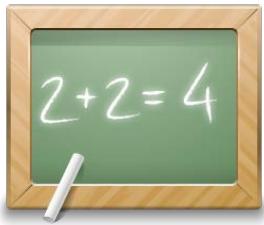


# Quality Improvement Plan

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



Step 1 – Pre-Application

Step 2 – Application

Step 3 – Documentation

Step 4 – Site Visit

Step 5 – Accreditation

Step 6 – Annual Reports

Step 7 – Reaccreditation

**The Seven  
Steps  
Of  
Accreditation**

# Step 2 – Application

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



# Step 2 – Application

Pre-reqs (5 years):

Additional uploads:

- Letter of Support by the HD's Appointing Authority
- HD's Organizational Chart

# 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



# 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

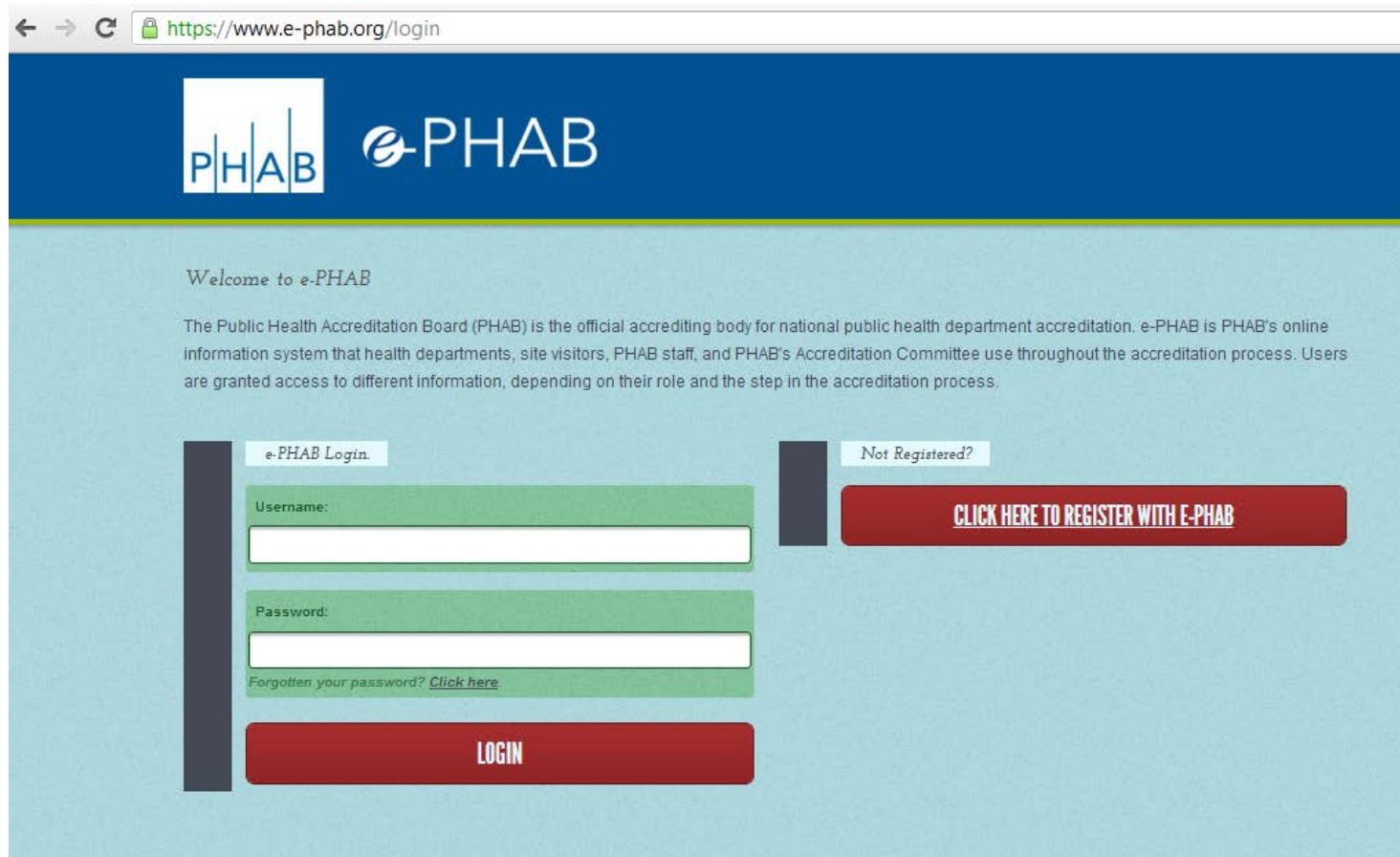
- Submitted Online
- Substantial changes
  - Leadership changes
  - Other changes that affect ability to conform to the standards
- How Opportunities for Improvement are being addressed



# Supporting Elements Of -PHAB




# Who uses e-PHAB?



A screenshot of the e-PHAB login page. The browser address bar shows 'https://www.e-phab.org/login'. The page has a dark blue header with the PHAB logo and 'e-PHAB' text. Below the header, a light blue section contains a welcome message and a description of the system. The main content area is divided into two columns. The left column is for login, featuring a dark grey vertical bar, a white box for 'e-PHAB Login.', and two green input fields for 'Username:' and 'Password:'. A red 'LOGIN' button is at the bottom of this column. The right column has a dark grey vertical bar, a white box for 'Not Registered?', a red button with the text 'CLICK HERE TO REGISTER WITH E-PHAB', and a link for 'Forgotten your password? Click here.'.

← → ↻ <https://www.e-phab.org/login>

 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.

e-PHAB Login.

Username:

Password:

[Forgotten your password? Click here.](#)

LOGIN

Not Registered?

CLICK HERE TO REGISTER WITH E-PHAB




# 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 
- 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

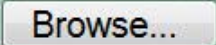



- Arrows, underlining, different color font, PDF notes/flags, highlighting, etc. to point to relevant portions of text to meet requirements
- PDF preferred
- Can use documentation more than once
  - Should have different emphasis
  - Note differences when using


# Titles and Upload Descriptions

*Upload Document* 

Title: **Required**

File: 

Description:  **Optional**

 150 Words/150 Words



# PHAB TITLE BOX

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



# e-PHAB DESCRIPTION BOX

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



# File Description

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

DOCUMENTATION	TITLE	UPLOADED BY	ACTION
<a href="#">Document 1.1.2 L.2.1</a>	<a href="#">2011 Community Health Assessment</a>	Jonas Salk 04-20-2012	 
<a href="#">Document 1.1.2 L.2.2</a>	<a href="#">Appendix 2</a>	Jonas Salk 04-20-2012	  

Appendix 2 of the 2011 Community Health Assessment is a list of the Community Partners engaged in the planning process.

Upload More Documents



# PHAB MEASURE NARRATIVE

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

# Measure Narrative

## ▼ Health Department's Narrative for Measure 1.1.2 L (Optional)

Use the following box to explain how the submitted documentation, taken as a whole, demonstrates and illustrates how the health department meets this measure.



Save Response

10000 Characters

# 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

# GUIDANCE

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

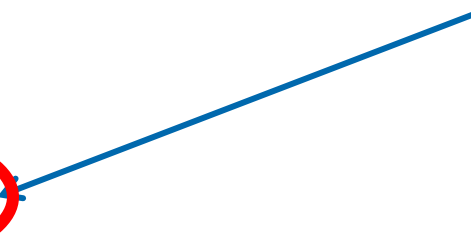
☒ Measure

☒ Required Documentation

☒ Guidance

Purpose

Significance



# ASSESSING DOCUMENTATION

## DOMAIN 5

Develop Public Health Policies and Plans



Measure	Purpose	Significance
<b>5.4.1 A</b> <b>Process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP)</b>	<p>The purpose of this measure is to assess the health department's collaborative activities to organize coordinated responses to emergencies.</p>	<p>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.</p>

Required Documentation	Guidance	Number of Examples	Dated Within
<b>Documentation of:</b> <b>1. Collaborative planning with other government agencies</b>	<p>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).</p> <p><u>Documentation could be</u> meeting agendas and minutes, meeting rosters, calendar of meetings, email exchanges, and phone calls, as shown on a log or other record</p>	<p>2 examples</p>	<p>5 years</p>

Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. Collaborative testing of the All Hazards EOP,</p> <p>a. Description of a real emergency or exercise</p> <p>a. Debriefing or After-Action Report (AAR)</p>	<p>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.</p> <p>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.</p> <p>b. Documentation must include debriefing or evaluation reports from the emergency or drill/exercise.</p> <p><u>Examples could be</u> an evaluation report, minutes from a debriefing session, or the AAR produced by the health department or a partner health department.</p>	2 examples	5 years

Required Documentation	Guidance	Number of Examples	Dated Within
<p>3. Collaborative revision of the All Hazards EOP that includes:</p> <p>a. A collaborative review meeting</p> <p>b. Updated contact information</p> <p>c. Coordination with emergency response partners</p> <p>d. Revised All Hazards/EOP</p>	<p>3. The health department must document collaboration in revising emergency plans including</p> <p>a. A collaborative review of the All Hazards Emergency Operations Plan by those responsible for its implementation. <u>Documentation could be</u> meeting agendas and minutes or attendance rosters.</p> <p>b. A contact list of respondents. <u>Documentation could be</u> the most current contact list and minutes or previous listings that have been updated.</p> <p>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.</p> <p>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.</p>	1 example	5 years



<b>Must provide documentation for all Measures</b>	<b>Health Dept. provides service or is involved</b>	<b>Another Agency provides the service</b>
Documentation From Health Dept.	In use by Health Dept.	Contract, Agreement or Authority to Provide
Documentation from Other Agency or Partner	In use by Health Dept. (or HD is named)	HD provides explanation as needed



# PHAB Documentation Requirements



# GENERAL GUIDANCE

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

FILE TYPE	EXTENSION
Audio	mp3, wav
Image	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
MS Excel	xlsx, xls
MS PowerPoint	pps, ppsm, ppsx, ppt, pptm, pptx
MS Word	doc, docm, docx, rtf
Portable Document Format	PDF
Text	htm, html, txt
Video	wmv, mpeg, mpg, mpv, mp4





# DOCUMENTATION GUIDANCE

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



# NUMBER OF EXAMPLES

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

**X**

Check

1. Policies
2. Procedures
3. Plans

4. Directives
5. Public Information
6. Protocols

Check **ALL**  
Documentation





# 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
12. Public Health Emergency Preparedness
13. Public Health Laboratory Services

# NOT USED FOR PHAB ACCREDITATION

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
8. Health Care Financing Systems (E.G., Medicaid)

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

# ORGANIZING DOCUMENTATION

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

The image shows three sequential screenshots of a Windows Explorer window, illustrating the navigation path to a specific folder. Red arrows indicate the sequence of clicks.

**Screenshot 1 (Top):** The address bar shows the path: David Stone > Dropbox > Educational Services > applicant training > Accreditation Documentation. The left sidebar shows the 'Dropbox' folder selected. The main pane lists folders: Domain 1, Domain 2, Domain 3, Domain 4, Domain 5, Domain 6, Domain 7, Domain 8, Domain 9, Domain 10, Domain 11, Domain 12, General, and PHAB-Standards-and-Measures-Versior. A red arrow points from 'Domain 10' to the next screenshot.


**Screenshot 2 (Middle):** The address bar shows the path: David Stone > Dropbox > Educational Services > applicant training > Accreditation Documentation. The left sidebar shows the 'Dropbox' folder selected. The main pane lists folders: Standard 1.1, Standard 1.2, Standard 1.3, and Standard 1.4. A red arrow points from 'Standard 1.1' to the next screenshot.

**Screenshot 3 (Bottom):** The address bar shows the path: David Stone > Dropbox > Educational Services > applicant training > Accreditation Documentation > Domain 1 > Standard 1.1. The left sidebar shows the 'Dropbox' folder selected. The main pane lists folders: Measure 1.1.1 S, Measure 1.1.1 TL, Measure 1.1.2 S, Measure 1.1.2 TL, and Measure 1.1.3 A. A red arrow points from the 'Measure 1.1.1 S' folder to the next screenshot.



# 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 that the name will know what the file contains
4. Titles and Descriptions



# PRINCIPLES OF DOCUMENTATION

1. Verifiable
2. Comprehensive
3. Mutually Reinforces
4. Representative



# ASSESSING DOCUMENTATION

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



# 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

# CASE STUDY REPORTS

What Were Your Findings?



# Questions

# RESOURCES

- PHAB Standards & Measures, Version 1.0
- PHAB Documentation Guide
- A Guide to Using Evidence in the Accreditation Process, WASC Accrediting Commission for Senior Colleges & Universities, January 2002

# EVALUATION

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

The link will also be emailed to you.

# David Stone

Education Specialist

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