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public health
performance*

Public Health Accreditation Board

Accreditation Coordinator Handbook for Public Health Department Initial Accreditation

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INTRODUCTION

The Public Health Accreditation Board (PHAB) is the national accrediting organization for governmental public health departments. PHAB is a nonprofit organization dedicated to advancing the continuous quality improvement of Tribal, state, local and territorial public health departments. PHAB works to promote and protect the health of the public by advancing and ultimately transforming the quality and performance of all public health departments in the United States through national accreditation. PHAB's vision is a high-performing governmental public health system leading to a healthier nation.

Accreditation demonstrates the capacity of the public health department to deliver the ten Essential Public Health Services. Accreditation provides a means for public health departments to identify performance improvement opportunities, enhance management, develop leadership and team work, and strengthen relationships with the communities they serve. The accreditation process challenges a health department to think about its roles and responsibilities and how it fulfills them. Going through the accreditation process encourages and stimulates quality and performance improvement in the health department.

In pursuit of accreditation, health departments rely heavily on one person – the Accreditation Coordinator --to lead the health department's accreditation efforts. The Accreditation Coordinator is the health department staff member responsible for coordinating the accreditation process within the department. PHAB requires every health department to have a designated Accreditation Coordinator.

The Accreditation Coordinator's role is critical to the health department's success in achieving accreditation. Selecting the right individual is essential, because the Accreditation Coordinator guides the health department through the accreditation process and toward continuous quality and performance improvement. PHAB provides written resources and technical assistance throughout the entire process.

This **Accreditation Coordinator Handbook** provides a description of the responsibilities and skills necessary for a health department's Accreditation Coordinator to be successful in her or his role. The handbook describes the accreditation process and roles of the Accreditation Coordinator for each step of the process, and includes information about resources to supplement the Accreditation Coordinator's knowledge and skills on specific elements of the accreditation process. This handbook also provides suggestions about department processes and includes tips for preparing accreditation documentation.

This handbook is to be used as a companion document to the **Guide to National Public Health Department Initial Accreditation**. This Handbook considers the role of the health department's Accreditation Coordinator through the accreditation process but does not address every aspect of the process. The health department must refer to the **Guide to National Public Health Department Initial Accreditation** for information about the official initial accreditation process, and must refer to the **PHAB Standards and Measures** for information about the official requirements for receipt of initial accreditation.

1. Accreditation Coordinator Overview

A first step that a health department should take when thinking about pursuing accreditation is to designate an Accreditation Coordinator. Health departments pursuing PHAB accreditation are required by PHAB to appoint one person as an Accreditation Coordinator. The Accreditation Coordinator plays a central role in the accreditation process and fulfilling that role is critical to the health department's success in achieving accreditation. The Accreditation Coordinator cannot be the health department director; the responsibilities of these two positions are too significant to be handled adequately by one person.

The Accreditation Coordinator, while critical to the process, should not be expected to complete all accreditation-related work on his or her own. The Accreditation Coordinator needs to have access to the director of the health department and have the authority required to make assignments to co-workers and set deadlines. (See Section 4, The Health Department Accreditation Team, for more details.)

The Accreditation Coordinator is the single point of contact between the health department and PHAB throughout the entire accreditation process. That is, if a health department staff member has a question about the process, the interpretation or intent of a measure, or a piece of documentation, the staff person must ask the Accreditation Coordinator, who will then pose the question to PHAB on behalf of the health department. The majority of these communications will take place in PHAB's electronic information system, e-PHAB, so that they become part of the official record.

The Accreditation Coordinator is responsible for managing and implementing the accreditation process within the health department from early preparation for accreditation, through the accreditation decision, the post-accreditation annual reports, and the reaccreditation process.

Responsibilities of the Accreditation Coordinator include:

- Assessing the health department's readiness to seek accreditation.
- Completing PHAB's Online Orientation and ensuring that the health department director completes it.
- Developing and managing a department work plan for achieving accreditation that includes timelines, responsibilities, and benchmarks or products.
- Developing and implementing the health department's internal plan to engage staff in the accreditation process.
- Engaging the department's partner organizations and community partners in the accreditation process.
- Completing the registration and application through PHAB's electronic information system, e-PHAB.
- Managing and facilitating the health department's Accreditation Team.
- Maintaining a documents management approach for proposed and selected documentation.
- Managing the process for selecting documentation for the PHAB measures.
- Uploading and/or supervising the uploading of documentation into e-PHAB.
- Coordinating the responses to requests for information or documentation that are part of the PHAB review process.

- Preparing for and managing the site visit.
- Organizing the development and implementation of any required accreditation Action Plans in response to the Accreditation Committee’s review of the Site Visit Report.
- Managing the development and submission of required annual reports.
- Leading the health department through the preparation and process of reaccreditation.
(Note: The reaccreditation process is not addressed in this Handbook.)

Accreditation Coordinators should:

- Be prepared to spend a substantial percentage of their time on accreditation-related duties.
- Be prepared to spend 100 percent of their time on accreditation during certain phases of the process, for example, during the site visit.
- Have an overall understanding of the operations of the health department.
- Have an overall comprehension of the ten Essential Public Health Services.
- Have the authority to make assignments and set deadlines.
- Be able to motivate others.
- Have access to the health department director.
- Be detail oriented.
- Have the patience needed to lead an ongoing, comprehensive, and detailed process.

Accreditation Coordinators need to have the following skills:

- Leadership skills to select and lead an Accreditation Team.
- Team-building skills to motivate an Accreditation Team, prioritize actions, delegate responsibilities, clearly define tasks, and keep morale high through celebrating successes.
- Analytic skills to work with the Accreditation Team to gather and select the most appropriate documentation for PHAB measures.
- Project management, time management, and organizational skills to use project management tools to keep the process moving forward in a timely and systematic method.
- Strong logic and organizational skills to organize and package documentation.
- Facilitation skills to manage meetings, discussions, and consensus processes.
- Communication skills to convey the importance and process of public health accreditation to staff, the governing entity, department leadership, partners, and the community through presentations and other communications vehicles.
- Writing skills to provide clarification and support for documentation and to submit annual reports to PHAB that describe progress made towards addressing areas of improvement.
- Computer skills to manage an internal system to track proposed and selected documentation and to provide e-PHAB training to the Accreditation Team.

The Accreditation Coordinator should take the time to become very familiar with:

- The **PHAB Online Orientation**.
- **The Guide to National Public Health Department Initial Accreditation**.
- The most recently adopted set of **PHAB Standards and Measures**.
- **The National Public Health Department Accreditation Readiness Checklists**.
- The **PHAB Acronyms and Glossary of Terms**.
- The PHAB website (www.phaboard.org) and the tip sheets and other resources that are available there.
- The PHAB e-newsletter.

- Resources provided by national organizations, as appropriate, such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), the National Association of Local Boards of Health (NALBOH), the National Indian Health Board (NIHB), the Public Health Foundation (PHF), and the National Network of Public Health Institutes (NNPHI).

The PHAB documents referenced above may be accessed from the PHAB website, and some are available in PHAB's online store.

2. e-PHAB

The Accreditation Coordinator will work in PHAB's electronic information system, e-PHAB, during all phases of PHAB's accreditation process. Designed specifically for PHAB, the e-PHAB system tracks all transactions in the accreditation process. Health departments log on to e-PHAB to register (create an account) and then to submit their accreditation application. Importantly, Accreditation Coordinators will upload documentation for all the measures and submit it to PHAB through e-PHAB. The health department's home page on e-PHAB tracks each step in the process and the date the step was completed. Tabs at the top of the page allow the health department to navigate to different pages. The Accreditation Coordinator uses e-PHAB to communicate with the Accreditation Specialist assigned to them from PHAB.

Some internet browsers, such as Firefox and Chrome, work better with e-PHAB than others. Internet browsers are regularly revised and new versions are released on a regular basis. Health departments **should not use Microsoft Internet Explorer when working in e-PHAB**. Text entered in e-PHAB using Internet Explorer does not always save correctly. This is an issue with Internet Explorer and not with e-PHAB; therefore, PHAB cannot resolve the issue.

Some functions of e-PHAB may not operate on an iPad or other tablet. e-PHAB is not optimized for cell phones. Tablets and phones lack certain functionality in e-PHAB, such as highlighted text and hover-over descriptions. Some filters also do not work properly on tablets or phones.

It is important that any computer used for working in e-PHAB meet the following technical requirements:

- JavaScript must be enabled
- Cookies must be enabled
- Adobe Acrobat Reader 9.0 or higher must be used
- Pop-up windows are used, so pop-up blockers must be disabled
- Computer monitor resolution of at least 800 X 600 is required but 1024X768 or larger is preferred



Accessing Information Using the e-PHAB Navigation Bar



The navigation bar is used to move around and access information in e-PHAB quickly. Tabs are added as the department moves through the accreditation process. Tabs include:

- Home: Displays any action needed and provides a list and dates of previous actions.
- Staff: functionality to add department staff to the system, change contact information, and set read/write permissions.
- Profile: Allows the health department to update department information after the Application has been approved.
- Officials: Allows the health department to change/update the name of health department director and Accreditation Coordinator.
- Registration: Includes background information such as the health department's address and names of the health department director and Accreditation Coordinator.
- Application: Includes background information such as the health department's website address, overview, list of public health programs offered in the jurisdiction, and other key information.
- Billing: Includes the payment invoice records.
- Training: Includes a record of training attendance.
- Doc. Submission: Contains the **Standards and Measures**, all uploaded documentation, measure narratives, and documentation questions and requests.
- Reports: Contains the Site Visit Report after it is finalized and includes all assessments and report comments.
- Notes: Summarizes/lists the notes and questions entered by the health department.
- Action Plan: Contains the Action Plan upload, measures, and Action Plan Report. (This section becomes available if an Action Plan is required.)
- Groups: Provides the opportunity for the health department to identify potential conflicts of interest with proposed site visitors.

- **Email:** Allows users to email team members or the Accreditation Specialist. Emails are delivered outside of e-PHAB to the email address tied to the user’s e-PHAB account. Records of emails are maintained here.
- **Annual Report:** Contains Section I and Section II of the Annual Report. (It is available after initiation of the first-year annual report cycle.)
- **Help:** Contains basic troubleshooting information.



e-PHAB Username and Password

The webpage for e-PHAB is www.e-PHAB.org. The username is the user’s email address.

Accreditation Coordinators, health department directors, and other health department staff working in e-PHAB who forget their passwords can reset them as follows:

- From the e-PHAB homepage login screen, select “Forgot your password? *Click here.*”
- Enter your username (your email), and a new password will be emailed to you.
- Return to the e-PHAB homepage and enter your email and the new password that was emailed to you. Passwords are case-sensitive, so copy and paste the password from your email.
- Passwords are randomly generated characters, so you may wish to change your password once logged in by clicking on the “My Account” icon in the top right corner.

3. Seeking Technical Assistance

Depending on the health department’s readiness to seek accreditation, the Accreditation Coordinator may have to determine the health department staff’s familiarity with the ten Essential Public Health Services and general principles of quality and performance improvement. This information is essential knowledge for health departments to be successful in designing their approaches to accreditation preparation. Resources for reviewing these principles and concepts with the health department staff can be found on the websites of national partner organizations (www.astho.org, www.naccho.org, www.phf.org, etc.). Information can also be found on the websites of the Centers for Disease Control and Prevention (www.cdc.gov) and the Robert Wood Johnson Foundation (www.rwjf.org).

PHAB encourages Accreditation Coordinators to attend webinars, in-person learning sessions, and teleconferences on accreditation to keep abreast of the latest information and to network with other Accreditation Coordinators around the country. PHAB’s electronic newsletter includes a helpful tips and information concerning documentation. To stay up-to-date on the accreditation program, health departments are encouraged to subscribe to PHAB’s quarterly e-newsletter via PHAB’s homepage at www.phaboard.org.

Some questions should be directed to PHAB staff and other questions are best directed to other national organizations. A general rule of thumb is:

- Questions about the accreditation process, interpretation of PHAB's Standards and Measures, e-PHAB, and accreditation requirements should be directed to PHAB; and
- Questions about the preparation and implementation of processes, programs, interventions, and policies required to demonstrate conformity with the Standards and Measures should be directed to national or local organizations or consultants.

Technical assistance might also be provided by other health departments that are accredited or near the completion of the accreditation process. Some states have "learning communities" made up of health departments that are accredited or working toward accreditation. Sometimes these groups are convened by a State Association of City and County Health Officials (SACCHO). Sometimes a state affiliate of the American Public Health Association (APHA) convenes this type of group. National learning communities convened by ASTHO, NACCHO, NIHB, and NNPHI (PhPIN) can also share hints and tips about a range of accreditation process topics, including engaging the health department staff; processes or tools for selecting, organizing and managing documentation; and recommendations for document selection.

Health departments should not simply copy another health department's documentation. For one thing, site visitors who review the documentation may ask the health department how they use it, how it works in their health department, and who is involved. Also, site visitors will review each document in the context of all the other documentation they are reviewing. Each document that is submitted complements and supports the other documents to "tell the story" of the health department, the services it provides, and the community it serves. Documentation that works for one health department may not be acceptable for another health department.

4. The Health Department Accreditation Team

Achieving accreditation requires the knowledge, skills, experience, and perspectives of a variety of health department staff and stakeholders working together. The health department's formation of an Accreditation Team is not required by PHAB, but is strongly recommended. A productive Accreditation Team can organize staff and stakeholders to help manage each step. They can act as cheerleaders or ambassadors by reaching out across the health department and engaging others. Health departments that engage as many staff as possible in accreditation preparation work find that communication across the department improves, team work is strengthened, and a culture of quality improvement is enhanced.

A primary role of the Accreditation Team is to identify, consider, and assist in the selection of the most appropriate documentation for each of the PHAB measures. Documentation submitted to PHAB must comply with the documentation requirements set forth in the **PHAB Standards and Measures**. The Accreditation Team can help select documentation to ensure it accurately reflects the health department's performance and also meets PHAB's requirements.

The Accreditation Team's size and composition will vary according to the size and organizational structure of the health department. Some health departments may want to have up to 12 members, one for each domain of the PHAB standards. The health department may wish to assign the management of the overall process to the Accreditation Team. Twelve sub-teams could be appointed as Domain Teams, with Domain Leads assigned to manage specific aspects of the accreditation process, including selecting documentation by domain. The Accreditation Coordinator should consult with the health department director about her/his expected level of involvement in team meetings, documentation collection, and oversight.

Members of the Accreditation Team should represent a cross section of divisions and programs throughout the department. To demonstrate the organization-wide conformity with PHAB's Standards and Measures, public health program examples should collectively demonstrate the variety of programs administered by the health department that are within PHAB's scope of authority (see pages 41 and 42). Therefore, health departments are encouraged to utilize documentation from a variety of public health programs.

Additional considerations for appointing staff to an Accreditation Team may include:

- Experiences with a topic addressed by a domain or aspect of accreditation;
- Interest in the accreditation process;
- Willingness to share knowledge and expertise and to listen to others;
- Ability and reliability to carry out assignments;
- Communication skills for team effectiveness and for sharing enthusiasm for accreditation with other department staff;
- Problem-solving skills; and
- Representation of different levels of the organization. Appointing a combination of levels (executives, managers, middle managers, program staff, and support staff) can be an effective way to improve communication and involve members who have specific essential knowledge.

a. Managing the Team's Work Plan

Keeping the Accreditation Team focused and on task is a critical role of the Accreditation Coordinator. The Accreditation Coordinator will engage the Accreditation Team in developing a work plan, including assigning responsibilities, designating benchmarks, and agreeing on time frames for achieving accreditation. This is a team effort and everyone must work together, agree on, and be supportive of the work steps and timeframes.

The Accreditation Team can achieve a high level of productivity when provided with:

- Health department leadership support.
- Clearly defined long-term purpose and objectives.
- Agreed-on shorter-term benchmarks and timeframes.
- Clearly defined individual and team responsibilities.
 - Individual responsibilities that are important to the shared responsibility of the Team will increase accountability.
- Access to information.
 - All members of the Team should receive the same information at the same time to promote team work.
- Access to needed resources.

b. Manage Team Meetings

The Accreditation Coordinator manages the Accreditation Team meetings. The Accreditation Coordinator should:

- Have regular meetings to maintain momentum, involvement, and accountability.
 - Regular meetings should be scheduled in advance (e.g., first Monday of the month, every other Thursday, etc.).
- Develop and distribute an attendee list so that everyone knows who is expected to attend.
- Develop and distribute an agenda before each meeting. The agenda should:
 - Communicate the purpose/objectives of the meeting
 - State the start time, end time, and location

- List the topics that will be discussed
- Have a designated person for each topic
- Estimate the time for each topic
- Link to the overall work plan and timeline
- Facilitate the meeting or designate a facilitator who will:
 - Start and end the meeting on time
 - Ensure that everyone contributes to the meeting discussion and outcome
 - Ensure that the Accreditation Team members feel comfortable offering opposing opinions and working for consensus
 - Make sure someone is taking notes and keeping track of time
 - Keep the team focused on the agenda and the tasks assigned
 - Solicit volunteers for specific tasks and/or make assignments
 - Ensure that the meeting objectives are met
- Close the meeting by:
 - Listing/restating the commitments/assignments that were agreed on
 - Agreeing on a purpose/agenda for the next meeting
 - Engaging the team in evaluating the meeting (what worked, what could be improved)

c. Managing Internal Communications

The Accreditation Coordinator plays a vital role in communicating the importance of public health accreditation to staff, members of the governing entity, department leadership, partners, and the community. It is important to build and maintain health department enthusiasm and staff involvement. Some staff should be engaged throughout the process. Others will want periodic updates on the status of the process.

Communication within the department should begin early in the accreditation process so that everyone understands what accreditation is, the benefits accreditation brings, their role in the accreditation process, and how accreditation-related activities will be coordinated with their day-to-day responsibilities. A communications strategy can help manage communications to those involved and those interested in the accreditation process.

Ongoing communication is needed as the health department progresses through the accreditation process. All involved parties need to understand their roles, track progress toward goals, and engage in a process for updating work plans. Levels of detail provided in these communications should be consistent with the involvement of the stakeholder. For example, health department employees may need specific detail regarding their responsibilities, while others may need only progress reports. The Accreditation Coordinator can manage, lead, and/or assign communication efforts.

As appropriate and needed, the health department may want to develop presentations, events, and opportunities for involvement to demonstrate how the accreditation process is being conducted and to engage staff and stakeholders. PHAB has developed a set of basic PowerPoint slides that describe the accreditation process and summarize the structure and contents of the PHAB Standards and Measures. The slide set, available for viewing or download at <http://www.phaboard.org/accreditation-process/accreditation-materials>, and can be adapted by health departments for presentations to staff, governing entities, partners, and the community. Access to modules of the PHAB Accreditation Online Orientation are also available and may be helpful to explain the process and requirements.

Both the governing entity and community partners should receive regular updates about the progress being made. They should know early on that, because many of the PHAB requirements pertain to them, they may need to be present during part of the site visit and interviewed as a representative of the health department's work.

Some health departments select fun themes to communicate their work toward achieving accreditation. For instance, any theme related to a "journey" would work. Some health departments track their progress in a very visible, graphic way. For example, a health department could hang a timeline on a hall wall, updating it each time the department completes another stage of the process. Another way to keep staff informed of the progress being made is to depict a journey through the use of some type of mural, with a movable health department marker displayed along the route. In addition, an employee accreditation newsletter could keep the staff informed about the Accreditation Team's work and how everyone can contribute. Accreditation should be a standing agenda item for all staff meetings.

Some health departments make a concerted effort to educate department staff about the standards, measures, and domains. It is easy to pick one domain a month and celebrate the health department's work in that area. A calendar with department activities on each domain can also help staff become familiar with the PHAB requirements and encourage them to recommend documentation to the Accreditation Team.

It is important to take advantage of opportunities for staff to celebrate along the way. As documentation is uploaded into e-PHAB, celebrate the accomplishments by domain. Some health departments have an all-staff meeting to watch the health department director click the e-PHAB button to submit their documentation to PHAB. Of course, the conclusion of the site visit is another excellent opportunity to celebrate.

5. Managing the Accreditation Process

a. Project Management

It is recommended that project management or action planning tools be employed to help the Accreditation Team track and manage accreditation tasks and work assignments that will be conducted concurrently. The accreditation process involves the review of a variety of the health department's programs, projects, policies, procedures, tasks, and day-to-day operations. The process involves staff from across the health department as well as community partners and members of the governing entity.

A variety of project management tools can be downloaded electronically. Most products are a variation of the Gantt chart which is a simple tool that shows simultaneous tasks and deadlines that exist over the life of a project. PHAB does not recommend or endorse any specific project management or planning tool. Below is a very simplified version of a project management tool that can be created by the Accreditation Coordinator in Microsoft Word or as an Excel spreadsheet. The layout of the tool is less important than its use in capturing the specific tasks, their status the task owner or responsible staff member, and the projected completion date. With this information, the Accreditation Coordinator can touch base with the task owner at agreed-on intervals to keep the accreditation process on track.

EXAMPLE

Project Management Tool

Task Name	Task Owner	Start Date	Projected Completion Date	Reporting Timeframe	Status Comments
Review and revise XYZ Policy	Ms. Smith	3/30/2018	10/15/2018	Every 30 Days	March 30 report submitted; first policy review done; projected completion date on target

b. Extensions and Inactive Status

The Accreditation Coordinator needs to be aware that health departments may request an extension to a deadline for certain steps in the accreditation process based on legitimate cause or extenuating circumstances. A legitimate cause or extenuating circumstance is an event or circumstance that is beyond the control of the health department and that significantly compromises the health department's ability to complete a PHAB accreditation process step within the timeframes set by PHAB. The guidelines for requesting an extension are included in the **Guide to National Public Health Department Initial Accreditation**. Either the Accreditation Coordinator or the health department director may request an extension. A request can be made in an email to the assigned PHAB Accreditation Specialist stating the reason the extension is needed and the length of the requested extension. Extensions should be requested only when a health department cannot meet a deadline due to an extenuating circumstance that is beyond the control of the health department, such as a flood, hurricane, or disease outbreak.

The Accreditation Coordinator also needs to be aware that the health department may go on Inactive Status. Inactive status is not the same as an extension. Inactive Status is a pause in the accreditation process. During the time that a health department is in Inactive Status the accreditation process is placed on hold. Inactive Status is provided for health departments that are in the accreditation process but are not prepared to complete a step in the process. The purpose of Inactive Status is to give health departments time to identify or develop documentation (depending on the step that is put on hold). Health departments will have read-only access to e-PHAB during Inactive Status, meaning that documentation cannot be uploaded in the system during this period. PHAB and the health department will work together to determine the length of the Inactive Status. During Inactive Status, an established monthly fee will be charged to the health department for maintenance of the health department in e-PHAB and for ongoing technical assistance from PHAB staff. Fees associated with the Inactive Status are

described in the fee information on PHAB’s website. A health department may request to go on Inactive Status or may be required to do so by PHAB. The guidelines pertaining to Inactive Status are included in the **Guide to National Public Health Department Initial Accreditation**.

Inactive Status should be requested only when crucial problems prevent the health department from meeting a deadline because it was not prepared; its use should not be considered a contingency plan for a poorly managed internal process.

6. Seven Steps of Accreditation: The Accreditation Coordinator’s Role

The PHAB accreditation process consists of seven steps. The Accreditation Coordinator has roles and responsibilities in leading and managing each of the steps. A table that lists the steps and timeframe for each step is available in the **Guide to National Public Health Department Initial Accreditation**.

Step 1: Preparation

The preparation step is the time during which the health department develops support for seeking accreditation, ensures that the health department is ready to begin to formally engage in the process, and develops and implements work plans for the development of needed documentation. Preparation to apply for accreditation may take several years. Some health departments report that the preparation step required three years of dedicated effort before the department was ready to apply for accreditation.

PHAB encourages health departments to be sure they are prepared to start the accreditation process. Thorough preparation is critical to a health department’s success in achieving accreditation. The health department should take the time needed to adopt a clear work plan, have the major documents in place, and assess its ability to demonstrate most of the measures, before registering on e-PHAB. Health departments that hurry the process or set an unrealistic target date for receipt of accreditation may have difficulty providing the required documentation and often struggle through the accreditation process. Documentation that is not carefully selected or developed to meet the measure is often assessed as either Not Demonstrated or Slightly Demonstrated, which can lead to an Action Plan. Accreditation Coordinators are strongly encouraged to guide their Accreditation Teams to submit sound documentation the first time rather than incur the extra time and effort of an Action Plan.

In this step, the Accreditation Coordinator will:

- Study the **Guide to National Public Health Department Initial Accreditation** to learn about the accreditation process.
- Study the **PHAB Standards and Measures** to learn about the requirements and the documents that the health department will need.
- Learn about and review other PHAB materials available on PHAB’s website and online store.
- Confirm the health department’s eligibility to apply.
- Learn about the fee structure and review it with the health department director.
- Guide the health department through the completion of the **National Public Health Department Accreditation Readiness Checklists Version 1.5**. PHAB strongly recommends that health departments complete the **Readiness Checklists**, including the completion of an initial “self-study.”
- Complete the PHAB Online Orientation and ensure that the health department director has also completed the Orientation.
- Ensure that the health department has completed a community health assessment, community health improvement plan, and a department strategic plan, and that those documents contain all the elements required by the **PHAB Standards and Measures**.

- Ensure that the health department has in place, or has substantially completed, an emergency operations plan, a workforce development plan, and a quality improvement plan (within five years). Additionally, a performance management policy/system should be in place, and an organizational branding strategy should be in place or near completion.
- Appoint a department Accreditation Team, introduce members to the Seven Steps of PHAB Accreditation, and encourage or require all members of the Accreditation Team to complete the Online Orientation.
- Work with the Accreditation Team to develop a health department accreditation work plan that includes work steps, assignments and timeframes.
- Work with the health department director to ensure that the members of the governing entity and the appointing authority support the department’s decision to seek accreditation.
- Work with the health department director and others to ensure that the department has a current organizational chart.
- Explore technical assistance resources provided by national organizations such as the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), the National Association of Local Boards of Health (NALBOH), the National Indian Health Board (NIHB), the Public Health Foundation (PHF), and the National Network of Public Health Institutes (NNPHI).
- Ensure that the health department has the required information technology to work through PHAB’s information system, e-PHAB.
- Begin to identify documentation, create PDFs, and organize and store documents.

The steps listed above do not need to be completed in the order in which they are listed. Some steps may be concurrent and others may be ongoing. The health department must develop a work plan that is appropriate for the amount of work that will be required and the resources available.

If the health department does not have a community health assessment, a community health improvement plan, a strategic plan, and a quality improvement plan, the health department will need to dedicate its time and resources toward their development before they apply for accreditation. Also before applying for accreditation, the health department should have completed or substantially completed an emergency operations plan and a workforce development plan. A performance management policy/system should also be in place, and an organizational branding strategy should be in place or near completion. These documents and systems require significant time to complete. If they are not in place or near completion the health department will need to take the time to develop them before applying for accreditation.

During this planning and preparation phase, the Accreditation Coordinator may contact PHAB with any questions about the intent or interpretation of the Standards and Measures or about the accreditation process. PHAB staff and their email addresses are listed on PHAB’s website under the “Contact Us” tab, and are also included at the end of PHAB’s quarterly e-newsletter.

Step 2: Registration and Application

The health department director and the Accreditation Coordinator are required to complete the PHAB Online Orientation before the health department registers in e-PHAB. When all the modules of the Online Orientation and the evaluation of the orientation are completed, a Personal Identification Number (PIN) will be issued. A PIN for both the health department director and the Accreditation Coordinator will be required for registration. Access to the PHAB Online Orientation is located on the PHAB website (www.phaboard.org).

a. Registration in e-PHAB

The Accreditation Coordinator will log on to e-PHAB and complete the registration. The registration will ask for the following information:

- Health department contact information:
 - Official name of the health department
 - Health department mailing address
 - Health department website address
- Health department director's information:
 - Name
 - Salutation
 - Official job title
 - Degree(s)
 - Work, cell, and fax phone numbers
 - Email address
 - Mailing address (if different than the health department's)
 - PIN obtained from completing the PHAB Online Orientation
- Accreditation Coordinator's information:
 - Name
 - Salutation
 - Official job title
 - Degree(s)
 - Work, cell, and fax phone numbers
 - Email address
 - Mailing address (if different than the health department's)
 - PIN obtained from completing the PHAB Online Orientation
- Health department description, i.e., local health department, state health department, Tribal health department, or territorial health department
- Type of application, e.g., city, county, district, multi-jurisdictional, etc.
- Relationship to other health departments within the state, such as decentralized, centralized, or shared
- Size of the population of the jurisdiction applying for accreditation
- Health department director's authorization to register in e-PHAB

PHAB staff will review the registration and notify the Accreditation Coordinator through e-PHAB if (1) the registration is complete, (2) changes are requested, or (3) the registration is denied. The registration will be denied only if the entity that has registered is not a eligible health department. When the registration is submitted by the health department and approved by PHAB, PHAB will give the health department access to the accreditation application in e-PHAB.

b. Application

The application is a formal commitment of the health department to enter the accreditation process and an agreement that the health department will abide by the current and future rules of PHAB's process to achieve and maintain accreditation status for the five-year accreditation period. The application will ask for the following information:

- Health department overview:
 - Description of jurisdiction served, such as urban, rural, suburban, or frontier
 - Federally recognized Tribal government in the areas served by the health department

- Employment and budget information:
 - Annual health department budget amount
 - Total number of employees at the health department
 - Total FTEs at the health department
- Health department leadership information:
 - Health department governance entity, i.e., advisory board, governing board, policy-making board, other, or none
 - Appointing authority, such as governor, mayor, chair of county commissioners, chair of governance, director of super public health agency, super health agency, or umbrella agency, or other authority
- Public health programs list, such as immunizations, screening, treatment, maternal and child health, epidemiology, prevention, regulation, other environmental health activities, and other health/human services
- Other physical sites or facilities (optional)
- Description of unique characteristics of the health department (optional), such as department structure, population served, governance, or unique services provided
- Documents:
 - Current health department organizational chart
 - Letter of Support from Appointing Authority
 - Optional additional uploads, if requested by PHAB as part of the application

Importantly, the application requires that the health department provide an electronic signature on **Terms and Conditions for Entering into the Public Health Accreditation Program**. Included in the agreement, among other items, are the following:

- That the applicant health department has an adopted and current (dated within the last five years) community health assessment, community health improvement plan, and department strategic plan.
- That the applicant health department has in place a current (dated within the last five years) or substantially developed and nearly completed workforce development plan, public health emergency operations plan, and quality improvement plan.
- That the applicant health department has in place or has substantially developed a performance management policy/system and an organizational branding strategy.
- That the applicant health department has received a copy of the Program Accreditation Fee Schedule (the “Fee Schedule”) for the year of the applicant’s application and agrees to pay the relevant and total accreditation fees as set forth in the Fee Schedule.

When the application is submitted to PHAB, staff will review it and notify the Accreditation Coordinator through e-PHAB if (1) the application is accepted, (2) changes are requested, or (3) the application is denied.

If PHAB requests changes to the application, an email identifying the specific change(s) needed will be sent to the Accreditation Coordinator and the health department director. This will unlock the application, allowing the Accreditation Coordinator to make the necessary changes and the health department director to resubmit the application. If the application is denied, an email identifying the specific reason for not accepting the application will be sent to the designated director of the health department with a copy to the Accreditation Coordinator.

When PHAB considers the application to be complete, an invoice will be sent to the health department director with a copy to the Accreditation Coordinator. Payment is due within 30 days and must be received by PHAB for the Accreditation Coordinator to be scheduled for the in-person Accreditation Coordinator training.

When PHAB receives payment, the status of the application will be “Payment Received.” PHAB will then provide the Accreditation Coordinator with information about the next scheduled in-person Accreditation Coordinator training.

c. Accreditation Coordinator Training

The Accreditation Coordinator is required to attend an in-person Accreditation Coordinator training. This training provides the opportunity to (1) learn about using e-PHAB, (2) review the specifics of the process, (3) learn about and practice the selection of documentation, and (4) ask questions related to the accreditation process. The training includes active participation in case studies concerning the selection of documentation.

The Accreditation Coordinator training will not teach applicants how to be in conformity with specific standards or measures. For example, the training will not provide guidance on how to develop a performance management system or how to write a strategic plan. That type of technical assistance must be accessed from PHAB’s partner organizations and/or consultants and consulting organizations.

Accreditation Coordinator training is available several times a year and training is provided for groups of applicants. PHAB will not provide training to single, individual health departments. PHAB will forward information regarding the training logistics (location of training, travel, hotel, and meals) to the Accreditation Coordinator.

The cost of the training for the Accreditation Coordinator is included in the health department’s accreditation fee. The health department may choose to send one additional individual to the training to provide back-up and support to the Accreditation Coordinator. A registration fee is assessed for the second individual to cover the costs of meeting materials, hotel, and meeting meals. The health department must cover expenses of the second person to attend the training.

During the training, a PHAB Accreditation Specialist will be assigned (in e-PHAB) to the health department. The Accreditation Specialist’s name and contact information will be found on the health department’s home page in e-PHAB. The Accreditation Specialist will assist the health department through the accreditation process. The Accreditation Coordinator should contact their Accreditation Specialist with any questions about the process, Standards and Measures, packaging examples, or e-PHAB. Questions about specific measures and documentation should be sent through e-PHAB, so that they become part of the official record.

At the conclusion of the training, attendees will be provided with a link to an evaluation survey. PHAB takes the results of all evaluation surveys very seriously and uses the results to improve future trainings. When the evaluation has been completed by the Accreditation Coordinator, the “Documentation Selection and Submission” tab on e-PHAB will be unlocked and the health department may begin to upload documentation. The health department has one year from the day of the availability of the “Documentation Selection and Submission” tab on e-PHAB to upload documentation. The due date will be listed on the Home tab on e-PHAB.

Step 3: Documentation Selection and Submission

The process of identifying, selecting, and uploading documents is the central task for the health department seeking accreditation. It is extremely important that the health department submit documents that address the intent of the measure and demonstrate that the health department is in conformity with all requirements of the measure. The documentation submitted by the health department to PHAB is what the reviewers (a site visit team) use to assess the health department's conformity with the measures. The documentation selection process should be well underway before the health department submits its application.

a. Documentation Selection Process

The Accreditation Team is encouraged to adopt a process to identify policies, procedures, plans, memos, reports, meeting agendas, and other documents as potential submissions to PHAB. The Team will consider these documents to determine which ones meet the intent and requirements of the measure and also best reflect the health department. The final document submitted to PHAB for any measure may be different than the document that was first proposed by the Team for submission. The Accreditation Team and the Accreditation Coordinator should assess the available documents and select the documentation that best demonstrates conformity with the measure and best "tells the story" of the health department. Uploaded documents may be deleted and replaced in e-PHAB until the final submission is made to PHAB.

The Accreditation Coordinator should, with assistance from members of the Accreditation Team, educate health department staff across the department about the internal process of identifying potential documentation and the selection of the final documents for submission. Staff across the department's program areas should be encouraged to contribute documentation for consideration by the Accreditation Team. That way, the Team will have multiple documents from which to choose, and can pick the best ones.

The Accreditation Coordinator is encouraged to develop a process for accessing, reviewing and considering, and selecting documentation. A documentation identification and review process should include a method for:

- Making assignments by domains or other grouping of standards, to individual members or sub-teams of the Accreditation Team. The responsibility of the Accreditation Team members or sub-teams is to identify potential documentation for the Team to consider.
- Allowing health department staff to propose documentation to Accreditation Team members or sub-team members.
- Ensuring that documents include critically important evidence of authenticity and dates.
- Evaluating potential documentation to determine the most appropriate document to demonstrate that the health department is in conformity with the measure.
- Developing, organizing, and approving notes concerning which specific parts of documents address each requirement. Health departments will have the opportunity to include cover sheets and upload descriptions for each piece of documentation uploaded to e-PHAB.

b. Documentation Management

With multiple documents being considered for each measure, the Accreditation Coordinator and Accreditation Team will need a way to keep track of the documents provided to the Team for consideration, documents that have been reviewed, and documents that have been selected to be uploaded into e-PHAB.

A Documentation Selection Spreadsheet can be downloaded from PHAB’s website to help keep track of the documentation selection process. Customizable as a process management tool, health departments can modify this spreadsheet to suit their needs. Modifications may include deleting measures that are not specific to their health department type (Tribal, state, or local), or renaming, deleting, or adding columns to more closely match their specific internal documentation review and selection process. The use of this spreadsheet is optional and will not be submitted to PHAB. Below is an example of a Documentation Selection Spreadsheet.

EXAMPLE

Documentation Selection Tracking Spread Sheet

DOMAIN 4	MEASURE	Required Documents	Assigned to:	EXAMPLE 1			Notes
				EXAMPLE 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require Updating?)	
Standard 4.1	4.1.1 A	1					
		2					
		3					
	4.1.2 T/L	1					
	4.1.2 S	1					
		1					
Standard 4.2	4.2.1. A	1					
		1					
	4.2.2. A	1					

The Accreditation Coordinator will also need to develop an internal system for organizing and storing documentation electronically before it is uploaded into e-PHAB. For example:

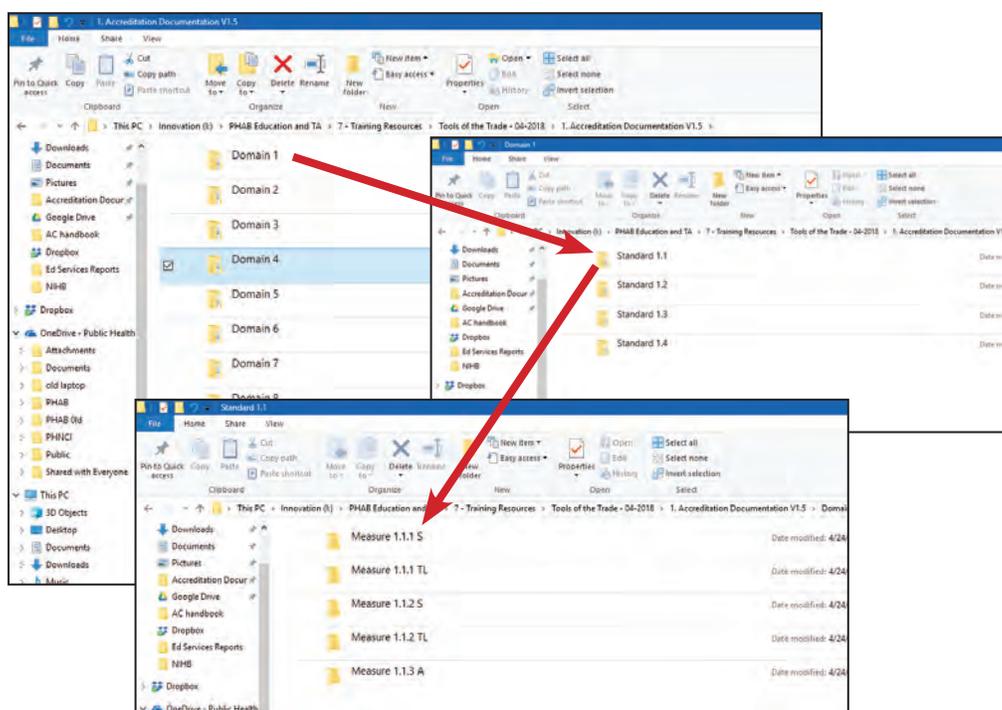
- A process to manage paper or hard-copy documents that need to be scanned and stored electronically to prepare documentation for submission.
- A central location for storing all documents related to accreditation, such as a designated information systems drive.
- A consistent file labeling process -- such as labeling files with the measure number, document name, date of the most recent version, and responsible party name --to help organize and identify documentation.

PHAB does not recommend any particular process for health departments to identify, organize, or store their electronic documentation. PHAB neither requires nor endorses any product for use in accreditation preparation. The use of a specific software product cannot guarantee “accredited” status. It is most important that the health department use a system that makes sense for the Accreditation Team and health department’s organizational structure.

The health department will want a system that allows the user to know what is in a file and to which measure and requirement it relates. The Accreditation Coordinator may choose to set up shared file folders and sub-files (by domain, standard, measure and required documentation) that members of the Accreditation Team can access. This kind of system allows documents to be saved in the appropriate location for submission to PHAB, without having to rename all the documents with full PHAB measure numbering.

EXAMPLE

Documentation Management Tool



c. e-PHAB Documentation Submission Process

When the Accreditation Coordinator has access to the Doc Submission tab in e-PHAB, she or he may assign role-based permissions to members of the Accreditation Team and any other individuals who will be involved in the process. The permissions will be based on the assignment of responsibility for each domain. While e-PHAB accommodates multiple users, the Accreditation Coordinator is the only individual who can assign access to the domains. Accreditation Coordinators will need to provide training to any staff assigned to use the Documentation Selection and Submission module of e-PHAB.

The Accreditation Coordinator and Accreditation Team will upload into e-PHAB the documentation that the health department will use to demonstrate conformity with the **PHAB Standards and Measures**. The e-PHAB documentation upload system follows the format of the PHAB Standards and Measures by listing the Domain, standard, measure, Required Documentation, and the Guidance for each Required

Documentation. An upload button for each Required Documentation functions much like choosing a document for an email attachment, with the added features of allowing the user to enter a Title for the document, and a short description of what the document is (see pages 47 and 48 for instructions).

It is the responsibility of the Accreditation Coordinator to ensure that complete documentation is submitted, that documentation is submitted using acceptable file formats, that documents open right-side up, that documents are in final form (i.e., not draft), that examples are within the scope of PHAB’s accreditation authority, and that documents are dated and provide evidence that they are authentic to the health department.

The Accreditation Coordinator can request that the PHAB Accreditation Specialist review a sample of measure uploads for completeness prior to submission. The Accreditation Specialist will not assess the documents against the measure requirements, but may offer helpful tips early in the process that can assist the Accreditation Coordinator through the rest of the upload process.



Acceptable File Formats for e-PHAB

File Type	Extension
Audio	mp3, wav
Image	Image files must be pasted into MS Word or Portable Document Format (PDF); they cannot be uploaded as an image file.
MS Excel	xls, xlsx,
MS PowerPoint	pps, ppsm, ppsx, ppt, pptm, pptx
MS Word	doc, docm, docx, rtf
Portable Document Format	PDF (PDF Portfolio files must not be uploaded)
Text	htm, html, txt
Video	wmv, mpeg, mpg, mpv, mp4

When all of the documents have been uploaded and the Accreditation Team is satisfied with the materials provided, the Accreditation Coordinator will work with the health department director to authorize the final submission of the documentation to PHAB. Once the submission button has been clicked in e-PHAB by the health department director, the files are locked and are in read-only mode.

Step 4: Site Visit

In Step 4, a team of volunteer public health practitioners/experts, or site visitors, reviews the documentation submitted by the health department. The purpose of this review is to assess the health department's documentation for conformity with the PHAB **Standards and Measures** and develop a Site Visit Report based on those assessments. The report will provide an assessment of each measure, accompanied by a narrative describing the selected measure assessment. The decision concerning the health department's accreditation status will be made by PHAB's Accreditation Committee and will be based on the Site Visit Report.

The Accreditation Coordinator will coordinate all aspects of the site visit step, including the health department's responses to questions and requests for documentation submitted by the site visit team before they visit the health department, arrangements for the team's visit to the health department (including preparation of department staff, partners, and governance), support during the visit, and the identification and uploading of additional documentation in response to any requests that the site visit team may have during the visit.

Until the site visit, the Accreditation Coordinator will not communicate directly with the site visit team; all communications will be handled through the PHAB Accreditation Specialist.

a. Site Visit Team

PHAB will appoint a site visit team and team chair for the health department. APHAB site visit team consists of trained volunteers and the PHAB Accreditation Specialist. Three volunteers are typically appointed to each team.

The health department will have an opportunity to review the names of the proposed site visitors for any conflicts of interest. The health department may request that an individual be deleted from the list, based on a conflict of interest. The Accreditation Coordinator will facilitate the health department's conflict of interest review process.

Conflicts of interest may include, but are not limited to:

- Previous or current employment with the health department,
- Previous or current consultation or other business arrangement with the health department,
- Family relationship with key employees of the health department, and
- Any other relationship with the health department that would afford the site visitor access to information about the health department other than what is provided through the PHAB accreditation process.

Additionally, to ensure objectivity, site visitors will not work or live in the same state as the applicant health department.

b. Completeness Review

Before the health department's documentation is provided to the site visit team for their review, the PHAB Accreditation Specialist who is assigned to the health department will review the documentation for completeness. PHAB Accreditation Specialists will NOT assess the documentation for conformity with the measures. This Completeness Review is a service provided to both the site visitors and the health department. The review will identify where the documentation is not ready to be reviewed by the site visitors and will provide an opportunity for the health department to correct format errors before the site visitors begin their assessments.

Accreditation Specialists will review each document to determine if, for example:

- It is dated appropriately and has not expired.
- It has the required signature, department logo, or other evidence of authenticity.
- The required number of examples is submitted.
- The uploads are in a correct file format and open correctly.
- The uploads are not draft documents and do not have blank signature lines.
- The examples are appropriate activities for PHAB assessment (see pages 41 and 42).
- The description of the documentation matches the document.
- The uploads sufficiently point the site visitor to the required elements in the guidance.

Based on the Completeness Review, more or different documentation may be required. PHAB will reopen measures for the health department to upload additional documentation. The health department will have 30 days to respond to the completeness review. If the health department does not respond within the required time frame, the process will proceed with the originally submitted documentation. Any document that a health department uploads into e-PHAB during the response to the Completeness Review must be dated on or before the health department's original documentation submission date. That is, documentation created after the original submission date will not be accepted by PHAB.

The Accreditation Coordinator coordinates the health department's identification of documents, manages the development of any narratives that need to accompany the documents, and ensures that all documents and narratives are submitted to PHAB within the required timeframe. The more measures that are reopened during the Completeness Review, the more work the Accreditation Coordinator and the health department will need to complete in that 30-day period.

c. Pre-site Visit Review

The assigned site visit team will review the health department's documentation to determine its adequacy as evidence that the health department is in conformity with the measures and their requirements. The site visitors may request additional documentation or ask questions about the documentation. They will send their requests to the health department batched at one time, through e-PHAB.

The health department has 30 days to respond to the site visit team's questions and requests. If the health department does not respond within the 30 days, the process will proceed with the originally submitted documentation. Any document that a health department uploads into e-PHAB during the Pre-site Visit Review must be dated on or before the health department's original documentation submission date. That is, documentation created after the original submission date will not be accepted by PHAB.

The Accreditation Coordinator is the point-of-contact for responding to Pre-site visit requests and will work with the health department staff to identify documentation and develop answers to questions. The Accreditation Coordinator will work with the health department director to authorize submission of additional documentation to PHAB through e-PHAB.

It is the responsibility of the Accreditation Coordinator to ensure that documentation is complete, speaks to the intent of the measure, addresses all elements required in the Standards and Measures, directs the site visitors to the specific parts of the document that fulfill the requirements, and is sufficiently described and explained. Therefore, the need for site visitors to reopen measures should be infrequent.

d. Scheduling the On-site Visit

The site visit will be scheduled by PHAB in consultation with the Accreditation Coordinator and the site visit team. In most cases, the site visit will be two days in length.

In advance of the site visit, the Accreditation Coordinator will be asked to assist PHAB by providing information needed to plan the logistics, such as the nearest airport, hotel recommendation, driving directions and parking, and department hours of operation. The Accreditation Coordinator will be asked to provide some menus from nearby restaurants so that food can either be delivered or picked up for the site visit team’s working lunches.

After the site visit team has completed its Pre-site Visit Review, an agenda for the on-site visit will be provided to the Accreditation Coordinator. The Accreditation Coordinator is responsible for adding health department representatives’ names and titles, and room assignments for each session.

PHAB will work with the Accreditation Coordinator to schedule any concurrent sessions and ensure that department staff are not scheduled to be in more than one place at a time. PHAB staff will work with the Accreditation Coordinator to also accommodate the schedules of partners’ representatives and the governing entity, to the extent possible.

The health department will determine who will participate in each session of the site visit. In finalizing the agenda, the Accreditation Coordinator will need to ensure that key staff are available for the appropriate time slots on the agenda. In addition, the Accreditation Coordinator will need to ensure the availability of key staff from other departments or agencies that provide public health services through agreements or contracts cited as evidence of conformity to specific standards. Additionally, the sessions for meetings with community partners and representatives of the governing body need to be planned so that the agenda accommodates their availability. The health department director and Accreditation Coordinator must be on site and available for the entire site visit.

EXAMPLE

Sample Site Visit Agenda

DAY 1: Day, Month Date, Year		
8:30 AM	Site Visit Team Arrives <i>Room:</i>	Site Visit Team
9:00	Entrance Interview <i>Room:</i>	Site Visit Team <i>Health Department Director</i> <i>Accreditation Coordinator</i> <i>Health Department Management Team</i>
9:30	Department Walk Through	

10:00	CHA and CHIP (Standards 1.1 and 5.2) <i>Room:</i>	Site Visit Team <i>Department Staff</i>
10:45	Strategic Plan (Standard 5.3) <i>Room:</i>	Site Visit Team <i>Department staff</i> <i>Representatives of Health Department</i> <i>Management Team</i>
11:15	Break	
11:30	Concurrent Domain Sessions	
	Domain X <i>Room:</i>	Site Visit Team Member Assigned to Domain X <i>Representative(s) of Health Department</i>
	Domain X <i>Room:</i>	Site Visit Team Member Assigned to Domain X <i>Representative(s) of Health Department</i>
	Domain X <i>Room:</i>	Site Visit Team Member Assigned to Domain X <i>Representative(s) of Health Department</i>
12:00	Lunch and Executive Session <i>Room:</i>	Site Visit Team
1:00 PM	Meeting with Community Partners <i>Room:</i>	Site Visit Team <i>Up to 20 Representative(s) of Community Partners</i>
2:00	Break	
2:15	Concurrent Domain Sessions	
	Domain X <i>Room:</i>	Site Visit Team Member Assigned to Domain X <i>Representative(s) of Health Department</i>
	Domain X <i>Room:</i>	Site Visit Team Member Assigned to Domain X <i>Representative(s) of Health Department</i>
	Domain X <i>Room:</i>	Site Visit Team Member Assigned to Domain X <i>Representative(s) of Health Department</i>
3:00	Break	
3:15	Concurrent Domain Sessions	
	Domain X <i>Room:</i>	Site Visit Team Member Assigned to Domain X <i>Representative(s) of Health Department</i>
	Domain X <i>Room:</i>	Site Visit Team Member Assigned to Domain X <i>Representative(s) of Health Department</i>
	Domain X <i>Room:</i>	Site Visit Team Member Assigned to Domain X <i>Representative(s) of Health Department</i>
4:15	Executive Session <i>Room:</i>	Site Visit Team
5:00	Adjourn	

DAY 2: Day, Month Date, Year		
8:30AM	Site Visit Team Arrive/ Executive Session <i>Room:</i>	Site Visit Team
8:45	Concurrent Sessions	
	Domain X <i>Room:</i>	Site Visit Team Member Assigned to Domain X <i>Representative(s) of Health Department</i>
	Domain X <i>Room:</i>	Site Visit Team Member Assigned to Domain X <i>Representative(s) of Health Department</i>
	Domain X <i>Room:</i>	Site Visit Team Member Assigned to Domain X <i>Representative(s) of Health Department</i>
9:30	Executive Session/Break <i>(final opportunity to reopen measures)</i> <i>Room:</i>	Site Visit Team
10:3 10:30	Meeting with Governing Entity <i>Room:</i>	Site Visit Team <i>Approximately 2-3 Representatives of Governing Entity</i>
11:3 11:30	Meeting with Director of Health Department <i>Room:</i>	Site Visit Team <i>Health Department Director</i>
12:00PM	Lunch and Executive Session <i>Room:</i>	Site Visit Team
1:00	FINAL Executive Session and Report Development <i>Room:</i>	Site Visit Team
1:30	Exit Conference <i>Room:</i>	Site Visit Team <i>Accreditation Coordinator</i> <i>Health Department Management Team</i> <i>Other Health Department Staff (invited by Health Department)</i>
2:00	Adjourn	

e. On-site Visit

The site visit team's visit to the health department serves several purposes. The site visit team will:

- Verify the accuracy of documentation submitted by the health department.
- Seek answers to questions regarding how documentation demonstrates conformity with the measures.
- Make visual observations, as appropriate for the measures.
- Provide an opportunity for discussion and further explanation.

The Accreditation Coordinator plays a critical role in preparing for and conducting the site visit. The Accreditation Coordinator remains the single point of contact between the health department and PHAB in managing the accreditation site visit.

Please keep in mind that:

- Taking photographs of the site visit team is not permitted during the site visit.
- Gifts cannot be accepted by any member of the site visit team or by PHAB staff.
- Snacks and beverages that are available to department staff may be accepted by the site visit team, but the site visit team may not accept any special food items specifically for them, or any meals.

Preparations of Health Department Participants

Prior to the visit, the Accreditation Coordinator and Accreditation Team will select who will represent the department in the various sessions on the agenda. The health department is not restricted in their selections and may select health department staff, representatives of other organizations that provide public health services on behalf of the health department, community partners, and/or governing entity members.

The Accreditation Coordinator needs to ensure that everyone who is scheduled to attend a session of the site visit is well-prepared. Those selected should know the purpose and reason the site visit is being conducted and the purpose or topic for the session of which they will be a part. It is very important, particularly for the sessions that focus on the domain, standards and measures documentation that the participants selected be familiar with the documentation that was submitted in e-PHAB and understand how that documentation represents the health department. Some Accreditation Coordinators develop and distribute a one-page sheet that describes the site visit and its purposes, especially for community partners or members of the governing entity who are scheduled to attend a session of the site visit.

In addition, the Accreditation Coordinator and Accreditation Team need to ensure that all health department staff are informed about the site visit and its purpose. Everyone should know the dates and generally what to expect. The building receptionist should know to expect the site visit team and welcome them. If identification badges are required, they should be ready for the team members when they enter the building. The Accreditation Coordinator or designated staff person should meet the team at the entrance and direct them to the room where the Entrance Interview will be held. Department staff should be aware that the site visit will include a department walk through.

Preparations for the Site Visit Team

The Accreditation Coordinator must reserve a private room for the entire site visit that will serve as a “home base” for the site visit team. The site visit team will use this room for the Executive Sessions on the agenda. Make sure that the room has a table that can accommodate four people with laptops. Staff should be available to assist with Wi-Fi connections. The room should be secured so that materials may be left overnight. If there is no internet access, the Accreditation Coordinator must inform their Accreditation Specialist before the visit, so that connection equipment may be brought to the visit. The Accreditation Coordinator must carefully review the final site visit agenda and ensure that rooms are reserved for the various sessions, including the Entrance Interview and Exit Conference, the meeting with community partners, and the meeting with representatives of the governing entity. The site visit agenda also includes several sessions that will be held concurrently; additional meeting rooms must be reserved for these sessions. Meeting accommodations should be private. All meeting rooms will need to have internet access.

Site Visit

This may be a stressful time, but the site visit should go smoothly if the documentation is in order; the details for the visit are in place; the health department leadership, staff, and partners have been adequately prepared; and the Accreditation Coordinator has been working closely with the PHAB Accreditation Specialist.

The Accreditation Coordinator must be on site and in touch with the PHAB Accreditation Specialist and site visit team for the entire site visit. The Accreditation Coordinator will need to be available to answer any questions and direct the team to the locations of the site visit sessions.

Site Visit Sessions

The Accreditation Coordinator is responsible for ensuring that the appropriate individuals attend the site visit sessions. The Accreditation Coordinator must ensure that everyone knows where they are to be, why, and when; and are prepared to answer questions from the site visit team. At least one health department staff person in each session should have computer access to e-PHAB, in case the site visit team has questions about specific documents that the health department submitted.

The Accreditation Coordinator should encourage all participants to have open and frank discussions with the site visit team members. The Accreditation Coordinator should caution department representatives against acting defensive, irritated, impatient, or overly sensitive. The site visitors will be asking questions to better understand the health department and the documentation.

Entrance Interview – The Entrance Interview is the introductory session of the site visit, during which the purpose, process, and parameters of the site visit will be presented by the site visit team. The health department will have an opportunity to present an overview of the department, describe any unique features of the department, and update the team concerning any health department changes that have taken place since the application was submitted.

At a minimum, the Accreditation Coordinator, health department director, and the department’s leadership team will attend this session with the site visit team. The health department may invite others, such as members of the Accreditation Team. The Accreditation Coordinator must ensure that all department invitees are aware of the session and its purpose and are prepared for any remarks they plan to make. The Accreditation Coordinator must ensure that a room of the appropriate size has been designated for this session.

Walk-through–The Accreditation Coordinator or other appropriate department staff will guide the site visit team on a walk-through of the health department. Site visit team members will note the general

layout of the health department, the space provisions, and records storage. The site visit team will also make visual observations of interior and exterior branding and signage, ADA compliance, provisions for hearing and visually impaired visitors, use of technology for public health functions, and whether facilities are clean, safe, and secure. The Accreditation Coordinator is encouraged to ensure that the tour is tailored to specifically point out these items to the site visit team. The intent of the walk-through is not to stop in every office and meet every staff person – this is not helpful, nor is there sufficient time for this.

Domain Interviews—The Domain sessions will be attended by one or more members of the site visit team, who will ask the health department questions that are specific to the documentation submitted for the measures in that domain. Two or three domain interviews will be held concurrently. It is important that the Accreditation Coordinator arrange to have the correct department representatives scheduled to attend these sessions. Health department representatives should be knowledgeable about the standards, measures, and requirements; knowledgeable about the documents that the health department submitted to PHAB; and knowledgeable about how the submitted documents represent, reflect, and are implemented by the health department. It is suggested that the health department have access to e-PHAB on at least one computer in each domain session.

Community Partners and Governing Entity Sessions— The health department will determine whom they will invite to the Community Partners session. The Community Partners session should be limited to no more than 20 partners. The site visit team will ask community partners about measures that pertain to community involvement, collaboration, sharing of data and information, etc.

The Governing Entity session should include just a few select representatives from the governing entity; a quorum or full board is not recommended. In some cases, a department may choose to have a representative from multiple governing entities, such as two board of health members and one county commissioner, or one board of health member and one legislative aid from an elected official's office.

While health department staff are welcome to observe the Community Partners and Governing Entity sessions, the questions are intended to be for the partners and the governing entity representatives; therefore, it is up to the health department if they wish to observe these sessions or not.

Exit Conference— The Exit Conference is the final session of the site visit. During the Exit Conference, the site visit team will share their overall impressions, including the health department's greatest strengths and opportunities for improvement. The Accreditation Coordinator will coordinate who will attend the Exit Conference. At a minimum, the Accreditation Coordinator, health department director, and the leadership team of the department should attend. However, the health department may invite others and has the option to issue a general invitation to all department staff.

Additional Documentation

The site visit team may request additional documentation while they are conducting the site visit. The health department may not suggest additional documentation, but only respond to such requests by the site visit team. The site visit team's requests for documentation will be made specific to a measure and all requests will come through e-PHAB. At a minimum, all health departments will also be asked to provide a current organizational chart and budget.

The Accreditation Coordinator will be responsible for uploading any additional documents that the site visit team requests during the site visit. Requests will not be provided to the Accreditation Coordinator as a batch, but will be asked for individually throughout the site visit. There will not be an email notification that a measure has been opened for additional documents; therefore, the Accreditation Coordinator will need to regularly check e-PHAB during the site visit. Reopened measures will be identified on the documentation submission page.

Only the Accreditation Coordinator and the health department director can upload documents when a measure is reopened during the site visit. Any documentation that is provided during the site visit must have been developed, finalized, and in use by the health department on or before the health department's original submission of documentation to PHAB. The health department director must authorize each submission and submit them individually prior to the beginning of the last Executive Session that is scheduled immediately before the Exit Conference. After that time, the health department's Documentation Submission section in e-PHAB will be locked.

Uploading Documents Into e-PHAB During the Site Visit

At the beginning of the site visit, the Accreditation Specialist will officially "start the site visit" in e-PHAB; this will trigger a few changes in the health department's e-PHAB pages. If the site visit team requests additional documentation, the specific measure will open for the Accreditation Coordinator to upload documents.



Uploading Documents During the Site Visit: Process

- All documentation that is requested by the site visit team must be uploaded in e-PHAB; paper copies cannot be accepted by the site visit team.
- Only the Accreditation Coordinator and the health department director have the capability to upload documents during the site visit; ultimately documentation must be submitted by the health department director.
- Documents for reopened measures that are not submitted prior to the start of the site visit team's final Executive Session on the last day of the visit will not be accepted; the measure will be locked.
- Site visit team documentation requests are sent one at a time and must be responded to one at a time (unlike previous steps).
- The Accreditation Coordinator must monitor e-PHAB regularly throughout the site visit for any measures that have been reopened for additional documentation; e-PHAB will not send an email with this information.
- Documentation must be dated on or before the date of the health department's original documentation submission date, which is located on the "Home" tab of e-PHAB.



Uploading Documents During the Site Visit: e-PHAB

Measures Status

To see Requests for Additional Documentation, the Accreditation Coordinator will navigate to the Doc. Submission tab in e-PHAB. The Quick view on the Doc. Submission tab will default to “Requests for Additional Documentation.”

The screenshot shows the e-PHAB interface for the Accreditation Coordinator. The top navigation bar includes 'HOME', 'STAFF', 'PROFILE', 'OFFICIALS', 'REGISTRATION', 'APPLICATION', 'BILLING', 'TRAINING', 'DOC. SUBMISSION', 'NOTES', 'GROUPS', 'EMAIL', and 'HELP'. The 'DOC. SUBMISSION' tab is active. Below the navigation bar, there is a filter section with 'Show: Requests for Additional Docu' and 'Filter by: All'. A legend indicates the status colors: No Request (White), Additional Docs Requested (Pink), In Progress (Yellow), Ready for Resubmission (Dark Green), Docs Received (Light Green), and Locked (Red). The main content area displays a grid of measure boxes, each representing a specific measure. The boxes are color-coded according to their status. For example, 1.1.1 is dark green, 1.1.2 is pink, 1.1.3A is white, 1.2.1A is white, 1.2.2A is white, 1.2.3A is white, 1.2.4 is white, 1.3.1A is pink, 1.3.2L is white, 1.4.1A is white, 1.4.2L is white, 2.1.1A is white, 2.1.2L is white, 2.1.3A is white, 2.1.4A is white, 2.1.5A is white, 2.2.1A is white, 2.2.2A is white, 2.2.3A is white, 2.3.1A is white, 2.3.2A is white, 2.3.3A is white, 2.3.4A is white, 2.4.1A is white, 2.4.2A is white, 2.4.3A is white, 3.1.1A is white, 3.1.2A is white, 3.1.3A is white, 3.2.1A is white, 3.2.2A is white, 3.2.3A is white, 3.2.4A is white, 3.2.5A is white, 3.2.6A is white, 4.1.1A is white, 4.1.2L is white, 4.2.1A is white, 4.2.2A is white, 5.1.1A is white, 5.1.2A is white, 5.1.3A is white, 5.2.1L is white, 5.2.2L is white, 5.2.3A is white, 5.2.4A is white, 5.3.1A is white, 5.3.2A is white, 5.3.3A is white, 5.4.1A is white, 5.4.2A is white, 6.1.1A is white, 6.1.2A is white, 6.2.1A is white, 6.2.2A is white, 6.2.3A is white, 6.3.1A is white, 6.3.2A is white, 6.3.3A is white, 6.3.4A is white, 6.3.5A is white, 7.1.1A is white, 7.1.2A is white, 7.1.3A is white, 7.2.1A is white, 7.2.2A is white, 7.2.3A is white, 8.1.1L is white, 8.2.1A is white, 8.2.2A is white, 8.2.3A is white, 8.2.4A is white, 9.1.1A is white, 9.1.2A is white, 9.1.3A is white, 9.1.4A is white, 9.1.5A is white, 9.2.1A is white, 9.2.2A is white, 10.1.1A is white, 10.2.1A is white, 10.2.2A is white, 10.2.3A is white, 11.1.1A is white, 11.1.2A is white, 11.1.3A is white, 11.1.4A is white, 11.1.5A is white, 11.1.6A is white, 11.1.7A is white, 11.2.1A is white, 11.2.2A is white, 11.2.3A is white, 11.2.4A is white, 12.1.1A is white, 12.1.2A is white, 12.2.1A is white, 12.3.1A is white, 12.3.2A is white, 12.3.3A is white, and an 'All' button is visible at the bottom right of the grid.

The colors of the Measure boxes will change to indicate the status of the requests:

- “No Request” (White) – indicates that a request has not been made.
- “Additional Documents Requested” (Pink) – indicates a site visitor has requested documentation.
- “In Progress” (Yellow) – indicates that the Accreditation Coordinator has begun uploading documentation into the reopened Measure.
- “Ready for Resubmission” (Dark Green) indicates that the Accreditation Coordinator has uploaded all of the necessary documentation into the reopened measure.
- “Documents Received” (Light Green) – indicates that the health department director has officially submitted the documentation for that reopened measure.
- “Locked” (Red) – indicates that the measure has not changed to “Documents Received” by the start of the final Executive Session and is locked by the Accreditation Specialist, prohibiting submission by the health department of any remaining documentation

Documentation Upload

To upload documentation into an opened measure, the Accreditation Coordinator will need to navigate to the Measure page, expand the “Required Documentation & Guidance” section, and upload additional



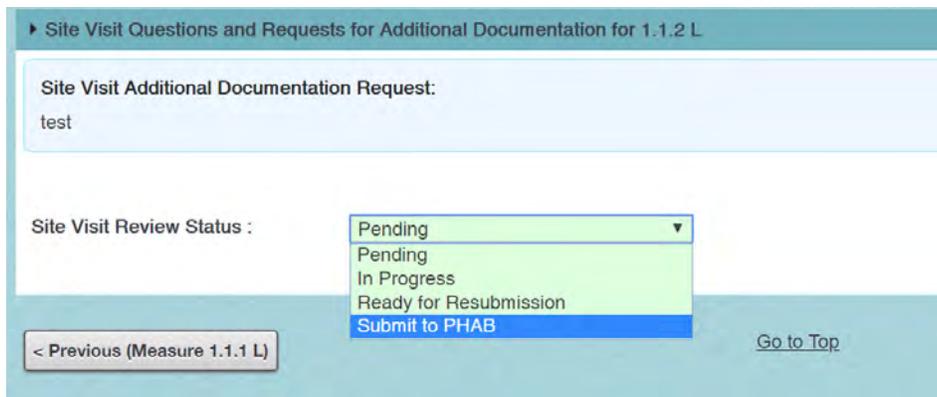
DOCUMENTATION	TITLE	UPLOADED BY	ACTION
Document 1.1.2 L.1.1	1.1.2.1 LCDPH Community Health Status Assessment June 24 2015	Kate Powell 02-25-2017	
Document 1.1.2 L.1.2	1.1.2.1 LCDPH Community Health Status Assessment June 24 2015 - AdDoc	Kate Powell 02-25-2017	

[Upload More Documents](#)

documentation, as requested by the site visit team. Expanded, the section looks and functions in a similar way as previous upload steps.

A new section will be visible at the bottom of each measure page where the actual request for additional documentation will appear.

This section is called: “**Site Visit Additional Documentation Requests**” and expanded, the section looks like this:



► Site Visit Questions and Requests for Additional Documentation for 1.1.2 L

Site Visit Additional Documentation Request:
test

Site Visit Review Status : Pending ▼

- Pending
- In Progress
- Ready for Resubmission
- Submit to PHAB

< Previous (Measure 1.1.1 L) [Go to Top](#)

Also in this section, after all necessary documentation has been uploaded, the **Accreditation Coordinator must change the status from “In Progress” to “Ready for Resubmission.”**

Note: This status change will lock the Accreditation Coordinator from uploading additional documents.

This change in status will signify to the health department director that this measure is ready to be resubmitted to PHAB. After reviewing, **the health department director must change the status to “Submit to PHAB” using the same drop-down menu.**

Step 5: Accreditation Decision

After the site visit, the site visit team will complete their final assessments for each measure and finalize their comments on each measure, standard, and domain. The final Site Visit Report will be submitted to the PHAB Accreditation Committee. The Accreditation Committee is charged with the review of Site Visit Reports and the determination of each health department’s accreditation status. Their decision is based solely on the Site Visit Report; no other information is introduced or considered.

The Accreditation Committee meets quarterly to review Site Visit Reports. The Accreditation Coordinator will be notified of the date of the Accreditation Committee meeting at which their report will be reviewed, but no one from the health department is permitted to attend the meeting. Within two weeks of the conclusion of the Accreditation Committee meeting, PHAB will notify the Accreditation Coordinator and the health department director of the accreditation decision via an email sent through e-PHAB.

a. Accredited Health Departments

Health departments will be accredited for five years. Accredited health departments will receive a plaque, a certificate, and a formal letter from PHAB. Accredited health departments will have access to a password-protected web portal where they can access PHAB's Accreditation Communications Toolkit, which provides suggestions for celebrations, a sample press release, PHAB logo guidelines, talking points, and a sample interview. The portal also contains information about required annual reports and reaccreditation.

When the health department receives a status of "accredited," the Accreditation Committee may provide the health department with a list of measures that provide opportunities for improvement. This list will support the department's continuous quality improvement efforts. To maintain accreditation, health departments are required to report on their continued work and achievements relative to these measures in their annual reports.

b. Action Plan

If the Accreditation Committee reaches the decision that the health department must complete additional work before they can be accredited, the health department will be required to go through the Action Plan process to achieve accreditation. The intent of the Action Plan is to provide health departments that are not accredited on first review of their Site Visit Report, the opportunity to address areas that are required for their receipt of accreditation. Details on the Action Plan process and time frames can be found in the **Guide to National Public Health Department Initial Accreditation**.

The Action Plan is part of the accreditation process, which means health departments that are completing and implementing Action Plans are "in process." Just as PHAB maintains confidentiality concerning which health departments are in the process of seeking accreditation, PHAB maintains confidentiality concerning which health departments are going through, or have gone through, the Action Plan process.

A list of specific measures required for improvement will be provided to the health department by the Accreditation Committee; these measures must be addressed in the Action Plan. The issues to be addressed and content of an Action Plan are unique to each health department and are based on the Site Visit Report.

It is the Accreditation Coordinator's responsibility to lead and manage the health department's development of its Action Plan. The Accreditation Coordinator will work with the PHAB Accreditation Specialist concerning the required format, timeframes, and content. The Accreditation Coordinator will submit a draft Action Plan to the health department's assigned Accreditation Specialist for their review and recommendations. The final proposed Action Plan will be submitted to PHAB through e-PHAB. When the Action Plan is approved, the Accreditation Coordinator will be responsible for managing the implementation of the Action Plan to ensure that the required documentation is provided. Through e-PHAB, the Accreditation Coordinator and the health department director will submit documentation to PHAB demonstrating that the health department has implemented the Action Plan.

The health department must address the requirements in the Action Plan, as presented to the health department. PHAB does not take complaints about the Site Visit Report, site visitors, or assessment of the measures during this step in the process.

Action Plan Process:

- The health department will be notified by email that they must submit an Action Plan. The notification will list the specific measures selected by the Accreditation Committee that must be addressed in the Action Plan.
- The health department director must accept the Action Plan status in e-PHAB.
- The health department should submit a draft of the Action Plan to their Accreditation Specialist for informal review and technical assistance. Two weeks should be provided to the Accreditation Specialist for feedback.
- The health department must submit the Action Plan through e-PHAB within 90 days of receipt of notification that an Action Plan is required. If the Plan is not submitted in 90 days, the Accreditation Committee will determine that the health department's status is Not Accredited.
- The Action Plan will be reviewed and either approved or rejected.
- If the plan is rejected, the health department must submit a revised Action Plan. The revised Action Plan must be submitted within 60 days of notification that a revised Plan is required. If the Action Plan is rejected a second time, the Accreditation Committee will determine that the health department's status is Not Accredited.
- The health department has up to one year from receipt of notification that the Action Plan has been approved to implement the Action Plan and submit documentation of its implementation. If the documentation is not submitted within the year, the Accreditation Committee will determine that the health department's status is Not Accredited.
- PHAB-trained site visitors will review the documentation against the approved Action Plan and will assess each measure.
- The site visitors' assessments will be reviewed by the Accreditation Committee. The Committee will make a final decision – Accredited or Not Accredited. If the health department is determined to be Not Accredited, the department may appeal the decision as per the Appeals Procedure in the **Guide to National Public Health Department Initial Accreditation**.



Developing an Action Plan

The health department should:

- Address each of the measures identified by the Accreditation Committee and not omit any measure.
- Review the **PHAB Standards and Measures** for those measures that are required in the Action Plan. Review the standard, measure, requirements and guidance.
- Review the Site Visit Report Conformity Comment for guidance concerning what was missing and the Opportunity for Improvement Comment for suggestions about what needs to be different or completed.
- Identify specific opportunities for improvement based on the **PHAB Standards and Measures** and the Site Visit Report.
- Develop plans to address each of the measures. Clearly describe what actions the health department will take. The actions may be consecutive or concurrent.
- Identify what documentation the health department plans to submit to provide evidence that the plan has been implemented. Additional documentation may be submitted, but the

minimum documentation that will be provided must be indicated in the plan.

- Not use examples from programs that are outside of PHAB's authority to review (see pages 41 and 42).

Step 6: Annual Reports

Accredited health departments are required to submit annual reports to PHAB to maintain their accreditation status for the five-year accreditation period. The version of the PHAB Standards and Measures that was used to review the health department and award accreditation to a health department will stay in effect for a health department's five-year accreditation period.

The Accreditation Coordinator is responsible for ensuring the entire annual report is completed and submitted to PHAB within the required time frame. Details on the annual reports and time frames can be found in the **Guide to National Public Health Department Initial Accreditation**.

The annual reporting process enables PHAB to:

- Ensure health departments remain in conformity with the standards and measures under which they were reviewed for accreditation.
- Support health departments' work toward continuous quality improvement.
- Assist health departments in preparing for reaccreditation at the end of the five-year accreditation period.

Health departments will submit their annual reports in two sections. Section I must be reviewed and approved by PHAB before Section II can be submitted. The focus of Section I is the health department's continued accreditation status. The questions in Section I are developed so that PHAB has an ongoing picture of the status of the health department with regard to being in conformity with the standards and measures. Section I should be taken very seriously. It is important for the health department to disclose major issues to PHAB, such as those related to funding, staffing, or grant management, rather than have PHAB learn about those issues otherwise. The focus of Section II is continuous quality improvement and performance management, continual engagement on key processes such as the community health assessment and community health improvement plan, and preparations to be positioned to seek reaccreditation. The submission of both sections is required for a health department to maintain accreditation.

Step 7: Reaccreditation

Accreditation is conferred for a five-year period. **The Standards and Measures for Reaccreditation** will be different than those for initial accreditation, as will the process. Reaccreditation is based on a modified self-study model and will not require the same type of documentation as initial accreditation. The reaccreditation standards and measures will incorporate any additions to the standards and measures that have been adopted by the PHAB Board of Directors since the health department received initial accreditation.

7. Maintaining e-PHAB

It is the responsibility of the Accreditation Coordinator to make sure that the health department's information in e-PHAB remains current and accurate. The Accreditation Coordinator must update the information in e-PHAB if the Accreditation Coordinator or the health department director changes; if the mailing address changes; if the health department name changes; and/or if there is a change in the budget, number of staff, organizational chart, or population served. Updates must be made in e-PHAB by the Accreditation Coordinator as soon as the information changes at the health department. The Accreditation Coordinator must edit the department's e-PHAB profile if this information changes during Documentation Submission, Pre-site Visit Review, prior to the Accreditation Committee's accreditation decision, and/or after the health department is accredited. Additionally, the Accreditation Coordinator should review the information at least annually to ensure that the information is current and submit updates if it is not. There are two places on e-PHAB that will need to be updated if health department information changes: the "Profile" and "Officials" tabs.

a. Profile Tab

The "Profile" tab will not be visible to the health department until it has begun the Documentation Selection and Submission step of the accreditation process.

This tab includes the following information:

- Health Department Name
- Health Department Mailing Address
- Website Address
- Total Population Served by the Health Department*
- Year of Census (Population)
- Annual Health Department Budget Amount
- Total Number of Employees at the Health Department
- Total Reported FTEs at the Health Department
- Organizational Chart

*(Note that a change in the population size will not affect the fee the health department was charged when they submitted their application.)

This information is used by site visitors to gain knowledge of the health department they are reviewing. It also ensures that PHAB staff have accurate contact information and an understanding of the characteristics of health departments in the e-PHAB system.



Making Changes on the Profile Tab

HOME STAFF PROFILE OFFICIALS REGISTRATION APPLICATION BILLING TRAINING DOC. SUBMISSION NOTES GROUPS EMAIL HELP

> Edits History

Health Department Details

Health Department Name	ZZZ_Production_Test	Total Population Served by the Health Department	12345678
		<i>Please enter only numeric value</i>	
Health Department Mailing Address		Year of Census	2014
	311 Arsenal Street		<i>Please enter only numeric value</i>
	test test		
	test 2		
	Watertown		
	Massachusetts		
	02472		

Follow these four easy steps in e-PHAB:

1. In the e-PHAB navigation bar, click on the “Profile” tab
2. Scroll to the bottom of the page and click “Edit”
3. Enter updated or corrected information into the appropriate text boxes
4. Scroll back to the bottom of the page and click “Submit”

PHAB will receive an alert that your department has pending changes. A PHAB staff member will review your changes and will approve or reject each change. You will receive an email regarding PHAB’s decision.

b. Officials Tab

The “Officials” tab will not be visible until the health department has begun the Documentation Selection and Submission step of the accreditation process. This tab allows changes in personal and contact information for the current health department director and Accreditation Coordinator, or personnel changes in the director or Accreditation Coordinator positions. PHAB requires both the health department director and Accreditation Coordinator to be designated in e-PHAB at all times. PHAB will receive an alert that a department has pending changes that require approval. The Accreditation Coordinator will receive an email regarding PHAB’s decision.



Making Changes on the Officials Tab

HOME STAFF PROFILE OFFICIALS REGISTRATION APPLICATION BILLING TRAINING DOC. SUBMISSION NOTES GROUPS EMAIL HELP

OFFICIALS - Changes to the Health Department Director or Accreditation Coordinator personnel information

The "Edit" link is to make profile changes to the current Health Department Director or Accreditation Coordinator or to replace the staff person. 'PIN Number' & 'First Name' fields are non-editable. After clicking the "Edit" link, use "Replace Official" if there is a change to 'PIN Number' or 'First Name' - OR - Official Personnel change.

The "Replace Official" link is available to change the individual who is currently assigned as either an Accreditation Coordinator or Health Department Director.

If you click on "Replace Official", that individual will no longer have access in that role and PHAB will receive notification of the removal. You must then select another user to assign to the role using the "assign official" link. The new HDD or AC must first be added on the "Staff" tab in order to be assigned. The new assignment must then be submitted to PHAB for approval.

IMPORTANT : PHAB/e-PHAB system requires both Health Department Director and Accreditation Coordinator roles to be present all the time. Please make sure to assign a new user right after a current official is replaced/archived.

> [Edits History](#)

Current Officials

NAME	PHONE	EMAIL	ACTION
Health Department Director			
New HDD	555-555-5555	example@example.com	Edit
Health Department's Accreditation Coordinator			
Clara Barton	123-124-1234x	zzzac@example.com	Edit

To Update Information about Current Officials:

To make changes in the information about the individual currently assigned as either the Accreditation Coordinator or Health Department Director, such as last name, email address, job title, phone numbers, or mailing address, follow these four easy steps:

1. In the e-PHAB navigation bar, click on the "Officials" tab
2. Click "Edit"
3. Enter the updated or corrected information in the appropriate text boxes
4. Click "Save"

Remember, the email address saved in e-PHAB is also your username. If changes are made to the email address, the username will also change.

To Make Changes in Personnel:

The Accreditation Coordinator should not make personnel changes until the staff member is ready to be added in e-PHAB. Ensure the new official is listed on the “Staff” tab prior to starting this process.

To change the Health Department Director or Accreditation Coordinator in e-PHAB, follow these seven easy steps:

1. In the e-PHAB navigation bar, click on the “Officials” tab
2. Click “Edit”
3. Scroll down and click “Replace Official.” The individual being replaced will appear under the Former Officials header. You will need to replace one official before you can assign a new individual to that role.
4. Click “Assign Official”
5. Select the staff replacement from the drop-down box. (All staff entered on the “Staff” tab will appear.)
6. Enter information about the official: Name, PIN Number from the online orientation, and Job Title are required field
7. Click “Save”

8. Evaluation

For PHAB’s continuous quality improvement of the accreditation process and supporting guides and documents, all applicant health departments via the Accreditation Coordinators are expected to participate in PHAB’s evaluation process. In addition to conducting internal evaluation activities, PHAB may occasionally contract with an external evaluator to gain an understanding of the accreditation program’s strengths, opportunities for improvement, and impacts. At various points in the accreditation process, PHAB will provide surveys that the Accreditation Coordinator will complete.

Documentation selection and preparation is the most important role of the Accreditation Coordinator and Accreditation Team. The documentation provided to PHAB by the health department provides the evidence that the health department is (or is not) in conformity with the requirements in the **PHAB Standards and Measures**. The assessment of that documentation against the requirements in the **PHAB Standards and Measures** provides the basis for the decision concerning the health department's accreditation status. Therefore, it is vital that the health department provide the most relevant and most complete documentation for each measure. It is also critical that the Accreditation Coordinator and Accreditation Team develop clear explanations about how the documentation demonstrates conformity with the requirements and where in the document the specific evidence of conformity is located.

1. Documentation Selection

The Accreditation Team should solicit from others (health department staff, stakeholders, partners, and the community, as appropriate) many documents that could potentially be used as documentation for each measure. The Team should review potential documentation and select the documents that provide the best evidence for each measure.

Some documents may be used for more than one measure. The Accreditation Coordinator must ensure that the site visitors are directed to the exact location in the document of the evidence for the specific measure. Some measures will require several documents to provide evidence that the measure is demonstrated; it is preferable to combine these into one PDF, unless they are especially large documents.

a. Criteria for Documentation Selection

The Accreditation Team must become familiar with and understand what is required in the **PHAB Standards and Measures**. That means that the Team should review and discuss the entire measure in the context of the standard and the Domain. They should consider how the measure relates to the standard and what element of the standard is being addressed by the measure. Each measure should be considered in the context of the measure before it and the measure after it. It is also important that the Team carefully read the Purpose and Significance of each measure. These sections provide explanations concerning the intent of the measure. The measure's Required Documentation and its Guidance must be considered within the context of the measure, the "Purpose," and the "Significance" of the measure. The measure should be considered in the context of the standard and the Domain to ensure that the intent of the measure is being demonstrated by the selected documentation. If the intent and/or the requirements are unclear, the Accreditation Coordinator should contact PHAB for clarification.

It is important that the Accreditation Coordinator and Team keep track of documents being considered for submission to PHAB and the strengths or appropriateness of each document for the particular measure. The Accreditation Coordinator must have a process to keep track of the documents being considered as potential measure documentation (see pages 17-19, Documentation Management).

When selecting documentation, the first consideration is that the document addresses and provides evidence for each part of the measure's Required Documentation and Guidance in the **PHAB Standards and Measures**. The second consideration is the degree to which the documentation reflects the health department: how the department operates, what it provides, and whom it serves. The documentation, taken as a whole, should "tell the story" of the health department. Each document should reinforce

other selected documents. That is, as the site visitors review the documentation, they should be able to develop an understanding of the health department.

The Team should ask the following questions to ensure that every document submitted to PHAB meets the necessary criteria:

1. Is the document dated and is the date within the timeframe required in the **PHAB Standards and Measures**? All documents must be dated. The date on the documentation serves two purposes: (1) it allows the PHAB Site Visit Team to ascertain if the documentation is in conformity with the timeframe requirements in the **PHAB Standards and Measures**, and (2) it provides information to the health department concerning how current the document is and if there is a need for its review and/or revision. The date may be, for example:
 - The day that a memo or an email was sent
 - The month and year that a report was issued
 - The year a brochure was published
 - The start and end year of a plan
 - The date that a screen shot of a website was taken
 - The date that the health department reviewed a policy, procedure, or law that it uses but does not have the authority to revise,
2. Does the document provide clear evidence that it belongs to the health department? Is the document “authentic” to the health department, or might it belong to some other health department? Evidence might be, for example:
 - A written policy that includes the signature of a governor, mayor, or health department director.
 - An email. The "To" and "From" and the email addresses will serve as evidence that the document is "official" health department business.
 - A document with a department logo. A logo will provide the evidence that the document is an official health department document.
 - A document developed by a partnership or coalition of which the health department is a member. This document may or may not include the health department's logo. A list of members that includes the health department will suffice. This will provide evidence of the health department's membership and participation in the partnership or coalition.
 - Minutes of a meeting. It is important to show that the health department attended and/or made a presentation.
3. Is the document a draft? PHAB will not accept draft documents.
 - Make sure there are no watermarks, stamps, or headers/footers that indicate the document is not final.
 - Does the document have a signature line with no signature? If it does, PHAB will consider the document to be a draft and will not accept it.
4. Is the document “current and in use?” Plans, policies, and procedures that are submitted must be the current versions that are in use by the health department. Some program examples may be for programs that have expired or have been completed; they must be dated within the “Dated Within” requirement of the **PHAB Standards and Measures**. For example, Measure 3.1.2, Required Documentation, requires that the health department submit examples of the “implementation of strategies in collaboration with stakeholders, partners, and/or the community.” The example may be for a strategy that has been completed. However, it must have been completed within the last five years.

5. Is the activity that is being evidenced within PHAB’s authority to assess? The focus of the **PHAB Standards and Measures** is population-based disease prevention, health protection, and health promotion. This applies to all measures, including those that relate to quality improvement and access to health care. The Accreditation Coordinator or Team should review each piece of documentation to make sure that it is their best example of a population-based activity. If the Accreditation Coordinator or Team questions the appropriateness of a document, site visitors may also question it. The goal of the health department is to make the review of their documentation as easy as possible so that the site visitors won’t have to raise questions. If the Accreditation Coordinator or Team is not sure if an activity is within PHAB’s authority to assess, they may wish to use some other example.



Examples of Activities Not Accepted For PHAB Documentation

Overarching operating principles (for all measures) about what PHAB’s accreditation does not cover:

- 1. Individual patient care and associated interventions**, whether provided in the clinic, home, or other facility such as a school or correctional facility, or which have case management components, are not included in PHAB’s scope of authority.

PHAB’s liability does not extend to assuring the capacity of a health department to provide individual patient care services. Even though PHAB recognizes that some health departments are the safety-net providers in their communities, standards and measures that would assess patient care would look very different than the population-based standards and measures. Additionally, accreditation is available through the Joint Commission for health departments that also operate a Federally Qualified Health Center (FQHC). For individual services and interventions related to mental or behavioral health interventions, health departments can also consider those specialty accreditations.

- 2. Programs for the reimbursement for health care services**, such as Medicaid or other health care insurance programs, are outside the scope of PHAB accreditation.

These programs have oversight from either the Centers for Medicare and Medicaid Services or from state insurance commissions or authorities.

3. Social services and educational support programs, such as those for the developmentally disabled, services for disabled adults, child welfare programs, child abuse intervention, domestic violence/intimate partner violence intervention and sheltering, low income housing assistance, child foster programs, adult protective services, and food stamps do not fall under PHAB's accreditation purview.

The distinction with these programs is between public health and social services. The definition of "social services" is "an activity designed to promote social well-being; specifically: organized philanthropic assistance (as of the disabled or disadvantaged)." (<http://www.merriam-webster.com/dictionary/social%20service>).

4. Individual professional and facilities licensure and certificate programs are outside the scope of PHAB accreditation.

Individual professional and facilities licensure and certificate programs are unique to state licensure laws and are overseen accordingly. Health facilities licensure and certification activities are not included in PHAB's accreditation standards since that oversight is often a combination of federal contracting, state law, and state or local rules and regulations. This also includes Certificate of Need (CON) functions.

5. Animal health programs, such as animal shelters, catch-spay-release efforts, and rabies vaccination clinics, are outside the scope of PHAB accreditation.

PHAB has no standards that relate to animal health or animal control in any capacity.

NOTE:

- **Quality Improvement:** Documentation concerning clinical/personal health, client satisfaction surveys, or clinic/personal health services wait times would not be an appropriate example of a quality improvement project for PHAB documentation.
- **Policy, Planning, and Systems Development:** Documentation of advocacy for policies related to establishing systems of care and initiatives aimed at developing access to health care may be used as PHAB documentation for measures that describe the health department's capacity for policy, planning, and systems development.
- **WIC:** There are three basic components of the WIC Program:
 - program planning, outreach, and community nutrition;
 - certification of individuals; and
 - management of food distribution.

Program planning, outreach, and community nutrition education are components of WIC from which documentation for PHAB can be used. Additionally, some health departments have a separate breastfeeding promotion grant from WIC; this is also an acceptable component for PHAB documentation.

b. Documentation Guidance

Services and Activities Provided by Others

Some public health services or activities may not be provided directly by the health department but conducted or provided by another organization on behalf of the health department: e.g., stakeholders, contractors, partners, community partnerships or collaboratives, or other governmental agencies. These arrangements can be formalized using a variety of means, such as a Memorandum of Understanding (MOU), contract, Letter of Agreement (LOA), or enacted law. The health department will need to submit

the Required Documentation to PHAB as well as submit the written formal agreement, such as the MOU, LOA, or contract. The accountability for meeting the measures rests with the health department being reviewed for accreditation. The health department should include an explanation with its documentation concerning why a measure is addressed by another organization.

EXAMPLE

Documentation When Another Organization Provides a Public Health Service or Activity

1. A health department might contract with an academic institution for the collection of community primary data. The health department is responsible and accountable for ensuring the high quality, accuracy, and utility of those data, even though they have not collected the data themselves. The health department must provide evidence that there is a formal agreement between the health department and the academic institution for the data collection as well as the data (where a measure requires data).
2. Many measures and Required Documentation require that the health department be part of a partnership or collaboration. It is not required that the partnership or collaboration be led by the health department; another community organization, such as a hospital, United Way, or the Chamber of Commerce, could lead the process. However, the measures require the health department to be an active, engaged member of the partnership or collaboration. Some documentation will be developed by those partnerships or collaboration. The document may or may not include the department's logo. A formal membership list of the partners or members of the collaboration can be submitted as evidence of the health department's involvement and engagement. This list will sometimes be part of the document that is required (e.g., a community health assessment or community health improvement plan). In other cases, it might be part of a formal agreement, such as a Memorandum of Understanding or Letter of Agreement.

A public health service or activity might be provided by another unit of government, such as department of environment, department of administration, or department of aging. Sometimes the service or activity is the responsibility of another level of public health department (i.e., Tribal, state, or local health department). These situations may be governed by laws, executive orders, rules and regulations, or other legally binding governmental document. These situations might also be formalized through an agreement between the governmental units. However, this does not annul the health department's responsibility to meet the **PHAB Standards and Measures** that address those services or activities.

The health department will be required to submit the required documentation as well as the legal document that assigns the responsibility to another governmental entity. In addition, the health

department must document that it receives information from the other governmental agency concerning their activities in the health department's jurisdiction, so that the health department can provide appropriate follow up.

EXAMPLE

Documentation When Another Governmental Department Provides a Public Health Service or Activity

1. Environmental public health services are often the responsibility of another governmental agency. The health department is responsible for maintaining open communication with that agency and for receiving and sharing information. For example, the health department may become aware of evidence of a high prevalence of children with high blood lead levels in a census tract or ZIP Code cluster. It is the responsibility of the health department to alert those responsible for environmental public health, so that the source of the lead exposure can be investigated and the problem can be corrected to prevent further poisoning. Likewise, it is the responsibility of those who conduct environmental public health activities to inform the public health department, so that the health department can educate the public about lead poisoning and its source and also provide links to needed health services.
2. A state health department may be legally responsible for the statewide provision of epidemiology and/or laboratory services. A local health department must demonstrate how it works with the state. It is the responsibility of both the state and local health departments to share information. For example, if the state epidemiologist identifies a cluster of measles cases in a county, the state must inform the county health department so that health education information about measles vaccines can be distributed and local resources can be mobilized for immunization clinics.
3. Some public health departments are part of a larger governmental unit --a super agency or umbrella agency, for example. In these cases, the health department may use documentation that applies to the entire agency rather than only the health department. For example, a health department may use the umbrella agency's human resources system. In that case, the documentation for the requirement of a "human resource policy and procedures manual or individual policies" would be the policies and procedures of the super agency or umbrella agency.

2. Documentation Preparation

The Accreditation Coordinator and Accreditation Team will go through a meticulous process to select the best document for each measure. It is not enough, however, to select the documents to be uploaded; the health department must also provide explanations of (1) how the documents present evidence that the health department conforms to the measure's requirements, and (2) where in the document the evidence can be found.

a. Documentation Cover Sheet

PHAB has developed a cover sheet for each Required Documentation. Each cover sheet must be completed and uploaded with the document. The cover sheet will help the health department ensure that (1) each required element for the measure is addressed, (2) the location of the pertinent information is specified with a PDF page number, and (3) brief explanatory notes are included, as needed.

Documentation cover sheets do not take the place of the information contained in the Standards and Measures. Each example must fit within the context of the domain and standard and meet the intent of the measure, as described in the Purpose and Significance statements.

Throughout the cover sheets, specific words and phrases are underlined. These words and phrases are requirements that are frequently missed by health departments. The underlines are intended to direct the site visitor to the required element; they do not indicate that a word or phrase is more important than any other element of the requirement. Some measures include a "NOTE" from PHAB's Accreditation Specialists to help with the interpretation of the requirement. Accreditation Coordinators should always direct measure interpretation questions to the health department's assigned Accreditation Specialist.

EXAMPLE

Example Form: Documentation Cover Sheet Templates

PHAB Documentation Cover Page

Measure # 1.1.1 S (State only)	A state partnership that develops a comprehensive community health assessment of the population of the state	
RD # 1	Participation of representatives from a variety of state sectors	Example # 1

Required Elements from Guidance (including bulleted items)		PDF Page Number(s)	Explanatory Notes
1	The state health department must document that the process for the development of a state level community health assessment includes participation of partners outside of the health department that represent state populations and state health challenges.		
	The collaboration must include various sectors of the state, as appropriate for the state:		
	Representation of two or more populations that are at higher health risk or have poorer health outcomes must be included.		
	Documentation must include the month and year.		

Evidence of Authenticity and Date are required within the documentation itself.
If this evidence is difficult to locate or is found within supporting documentation, please provide a brief explanation of the location here and/or provide the supporting documentation to demonstrate the date and/or evidence of authenticity.

b. Preparing e-PHAB Narratives

It is critically important that the Accreditation Coordinator and Accreditation Team carefully prepare concise descriptions of the documentation and ensure that the descriptions will be easily understood by someone who is not familiar with the health department. e-PHAB provides three opportunities for health departments to describe and explain the documents they have uploaded.

1. Upload Title

- Purpose - To identify the uploaded document
- Length - Up to 250 characters
- Example - Flu Press Release Aug 11 2016

An Upload Title is required by e-PHAB for each document (the upload will not transfer the file name from your computer to e-PHAB). The title of the file chosen should be descriptive of what the document is. The date of the document may be included in the title, however the documentation itself must also be dated to be accepted. Complete dates with all four digits of the year are preferable. Only letters, numbers, and spaces may be used in the title: no underscores or special characters will be accepted by e-PHAB.

2. Document Description

- Purpose - To describe, for the site visitors, any context or information that will help the site visitors know how the documents demonstrate the Required Documentation and how they reflect the health department.
- Length - Up to 150 words
- Example - This document contains minutes from the Board of Health Meeting held on Aug. 10, 2017. A discussion item at the meeting was the governing entity's role in public health-related policy development.

Providing a document description is optional in e-PHAB, however it is highly recommended that the health department explain the context of the document and how the health department uses the document. The Document Description is an opportunity to “tell the story” of the health department to someone who is not familiar with the department.

The description should briefly describe how the submitted document demonstrates conformity with the Required Documentation. If the documentation is a part or section of a larger document, the larger document should be named and described. If the document is not authored by the health department, the author and the relationship of the author to the health department (i.e., contractor, partner organization, etc.) should be named and described. Web links in the Document Description will not work.

Within the document itself, it's helpful to use bookmarks, arrows, and highlighted text to indicate where the required elements are located. Site visitors will not search the documentation to put the puzzle together, so this is particularly helpful for large documents. If PDF documents are uploaded, the description should refer to the PDF page number rather than the document page number.

Upload Document ✕

Title:

File:
 No file chosen

Description: i

150 Words/150 Words

3. Measure Narrative

- Purpose - To explain how all the documents submitted, taken together, demonstrate conformity with the measure requirements, as a whole.
- Length - Up 10,000 characters (includes letters, numbers, spaces and punctuation).
- Example - 9.2.2 A -These three documents show how the QI Team at the health department is working to implement its QI plan. The documents show our work on issues identified by the QI team with staff input and the processes used (as guided by the QI Plan). Each project relates to our Strategic Plan and involves the full health department, with program staff participating in each project.

The health department will have the opportunity to describe how the documents, considered together, provide evidence that the measure is met. Providing a Measure Narrative is optional in e-PHAB. However, the provision of a Measure Narrative is highly recommended, as it can be very helpful to the site visitors. The Measure Narrative text box in e-PHAB will not accept charts or images. Web links in the Measure Narrative will not work. The Measure Narrative should provide a broad summary of how all of the documentation, considered together, provides evidence that demonstrates conformity with the measure. The health department may include other contextual information to help the site visit team understand why the documentation was selected. While the Measure Narrative summarizes all documentation uploaded for the measure, it should not repeat the exact information provided in the document description.

▶ Health Department's Narrative for Measure 1.1.1 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.

3. Documentation Submission

The Accreditation Coordinator will upload the health department’s documentation in e-PHAB for each and every measure. A minimum of one upload is required for each Required Documentation. The documentation that is uploaded will be the documents that the Accreditation Coordinator and the Accreditation Team have selected to demonstrate each measure.

The Accreditation Coordinator will select documents to be uploaded in e-PHAB from the health department’s computer, much like adding an attachment to an email. (However, each upload must be given a new title.) Two simple things to remember are: (1) the file format of the document must be one that e-PHAB can accept (see page 20), and (2) the document should open right side up. After each upload, the Accreditation Coordinator should open the file to ensure that it opens, that it opens right side up, and that the page numbers listed on the cover sheet and/or upload description match the location of the required elements.

DOCUMENTATION	TITLE	UPLOADED BY	ACTION
Document 1.1.1 L.1.1	Test	Clara Barton 05-29-2018	 

[Upload More Documents](#)

The health department can delete and add uploads as many times as it wishes, up until the “Submit to PHAB” button is clicked and the documents are submitted. When a document that has been uploaded is deleted, the title and description will also be deleted. If the Accreditation Coordinator thinks they might use the description again somewhere else, they should cut and paste it to another document to save it. If the “edit” button is clicked, (the button that looks like a pencil and paper in the Action column) the narrative can be copied and pasted in a different location. It’s a good idea to save all narratives in a separate document, just in case there is a problem with an Internet connection or with e-PHAB saving the narrative.

The Accreditation Coordinator, Accreditation Team, and health department director can track the progress of uploading documentation by looking at the Quick view at the top of the Doc Submission Page.

Show: Progress Status Filter by: All

Not Started
 In Progress
 Ready for AC Review
 Requires HDD Review
 Ready for Submission to PHAB

Showing: Progress Status of All.

1.1.1 L	1.1.2 L	1.1.3 A	1.2.1 A	1.2.2 A	1.2.3 A	1.2.4 L	1.3.1 A	1.3.2 L	1.4.1 A	1.4.2 L	2.1.1 A	2.1.2 L	2.1.3 A	2.1.4 A	2.1.5 A	2.2.1 A	2.2.2 A
2.2.3 A	2.3.1 A	2.3.2 A	2.3.3 A	2.3.4 A	2.4.1 A	2.4.2 A	2.4.3 A	3.1.1 A	3.1.2 A	3.1.3 A	3.2.1 A	3.2.2 A	3.2.3 A	3.2.4 A	3.2.5 A	3.2.6 A	4.1.1 A
4.1.2 L	4.2.1 A	4.2.2 A	5.1.1 A	5.1.2 A	5.1.3 A	5.2.1 L	5.2.2 L	5.2.3 A	5.2.4 A	5.3.1 A	5.3.2 A	5.3.3 A	5.4.1 A	5.4.2 A	5.1.1 A	6.1.2 A	6.2.1 A
6.2.2 A	6.2.3 A	6.3.1 A	6.3.2 A	6.3.3 A	6.3.4 A	6.3.5 A	7.1.1 A	7.1.2 A	7.1.3 A	7.2.1 A	7.2.2 A	7.2.3 A	8.1.1 L	8.2.1 A	8.2.2 A	8.2.3 A	8.2.4 A
9.1.1 A	9.1.2 A	9.1.3 A	9.1.4 A	9.1.5 A	9.1.6 S	9.2.1 A	9.2.2 A	10.1.1 A	10.2.1 A	10.2.2 A	10.2.3 A	11.1.1 A	11.1.2 A	11.1.3 A	11.1.4 A	11.1.5 A	11.1.6 A
11.1.7 A	11.2.1 A	11.2.2 A	11.2.3 A	11.2.4 A	12.1.1 A	12.1.2 A	12.2.1 A	12.3.1 A	12.3.2 A	12.3.3 A	All						

Edit Domain Staff Assignment

#	MEASURE	PROGRESS STATUS	QUALITATIVE STATUS	LAST UPDATED	ASSIGNED STAFF	ACCESS	ALERTS
DOMAIN 1: CONDUCT AND DISSEMINATE ASSESSMENTS FOCUSED ON POPULATION HEALTH STATUS AND PUBLIC HEALTH ISSUES FACING THE COMMUNITY.							
STANDARD 1.1 - PARTICIPATE IN OR LEAD A COLLABORATIVE PROCESS RESULTING IN A COMPREHENSIVE COMMUNITY HEALTH ASSESSMENT.							
1.1.1 L	Tribal/local partnership that develops a comprehensive community health assessment of the population served by the health department	<input type="checkbox"/> Ready for AC Review	<input checked="" type="checkbox"/> On Target	2018-05-29 15:23 Clara Barton	Subha Staff 1	Write	

The colors of the measure boxes will change as the health department completes its work: Not Started (red), In Progress (white), Ready for AC Review (yellow), Requires HDD Review (light green), and Ready for Submission to PHAB (dark green). When all of the measure boxes are dark green, the documents are ready to be submitted to PHAB. The health department director will click the button to submit the documentation to PHAB. No additional documentation may be uploaded after that, unless requested by the PHAB Accreditation Specialist or the site visit team. Any documentation developed by the health department after the date of submission cannot be submitted to PHAB. The site visit team will assess the health department as of the submission date, and cannot review documentation that was developed after that date.

HANDBOOK CONCLUSION

PHAB accreditation provides a means for a health department to identify performance improvement opportunities, improve management, develop leadership, improve department team work, and improve relationships with the community. The process is one that will challenge the health department to think about what business it does and how it does that business. It will encourage and stimulate quality and performance improvement in the health department. It will also stimulate greater accountability and transparency.

National public health department accreditation was developed because of the desire to improve service, effectiveness, value, and accountability. In the end, as with most processes, “what you get out of it will be driven by what you put into it.” While achieving accreditation is a huge accomplishment, the process of getting there is an important and significant element of the value of accreditation.

The Accreditation Coordinator has a central responsibility in the ongoing process of a health department’s efforts to achieve and maintain public health accreditation. As evidenced by the contents of this Accreditation Coordinator Handbook, there are many pieces in the process that are both varied in nature and conducted concurrently. The Accreditation Coordinator’s role exists to guide the health department throughout the steps of the accreditation process. The importance of the Accreditation Coordinator is so central to the process that PHAB requires that each health department designate an Accreditation Coordinator and requires that each applicant health department’s Accreditation Coordinator complete PHAB training. This person’s abilities, commitment, enthusiasm, and effectiveness is essential for the health department’s success in seeking accreditation.

Best wishes for your health department’s success!!



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public health
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