



*Advancing
public health
performance*

Public Health Accreditation Board

Site Visitor

Handbook

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Part 1 INTRODUCTION

I. PHAB SITE VISITOR HANDBOOK

The PHAB **Site Visitor Handbook** provides guidance specifically on being a volunteer site visitor of health departments seeking PHAB initial accreditation. The **Site Visitor Handbook** is designed for use by volunteers who have completed PHAB's site visitor training and are preparing to be on a site visit team or are currently on a site visit team. The **Site Visitor Handbook** reviews the steps in the overall health department review process and provides detailed guidance for site visitors completing those steps. The **Site Visitor Handbook** addresses: the roles and responsibilities of site visitors, the PHAB information system (e-PHAB), site visitor training, the site visit, documentation review and assessment, the development of the Site Visit Report, the review of Action Plans, and evaluation responsibilities. PHAB site visitors are encouraged to use and refer to the **Site Visitor Handbook** throughout their assigned site visitor responsibilities.

Besides this **Handbook**, PHAB provides initial training and refresher trainings; numerous tip sheets, templates, and scripts; topic-specific webinars; and PHAB Accreditation Specialists who guide site visitors through the process as both a member of the team and as an expert on the accreditation process and the **PHAB Standards and Measures**. The tip sheets, templates, slide decks, case studies, and webinars are organized in one convenient location for site visitors in a password-protected portal. The portal can be accessed from the home page of PHAB's website. Site visitors are strongly encouraged to be familiar with and utilize PHAB documents and publications, including the **PHAB Standards and Measures**, **PHAB Guide to National Public Health Department Initial Accreditation**, and the **PHAB Acronyms and Glossary of Terms**. These documents may be accessed from the PHAB website, www.phaboard.org and hard copies may be obtained from the PHAB on-line store. The PHAB Accreditation Specialist assigned to the health department will provide site visitors with additional tip sheets, templates, scripts, and links to webinars throughout the process.

II. PUBLIC HEALTH DEPARTMENT ACCREDITATION

The Public Health Accreditation Board (PHAB), a nonprofit organization, is the national accrediting organization for governmental public health departments. PHAB is dedicated to advancing and ultimately transforming public health department performance. With support from the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation (RWJF), PHAB has worked with leading experts from the public health field to develop and continually improve the national public health accreditation program.

The goal of PHAB accreditation is to assess public health departments' current capacity and foster their continuous performance and quality improvement, thus promoting a healthier public. Accreditation provides a means for a public health department to identify performance improvement opportunities, enhance management, develop leadership, and strengthen relationships with members of the community and with their governing entity. The accreditation process challenges health departments to think about their roles and responsibilities and how they fulfill them. The accreditation process encourages health departments to build their capacity to improve the public's health.

Applicants eligible for PHAB accreditation are governmental entities that have the primary statutory or legal responsibility for public health at a Tribal, state, territorial, or local level. Applicants include centralized and decentralized state health departments; health departments that are part of a larger governmental agency; health departments that may or may not have environmental public health responsibility; regional and district health departments; and health departments that share resources to fulfill some functions. The accreditation process and standards are intended to be flexible and inclusive, accommodating many different configurations of governmental public health departments at all levels—Tribal, state, local, and territorial.

III. SITE VISITORS

1. SITE VISITOR RESPONSIBILITIES

a. Team Process

The PHAB site visit process provides a health department with a peer review conducted by a team of public health professionals trained by PHAB to serve as site visitors. Site visitors use their public health experience and expertise to make assessments of the health department's conformity with the **PHAB Standards and Measures** for initial accreditation. Through this review, the health department's strengths and opportunities for improvement are identified.

The site visitors' review of a health department is central and critical to the accreditation process. Being a site visitor involves much more than the on-site visit to the health department; the broader role of the site visitor is the review of a health department's documentation to determine if the health department is in conformity with the **PHAB Standards and Measures**. There are several steps to complete the review process, each with assignments and tasks that site visitors are expected to perform. The site visit review for initial accreditation consists of the review of documentation, a site visit to the health department, the development of a Site Visit Report, the completion of an evaluation, and the review of Action Plan documentation (if an Action Plan is required of the health department).

Site visitors will complete the following **five steps**:

1. Pre-site Visit Review

The purpose of the Pre-site Visit Review is to complete an initial assessment of the measures based on the documentation submitted by the health department. Site visitors also write their initial conformity comments for each measure during this step in the process.

The Pre-site Visit Review includes each site visitor's independent review of the documentation for the measures in the domains (groups of standards) that they have been assigned to review. The Pre-site Visit Review also involves a site visit team's discussions about the assessments of the measures during periodic conference calls. Based on the discussions, the team may reopen measures for the health department to upload additional documentation and/or may develop questions for clarification of the documentation. Before the site visit team goes on site, the team will review any additional documentation submitted by the health department and the health department's responses to their questions.

2. Site Visit of the Health Department

The purpose of the site visit is to verify the documentation submitted by the health department and to ensure that the site visit team has an accurate and complete picture of the department and how it conforms to the measures. The site visit provides the site visit team with an operational context of the documentation. The visit also provides the opportunity for the site visitors to acquire a more comprehensive understanding of the health department through a combination of interviews, meetings with stakeholders, and visual observations of the health department. The health department has an opportunity to describe its operations, its relationship with the community, the role of its governing entity, and its programs and capacities as a public health department.

3. The Site Visit Report

The purpose of the Site Visit Report is twofold: (1) it provides the PHAB Accreditation Committee the information it needs to determine the accreditation status of the health department and (2) it provides the health department a peer review of its strengths and opportunities for improvement to foster

continuous quality and performance improvement. Therefore, the intent of the Site Visit Report is to provide an accurate assessment and explanation of the health department's conformity with the **PHAB Standards and Measures**. The Site Visit Report will be finalized by the site visit team and PHAB Accreditation Specialist, based on the review of documentation and on-site interviews and discussions.

4. Action Plan Report

If the Accreditation Committee determines that more work is required of the health department before it can be accredited, the health department will have the opportunity to submit and implement an Action Plan. The Accreditation Committee will specify which measures require additional work and must be included in the Action Plan. Once the health department's Action Plan has been approved by the Accreditation Committee, the health department will implement the Action Plan and submit documentation that the Plan has been implemented. The site visit team will review and assess documentation submitted by the health department as evidence of implementation of an Action Plan. Team members will review any measures included in the Action Plan that were in the domains they were assigned.

5. Evaluation

Site visit team members will complete an evaluation of the process, PHAB staff, and their team members. The purpose of evaluation is to provide information to PHAB that can be used to continuously improve the accreditation process. The use of the results of evaluation is an important element of PHAB's work.

b. Team Chair Responsibilities

PHAB will designate one member of each site visit team to be the Chair of the team. The site visit team Chair will be responsible for leading, managing, and organizing team members to facilitate completion of all site visit team responsibilities. The site visit team Chair facilitates group discussions and ensures group consensus. The site visit team Chair is expected to establish and maintain a professional, collegial, and comfortable atmosphere in all team meetings and during the site visit.

Specifically, the site visit team Chair's responsibilities are:

- Work with the Accreditation Specialist to schedule the team's conference calls;
- Assign domains for each of the team members to review, based on individual preferences and expertise;
- Lead all team conference call discussions concerning documentation and assessments;
- Review, approve, and submit to PHAB the team's Pre-site Visit Review;
- Act as the spokesperson for the site visit team when communicating with the Accreditation Specialist;
- Lead the work of the team while on-site and lead all meetings involving site visit team members, including;
 - Team planning meeting on the evening before the visit,
 - Entrance and exit conferences,
 - Group interviews, e.g., representatives of the governing body, and
 - Executive sessions to review the findings and to reach a consensus on the assessments, comments, and conclusions.
- Prepare the final Site Visit Report;
 - Coordinate with each site visit team member as he or she develops their portion of the Site Visit Report,

Part 1 INTRODUCTION *continued*

- Manage a consensus process to incorporate feedback from all site visit team members into the Site Visit Report,
 - Review the Report for consistency, accuracy, and clarity before submitting it to PHAB,
 - Submit the Report to PHAB (the Site Visit Report is due to PHAB within two weeks of the conclusion of the site visit),
 - Respond to Accreditation Specialist's questions about the Report.
- Be available by phone to the PHAB Accreditation Committee during their review of the Site Visit Report to answer any questions the Committee members may have.

c. Site Visit Team Responsibilities

Each team member has significant responsibilities. While the Chair leads the process, each team member is vitally important to the process. If one member does not fulfill their responsibilities and complete their assignments in a thorough and timely manner, the entire team, as well as the health department, is at a disadvantage. Team member responsibilities include, but are not limited to:

- Actively participate in and contribute to the team's conference calls;
- Complete reviews of measures in preparation for team calls;
- Complete tasks within the time frames, throughout the process;
- Develop measure conformity comments during the Pre-site Visit Review;
- Finalize Site Visit Report comments after the site visit;
- Respond to the Accreditation Specialist's questions about the Site Visit Report; and
- Be responsive to communications from the Accreditation Specialist.

2. OFFICIAL PHAB SITE VISITORS

PHAB maintains a pool of trained site visitors from which it assigns site visit teams to review specific health departments. Volunteers are invited to PHAB initial training to maintain the number and variety of site visitors needed by PHAB. To be designated an official PHAB site visitor, an individual must satisfactorily complete the training and sign the Public Health Accreditation Board Site Visitor Agreement. The Agreement is a commitment to PHAB to perform the duties of a PHAB site visitor. The Agreement includes issues such as site visitor responsibilities, expectations for professional conduct, confidentiality, intellectual property and publications, travel liability, and indemnification.

To maintain designation as an official PHAB site visitor, a site visitor must:

- Satisfactorily complete the site visitor responsibilities on at least one site visit team per year,
- Complete required site visitor refresher training(s),
- Renew the required PHAB conflict of interest form,
- Renew the required PHAB Site Visitor Agreement Form, and
- Observe and be in conformity with the PHAB Site Visitor Agreement.

Site visitors who act in an unprofessional or unethical manner, demonstrate an unwillingness to follow the process and guidance, or demonstrate an inability to assess documentation in adherence to the **PHAB Standards and Measures**, are subject to removal from the pool of official PHAB site visitors. If appropriate, additional training and education efforts may be provided to foster site visitor performance improvement. Criteria for removing a person from the pool of eligible site visitors are listed in the Site Visitor Agreement.

Site visitor training is funded by accreditation fees; therefore, it is important that the trainings result in quality services to health departments. If a trained site visitor does not accept a first assignment three times after they have been trained, they may be obligated to return to PHAB the cost of their site visitor training.

3. SITE VISIT TEAM

Eligible site visitors will be contacted by PHAB's Volunteer Services Manager to inquire about availability to serve on a site visit team. The site visitor will be provided with a projected date of the availability of the documentation to review and of the site visit. Site visitors may decline a specific assignment with cause.

The number of site visitors on a site visit team will be determined by the size or complexity of the department or application. Most site visit teams consist of one Chair, two team members, and the Accreditation Specialist. PHAB will designate one of the team members to be the site visit team Chair. PHAB's assignment of members to a team will consider the following:

- Site visit team members will be from the same geographic area (HHS Region) as the applicant, to the extent possible. However, to ensure objectivity and avoid a potential conflict of interest, site visitors will not be from the same state as the applicant health department.
- PHAB will seek to include site visitors with experience in similar public health system structures as the health department being visited; e.g., centralized or decentralized, single agency or umbrella agency, etc.
- PHAB will determine when site visit teams should include individuals with specific experiences, including Tribal public health, environmental public health, public health laboratory, and governance.
- When possible, a local health department representative will be assigned to a state health department site visit team and a state representative will be assigned to a local site visit team (from another state) to address communication and coordination of state and local functions.

IV. e-PHAB

PHAB's web-based electronic information system, called e-PHAB, is used in all phases of PHAB's public health accreditation process. The e-PHAB system has been designed specifically for PHAB and tracks all transactions in the accreditation process. e-PHAB accommodates various users including health departments, site visitors, PHAB staff, and PHAB Accreditation Committee members. Each group utilizes different parts of e-PHAB to conduct their accreditation activities. Site visitors use e-PHAB to review the health department's documentation, ask their Accreditation Specialist questions, submit questions and documentation requests to health departments, make initial assessments, develop the Site Visit Report, submit the Site Visit Report to PHAB, and review the Action Plan Report (when applicable).

1. TECHNICAL REQUIREMENTS

Some internet browsers (e.g., Firefox, Chrome, etc.) work better with e-PHAB than others. Internet browsers are regularly revised and new versions are released on a regular basis. Site visitors should ask their Accreditation Specialist for a list of browsers and their versions that are compatible with e-PHAB.

Site visitors 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 solve the issue.

Some functions of e-PHAB may not operate on an iPad or other tablet. e-PHAB is not optimized for cell phones.

Part 1 INTRODUCTION *continued*

It is important that any computer used while working in e-PHAB meet the technical requirements listed below:

- 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 800x600 is required but 1024x768 or larger is preferred

2. ACCESSING AND NAVIGATING e-PHAB

a. User Name and Password

The webpage for e-PHAB is www.e-PHAB.org. The username is the site visitor's email. A password is emailed to each site visitor when they are added as users of e-PHAB.

Once logged into e-PHAB, the site visitor can change their password by clicking on the "My Account" button on the top right of the page. Type a new password into the "Password" and "Confirm Password" fields and press the "Submit" button. Use your new password next time you log in.

If a team member forgets their password, they can reset it. From the e-PHAB homepage login screen, select "Forgotten your password? [Click here.](#)" Enter your username (email) and a new password will be emailed to you. Return to the e-PHAB homepage, 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.

Welcome to e-PHAB

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

e-PHAB Login

Username:

Password:

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

LOGIN

Not Registered?

CLICK HERE TO REGISTER A HEALTH DEPARTMENT ON E-PHAB

CLICK HERE TO REGISTER AS SITE VISITOR ON E-PHAB

b. Navigation Bar to Access Information



The navigation bar should be used to quickly move around and access information.

- **Home:** displays any action needed and a summary of previous actions;
- **Application:** includes background information such as the health department's website, overview, list of public health programs offered in the jurisdiction, and other key information;
- **Doc. Submission:** contains the **Standards and Measures**, all uploaded documentation, measure narratives, the Pre-site Visit Review, and Build the Site Visit Report. Site visitors will spend the majority of their time in this tab;
- **Notes:** summarizes/lists the notes and questions entered by the site visit team;
- **Reports:** incorporates the comments entered on the Measure pages and allows for viewing the Site Visit Report as it is being built;
- **Email:** allows users to email team members or the Accreditation Specialist (emails will be delivered outside of e-PHAB to the email address tied to the user's e-PHAB account);
- **Help:** contains basic troubleshooting information.

Accreditation Specialist Communication through e-PHAB

The health department has been assigned a PHAB Accreditation Specialist to assist them through the accreditation process. That Accreditation Specialist will also work with the site visit team to assist the team in their work. The Accreditation Specialist's name and contact information can be found on the Home tab. The site visit team Chair should contact their Accreditation Specialist with any questions about the process, **Standards and Measures**, or e-PHAB. Questions about specific measures and documentation should be sent through e-PHAB using the SV Chair/PHAB Q&A function, so that they become part of the official record.

Part 2 SITE VISIT PROCESS

The outcome of a well-executed site visit process is a Site Visit Report that accurately describes and depicts the health department and its conformity with the PHAB initial accreditation **Standards and Measures**. Therefore, the site visit team must learn as much as they can about the health department through the review of documentation and the on-site interviews.

The bulk of the site visitor's work will be completed before the team's visit to the health department. Each document that the health department submits to PHAB must be carefully reviewed by the team so that the visit to the health department is productive and adds to the team's understanding of the health department; who they are, what they do, and how they do it. The visit to the health department provides both verification and clarification of the documentation for accurate assessment of the measures and completion of the Site Visit Report.

The process, from the first team call to the submission of the Site Visit Report, takes an average of six months. The process can, however, take longer depending on how complete and organized the health department's documentation is. That is, if the documentation is missing numerous items, it will be more difficult to review and the review will require more time.

The process may also take longer if it is determined that the process needs to be temporarily suspended through an Extension or Inactive Status. Health departments may request an extension to a deadline based on a legitimate cause or extenuating circumstance. 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. If a health department requests an extension, the site visit team will be notified of the length of the delay.

Inactive Status is a pause in the accreditation process. Inactive Status is provided for health departments that are in the accreditation process but are not prepared to complete a step in the process. While a health department is in Inactive Status, the accreditation process is on hold. The purpose of the Inactive Status is for the health department to have time to identify or develop documentation (depending on the step that is put on hold). The amount of time of the Inactive Status will be determined in consultation between PHAB and the health department. There are a few ways in which a health department may enter Inactive Status. The health department may choose to go on Inactive Status, the site visit team may suggest that a health department go on Inactive Status, or PHAB may require that a health department go on Inactive Status based on the number of measures that are opened, the subject matter of the measures, and the types of reasons that the measures are opened. Additional information on Inactive Status can be found in the **Guide to National Public Health Department Initial Accreditation** and by contacting the Accreditation Specialist.

I. ACCREDITATION SPECIALIST

Each health department will have an assigned PHAB Accreditation Specialist. The Accreditation Specialist is a member of the site visit team throughout the process. The Specialist serves as the expert on the **Standards and Measures** and the accreditation process. The Accreditation Specialist guides the site visit team through the process, provides interpretation of the **Standards and Measures**, and works with the team to finalize the Site Visit Report. The Accreditation Specialist will remind the team about the steps and the detail at each stage of the work that must be completed and will keep the team on track by setting deadlines for each stage of work. In most cases, the Accreditation Specialist will accompany the team on the site visit to the health department. The Accreditation Specialist will review the Site Visit Report and ask team members to clarify anything that is confusing or does not match the **Standards and Measures** requirements and will be the final authority and editor concerning the assessments and comments in The Site Visit Report.

Part 2 SITE VISIT PROCESS *continued*

The Accreditation Specialist communicates with the health department on behalf of the site visit team. Except during the visit to the health department, all communication between the site visit team and the health department will occur through the Accreditation Specialist. No member of the site visit team will contact any staff or representative of the health department prior to or after the visit to the health department.

Before the site visit team is assigned to review the health department, the Accreditation Specialist will conduct a Completeness Review of the documentation that the health department has submitted for each of the measures. The goal of the review is that the documents are ready for site visitors' review. The Accreditation Specialist will not review the documentation for conformity with the measures. Documents that, for example, are not dated, do not provide evidence that they are authentic to the health department, open sideways, or are examples of activities that are outside of PHAB's scope of authority, will not be accepted by the Accreditation Specialist and the health department will be provided with an opportunity to submit additional documentation. When the health department responds to the Completeness Review, the site visitors will begin their review.

II. PRE-SITE VISIT REVIEW

The first step of the process is for the site visit team to review the documents that the health department submitted. In summary, the steps taken before the visit to the health department are as follows:

- Team members will agree on how the review of the measures will be divided between team members. Each team member will be assigned the review of measures in specific domains.
- Each team member will review the documentation that has been submitted for the domains they have been assigned, make an initial assessment of each measure, and begin to write a conformity comment for each measure.
- The team will meet on several conference calls to review the assessments and comments. All measures assessed as less than Fully Demonstrated will be discussed by the team.
- The team will prepare questions about specific measures for clarification and will determine which measures will be reopened for the health department to upload additional documents.
- The team Chair will review and submit all requests to the Accreditation Specialist who will review the requests prior to submitting them to the health department.
- While the health department is working on their responses, the team will begin planning for the site visit, including drafting an agenda.
- The team will review the health department's answers to the team's questions and review additional documents that have been uploaded by the health department.
- Each team member will revise their initial assessments, as appropriate, and further develop the conformity comments for each of the measures in the domains they have been assigned.
- Each team member will prepare questions concerning the measures in their domains that will be asked during the visit to the health department.

1. PURPOSE OF THE PRE-SITE VISIT REVIEW

The Pre-site Visit Review is the site visit team's preliminary review of the health department's uploaded documentation. Through this review, the team will begin to develop an understanding of the health department.

During the Pre-site Visit Review, each site visitor will record their initial assessment of the health's department's demonstration of conformity with the measures in their assigned domain and will begin to develop written explanations of their assessments. Through this step, the team will begin to build the Site

Visit Report. These written explanations for each measure are called conformity comments and will be revised throughout the process until the Site Visit Report is complete and final.

The Pre-site Visit Review also allows the site visit team to ask the health department clarifying questions about documentation and request additional documentation.

2. PRE-SITE VISIT REVIEW PROCESS

The health department's documentation is organized in e-PHAB by Required Documentation for each measure in the **PHAB Standards and Measures**. Each uploaded document may be accompanied by a description the health department has developed to provide an explanation and context of the document. Each measure may also contain a Measure Narrative, or narrative that the health department provides to explain how all the documents, taken together, provide evidence that the health department is in conformity with the measure.

The site visit team will hold a series of four to five conference calls to review the documentation and complete the measures' preliminary assessments. Site visit team members will individually review documentation in the domains they have been assigned and then the team will discuss the individual assessments and narrative comments during their phone calls. This initial review and the development of questions and a list of measures to reopen usually takes approximately eight to ten weeks. It is very important that the site visit team conducts a thorough review.

PHAB will forward the e-PHAB link and instructions to access the health department's documentation to the site visit team members. The first step of the Pre-site Visit Review is a team conference call to determine domain assignments and get organized.

a. Preparing for the First Site Visit Team Call

Before the first site visit team call, each member of the site visit team will individually review the health department's website. The website can provide a great deal of background information on the organizational structure of the health department, population served, programs provided to the population, and public health priorities as communicated to the public. The website will provide each team member with a broad overview of the health department they will be visiting.

Each team member should also review the health department's application in e-PHAB. The application provides an overview of the department, including:

- A description of the jurisdiction (urban, rural, suburban, or frontier),
- The existence of any Tribal government in the geographic area served by the health department,
- The size of the department (population, budget, employees, and FTEs),
- A description of the governing entity structure,
- A list of public health programs,
- The identification of additional physical sites or facilities, and
- A narrative developed by the health department that describes unique characteristics such as structure, population served, governing entity, unique services provided, etc.

Before the first team call, team members should think about the domains for which they are best suited to serve as the lead reviewer. To do this, team members should think about their professional experience and individual interests. The team Chair will do his or her best to accommodate each member's preference, but team members may need to be assigned to domains other than the ones for which they self-identified.

Step by Step

PREPARE FOR THE FIRST SITE VISIT TEAM CALL

The first site visit team group activity is a team conference call to make domain assignments and organize the team's work. As a team member, there are several steps you should take to prepare for the first site visit team conference call. As soon as you receive your site visit team assignment, you should:

1. Watch the short *Site Visitor e-PHAB Refresher* video to reacquaint yourself with the Pre-site Visit Review process and e-PHAB online information system.

- Visit www.cecentral.com/phab.
- Click on “view webcasts” under the “Site Visitor e-PHAB Refresher” heading on the left navigation bar of the website.
- The refresher video is password protected. Enter the password **sitevisitors2012** as one word for the Authorization Code.
- Click on the hyperlinked title “e-PHAB refresher for Site Visitors.”
- On the top of the page you will see a series of arrows for “activity progress.” Click on “2 – LEARN.”
- Click on the video play button on the left side of the page. The video will open in a new window. Maximize the window or click on the icon for a full screen view.
- If you would like CE credit for viewing the video, click “proceed” after the video ends, or close the window that opened to view the video and click “3 - GET CREDIT”. You will log in, select the type of credit you desire, and complete the quiz and the evaluation to receive credit. A certificate can be printed, if desired. If you do not have a CE Central account, you will need to create one to proceed.

2. Review the health department's application. This will provide general information about the health department and provide a context for the review of the documentation.

- Log on to e-PHAB to see the health department's application.
- You can access the health department's website from their application.
- You will also want to review the health department overview and the list of public health programs offered.

3. Think about the domains for which you are best suited to serve as the lead reviewer.

You will be responsible for reviewing the health department's documentation in the domains to which you are assigned.

- Are there domains in which you have professional experience or interests?

4. Review the materials your Accreditation Specialist provided in the Welcome and Guidance for Getting Started email. Be sure that you are clear on your role and responsibilities.

- Review the PHAB accreditation process and note any questions you have. The first site visit team call is a good time to ask those and other related questions.

Step by Step



SITE VISIT TEAM CHAIRS: ORGANIZING THE TEAM

The site visit team Chair is responsible for organizing and leading the team. In addition to the activities that all site visitors should complete, the team Chair, may wish to do the following activities to prepare for the first site visit team conference call and get the team started in an organized, efficient process:

- **Send a welcome email to team members or call each team member to begin a dialogue during which you can ask team members to:**
 - Introduce themselves (name, position, location, and accreditation review experience);
 - Share time zone information to aid in conference call scheduling;
 - Provide a summary of experience to be helpful in assigning domains and ask team members if they have domain preferences; and
 - Ensure all team members are aware of the first steps they can take.
- **Schedule an initial conference call.**
 - PHAB can provide a conference bridge for all team calls. Contact your Accreditation Specialist for call-in information.

- **Assign Domains in e-PHAB.**

Team members will have read-only access until you have made domain assignments. Ask team members about their experience and domain preferences. Do your best to accommodate requests, considering expertise and the need to balance workloads. As the Chair, you may wish to assign yourself domains with fewer total measures than other team members, since you will have additional responsibilities. The information below on the number of measures in the **Standards and Measures, Version 1.5** for each type of health department may be helpful in assigning domains:

THERE ARE 100 LOCAL MEASURES

- Domain 1: 11 measures (4 standards in the domain)
- Domain 2: 15 measures (4 standards in the domain)
- Domain 3: 9 measures (2 standards in the domain)
- Domain 4: 4 measures (2 standards in the domain)
- Domain 5: 12 measures (4 standards in the domain)
- Domain 6: 10 measures (3 standards in the domain)
- Domain 7: 6 measures (2 standards in the domain)
- Domain 8: 5 measures (2 standards in the domain)
- Domain 9: 7 measures (2 standards in the domain)
- Domain 10: 4 measures (2 standards in the domain)
- Domain 11: 11 measures (2 standards in the domain)
- Domain 12: 6 measures (3 standards in the domain)

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Step by Step

SITE VISIT TEAM CHAIRS: ORGANIZING THE TEAM *continued*

THERE ARE 108 STATE MEASURES

- Domain 1: 12 measures (4 standards in the domain)
- Domain 2: 17 measures (4 standards in the domain)
- Domain 3: 9 measures (2 standards in the domain)
- Domain 4: 4 measures (2 standards in the domain)
- Domain 5: 13 measures (4 standards in the domain)
- Domain 6: 10 measures (3 standards in the domain)
- Domain 7: 6 measures (2 standards in the domain)
- Domain 8: 6 measures (2 standards in the domain)
- Domain 9: 8 measures (2 standards in the domain)
- Domain 10: 6 measures (2 standards in the domain)
- Domain 11: 11 measures (2 standards in the domain)
- Domain 12: 6 measures (3 standards in the domain)

THERE ARE 102 TRIBAL MEASURES

- Domain 1: 11 measures (4 standards in the domain)
- Domain 2: 15 measures (4 standards in the domain)
- Domain 3: 9 measures (2 standards in the domain)
- Domain 4: 4 measures (2 standards in the domain)
- Domain 5: 12 measures (4 standards in the domain)
- Domain 6: 10 measures (3 standards in the domain)
- Domain 7: 6 measures (2 standards in the domain)
- Domain 8: 5 measures (2 standards in the domain)
- Domain 9: 7 measures (2 standards in the domain)
- Domain 10: 6 measures (2 standards in the domain)
- Domain 11: 11 measures (2 standards in the domain)
- Domain 12: 6 measures (3 standards in the domain)

b. First Team Call

The team Chair, assisted by the Accreditation Specialist, will schedule a planning conference call for the team. The Accreditation Specialist will be on this first call. During this first call, the team will discuss the process and timeline, make assignments, review e-PHAB, and clarify expectations and roles of the team. During this first call, the team will also begin to identify dates for the on-site visit to the health department; the Accreditation Specialist will help the team anticipate the time needed to review the documentation and prepare for the site visit.

The site visit team will discuss assignments of domains for each of the team members and the Chair will assign the domains in e-PHAB. Prior to domain assignments, team members will have “read only” access to the documentation. Going forward, they will also have “read only” access to the measures in the domains that they are not assigned.

During the call, the Accreditation Specialist will review e-PHAB functionality and process steps. While experienced site visitors may already be familiar with the general process, the Accreditation Specialist will call attention to updated guidance materials and address frequently asked questions.

c. Rater Reliability Exercise

After the first call, the team members will participate in an exercise to improve rater reliability of the team members. The site visit team members will receive a link to a survey concerning the documentation uploaded for Measure 1.1.2. Within one week after the first team call, each member of the team will individually complete a review of Measure 1.1.2 and will complete a survey. The results will be compiled and reviewed by the Accreditation Specialist who will provide feedback via an email prior to the next team call. On the team’s second call, they will discuss their reviews and the results. The team may elect to complete this exercise with more measures, if they feel the need.

This process is designed to ensure that each member of the site visit team is approaching the review of measures in a similar manner. The Accreditation Specialist will provide technical assistance and guidance on assessing documentation. This is important for assuring that site visit team members are assessing the health department’s documentation consistently. Also, the Accreditation Specialist will provide guidance on requesting additional information/documentation and writing comments. This exercise will also provide the team with the chance to become familiar with the different components of e-PHAB.

d. Individual Team Members’ Documentation Review

Each site visitor will individually review the documentation for each of the measures in the domains they have been assigned. The site visitor will preliminarily assess the conformity of each measure as “Fully Demonstrated,” “Largely Demonstrated,” “Slightly Demonstrated,” or “Not Demonstrated.” (See page 57 for a description of these assessment categories.) Each site visit team member will assess each measure based on the careful consideration of the documentation, comparing it to the requirements in the **PHAB Standards and Measures**. Each member will also draft a preliminary conformity comment for each measure. The purpose of the conformity comment is to describe how the documentation met conformity and what, if anything, was missing. Each team member will begin to develop a list of questions and measures that will be opened for the health department to upload additional documentation.

➤ **IMPORTANT NOTE:** The more effort the site visit team puts into developing clear, informative conformity comments in e-PHAB during the Pre-site Visit Review, the easier it will be to complete the Site Visit Report after the site visit.



Hints and Tips

e-PHAB

A “Conformity” text box within the “Build Pre-Site Visit Report” section of e-PHAB allows site visitors to record their preliminary comments. Health departments will not be able to see these comments; they are for the use of the site visit team.

Team members will be able to edit all assessments and comments until the Site Visit Report is complete and submitted to PHAB.

After each site visit team member has reviewed the documentation for the measures and has written a preliminary conformity comment in the Build Pre-site Visit Report section and selected an assessment (score, in e-PHAB), **they must determine the Pre-site Visit Review Status for each measure from the drop down menu.** The Pre-site Visit Review Status is required before the team can move on in the PHAB process.

Step by Step



PRE-SITE VISIT DOCUMENTATION REVIEW

A few standard steps will facilitate the review of the documentation.

1. Review the domain, standard, and measure language before reviewing the documentation in each measure.
2. Open the “Required Documentation & Guidance” section, read the Required Documentation and Guidance language, and click on the upload(s) to open the documentation. Refer back to the domain, standard, measure, and purpose and significance language as you review the documentation to determine if the upload(s) meet conformity with the measure.
3. Type your initial thoughts into the “Build Site Visit Report” text boxes. Remember, a conformity comment will be required for every measure. The Areas of Excellence and Opportunities for Improvement are optional, but may be helpful to the health department’s continuous improvement. Scroll to the bottom of the Build Pre-Site Visit Report box and press Save. Remember to always press Save after making edits to Report text.
4. Select a “Pre-site Visit Score,” found in the “Pre-site Visit Review” section. While the selection of an assessment is not required to submit the questions and requests for additional documentation to the health department, making an initial selection will help the team determine what measures should be discussed. Remember, all measures with an assessment other than “Fully Demonstrated” must be discussed by the entire team.
5. Select a “Pre-site Visit Review Status” for the measure. If you have enough information to review the measure, select “Reviewed;” if you have a question, select “Reviewed with Questions;” if you would like to request additional documentation, select “Reopened.” If you request additional documentation or have a question, type it in. The health department will have a text box to reply to questions for “Reviewed with Questions” and “Reopened”. Scroll to the bottom of the Build Pre-Site Visit Report box and press Save. Remember to always press Save after making edits to Report text.
6. Type any “Site Visitor Notes” or “Private Notes” into the appropriate notes section as needed. Use Notes to keep track of questions or talking points you plan to discuss with your team or during on-site interviews.
7. The Chair must “Accept” the measure after the domain lead has completed the Pre-site Visit Review. Accepting the measure will lock the Pre-site Visit Review section, and no further changes can be made unless the Chair changes the “Site Visit Chair Pre-site Visit Review Status” back to “Pending.” Remember, you can continue to build the Site Visit Report and type Notes after the Chair has accepted the Pre-site Visit Review. It is also recommended that you save your comments in a secondary document (a Word document on your computer) in case an e-PHAB error causes you lose your comments/assessments.

Part 2 SITE VISIT PROCESS *continued*

e. Subsequent Site Visit Team Conference Calls

The site visit team will hold a total of six to eight conference calls to review, as a team, the assessments and conformity comments of the measures and to prepare for the site visit (see Appendix B for the process and timelines). Additional calls may be required, depending on the number and complexity of the issues identified for group discussion.

If team calls are not scheduled during the team's first call, it is the responsibility of the team Chair to schedule subsequent team calls: date, time, time zone, and duration of the call. The Chair must confirm the date with the Accreditation Specialist, who can provide a conference line. The Chair will also set the agenda for each of the calls. The Accreditation Specialist will typically be on the call for the first few minutes. The Chair may request that the Accreditation Specialist be on the call for a longer amount of time to answer specific site visit team questions. The team should be prepared with any questions for PHAB so that the Accreditation Specialist can address them at the beginning of the call, before the team begins its detailed discussion about assessing the measures. Questions may also be asked through e-PHAB at any time during the review.

At a minimum, the team will discuss all measures that are assessed as less than Fully Demonstrated. To assess a measure as Fully Demonstrated, it is important that the site visitor has identified everything that is required for the measure. All measures that have a preliminary assessment of Largely Demonstrated, Slightly Demonstrated or Not Demonstrated, will be discussed by the team. No measure should be determined to be less than Fully Demonstrated by a single site visitor; it should be a consensus of the team members.

f. Opening Measures and Asking Questions

The Pre-site Visit Review results in the site visit team sending questions and requests to the health department. This provides the health department time to clarify its documentation and/or identify other documentation before the site visit to ensure that the focus of the site visit is on quality interviews and discussions. With this step, documentation can be uploaded and reviewed before the team is on site.

Some questions may be more appropriate to ask on-site. The Accreditation Specialist can provide advice concerning when it is the best time to ask a particular question.



Hints and Tips

OPENING MEASURES AND ASKING QUESTIONS

- **There is no minimum or maximum number of measures that can be reopened or about which the team can ask questions.** Site visitors will use their professional judgment in determining whether additional information is needed. If there is any uncertainty about whether a request is appropriate, the first step is for the site visit team to discuss the measure and the documentation. If questions still exist, the site visit Chair should check with their Accreditation Specialist using the SV Chair/PHAB Q&A function in e-PHAB.
- **All questions or requests for additional documentation should be targeted and specific.** Comments related to conformity of documentation or explanations of why information or documentation is being requested should not be included in the question or request.
- **All questions or requests for additional documentation should relate to the requirements in the Standards and Measures.** Additional information that goes above and beyond what is required should not be requested.
- **Questions should be asked to clarify and better understand how the health department's documentation demonstrates conformity with a measure.** Questions should clarify the current evidence in e-PHAB, but the answers to the questions cannot take the place of documentation.
- **Any documentation that a health department submits in response to a site visitor request **must be dated on or before the department's original documentation submission date** in e-PHAB.** This date can be found on the Home tab in e-PHAB. The applicant may not create or submit new evidence or change/revise the documentation that was previously submitted.

Don't ask a question or ask for additional documentation when:

- **The documentation is not to the site visitor's liking.** The site visitor may not like the particular program or process, but the documentation should be accepted if it demonstrates the measure.
- **A sufficient number of other examples were provided that demonstrate the measure (i.e., extra examples were provided).** If, for example, three examples are provided and two of them demonstrate conformity with the measure, the site visit team should not ask questions about the third example.
- **It is not needed for the measure, i.e., it is beyond the scope of the measure.** Site visitors should not ask questions or ask for additional documents to address an issue that is not specifically required in the Standards and Measures. Comments that relate to issues that are not required may be placed in boxes for Areas of Excellence or Opportunities for Improvement text.
- **The measure is assessed as Fully Demonstrated.** During the Pre-site Visit Review, if a measure is assessed as Fully Demonstrated there is no need to ask for additional information. During the site visit, questions can be asked about Fully Demonstrated measures to validate the documentation.



Samples/Examples

OPEN MEASURES FOR ADDITIONAL DOCUMENTATION

Examples of situations and language when it is appropriate to ask for additional documentation, i.e., open the measure, include:

1. The documentation is of an activity that is outside of PHAB's scope of authority. The site visit team should provide an opportunity for the health department to provide documentation from an activity that is in scope. (For guidance on in-scope and out-of-scope examples see page 55.)

Sample Language

- Document 1.1 is a clinical activity and is outside of PHAB's scope of authority. Please submit an additional example that is within PHAB's scope of authority.

2. The documentation does not match the specific requirements in the Standards and Measures or is missing required elements. The site visit team may ask for documentation that matches the requirements in the PHAB **Standards and Measures**.

Sample Language

- Required Documentation 2 requires two examples, one of which must be from a program area and one which must be from an administrative area. Both examples appear to be from an administrative area. Please provide an example from a program area.
- Required Documentation 3 requires two examples, one of which must be from a chronic disease program. Both examples provided appear to be from environmental health. Please provide a chronic disease example.
- Required documentation 2 requires three elements. The third element is missing. Please provide documentation that includes that required element.

3. A majority of the documentation was selected from a limited number of department program areas. Site visitors should review the list of programs that the health department provides (contained in the health department's application) to determine if a cross section of program areas are represented in the documentation. Site visitors may request documentation from additional program areas if a cross section of programs is not represented in the documentation.

Sample Language

- Much of the documentation provided throughout Domain 3 relates to tobacco use prevention. For Measure 3.2.3, please provide an example from another program area to demonstrate a cross section of programs within the health department.



Samples/Examples

OPEN MEASURES FOR ADDITIONAL DOCUMENTATION *continued*

4. The documentation is outside of the required time frames. The site visit team may request that the health department provide a more recent version (dated on or before the date of the submission of documentation to PHAB).

Sample Language

- Document 3.2 is dated outside of the required timeframe. Please provide another example that is dated within the last 5 years of the documentation submission date.

5. The document is not current and in use in the health department. For example, a contract, MOU, or laboratory certificate may have expired prior to documentation submission. In this case, the issue is not that the document is outside of the required time frame, but that it is not current and in use. The site visit team may request that the health department provide a current and in-use document.

Sample Language

- Document 2.4 expired prior to documentation submission. All documentation must be current and in use at the time of documentation submission to PHAB. Please provide a current version of this document or another example.

6. The number of examples is not sufficient. If one example was submitted, and two examples are required, the site visit team may request an additional example.

Sample Language

- Required Documentation 1 requires two examples. Only one example was provided. Please provide an additional example.

7. The documentation does not address the measure. It may appear from the documentation and its description that the health department misinterpreted a specific requirement of the PHAB **Standards and Measures** and uploaded documents that are immaterial or irrelevant to the measure. The site visitors may ask the health department to reconsider the requirements and submit documentation that is applicable to the specific requirements.

Sample Language

- Based on review of the documentation, it appears there may have been a misinterpretation of Required Documentation 1. Please reconsider the requirements and submit two additional examples. The intent of Measure 11.2.2 is that two examples be provided of current contracts/MOUs/MOAs where the health department has delegated or purchased a service to be provided by another entity.

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Samples/Examples

OPEN MEASURES FOR ADDITIONAL DOCUMENTATION *continued*

8. The documentation does not include evidence of the health department's accountability for a program or service. For example, an MOU may be required to show that another organization provides a program or service on behalf of the health department, or a membership list may be required to show the health department's participation in a partnership. The site visit team may reopen a measure to request this supporting information.

Sample Language

- Document 1.5 is a report prepared by the Healthful Coalition. However, it is unclear how the health department is involved in this coalition. Please provide proof of the health department's membership and involvement with this group.

9. The documentation references other documents that are not included but which are necessary to assess the measure. The site visit team may request that the health department upload the documents that are referenced but not included. For example, the department uploaded a meeting agenda, but additional documentation, such as meeting minutes, is needed to demonstrate who was present, how they were involved, or evidence of the discussion or actions taken that occurred during the meeting.

Sample Language

- Document 3.2 references a companion document that describes the process used. Please provide this companion document.
- Document 1.2 is a meeting agenda. Please provide the meeting minutes that correlate to the agenda provided.

10. The department uploaded documentation in a measure and the site visit team feels it would be an appropriate example for another measure. It is not the responsibility of the site visit team to search through the documentation for an upload that would work for a measure. However, if they notice documentation that would be appropriate for a different measure, they may request that the document be uploaded for that measure. In that case, the site visit team may open the specific measure and request that a particular piece of documentation be uploaded there.

Sample Language

- Please upload Document 1.6 from Measure 1.1.2 within Required Documentation 1 of Measure 1.1.1.



Samples/Examples

ASK A QUESTION (REVIEWED WITH QUESTIONS)

Examples of situations and language when it is appropriate to ask a health department a question include:

1. The health department's documentation consists of several documents and it is not clear to the site visit team how they tie together and how they address the Required Documentation. The site visit team might ask for an overall description of the several pieces of documentation that have been submitted for a measure or a Required Documentation.

Sample Language

- For Required Documentation 1, please explain how the documents provided tie together to demonstrate conformity with this measure.

2. It is not clear what the uploaded documentation is. The site visit team may request a more specific description of the context or use of the document to understand how it is intended to demonstrate conformity with the measure.

Sample Language

- For Required Documentation 2, please explain how the documentation provided is intended to demonstrate conformity with this measure.

3. The upload description of the document does not appear to match the documentation. The site visit team may ask for further clarification or a description of how the documentation meets the documentation requirements or how the documentation provides specific evidence of conformity to the measure.

Sample Language

- The upload description provided for Document 3.4 does not appear to match the upload. Please clarify how the document provided meets the intent of Required Documentation 3.

4. The site visit team cannot locate the specific part of the document that addresses the Required Documentation. The site visit team might ask the health department to provide directions to the specific location (page and paragraph number) of the relevant part of the document.

Sample Language

- For Document 4.1, please indicate the page numbers where the required elements can be found within the documentation provided.
- For Document 3.3, please specifically identify where required element (s) can be found within the documentation provided.

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Samples/Examples

ASK A QUESTION (REVIEWED WITH QUESTIONS) *continued*

5. The documentation includes names of individuals involved in meetings, coalitions, activities, etc., but does not indicate who the individuals are or what their roles are. The site visit team might ask the health department to describe the organizations with which the individuals are affiliated and/or how they contribute to the group.

Sample Language

- Document 1.3 is an email sent to multiple individuals. Please identify who these individuals are and what their roles are.

When the site visit team has (1) completed its initial assessment of the measures, (2) developed preliminary conformity comments for each measure, (3) determined what measure-specific questions they have, and (4) determined what measures they will reopen for the health department to upload additional documentation (all in e-PHAB), they may submit their questions and opened measures to PHAB (batched and all submitted at one time). The Chair will review the questions and reopened measures and submit them to PHAB. The Accreditation Specialist will complete a final review of all questions and requests for appropriateness and clarity prior to sending to the health department. The health department has a maximum of 30 days to respond to the questions and upload documentation. The health department's response is also batched and the health department's responses are submitted to PHAB all at one time.

3. REVIEW OF THE HEALTH DEPARTMENT'S RESPONSE TO THE PRE-SITE VISIT REVIEW

Each site visitor will review the health department's responses to the Pre-site Visit Review for the domains they are assigned. The site visit team will have one or two conference calls to review the documentation that has been submitted in response to opened measures and the health department's answers to the site visitors' questions.

Any additional documentation that is submitted by the health department must have been developed, finalized, and in use by the health department on or before the date of their original submission of documentation to PHAB. That is, the health department may not submit documentation in response to the Pre-site Visit Review that was developed or finalized after their original submission date.

4. DEVELOPING QUESTIONS FOR THE SITE VISIT

Site visit interviews are the time to verify the documentation that was reviewed and clarify documentation that was confusing or ambiguous. It is an opportunity to learn how documentation is implemented or operationalized to gain insight into the workings of the health department. In preparation for the last call before the site visit, each member will prepare and organize a list of questions or issues specific to the

measures in the domains they reviewed to be raised during on-site interviews. Each site visit team will choose the best method to collect and organize the questions.

The PHAB Accreditation Specialist will provide the team with a template that may be used to record the list of questions that each team member plans to ask in the interviews. The template includes several measure-related visual observations that the team should make during the site visit.

The template includes a complete “Sample Domain Interview.” This sample interview shows all of the pieces of a domain interview, including: introductions, domain overview, measure questions and follow-up questions, and final thoughts.

During this conference call the site visit team will also review the final site visit agenda and review each team member’s roles and responsibilities while on site. In addition, final travel logistics will be discussed during this call.

The purpose of compiling the questions into an interview template is twofold; first, in the event of slow internet or technology failure, the team will have a printed list of the questions and can take hand-written notes; and second, this list provides a way for other team members or the PHAB Accreditation Specialist to ask the right questions in interviews should a team member be unable to be present for an interview due to extenuating circumstances, such as an illness or an emergency.

Questions or issues may pertain to, for example:

- Adequacy of documentation;
- Appropriateness or relevance of documentation;
- Documentation that is similar to, but not the same as, the requirements;
- Timeliness of the documentation, based on the timelines in the **PHAB Standards and Measures**;
- Areas where clarification or explanation is required to understand the applicability of the documentation;
- Areas where clarification or explanation is required to understand how the health department operationally meets the measures; and
- Documentation for which additional samples will be requested (additional program areas, additional examples, etc.).

In addition, the site visit team will consider themes and trends identified during the Pre-site Visit Review and prepare a list of general questions or issues to be raised during the general interviews (i.e., the interviews with the health department director, the governing body, or the community partners).

5. DEVELOPING THE SITE VISIT AGENDA

The site visit team will develop a proposed site visit agenda before the site visit. Site visits will typically last two days, though they may be shorter or longer depending on the size and complexity of the health department and the scope of the documentation. The team should use the PHAB Site Visit Agenda Template (below). The template may be adjusted to address the site visit team’s interview needs.

The Accreditation Specialist will assist the site visit team in developing the agenda. When the team has completed it, the Accreditation Specialist will work with the health department’s Accreditation Coordinator to make any needed modifications and to ensure participant names and room locations are added. In some cases, the agenda will need to be modified more than once to accommodate the needs of both the health department and the site visit team. The agenda should be final no later than three weeks prior to the visit.

Part 2 SITE VISIT PROCESS *continued*

The order of the sessions and the times allotted for each of the interviews and discussions may be altered to accommodate the needs of the health department and the site visit team. For example, a health department staff person may have a major or leadership role in more than one domain. PHAB will work with the health department to not schedule meetings on those domains concurrently. PHAB will also work with the health department to accommodate representatives of the governing entity, partner organizations, or community partners.

PHAB will work with the site visit team to ensure that domain sessions are scheduled appropriately. That is, those domains about which the team has more questions are allotted more time on the agenda. All concurrent meetings will consider team members' domain assignments, i.e. site visitors will only be assigned one domain interview per concurrent session unless there is a need to combine two domains, in which case sufficient time will be allotted for discussions on both domains. There may also be some domains that the team determines should be reviewed by the whole team because of their complexity or the number of issues.

The agenda will also include a tour of the health department. The team may consider visiting additional physical sites or facilities that the health department would like the site visit team to visit. This is very infrequent.

Step by Step



DEVELOP THE SITE VISIT AGENDA

The site visit team's process for developing the proposed agenda should follow six steps:

1. Required Placement of Sessions

The development of the agenda should begin with the agenda items that are held at the same time for all health department site visits:

- The entrance conference must be the first item on the agenda.
- The last executive session must be held immediately before the exit conference.
- The exit conference must be the last agenda item.

The Accreditation Specialist will notify the team Chair of the hours of operation of the health department. The entrance conference should begin 30 minutes after the opening time of the health department, to allow for security and getting settled.

2. Standard Place on the Agenda

There are several items that PHAB recommends be placed at specific points in the agenda, but may be adjusted to suit the scheduling needs of the health department:

- The **walk-through** of the health department usually takes place immediately after the entrance conference. It is important that the site visit team is clear about the length of time allotted to the walk through; the health department may need to be selective about what parts of the department are included in the walk-through. For example, walking through similar offices or cubicles in an office building is not the best use of the team's time.
- The **Community Health Assessment/Community Health Improvement Plan (CHA/CHIP)** interview is usually held immediately after the walk through, before the other interviews. The CHA/CHIP interview provides the foundation for the health department's programs, policies, and processes and a framework and context for the site visitors' remaining interviews.
- The **strategic plan** interview should be held immediately after the CHA/CHIP interview. The strategic plan provides the direction of the health department and the template for decisions to move the department forward. It provides site visitors with an overall understanding of the health department's priorities and operations.
- The interview with the **health department director** is usually held immediately before the site visit team's final executive session on the second day. This interview should be held after all the other interviews are completed to provide the site visit team the opportunity to obtain the health department director's perspectives on issues that the site visit team has identified.

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Step by Step

DEVELOP THE SITE VISIT AGENDA *continued*

- The times of the sessions with the **governance and community representatives** are set and are not moved unless the health department requests a change. The health department will have sent invitations to the participants of these sessions several months before the site visit.

3. Domain Interviews

Interviews of health department staff are organized by domain. Domain interviews are scheduled concurrently in the Site Visit Agenda Template. However, there may be some domains that all site visit team members should attend and the site visit team may not want to schedule all domain interviews to be concurrent. In determining this, the site visit team should consider:

- Are there domains about which the site visit team has numerous questions or concerns? These interviews might be conducted with all three site visit team members.
- Are there some domains for which the preponderance of measures is met? These interviews may be scheduled as concurrent interviews, with only one member of the team conducting the interview.
 - Consider the number of issues and number of measures when scheduling concurrent interviews so that the lengths of the interviews are about the same.
 - Consider the domain assignments of the site visit team members, so that a team member is not scheduled for two concurrent interviews at the same time.

4. Executive Sessions

Ensure that there is sufficient time for executive sessions. The site visit team will want to end the first day and begin the second day with an executive session. An executive session must be scheduled to occur immediately before the exit conference. These sessions provide the site visit team with opportunities to discuss their observations and findings. These sessions are used to finalize assessments and add narrative in the e-PHAB “Build Site Visit Report” section.

5. Additional Facilities

The primary physical location that site visitors will visit is the health department’s central office. In their application, a health department may request visits to additional sites. Visits to additional sites are at the discretion of PHAB staff. To save time and resources, health departments are strongly encouraged to create a presentation concerning the locations and purposes of other sites that can be shared with the site visit team during the entrance conference. There may be a special instance where a health department is large enough to warrant a visit to another facility.



Samples/Examples

AGENDA TEMPLATE

This site visit agenda template is a sample of a typical health department site visit. The template includes the agenda items that are required in every site visit.

This template is **not** intended to be the absolute, unalterable agenda for every site visit. It is intended to be flexible to meet the specific needs of the site visit team based on their review of the documentation. For example, the site visit team may wish to spend less time on one domain and more time on another, based on the volume of questions. The order and grouping of concurrent sessions will need to be revised to accommodate the team members' assignments of domains, so that no team member is expected to attend two different domain sessions at the same time.

The site visit agenda template is intended to be flexible to also meet the staffing and organizational structure of the health department. The order of the domains may need to be shifted, based on a staff person's area of responsibility and expertise. The health department is responsible for selecting the department staff that will attend each session. They are also responsible for inviting representatives of their governing body and community partners.

A template for a two-day site visit is provided here. Site visits may be extended to two and one-half days, if the health department is unusually large or complicated or if the team visits additional facilities.



Public Health Accreditation Board

Name of Health Department Site Visit Agenda

DAY 1: Month, Day, Year

8:30 AM	Site Visit Team Arrives	Site Visit Team <i>Room:</i>
9:00	Entrance Conference	Site Visit Team <i>Room:</i> Health Department Director Accreditation Coordinator Health Department Management Team
9:30	Department Walk-Through	
10:00	CHA and CHIP (Standards 1.1 and 5.2)	Site Visit Team <i>Room:</i> Department Staff (e.g., planning director)
10:45	Break	
11:00	Strategic Plan (Standard 5.3)	Site Visit Team <i>Room:</i> Department Staff (e.g., planning director) Representatives of Health Department Management Team
11:30	Concurrent Domain Sessions	
	Domain 1	Site Visit Team Member Assigned to Domain 1 <i>Room:</i> Representative(s) of Health Department
	Domain 4	Site Visit Team Member Assigned to Domain 4 <i>Room:</i> Representative(s) of Health Department
	Domain 8	Site Visit Team Member Assigned to Domain 8 <i>Room:</i> Representative(s) of Health Department

12:00 PM	Lunch and Executive Session	Site Visit Team <i>Room:</i>
1:00	Meeting with Community Partners	Site Visit Team <i>Room:</i> Representatives of Community Partners
2:00	Concurrent Domain Sessions	
	Domain 12	Site Visit Team Member Assigned to Domain 12 <i>Room:</i> Representative(s) of Health Department
	Domain 3	Site Visit Team Member Assigned to Domain 3 <i>Room:</i> Representative(s) of Health Department
	Domain 9	Site Visit Team Member Assigned to Domain 9 <i>Room:</i> Representative(s) of Health Department
2:45	Break	
3:00	Concurrent Domain Sessions	
	Domain 2	Site Visit Team Member Assigned to Domain 2 <i>Room:</i> Representative(s) of Health Department
	Domain 6	Site Visit Team Member Assigned to Domain 6 <i>Room:</i> Representative(s) of Health Department
	Domain 11	Site Visit Team Member Assigned to Domain 11 <i>Room:</i> Representative(s) of Health Department
4:00	Executive Session	Site Visit Team <i>Room:</i>
5:00	Adjourn	

Part 2 SITE VISIT PROCESS *continued*

DAY 2: Month, Day, Year

8:45 AM	Site Visit Team Arrive/ Executive Session	Site Visit Team <i>Room:</i>
9:15	Concurrent Sessions	
	Domain 7	Site Visit Team Member Assigned to Domain 7 <i>Room:</i> Representative(s) of Health Department
	Domain 10	Site Visit Team Member Assigned to Domain 10 <i>Room:</i> Representative(s) of Health Department
	Domain 5	Site Visit Team Member Assigned to Domain 5 <i>Room:</i> Representative(s) of Health Department
10:00	Executive Session/Break	Site Visit Team <i>Room:</i>
10:30	Meeting with Representatives of Governing Entity	Site Visit Team <i>Room:</i> Representative(s) of Governing Entity
11:30	Meeting with Director of Health Department	Site Visit Team <i>Room:</i> Health Department Director
12:00 PM	Lunch and Executive Session	Site Visit Team <i>Room:</i>
1:00	FINAL Executive Session and Report Development	Site Visit Team <i>Room:</i>
2:00	Exit Interview	Site Visit Team <i>Room:</i> Accreditation Coordinator Health Department Management Team Other Health Department Staff (invited by Health Department)
2:30	Adjourn	

6. SITE VISIT SCHEDULING AND ARRANGEMENTS

PHAB staff will work with the site visit team to schedule the site visit as early in the team's documentation review process as possible. Having the site visit scheduled early not only provides a framework for the site visit team to plan and complete its work and also provides notice to the health department as they prepare for the site visit.

The final conference call of the site visit team before the visit will be to review travel arrangements. PHAB staff will provide detailed instructions and work with the site visit team to make travel arrangements, including air and hotel accommodations. Flights will be coordinated as much as possible so that team members arrive and leave at about the same time. Site visit team members will share cell phone numbers so that they can communicate as they travel.

Site visitors should plan to depart from their starting location the day prior to the first day of the site visit and arrive at the hotel for a team meeting early that evening. An evening meeting will be held to review the agenda, roles and responsibilities, questions that will be asked, and ground logistics. Travel home will occur immediately after the site visit ends (pending flight availability).

III. SITE VISIT TO THE HEALTH DEPARTMENT

The on-site visit to the health department is an important part of the site visit team's review of the health department. The visit to the health department by peer reviewers adds credibility to the review process. The visit is part of the quality improvement process for the health department and is an important tool to promote positive change in the health department. The site visit team's questions help the health department examine itself through the eyes of expert public health peer reviewers who have different perspectives. It is critically important that the visit to the health department is conducted in a professional manner, with the best interest of the health department in mind, providing an opportunity for the health department to see itself in a new light.

The visit to the health department is an opportunity for site visitors to supplement their review of the documentation in e-PHAB with in-person discussions and direct observations. The health department will have an opportunity to describe its policies and procedures, relationships with the community, the role of its governing entity, and other qualitative information.

Site visit team members will meet with a range of stakeholders, including various levels of health department staff, representatives of the health department's governing entity, representatives of community partners, and the health department director. Site visitors will ask questions about the documentation, the health department's relationships, and the structure and operation of the health department. These discussions provide an opportunity for the site visit team to understand the character and culture of the health department and understand how the documentation is used by the health department to conduct business.

1. HEALTH DEPARTMENT PREPARATIONS

Health departments will be prepared for the site visit. PHAB instructs health departments to notify the building receptionist to expect the site visit team and know where to direct them. The department is also instructed that the health department director and Accreditation Coordinator must be available for the duration of the site visit. The health department will have designated a private meeting room to serve as "home base" for the site visit team. This room will be available to the site visit team for the duration of the site visit. The health department will provide Wi-Fi internet access and appropriate passwords to the members

Part 2 SITE VISIT PROCESS *continued*

of the site visit team. The department is also responsible for ensuring that interviews are scheduled in private offices or rooms. The department has also been instructed that they may not offer gifts or food to the team that are not available to all staff or the public.

2. SITE VISITOR PROFESSIONAL CONDUCT

Site visitors represent PHAB during all phases of the site visit. Site visitors must present themselves in a friendly, courteous, and professional manner as they interact with health department employees and others during the visit. Site visitors are expected to dress in business attire during the site visit. PHAB will issue each site visitor a “PHAB Official Site Visitor” badge to wear during the site visit to identify members of the site visit team. Some health departments may also require site visitors to wear a health department “visitor badge.”

Site visitors must refrain from social interactions (such as evening meals) with health department employees while the review is being conducted. Site visitors also may not accept any gratuities from health department employees.

It is important that the health department knows that they are being reviewed by professional, conscientious, and thorough site visitors. They should respect the site visitors and feel respected by the site visitors. Additionally, the atmosphere set by the site visitors will do much to allay the natural anxiety that a health department staff may have about being interviewed.



Hints and Tips

SITE VISIT TIPS

- Be thoroughly prepared with a list of questions to discuss during the interviews.
 - Prepare specific questions ahead of time. In the event of illness or an emergency, another team member may need to conduct an interview in a domain for which they were not the primary reviewer.
- Always remember that the purpose of public health department accreditation is quality and performance improvement.
- Create a professional, cordial atmosphere during the site visit among the site visit team members and with the health department. Keep the tone conversational and collegial.
- Go to the site visit with an open mind.
- Gather as much information as you can and keep complete notes.
- Be aware that health departments can have unique organizational structures, may require different operational approaches, and may meet the measures in various ways.
- Review the travel arrangement and the PHAB travel reimbursement policies before you leave for the visit.

3. CONDUCTING THE SITE VISIT

The site visit team will follow the agenda that was finalized prior to the visit. Site visitors should adhere to the site visit agenda items and times as a means of respecting the time and ongoing responsibilities of health department staff, governance representatives, and community partner representatives. Adhering to the PHAB approved agenda also contributes to a more standardized process for all health departments. The team should however, remain flexible should situations require that the sessions be rearranged at the last minute.

PHAB Accreditation Specialists will, in most cases, attend site visits. They will provide consultation and technical assistance concerning interpretation and/or intent of standards, measures, and guidance for documentation or concerning the site visit process. They will be available to coordinate logistical assistance with travel or other scheduling concerns. They will not conduct interviews. They will counsel site visitors if the discussion goes beyond the requirements of the measures or begins to include advice or to share information about other health departments.

If an Accreditation Specialist is not on-site with the team, they will be available via phone or video.

a. Pre-visit Team Meeting

The site visit team will hold a team meeting the evening prior to the first day of the visit to the health department. This is a planning and organizational meeting. It is an opportunity for the team members and the Accreditation Specialist to become acquainted with each other, follow-up on any reviews that have been completed and questions that have been identified since the team's last conference call, and to raise any additional concerns identified during the Pre-site Visit Review. Any documentation needs that have not been previously identified should be shared at this time. The site visit team should review the site visit agenda and the site visit team Chair will advise the team of how s/he intends to run the interviews and answer any questions posed by team members. Finally, the site visit team should review the plans for the development of the Site Visit Report to ensure that each site visit team member knows their responsibilities.

b. Entrance Conference

The purpose of the entrance conference is to make introductions, establish expectations, and set a collegial tone.

Step by Step



ENTRANCE CONFERENCE

1. **Thank the health department** for their support of public health department accreditation, the work they have dedicated to the process, and their hospitality.
2. Conduct **introductions** of the site visit team members, PHAB Accreditation Specialist, health department leadership and staff, health department Accreditation Coordinator, and others that may be invited by the health department.
3. Explain **roles**:
 - The site visit team Chair is the primary point of contact and will lead the entrance and exit conference. The team Chair may also lead other group sessions such as the interview with the department director.
 - The Accreditation Coordinator is the primary point of contact for the department and should check e-PHAB regularly to upload any additional documentation requested by the site visit team.
 - The department director is responsible for ensuring any additional documentation submitted throughout the course of the site visit is officially submitted to PHAB through e-PHAB prior to the start of the final executive session.
 - The Accreditation Specialist is the liaison between the site visit team and the department.
4. Describe PHAB's **conflict of interest and confidentiality policies**.
 - Each site visitor has completed a Conflict of Interest Disclosure Form and the health department has had an opportunity to review the names of their site visitors and to indicate any real or perceived conflicts of interest.
 - PHAB and its site visitors will not share any information about: the health department, its application, and its documentation; the site visit team's interviews, review of documentation, findings, or impressions; or the health department's accreditation status. Site visitors have signed a confidentiality agreement with PHAB not to discuss their specific health department review with anyone other than PHAB staff, Accreditation Committee members, or their site visit team members.
 - When a health department receives accreditation, PHAB will notify the health department and post the name of the health department on the PHAB website as public notice of the achievement. All documentation as well as the Site Visit Report will remain confidential.
5. Review the **purpose of the site visit**. The site visit is an opportunity for:
 - The health department to be reviewed by peer public health practitioners.
 - Site visitors to verify the documentation submitted to PHAB by the health department.
 - Site visitors to request further and additional documentation. (Documentation that was created after the submission of the department's documentation to PHAB will not be considered by the site visit team.)

Step by Step



ENTRANCE CONFERENCE *continued*

- Discussion and explanation.
 - Site visitors to supplement paper documentation with face-to-face discussions and direct observations.
 - Site visitors to meet with community partners and representatives of the health department's governing entity.
 - Site visitors to speak directly with the health department director.
6. Review the site visit team's **process and guidelines for documentation review**.
 - Note that the team may not have time to review documentation for all standards and measures with the health department; they will focus on missing documentation, perceived deficiencies, and questions.
 - Explain the four categories to be used for assessing each measure. Explain that numerical values will NOT be used.
 - Explain the consensus process used by the site visit team to discuss and agree on measure assessments.
 - Explain that the Site Visit Report may identify opportunities for improvement. Explain that the site visit team will not make suggestions for actions or activities to address opportunities for improvement.
 - Make it clear that the team will NOT recommend accreditation status at any time. The determination of accreditation status is the responsibility of the PHAB Accreditation Committee.
 - Explain that the site visit schedule includes an exit conference at the end of the visit. During the exit conference, the team will provide their overall impressions and review strengths and opportunities for improvement. The exit conference will be an overview and will not cover everything that will be included in the Site Visit Report.
 7. **Ask your Accreditation Specialist** if they have anything to add or if any of the talking points were missed.
 8. Invite the **health department leadership to provide an overview of the health department**, its programs, its structure, the population it serves, or any other pertinent information the health department would like the site visit team to know.
 9. Ask if there have been any **recent changes or developments in the department** about which the site visitors should know, including a new budget or organizational chart.
 10. Ask if there are **any questions** about the site visit agenda or process.

Part 2 SITE VISIT PROCESS *continued*

c. Walk-Through

A health department staff member will guide the site visit team on a walk-through of the health department facility. The purpose of the walk-through is to provide the site visit team with an overall picture of the health department's environment, atmosphere, and working conditions. The walk-through may include introductions of various health department staff.

The site visit team should note the general lay-out of the health department, the space provisions, and records storage. If the health department operates a public health laboratory and it is located in close proximity to the central office of the health department, the laboratory may be included in the walk-through.

A few of the measures require direct visual observation. The team should note these during the walk-through.

- **Measure 3.2.2:** Required Documentation 2: "Implementation of the department's branding strategy." The site visit team should supplement the submitted documentation with visual observations of signage inside and outside the health department.
- **Measure 3.2.6:** Required Documentation 3: "Assistive staff or technology devices." The site visit team should supplement the submitted documentation with their visual observations of assistive technology for the hearing and the visually impaired, or other assistive staff or technology devices."
- **Measure 11.1.7:** "Facilities that are clean, safe, accessible, and secure." The site visit team should supplement the submitted documentation with their visual observations of the facilities.

d. Interviews and Document Review

Interviews are a defining and essential part of the site visit. The purpose of site visit interviews is to verify the documentation provided as evidence, gain a context for the documentation, and ensure an understanding of what processes and procedures the documentation represents. The site visit team should review any areas that require clarification or explanation with the health department's staff. Interviews are a fact-finding process. Interviews provide information that will be reflected in the final assessments and conformity comments in the Site Visit Report.

The quality of information gained from the interview is largely determined by site visitors' questions and actions. Upon leaving the site visit, there should be no unanswered questions or further clarification needed for finalizing the Site Visit Report.

During general sessions and group interviews, team members are encouraged to ask questions and participate in site visit team dialogue across all standards, even though each site visitor will have specific domains assigned to them. Individually, the site visit team members will interview health department staff concerning the documentation for their domains.

Interviews should be open and frank discussions that clarify and expand on information provided by the documentation. Site visitors should practice active listening and follow-up with questions.

Interviews should be held in a private office or room so that the exchange of information can be confidential. Each site visitor should take notes on discussions concerning the domains to which they have been assigned. They will be responsible for writing the portions of the Site Visit Report that relate to those domains.

It is vitally important that the interviews and conversations stay on the subject matter related to accreditation and the requirements set forth in the **PHAB Standards and Measures**. **Site visit team members must never share information about their own personal or professional experiences or about their own or other health departments when discussing the health department's conformity with the measures.**

Step by Step



SITE VISIT INTERVIEWS

- Introduce yourself to every person in the room whom you have not previously met and briefly explain your professional experience, specifically as it relates to your role as a peer site reviewer.
- Provide a very brief overview of the domain covered in the interview to provide context for the discussion.
- Focus your attention first on questions about specific measures. It is not necessary to discuss every measure in a domain.
- Ask prepared questions and follow up questions. Take notes.
- The Accreditation Specialist can provide interview templates for the site visit team to use.
- If time allows, solicit input from everyone in the room to determine how their work relates to the domain.
- At the end of the interview session, be sure to thank everyone.



Hints and Tips

INTERVIEWS

I. GENERAL INTERVIEW GUIDANCE

Interviews should be conducted in a professional and cordial manner. While site visitors will have a list of questions to ask that they have developed or issues to be covered, they should attempt to conduct the interview in a relaxed, conversational manner.

Questions should be designed to gain information and understanding.

- Questions should be clear, concise, and nonthreatening.
- Questions should be open-ended. In other words, questions should not elicit a “yes” or “no” answer but should opportunities for descriptions and explanations.
- Questions should not imply values or judgments.

Site visitors should be active listeners, be observant, and check for understanding.

- Site visitors should be aware of “clues” and attempt to follow up on what is not being said.
- Site visitors should use open body language and make eye contact.
- Site visitors should be aware of others’ body language and non-verbal feedback.
- Site visitors should allow time for the complete answer and not rush the person being interviewed. Follow-up comments can often be revealing.
- Site visitors should encourage the person they are interviewing to provide additional information. There are several methods that can be employed to encourage the provision of additional information:

Silent Probe

An effective way to encourage someone to elaborate is to do nothing at all; just pause and wait. It suggests that you are waiting, listening for what they will say next.

Overt Encouragement

Overt encouragement could be as simple as saying “Uh-huh” or “OK” after the respondent completes a thought. Try to do so in a way that does not imply approval or disapproval of what they said.

Elaboration

You can encourage more information by asking for elaboration. For instance, ask “Would you like to elaborate on that?” or “Is there anything else you would like to add?”

Ask for Clarification

Sometimes you can elicit greater detail by asking the respondent to clarify what they said.



Hints and Tips

INTERVIEWS *continued*

Repetition

Repeat what you heard. This may elicit additional information as well as confirm your understanding.

Site visit team members should not:

- Make evaluation comments about the information provided during an interview.
- Ask leading questions that indicate that certain answers are anticipated.
- Share personal experiences about how you do things in your health department.
- Offer suggestions for how a policy, program, or intervention could be improved.
- Offer judgements or assessments of the health department.
- Indicate how a measure is assessed or whether documentation is in conformity with the measure requirements.
- Ask questions that go beyond what is required to demonstrate a measure.
- Make statements about how well or poorly the health department was assessed.
- Make any statement or prediction about the accreditation decision.

At the end of each interview, site visitors should always thank the person for their time, hospitality, and contributions to the site visit and accreditation process.

II. SAMPLE QUESTIONS

The questions that the site visit team poses during the site visit should be based on the site visit team's review of the health department's documentation, preliminary assessment of the documentation, and need for additional information or clarification. The sample questions presented here are provided as suggestions for consideration by the site visit team, but they are not required.

General Questions

- a. What are the health department's (or program's) most significant contributions to the health of the community?
- b. What are the health department's (or program's) strengths?
- c. What are the biggest challenges that the health department (or program) faces?
- d. What is the department's (or program's) relationship with the community?

Entrance Conference

- a. Have there been changes in the department since the department submitted its documentation?
- b. Describe the governmental public health system in your community/state.

continues on next page



Hints and Tips

INTERVIEWS *continued*

- c. Describe the department's organizational structure.
- d. What issues/topics/explanations should the site visit team be aware of and/or keep in mind as they conduct the site visit?

Meetings on the CHA/CHIP/SP

- a. Describe how the community health assessment (CHA) was developed.
 - i. What was the overall process?
 - ii. How was the community involved?
 - iii. Does the community use the CHA for planning, coordinating services and activities, sharing resources, funding applications, or other uses?
- b. How was the community health improvement plan (CHIP) developed?
 - i. What was the overall process?
 - ii. How was the community involved?
 - iii. How is the community involved in its implementation?
 - iv. Does the community use the CHIP for their program planning, coordinating services and activities, sharing resources, funding applications, or other uses?
 - v. Does the CHIP translate into the department's annual budget?
 - vi. Does the CHIP impact on resource requests or allocations? Is it considered in setting priorities for grant applications or funding requests?
- c. How was the department's strategic plan developed?
 - i. Who in the department was involved in its development?
 - ii. How was the governing entity involved in its development?
 - iii. How is it used by programs and leadership?
 - iv. Does the strategic plan translate into the annual budget?
 - v. Does the strategic plan impact on resource requests or allocations? Is it considered in setting priorities for grant applications or funding requests?

Questions for the Health Department Director

- a. Describe the public health system structure in your Tribe/state/community.
 - i. What is unique about the public health system and structure?
 - ii. Describe how your health department fits within the Tribal/state/local overall government structure.



Hints and Tips

INTERVIEWS *continued*

- iii. Describe your department's relationship with other public health departments (Tribal/state/local health department(s)).
- b. Describe the department's relationship with its governing entity.
 - i. Describe how the department and the governing entity work together on public health issues.
 - ii. Describe how the department educates the governing entity about the mission and role of the department.
- c. Describe the department's relationship with the community.
 - i. What is the department's policy or process for working with the community? How do programs obtain community input?
 - ii. What examples are there of collaboration and partnership with the community?
- d. How is the community health assessment and community health improvement plan used?
 - i. How does the health department use these documents?
 - ii. How does the community use the improvement plan for priority setting, resource allocation, or other purposes?
- e. How is the department's strategic plan used?

Questions for the Governing Entity Representatives

- a. Describe the relationship of the governing entity with the health department.
 - i. Describe the process for information exchange.
 - ii. Describe the process for decision-making.
- b. Describe the working relationship of the governing entity with the community.
 - i. How does the governing entity obtain community input?
- c. What was the governing entity's role in the development of the health department's strategic plan?
 - i. What is the governing entity's role in promoting and monitoring its implementation?
- d. Describe how the governing entity was involved with the accreditation effort.

Questions for Community Partners

- a. Describe the relationship of the health department with the community at large.
 - i. How well does the community understand the mission and role of the department?
 - ii. How does the department communicate with the community?
- b. Describe your organization's relationship with the health department.
 - i. In what areas does your organization partner and collaborate with the health department?

Part 2 SITE VISIT PROCESS *continued*

e. Special Interviews and Discussions

Site visitors will meet with representatives of the governing entity and with community partners. There are measures that can guide the questions and discussions.

- Community Partners

The site visit agenda will include a meeting with representatives of community partners. Community partners are the organizations, coalitions, partnerships, and individuals with which the health department collaborates to improve the health of the population of the jurisdiction it serves. Community partners may include, for example, the school system, the faith community, local businesses, the community hospital, recreational organizations, and/or private citizens.

The health department will be responsible for selecting and inviting community partners to participate in appropriate portions of the site visit. The health department may also choose to invite community representatives to participate in other agenda items, such as the discussion that addresses the development of the community health assessment or the review of Domain 4.

This meeting with community partners will provide site visitors the opportunity to further assess the health department's conformity with measures that relate to community engagement and partnerships. Those measures in the **Standards and Measures Version 1.5** are:

Measure 1.1.1 S, L, T

A state /Tribal/local partnership that develops a comprehensive community health assessment of the population of the state

- **RD 1:** Participation of representatives from a variety of community sectors
- **RD 2:** Regular meetings or communications with partners
- **RD 3:** The process used to identify health issues and assets (The health department must document the collaborative process used to identify and collect data and information, identify health issues, and identify existing state, Tribal, or local assets and resources to address health issues.)

Measure 1.1.2 S, T, L

A state level community health assessment

- **RD 2:** Opportunity for the State (Tribal or local) community at large to review and contribute to the assessment

Measure 1.1.3 A

Accessibility of community health assessment to agencies, organizations, and the general public

- **RD 1:** Information provided to partner organizations concerning the availability of the community health assessment
- **RD 2:** The availability of the community health assessment findings to the public

Measure 1.4.2 S, T/L

Statewide/Tribal/community summaries or fact sheets of data to support health improvement planning processes

- **RD 2:** Distribution of summaries of data to public health system partners, community groups and key stakeholders

Measure 2.1.4 A

Collaborative work through established governmental and community partnerships on investigations of reportable diseases, disease outbreaks, and environmental public health issues

- **RD 1:** Partnerships with other governmental agencies/departments and/or key community stakeholders that play a role in investigations or have direct jurisdiction over investigations
- **RD 2:** Working with partners to conduct investigations

Measure 3.1.2 A

Health promotion strategies to mitigate preventable health conditions

- **RD 2:** Development and implementation of health promotion strategies (that) were implemented in collaboration with stakeholders, partners, and the community
- **RD 4:** Implementation of strategies in collaboration with stakeholders, partners, and/or the community

Domain 4

Engage with the Community to Identify and Address Health Problems

Measure 4.1.1 A

Establishment and/or engagement and active participation in a comprehensive community health partnership and/or coalition; or active participation in several partnerships or coalitions to address specific public health issues or populations

- **RD 1:** Collaborative partnerships with others to address public health issues
- **RD 2:** Partner organizations or representation
- **RD 3:** Community, policy, or program change implemented through the partnership(s) or coalition(s)

Measure 4.1.2 T/L

Stakeholders and partners linked to technical assistance regarding methods of engaging with the community

- **RD 1:** The provision of consultation, technical assistance, or information concerning methods of community engagement

Measure 5.2.1 S, L, T

A process to develop a state/Tribal/local community health improvement plan

- **RD 1 a:** A health improvement planning process that included broad participation of community partners

Measure 5.2.2 S, L, T

State/Tribal/local health improvement plan adopted as a result of the health improvement planning process

- **RD 1 c:** A health improvement plan that includes individuals and organizations that have accepted responsibility for implementing strategies

Measure 5.2.3 A

Elements and strategies of the health improvement plan implemented in partnership with others

Part 2 SITE VISIT PROCESS *continued*

Measure 5.2.4 A

Monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners

Measure 7.1.1 A

Process to assess the availability of health care services

- **RD 1:** A collaborative process to assess availability of health care services

Measure 7.1.3 A

Identification of gaps in access to health care services and barriers to the receipt of health care services identified

- **RD 2:** Reporting the analysis of data from across the partnership (see 7.1.1) that identify the gaps in access to health care services and the causes of gaps in access, or barriers to care.

Measure 7.2.1 A

Process to develop strategies to improve access to health care services

- **RD 1:** A coalition/network/council working collaboratively to reduce barriers to health care access or gaps in access
- **RD 2:** Strategies developed by the coalition/network/council working through a collaborative process to improve access to health care services

- Representatives of the Governing Entity

The site visit agenda will include a meeting with representatives of the health department's governing entity. In some cases, the governing entity may be a governor, mayor, or board of county commissioners, and they may or may not be available for a meeting with the site visit team; in such cases, the health department will invite representatives of the governing entity. Meetings with representatives of the governing entity will provide the site visitors with the opportunity to further assess the health department's conformity with measures that relate to Domain 12. Other measures that specifically relate to the governing entity are:

Measure 3.2.3 A

Communication procedures to provide information outside the health department

- **RD 1 e:** Procedures for communications that include responsibilities and expectations for positions interacting with the news media and the public, including, as appropriate, any governing entity members and any department staff member

Measure 4.2.2 A

Engagement with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public's health

- **RD 1:** Engagement with the governing entity, advisory boards, and/or elected officials about policies and/or strategies that will promote the public's health

Measure 5.1.1 A

The monitoring and tracking of public health issues that are being discussed by individuals and entities that set policies and practices that impact on public health

- **RD 1:** Monitoring/tracking of policies under consideration by the governing entity, elected officials, government officials, and/or other entities that set policies and practices that impact public health

Measure 6.1.2 A

Information provided to the governing entity and/or elected/appointed officials concerning needed updates/amendments to current laws and/or proposed new laws

- **RD 1:** The provision of written recommendations to governing entity and/or elected/appointed officials concerning amendments or updates to current laws and/or proposed new laws

f. On-site Additional Documentation

Members of the site visit team may request additional documentation during the site visit. Site visitors ask for additional documentation when it is required for them to be able to write a Site Visit Report that reflects the reality of the health department, how they operate, and how they provide public health services. The objective is always for the Site Visit Report to accurately describe the health department.

Additional documentation must be uploaded into e-PHAB. The Accreditation Specialist will review and submit each request to the health department. The measure will be opened for the health department to upload documentation. Additional documentation must be submitted prior to the last executive session that is scheduled immediately before the exit conference. After this time, the health department's Documentation Submission section in e-PHAB will be locked.

The site visit team may not suggest specific types of documentation that might provide stronger evidence of conformity with the measures. They may only ask for additional documentation if/when they know that an appropriate example exists (due to discussion during interviews).

The health department may not offer additional documentation, but may only respond to the site visit team's request for additional documentation. There may be instances that a health department identifies more appropriate documentation for a measure after they submit their documentation to PHAB. However, PHAB will not accept additional documentation from a health department unless specifically requested by a site visitor.

The health department may not submit new evidence or change/revise the documentation that was previously submitted. That is, any additional documentation that a health department submits in response to a site visitor request must be dated on or before the department's original documentation submission date in e-PHAB. (This date can be found on the Home tab in e-PHAB.)

During the site visit, the site visit team may notice documentation that was uploaded for one measure would be appropriate for another measure. For a measure to be assessed using a particular document, the document must be uploaded with that measure, even if it has already been uploaded for a different measure. The site visit team may suggest to the health department that documentation submitted for a measure be submitted for the (different) measure. The site visit team must be specific about what documentation should be moved and to what measure. The Accreditation Specialist will open the measure for the upload.

g. On-site Documentation Verification

In a few cases, where a document is excessively large (for example, Measure 11.1.5, Required Documentation 1, human resources policies and procedures), the health department may upload a table of contents and/or a description of the document in e-PHAB. In these cases, the site visitors will need to verify that the document conforms to the measure by looking at it during the site visit.

The site visit team may also need to verify the availability of documents to staff. For example, a health department may say that the human resources policy and procedures manual is accessible to staff in the reception area of the human resources department (Measure 11.1.1, Required Documentation 4, methods

Part 2 SITE VISIT PROCESS *continued*

for staff access to department policies and procedures). The site visit team should confirm that the manual or policies are, in fact, accessible to staff in that location.

The health department may say that a manual, policies, or position descriptions are available to staff via an intranet (for example, Measure 8.2.2, Required Documentation 4, position descriptions). Site visitors should verify that the documents are available through the intranet by being provided a demonstration during the site visit.

h. Executive Sessions

The site visit agenda will include executive sessions throughout the visit. These sessions are included to provide the site visit team with opportunities to discuss their observations and preliminary findings, and to evaluate its progress and make any necessary revisions to the agenda or requests for documentation. Executive sessions provide opportunities to write clear and succinct Site Visit Report comments and to prepare for the exit conference. These meetings are also an opportunity for the site visit team to reach consensus on assessments for each of the measures. The site visit team Chair will manage a consensus process to incorporate all team members' feedback and opinions into the Site Visit Report, specifically the three Overall Comments.

Before the exit conference, the site visit team should come to agreement about the summary of their findings. If there are differences in perceptions or conclusions among the team, they should discuss them and reach a consensus.

i. Exit Conference

The exit conference is the final meeting of the site visit. The purpose of the exit conference is to provide the health department with a general summary of the visit, including overall impressions, identified strengths, and opportunities for improvement. The exit conference points should be consistent with the content of the Site Visit Report. The health department should not be surprised by any differences in observations. **The site visit team will not make any recommendation regarding accreditation status during the site visit or during the exit conference.**

The health department director and the Accreditation Coordinator must attend the exit conference. The health department may invite others to attend the exit conference.

Step by Step



EXIT CONFERENCE

1. **Stress that the goal of the accreditation process is quality and performance improvement** and that a culture of continuous quality improvement is the ideal.
2. **Provide the team's general impressions** of the department's conformity with the PHAB standards and measures.
 - Share overall strengths, exemplary practices, unique or innovative methods.
 - Share overall opportunities for improvement. (Do not share suggestions for ways to improve.)
 - Share overall impressions of the health department.
3. Remind the health department of PHAB's **confidentiality policy**.
4. Remind the health department that **the site visit team or PHAB staff will not make any recommendation regarding accreditation status** during the site visit, during the exit conference, in the Site Visit Report, to other staff of PHAB, to members of the PHAB Board of Directors, or the PHAB Accreditation Committee.
5. Ask the **Accreditation Specialist to review the next steps** of the accreditation process.
6. **Thank the members of the health department** for their hospitality, time, and efforts of all staff and partners. **Thank the Accreditation Coordinator specifically.**

IV. POST SITE VISIT

1. PURPOSE OF THE SITE VISIT REPORT

The Site Visit Report serves two critical purposes:

1. **The Site Visit Report provides the information on which the PHAB Accreditation Committee will base its accreditation status decision.** The Accreditation Committee will not have access to and will not review the health department's documentation. The Site Visit Report must tell the health department's story. The members of the Accreditation Committee review the entire report and carefully read the conformity comments as well as look at the assessments. It is important that the conformity comments explain the assessments and describe what is missing if the measure is assessed as less than Fully Demonstrated. The Committee uses the comments to help them decide which measures should be included in the requirements for an Annual Report or Action Plan.
2. **The health department will use the Report for continuous quality improvement, Annual Reports to PHAB, and an Action Plan (if required).** PHAB's intent is that the Site Visit Report be useful to the health department and its ongoing continuous quality improvement work. It is

Part 2

SITE VISIT PROCESS *continued*

important that the Report be an accurate description of the health department and its opportunities for improvement. The documentation alignment or lack of alignment with the measures needs to be clearly described to provide direction to the health department for future improvements. The Report needs to be clearly written so that the health department does not wonder what the site visit team meant.

2. FINALIZE SITE VISIT REPORT

The process of developing the Site Visit Report begins when the site visit team is conducting the Pre-site Visit review of the documentation and ends when the Site Visit Report is finalized and submitted to the health department and to the Accreditation Committee. The documentation submitted by the health department, along with site visit discussions, visual observations, and additional information gathered, is the basis for the Site Visit Report. The Site Visit Report should present a clear representation of the department, its areas of strength, and opportunities for improvement.

Developing the Report for submission to PHAB will be more accurate and more efficient if the members of the site visit team kept notes and developed narratives throughout the phases of the process. Ratings and narratives were revised throughout the process and, at this point, are modified to reflect information and understanding gained during the site visit. The team Chair needs to make sure that the ratings and comments are the most recent and are final before the Report is submitted to PHAB.

The Site Visit Report will be finalized by the site visit team and submitted to PHAB in e-PHAB within two weeks of the end of the site visit.

a. Process and Timeframes

The site visit team Chair is responsible for managing the development of the Site Visit Report. Each site visit team member is responsible for developing the sections of the Site Visit Report that pertain to the domains they were assigned. The site visit team Chair will review the entire Site Visit Report, ensure that summary narratives are complete, and submit it to PHAB (through e-PHAB).

When the Site Visit Report is submitted to PHAB, two Accreditation Specialists will review it carefully and develop a list of questions for the site visit team Chair. The Chair may confer with the team members to respond to the Accreditation Specialist. This review of the Site Visit Report ensures that the Report is clear, complete, and accurate. When the Accreditation Specialist is satisfied with the Report, it will be submitted to the health department for their information and to the PHAB Accreditation Committee for their determination of the health department's accreditation status.

b. Site Visit Report Contents

The Site Visit Report will include an assessment of the health department for each measure. The assessments will be one of four options: Fully Demonstrated, Largely Demonstrated, Slightly Demonstrated, or Not Demonstrated.

The Site Visit Report will also include a written statement concerning how the documentation meets each measure's Required Documentation. The Report may, but is not required to, also note "Areas of Excellence" and "Opportunities for Improvement" for each measure.

The Site Visit Report will also include a summary statement concerning the health department's meeting of each standard, based on the conformity with the standard's measures and a summary statement of the health department's performance of the domain, based on the meeting of the standards in that domain.

Finally, the Site Visit Report will summarize the site visit team's findings by providing their impressions of the health department by stating (1) the health department's three greatest strengths, (2) the health department's three most serious challenges or opportunities for improvement, and (3) their overall impression of the department as a functioning health department.

The site visit team will not make any recommendation regarding accreditation status in the Site Visit Report.

(See Part III of this Handbook for guidance on the development of The Site Visit Report including assessing measures and writing narratives.)

3. ACCREDITATION COMMITTEE DECISIONS

The Accreditation Committee meets to consider Site Visit Reports every calendar quarter. If the Accreditation Committee has questions about the Report, one or two members may ask to speak with the Chair of the site visit team before their meeting. Additionally, the site visit team Chair may be asked to be available for participation (by phone) in the meeting of the PHAB Accreditation Committee at which the Site Visit Report will be reviewed. The site visit team Chair will be notified of the date, time, and call-in information for the scheduled discussion. The site visit team Chair should notify PHAB staff immediately if there are scheduling conflicts with the scheduled date and/or time.

The Accreditation Committee will decide the accreditation status of the health department: Accredited or Action Plan. If the health department is accredited, they will be accredited for five years. If the health department is not accredited, they will be provided with the opportunity to submit and implement an Action Plan to continue to work on a set of measures specified by the Committee.

4. EVALUATIONS

After the Site Visit Report has been submitted to PHAB, site visitors will gain access through e-PHAB to an evaluation. Site visitors are asked to evaluate other site visit team members, PHAB staff support and coordination of the site visit process, and the site visit process itself. Evaluative feedback should be thoughtful and constructive in nature. PHAB uses evaluation feedback to make decisions about appointment of individuals to site visit teams, to identify ways to better serve site visit teams and health departments seeking PHAB accreditation, and to modify PHAB policies and procedures.

5. EXPENSE REPORT

Site visit team members must submit signed Travel Reimbursement Forms with any required receipts to PHAB within 15 days after the travel has been completed. PHAB will not reimburse vouchers received that are older than 60 days or those that occur after the end of a grant cycle. Travel is reimbursed in accordance with PHAB's Travel Policies and Procedures. Reimbursement must be requested using the PHAB Travel Reimbursement Form.

6. ACTION PLANS

If a health department is required to work on an Action Plan to receive accreditation, they will submit a plan to the Accreditation Committee. When the Committee approves the Plan, the health department will have up to one year to implement the plan and submit documentation that the plan has been implemented. When the health department submits its documentation that it has implemented the Plan, the site visitors will be asked to review and assess the documentation. The assessments will use the same assessment categories as those used for the Site Visit Report, i.e., Full Demonstrated, Largely, Demonstrated, Slightly Demonstrated, or Not Demonstrated.

Part 3 ASSESSING MEASURES AND DEVELOPING THE SITE VISIT REPORT

I. REVIEWING DOCUMENTATION

1. RESOURCES FOR GUIDANCE

Credibility in accreditation results from consistent interpretation and application of defined standards and measures. The **PHAB Standards and Measures** document is the resource for site visit teams as they review documentation submitted by applicant health departments, conduct discussions with health department staff during the site visit, and develop the Site Visit Report. PHAB site visitors must pay close attention to the **Standards and Measures** when assessing if documentation demonstrates conformity with a measure. The site visitors may not request items from the health department that go beyond what is required by the **Standards and Measures**.

The **PHAB Standards and Measures** sets forth the domains, standards, measures, and required documentation. The **Standards and Measures** includes a general introductory statement for each domain and standard, a “Purpose” and “Significance” statement for each measure, a set of required documentation for each measure and narrative guidance specific to each piece of required documentation. Starting with the broad categories of the domains and working down through the levels of specificity to the guidance, provides context and an understanding of the intent of the requirements and reasons for the specific guidance. Site visitors are strongly encouraged to review and consider the levels of narratives and explanations included in the **Standards and Measures**.

Another resource available to site visitors is the **PHAB Acronyms and Glossary of Terms**. The glossary includes many terms that are used in the **Standards and Measures**. The definitions provided are PHAB’s official use of the terms and can help site visitors interpret measures.

Site visitors who complete initial training also have access to the Site Visitor Portal. The portal is password-protected and contains the material in one place for site visitors including reference materials listed above, tip sheets, case studies, slide decks, and webinars. It can be accessed from PHAB’s website.

Finally, the Accreditation Specialist who is assigned to the health department and is a member of the site visit team, is the expert and final authority of the meaning and intent of the standards, measures, required documentation, and guidance for the team. The Accreditation Specialist provides the final approval of the Site Visit Report before it is submitted to the health department and Accreditation Committee. The guidance provided by the Accreditation Specialists helps to ensure consistent interpretation across health department reviews.

2. APPROPRIATE DOCUMENTATION

Health departments vary in size, organizational structure, scope of authority, resources, population served, governance, and geographic region — all of which may affect how documentation is presented. PHAB is not prescriptive about how a health department’s documentation is organized, formatted, or developed. Documentation submitted to demonstrate conformity with a measure does not have to be presented in a single document; several documents may support conformity to a single measure. On the other hand, one document, for example a comprehensive set of policies and procedures, may contain information required for more than one measure and can be submitted more than once. To assist the site visit teams with understanding the documentation, health departments are instructed to highlight or otherwise point out to the site visitor where to look in a document for the required elements, as well as describe how documentation meets the measure requirements.

Part 3 ASSESSING MEASURES AND DEVELOPING *continued*

a. Documentation Developed by Others

PHAB is not prescriptive on whether the health department meets the measures independently or through a partnership, contract, statute, memorandum of agreement, or some other formal relationship. In some cases, a particular function may be provided by the state health department on behalf of a local health department (for example, public health laboratory services or epidemiology activities). Or, a function may be provided by another governmental entity (for example, the government human resources system might provide human resources services to a health department). The relationship must be formal. Information must be exchanged so the health department is aware of how the function is performed and what the public health implications are. For example, if another entity conducts investigations, that entity must report the findings to the health department so that the health department can follow up with appropriate public health education or community systems changes.

Documentation developed by others may be, for example:

- Developed by the state health department and used by local health departments or vice versa;
- Developed through community partnerships or collaboratives, of which the health department is a member;
- Developed by partners, such as non-profits and academic institutions with which the health department has a working agreement; or
- Developed by purchase-of-service providers with which the health department has contracted.

b. Documentation Reflects Department Programs

Documentation, considered together, should be representative of a variety of department programs. Overall, documentation should demonstrate conformity in a variety of programs to illustrate department-wide activity. Documentation will include programs that address chronic disease as well as acute public health issues. Both administrative and program activities are appropriate and/or required for documentation to meet various measures.

c. Documentation Reflects Population of Jurisdiction Being Served

Documentation must address the needs of the population in the jurisdiction that the health department is authorized to serve. That is, the community health assessment and community health improvement plan must address the population of the entire jurisdiction and cannot, for example, omit a township (if a county health department) or a county (if a state health department). It is appropriate, however, for some program examples to address specific target populations. In fact, site visitors will need to note the health department's efforts to identify and address populations that are at higher risk for poorer health outcomes.

Additionally, documentation must be specific to the population in the jurisdiction that the health department is authorized to serve. For example, the use of only state level data for a local health department community health assessment will not provide the information required by the community to understand its health issues and community resources.

d. Documentation within PHAB's Scope of Authority

The focus of the **PHAB Standards and Measures** is population-based disease prevention, health protection, and health promotion.

- A population-based approach is an approach that targets a population as the subject instead of the individual. (Scutchfield, FD, and CW Keck. *Principles of Public Health Practice*. Delmare CENGAGE Learning. 2009)

- Population-based health refers to interventions aimed at disease prevention and health promotion that affect an entire population and extend beyond medical treatment by targeting underlying risks, such as tobacco; diet and sedentary lifestyles; and environmental factors. (Turnock BJH. Public Health: What It Is and How It Works. Gaithersburg, MD: Aspen Publishers, Inc.; 1997)

PHAB's scope of administrative authority to accredit health departments is also based on the fact that there is no other national organization offering accreditation for population-based programs, services and initiatives. PHAB's accreditation does not overlap with other national or regulatory accreditation functions.

PHAB's definition of public health program (included in the **PHAB Acronyms and Glossary of Terms**) is "a set of activities and interventions aimed at improving the health of a particular segment of the population or of the population as a whole. Examples of public health programs include, but are not limited to, environmental public health, maternal-child health, chronic disease, and emergency preparedness."



Hints and Tips

APPROPRIATE DOCUMENTATION GUIDANCE

Not all of a health department's activities may be appropriate for use as documentation for PHAB accreditation. Overarching operating principles about what PHAB's accreditation **does not cover** include the following:

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, for health departments who also operate a Federally Qualified Health Center (FQHC), there is an accreditation available through the Joint Commission (JC). 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 of the scope of PHAB accreditation.

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

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Hints and Tips

APPROPRIATE DOCUMENTATION GUIDANCE *continued*

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 of 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 of the scope of PHAB accreditation.

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

PHAB's overarching principles for activities and services outside of PHAB's scope hold true for all of the standards, measures, programs, and activities. For example, 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.

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.

3. ASSESSMENT CATEGORIES

The review of the documentation will result in the site visit team assessing each measure's conformity with the measure's intent and requirements. Each measure must be assessed using one of four assessment categories:

Fully Demonstrated: In the professional judgment of the site visit team members, the submitted documentation is complete, providing evidence of conformity with all of the Required Documentation and meeting all of the Guidance for the measure set forth in the **Standards and Measures**.

Largely Demonstrated: In the professional judgment of the site visit team members, the submitted documentation demonstrates the essential components of the measure. That is, the health department is generally in conformity with the measure but is missing some elements or parts of the Required Documentation. The elements of the Required Documentation that are key and critical to the intent of the measure are evidenced.

Slightly Demonstrated: In the professional judgment of the site visit team members, the submitted documentation does not demonstrate the essential components of the measure. While some documentation is in conformity with the requirements, the health department is missing vital elements of the Required Documentation. The pieces of the Required Documentation that are key and critical to the intent of the measure are not evidenced. While some elements of the Required Documentation are evidenced, the health department has not demonstrated that they understand, dedicate the required resources toward, or implement the intent of the measure.

Not Demonstrated: In the professional judgment of the site visit team members, the submitted documentation provides no evidence of conformity with the Required Documentation. None of the requirements are demonstrated.

The assessments are professional judgments that are qualitative, not quantitative. This is especially important when site visitors are deciding between an assessment of Largely Demonstrated and Slightly Demonstrated. It is not appropriate to count the elements in the Required Documentation and then compare that number to how many of the elements are demonstrated. It is also not appropriate to count how many Required Documentation requirements in a measure are demonstrated. Rather, it is important for the site visitor to read the Purpose and Significance statements for the measure as well as the measure itself, the Required Documentation, the Guidance, and to understand the intent of the measure. The site visitor must look at all the documentation submitted for the required documentation of a measure and assess if the health department's documentation demonstrates that the department addresses the intent of the measure but is missing a few things (Largely Demonstrated) or if the department does not address the intent but has demonstrated some activities or capacities that are in the required documentation (Slightly Demonstrated). If the site visitor is still not sure about an assessment of Largely Demonstrated or Slightly Demonstrated, they should ask the Accreditation Specialist.

There is no measure that can be determined to be "not applicable." All health departments must be assessed for all measures.

4. GUIDANCE FOR ASSESSING DOCUMENTATION

The site visit team will review the uploaded documentation for each Required Documentation, and assess the measure as Fully Demonstrated, Largely Demonstrated, Slightly Demonstrated, or Not Demonstrated. (See explanation of the assessment categories above.)

Part 3 ASSESSING MEASURES AND DEVELOPING *continued*

Assessment of conformity with each measure will be based on the team members' reviews and careful consideration of the documentation and health department's notes in e-PHAB, the information gained through the interviews during the site visit, the team's discussion and consensus, and any guidance provided by the Accreditation Specialist.

While the site visit team is expected to look for conformity with the specifics of the measures and Required Documentation, the focus of the team should be to use their public health experience and expertise to ensure that the intent of the measure is met. Site visitors should be flexible when considering how the department demonstrates that it is in conformity with the requirements and the measure. Assessment will be a judgment call of the site visit team based on the team members' practical public health experience with how a health department effectively operates.

Every measure, in the context of the standard and the domain, is addressing a specific capacity. The required documentation is seeking evidence that the health department has that capacity. Site visit teams should review the documentation in the context of the measure, standard, and domain and not focus on the specifics separately, outside of the context.

One way of considering this is to think about the "letter of the law" versus the "intent of the law." The letter of the law refers to the literal interpretation of the words of the law, but not necessarily the intent of the authors. The intent of the law refers to what the authors intended, though not necessarily adhering to the literal wording. A health department may meet the intent measure but not by the exact same means as required in the literal guidance. If a site visit team believes that the health department is meeting the intent of a measure but is not doing it exactly as stated in the measure guidance, they should consult with the Accreditation Specialist.

The site visitors' assessment of the measures may change through the process. That is, team discussions, consultation with the Accreditation Specialist, and interviews conducted during the site visit may result in revising the assessment several times. The site visitor can revise the assessment and their written comments as many times as is necessary, before the Site Visit Report is submitted to PHAB.

The site visitor will need to differentiate between what is required in the **PHAB Standards and Measures** and what their personal opinion is about the conformity of a specific piece of documentation. If the site visitor does not like the look of a piece of documentation, thinks it should be organized differently, thinks it is not written as they would write it, thinks it is poor quality, etc. they must disregard their personal opinion and determine if the documentation demonstrates the required documentation. For example, if a site visitor finds that an uploaded policy includes all the provisions that are required in the **Standards and Measures**, but the policy is poorly written or does not follow the most current standard practices, the assessment must be Fully Demonstrated, based on conformity with the PHAB requirements. Site visitors have the opportunity to comment on items over and above the PHAB requirements in the Opportunities for Improvement text box. This provides the health department with guidance for continued quality improvement.

Finally, if the Accreditation Specialist provides consultation to a site visitor concerning the interpretation of a measure or an assessment with which the site visitor disagrees, it does not serve the process well to argue or debate the issue. It is important that the site visitor understand the guidance from the Accreditation Specialist. Site visitors may ask questions for clarification, but should not dispute the advice. One of the roles of the Accreditation Specialist is to increase consistency and rater reliability across health departments' Site Visit Reports.

II. DEVELOPING SITE VISIT REPORT

The Site Visit Report is in e-PHAB and consists of:

1. an assessment for each measure;
2. a conformity comment for each measure that summarizes what the health department provided to explain the assessment;
3. any Areas of Excellence or Opportunities for Improvement that the site visitors wish to call out (optional);
4. a comment on each standard that summarizes the health department's conformity with the standard;
5. a comment on each domain that summarizes the health department's conformity with the domain; and
6. The site visit team's overall assessment of (a) the health department's three greatest strengths, (b) the health department's three most serious challenges or opportunities for improvement, and (c) the site visit team's overall impression of the department as a functioning health department.

The site visit team will develop the conformity comments throughout the process, but will review and finalize them (along with the assessments) for the final Site Visit Report. To complete the Report, the team will also complete the additional narratives (number 6 above) that summarize their judgments of the health department.

1. GENERAL GUIDANCE



Hints and Tips

SITE VISIT REPORT NARRATIVES

- Comments should never refer to a person's personality, management approach, communication style, or other personal attributes.
- Names of individuals should not be included. Instead, refer to "staff" or "the department director."
- Abbreviations and acronyms should be used sparingly or not at all. The Accreditation Committee might not be familiar with them.
- The Report should be written in the third person. "The site visit team" or "the team" should be used rather than "I" or "we."
- For ease in understanding the comment, Required Documentations should be referred to by their number, for example "RD 1."
- Identify documents by their title, for example, "Board of Health Minutes from April 12, 2014".
- Site visitors should develop their comments in a Word document and cut and paste it into e-PHAB when it is complete. e-PHAB does not check for spelling or grammar errors. Spelling and grammar should be checked before the narratives are pasted into e-PHAB.

Part 3 ASSESSING MEASURES AND DEVELOPING *continued*

The Accreditation Committee will review the entire Report, so it is important that there are no contradictory statements that might confuse them. They are looking for a clear, fair, honest, and accurate assessment of the health department.

Finally, the Site Visit Report should accurately and fairly describe the health department and its conformity with the **Standards and Measures**. Taken together, the narratives should “tell the health department’s story.” It should describe who they are, what they do, and how they do it.

2. MEASURE CONFORMITY COMMENTS

a. Purpose

The site visit team will write a conformity comment for each measure. The conformity comment is a narrative that explains the assessment of that measure. The intent of the conformity comment is to explain how the measure’s assessment was determined and/or why the assessment was given. A conformity comment is required for every measure, including measures determined to be Fully Demonstrated.

Conformity comments have two important audiences: the Accreditation Committee and the health department.

- The Accreditation Committee uses the information as the basis to determine the accreditation status of the applicant. The Accreditation Committee will not have access to the documentation, so a good description of what was provided and how it demonstrated the measure is critical to their decision. The Committee does not use a numerical formula or have a threshold of Fully or Largely Demonstrated measures. The Committee reads the conformity comments and makes a judgement based on the totality of the information. The Committee also uses the conformity comments to determine which measures should be included in the health department’s Annual Report or Action Plan.
- The Health Department uses the information to understand where they are doing well and where they can improve with regard to meeting the PHAB standards and measures. The comment explains why they received the assessment they did for the measure. Clear comments of what is missing will assist the health department in their continuous quality improvement efforts which they will describe in their Annual Report. The conformity comments help them understand what should be addressed in their Annual Report or Action Plan.

b. Writing Conformity Comments

The conformity comment is based on the documentation review, site visit interviews, observations, and team discussions, and guidance provided by the Accreditation Specialist. The conformity comment is a summary of how the health department demonstrated or did not demonstrate conformity with the measure. (See Appendix C for sample conformity comments.)

The team member assigned to the domain will write the first draft of the conformity comment when they first review the documentation during the Pre-site Visit Review. The conformity comment may be revised multiple times throughout the review process: after team phone calls, after review of documentation provided in response to the Pre-site Visit Review, during the site visit, and, finally, during a last review before submitting the Site Visit Report to PHAB. It is important to ensure that the conformity comments describe the final documentation that was uploaded; that is, if examples were replaced, the site visitor should be careful that their comments pertain to the replacements and not an earlier example.

If the measure is Fully Demonstrated, the comments will describe why the documentation merits the assessment of Fully Demonstrated. If the measure is assessed as less than Fully Demonstrated, the conformity comment will describe what requirements are included (if any), but must also describe or list what

is missing. The comment must be specific to what is required in the measure, Required Documentation, and Guidance in the **Standards and Measures**.

The Accreditation Committee will rely on descriptions in the Site Visit Report of what was included and what was missing. A conformity comment that states “the documentation met the measure” does not provide information about the documentation. The comment must state which requirements were evidenced in the documentation and which were not. The comment should be clear and concise, providing just the information that is needed to understand the assessment given the measure.

Site visitors should format the conformity comments in paragraph form, starting each paragraph with the Required Documentation number. For example, the first paragraph would begin with “RD 1.” Within each RD, examples should be labeled “example 1” or stated as “the first example” and “the second example.”

Comments relating to areas that are beyond the requirements or areas for improvement may be written in the Areas of Excellence or Opportunities for Improvement text boxes (see pages 62-63).

The following guidelines should be followed in writing conformity comments:

- The comment should describe HOW the documentation did or did not demonstrate conformity to the measure (and/or the Required Documentation sections, if more than one).
 - Listing or naming the documents without explanation is not helpful to the Accreditation Committee or the health department. The comment should not be generic or a copy of the measure requirements. Comments should not be a copy of the health department’s file descriptions or measure narrative.
- The narrative must be focused on the measure requirements and the documentation and site visit results. The assessment should address the provision of evidence of demonstrating the measure and not address other aspects of the department or its operations.
- The conformity comment should be organized by required documentation. All the required documentation sections of the measure should be included.
- The documentation summary should be complete. If two examples are required, referring to only one in the comments gives the appearance that only one example was provided.
- All required elements that were not present should be noted. If the measure is assessed as less than Fully Demonstrated, what was missing to warrant the assessment should be described. Likewise, if a measure is Fully Demonstrated, the conformity comment should not indicate that there were items missing from the documentation. If there were items that were missing, the measure should be assessed as Largely, Slightly, or Not Demonstrated, as appropriate.
- Conformity comments should address only what is required in the measure. Do not combine Areas of Excellence or Opportunities for Improvement in the conformity comment; use the boxes for Areas of Excellence or Opportunities for Improvement.

Step by Step

CHECKLIST FOR CONFORMITY COMMENTS

1. Did you explain why the measure received the assessment you gave it?
2. Did you explain specifically how conformity was demonstrated (or not)?
3. Did you address all of the “must” statements in the **Standards and Measures**?
4. Did you address all of the required bullets (a, b, c, d, etc.)?
5. Does the content of the conformity comment match the assessment?
6. Did you address all the examples or all of the required documentation sections in your comments?
7. Did you explain what was missing, if the measure was not Fully Demonstrated?
8. Did you keep the comment free from personal judgments and named individuals?
9. Did you keep the conformity comment free of any reference to an Area of Excellence or an Opportunity for Improvement that is beyond the measures?
10. Did you refer to the health department in the same manner throughout the report, such as using their acronym?
11. Did you keep the comment free of abbreviations and jargon? The Accreditation Committee might not be familiar with abbreviations or jargon used by the health department.
12. Did you avoid listing the documents that were submitted?
13. Did you avoid a copy/paste of the measure and required documentation wording?
14. Did you avoid a copy/paste of the health department’s upload descriptions or measure narrative?
15. Did you avoid including the assessment in the narrative?
16. Did you write the comments using complete sentences? Proper grammar?

3. AREAS OF EXCELLENCE AND OPPORTUNITIES FOR IMPROVEMENT

The accreditation process encourages continuous quality improvement during all its phases. Therefore, in addition to assessing the measures for conformity, site visitors have the opportunity to note any Areas of Excellence and Opportunities for Improvement. The Areas of Excellence and Opportunities for Improvement are not considered in the accreditation decision but are feedback to the health department from the peer review process.

a. Areas of Excellence

Areas of Excellence comments highlight an excellent practice or document that might be replicated in other areas in the department or other health departments. This is not a place for a comment on how well the

documentation demonstrated the measure. It is a recognition of something well done that is beyond the PHAB requirement.

An Area of Excellence may be independent of the assessment of the measure. For example, a measure may be assessed as Slightly or Not Demonstrated, but the site visit team could identify a practice or policy that is an Area of Excellence, outside of the measure's requirements. It does not change the assessment of the health department's conformity with the measure.

b. Opportunities for Improvement

Opportunities for Improvement should not suggest specific activities, but areas that could be improved. That is, they should not include prescriptive suggestions for how to improve.

If the measure is assessed as Slightly or Not Demonstrated, the Opportunity for Improvement should include a statement of what needs to be addressed for this measure (i.e., what was missing).

An Opportunity for Improvement may be independent of the assessment of the measure. For example, a measure may be Fully Demonstrated, but the team might identify an area where the department could improve on what they are currently doing. If there is an Opportunity for Improvement that goes beyond what is required by the standard/measure, particularly when the measure is assessed as Fully Demonstrated, the following comment must precede the comment, "The site visit team identified an Opportunity for Improvement that goes beyond the **Standards and Measures.**"

4. DOMAIN AND STANDARD COMMENTS

The site visit team will also submit comments that summarize how the health department demonstrated the standard and the domain. The site visitor assigned to the domain is responsible for writing domain and standard comments. These comments provide a high level, overall summary of the site visit team's impressions after review of the documentation and the interviews. These comments are required.

Domain comments summarize the key findings in all the measures of the domain and are used to inform the Accreditation Committee of any trends or patterns identified in the documentation. The standards comments do the same with the focus on the measures within the standard. The Accreditation Committee has provided feedback that these comments are very helpful to them as they work to gain an understanding of how the health department met or did not meet the standard and performed within the domain.

Domain and standard comments should not be a copy and paste of measures' conformity comments. They should summarize the health department's performance relative to a domain or standard. The comments should be qualitative, not quantitative. They are not a calculation of how many measures were assessed as Fully, Largely, Slightly, or Not Demonstrated (e.g., two were Fully Demonstrated, three Largely Demonstrated, and one Slightly Demonstrated).

The same principles and guidance that apply to conformity comments for a measure also apply here. Site visitors should not cut and paste together measure level conformity comments. They should look for overarching elements found in the body of documentation for the domain or the standard. Comments should inform the health department and the Accreditation Committee of the team's key findings.

5. THREE OVERARCHING QUESTIONS ABOUT THE HEALTH DEPARTMENT

Finally, the site visit team will write three narratives that provide their overall assessments of (a) the health department's three greatest strengths, (b) the health department's three most serious challenges or

Part 3 ASSESSING MEASURES AND DEVELOPING *continued*

opportunities for improvement, and (c) the site visit team's overall impression of the department as a functioning health department. This is the site visit team's opportunity to summarize their overall impressions of the health department.

The comments should pertain to the health department's demonstration of conformity with the measures. However, if there are strengths and challenges/opportunities for improvement that are outside of PHAB requirements, they may be addressed, but the narrative should note that the comment is about a topic or area that is outside of the PHAB requirements.

For the strengths and challenges/opportunities for improvement, three is suggested. However, if there are not three, simply state the one or two. If there are more than three, the site visit team may enter them. It is suggested that the site visit team identify an equal number of strengths and opportunities, or a greater number of strengths, but not a greater number of opportunities.

III. ACTION PLAN REPORT REVIEW

1. ACTION PLANS

The requirement for a health department to have an Action Plan means that the accreditation decision was deferred until the health department completed additional work and documentation was submitted and reviewed. The purpose of the Action Plan is to provide the health department with an opportunity for quality improvement and to meet measures so that they can be accredited. The health department's Action Plan status remains confidential, as the health department is still in the accreditation process.

The department will document evidence of their Action Plan implementation in e-PHAB similar to how they submitted original documentation, but it will be only for the specific measures required in the Action Plan by the Accreditation Committee. This documentation must be reviewed and assessed by the site visit team.

The site visit team will review the health department's documentation against the Action Plan that was approved by the Accreditation Committee. The Accreditation Committee has determined that if the health department satisfactorily completes the actions in their Plan, they will be in conformity with the intent of the measure requirement(s). Site visitors may reference the specific standard or measure in order to understand the intent of the measure. However, they should assess the Action Plan documentation against the approved Action Plan.

The Action Plan provides an opportunity for the health department to implement actions that will result in documentation showing that the health department is in conformity with the standards and measures. This means that the health department may create new documentation. The health department may submit documentation that:

- Was created prior to original submission but not submitted initially;
- Was created between initial submission and the Accreditation Decision; or
- Was created after the Accreditation Decision to approve the Action Plan.

2. REVIEW PROCESS

It is the Accreditation Committee's preference to have the site visit team Chair coordinate with the team member(s) who originally reviewed the domain to which the measures relate. The entire site visit team has read-only access to the Action Plan; the Chair must enter all assessments and conformity comments. The Chair will be ultimately responsible for ensuring and submitting the review of the Action Plan documentation via e-PHAB.

Step by Step



ACTION PLAN REPORT DOCUMENTATION REVIEW

The Action Plan is uploaded on the PHAB Action Plan Template, located at the bottom of the Action Plan Tab in e-PHAB. You will need to have the Action Plan open throughout your review in order to assess the documentation against the Plan. The entire site visit team has read-only access to the Action Plan; the Chair must enter all assessments and conformity comments.

1. Review the documentation for each measure against the Objectives and Actions in the Plan. Make notes about what was met and if any elements from the Plan are missing.
 - To assess date conformity, the date that the Action Plan implementation documentation was submitted should be used.
 - Additional documentation over and above what is in the Action Plan may be submitted, but the minimum of documentation will be indicated in the Plan.
 - If the Action Plan lists a specific example, but the department has submitted a different example, it is acceptable as long as the new example meets the intent of the requirement and Action Plan Objective. For example, the department may have planned to submit a health promotion example on smoke-free housing, but based on community needs they took action on safe routes to school and submitted that example instead. Note this in the Conformity Comment and indicate if the new example met the intent of the Plan's objective or not.
 - Examples from programs that are outside of PHAB's scope of authority are not acceptable. (See page 55.)
2. After reviewing all of the documentation for a measure, select an assessment. The assessment rubric is the same as the initial review, that is, Fully, Largely, Slightly, or Not Demonstrated.
3. Write a conformity comment that includes how the department met the elements within their Plan and what, if anything, is missing.
 - Conformity comments should be structured by Action Plan Objective and should include how the documentation met the listed Objectives and Actions and what, if anything, is missing.
 - Conformity comments should be direct and specific.
 - Conformity comments should NOT combine the previous assessment from the initial review with the Action Plan Documentation review.
 - Areas of Excellence (AOE) and Opportunities for Improvement (OFI) may be included in the conformity comment section if identified. Clearly label each as an AOE or OFI.
4. After all measures have been assessed and conformity comments written, the Chair will submit the Action Plan Report assessments to PHAB by pressing the Submit button on the Home Tab.
5. The assigned Accreditation Specialist will review the Action Plan Report and may follow-up with the Chair if any clarification is needed.

Part 4 REACCREDITATION

I. BACKGROUND

Health departments are initially accredited for five years. Accredited health departments wishing to continue their accredited status after five years must successfully complete the reaccreditation process.

While the major steps required for reaccreditation will be the same as the steps for initial accreditation (document review, site visit, reaccreditation report development), significant modifications have been adopted in the details of the reaccreditation process and in the requirements. Reaccreditation therefore, will require a different kind of review by PHAB volunteer reviewers.

Reaccreditation continues to address the ten **Essential Public Health Services** through the arrangement of the standards and measures into domains. The standards in each domain for reaccreditation are the same as the standards set forth for initial accreditation in the **PHAB Standards and Measures, Version 1.5**. The measures, requirements, and guidance, however, have been significantly revised for reaccreditation. The **Reaccreditation Standards and Measures** do not introduce new topic areas of conformity that were not included in the **PHAB Standards and Measures, Version 1.5**. The measures and requirements for reaccreditation focus on capabilities and performance as well as on continuous quality improvement. Reaccreditation moves away from simply demonstrating that the health department has the required capacities and instead focuses on the use of those capacities, accountability, and continuous quality improvement. The **PHAB Guide to National Public Health Department Reaccreditation: Process and Requirements** contains a description of the reaccreditation process as well as the requirements for reaccreditation.

PHAB **Reaccreditation Standards and Measures** are based on a modified self-study model. That is, reaccreditation provides an opportunity for the health department to determine and describe the extent to which they meet the requirements for each measure and how they plan to advance in the areas addressed by the measure. Reaccreditation requires that the health department provide narrative descriptions of the department's work. In addition, there are a limited number of requirements for specific items (e.g., specific examples or department-adopted written plans, protocols, templates, etc.). This set of requirements will enable the PHAB volunteer reviewer to understand how a health department operates and functions rather than focus on the review of one or two examples or a document that may or may not tell the department's whole story.

II. REACCREDITATION REVIEW PROCESS

1. PHAB REVIEWERS FOR REACCREDITATION

PHAB will identify a selection of initial accreditation site visitors and invite them to be reaccreditation reviewers. Training will be provided specific to the review of reaccreditation documents. As in initial accreditation, a team of trained reviewers will be selected for each health department. The Accreditation Specialist assigned to the health department will be a member of the team.

2. REVIEW PROCESS

a. Pre-site Visit Review

The review team will conduct a review of the documents and provide an interim score of either "Met" or "Open Measure" for each measure. That is, measures that are not assessed as "Met" will be opened for the health department to submit additional information. The team will indicate what is missing and when a measure is opened.

Part 4 REACCREDITATION *continued*

b. Health Department Response to the Pre-site Visit Review

The health department will have six weeks to upload clarifying additional documents to address measures that were assessed as “Open Measure” by the reviewers.

c. Second Review by the Review Team

The reviewers will review the additional information that has been uploaded by the health department and prepare questions for a site visit.

d. Site Visit

Like initial accreditation, the purpose of the site visit is to provide an opportunity for the reviewers to ask questions about the documents and about the health department, specific to the measures and their requirements.

Reaccreditation site visits will be conducted virtually. That is, the reviewers will not be on-site, visiting the health department in person. The reviewers will conduct the site visit virtually using meeting video software. Virtual site visits will be no longer than four hours in duration. An in-person, on-site, site visit may be conducted if PHAB determines that, based on the document review, an on-site visit is necessary or if the health department requests an on-site visit.

During the site visit, the review team may ask that additional documents be uploaded by the health department into e-PHAB. Individual measures may be opened to allow for the uploading of specific documents. Documents must be uploaded by the health department into e-PHAB within two business days of the close of the site visit; the e-PHAB system will automatically close access to document upload two business days after the close of the visit.

e. Reaccreditation Report

The reviewers will consider the documents that have been uploaded and the information obtained through the site visit and determine a final score for each measure. The scores will be either “Met” or “Not Met.” This will be the Reaccreditation Report. The Reaccreditation Report also will include the reviewers’ comments on what is missing for all measures that are assessed as “Not Met.” The Report will also include the review team’s response to a question concerning the team’s overall impression of the health department.

The reviewers may, but are not required to, provide additional comments on any measure concerning Areas of Excellence and/or other Opportunities for Improvement. These additional comments will not be considered in the accreditation status decision by the Accreditation Committee; they will be provided as comments directed to the health department from their peer reviewers.

f. Reaccreditation Determination

The Reaccreditation Report will be finalized by the review team and submitted to the PHAB Accreditation Committee for determination of continued accreditation status. The health department will also receive access to the report in e-PHAB when it is submitted to the Accreditation Committee. The Committee will review the assessments and comments in the Reaccreditation Report and determine if the health department will be accredited for an additional five years.

If the Committee does not accredit the health department for an additional five years based on the Reaccreditation Report, the Committee will require further action by the health department. The Accreditation Committee will determine for which specific measures additional work is required. The health department will be notified of the measures included in the Accreditation Committee Action Requirements (ACAR).

The health department will be required to submit additional information for those measures included in the ACAR within six months of the receipt of the notification that the Accreditation Committee requires additional action. Submitted documents will be reviewed and assessed by PHAB reviewers. PHAB will attempt to assign the same reviewers that reviewed the entire set of reaccreditation documents for that health department, but may assign other PHAB-trained reviewers, if the original reaccreditation reviewers are unavailable.

The reviewers' assessments will be submitted to the Accreditation Committee for their determination of continued accreditation status. The Committee will determine that the health department is accredited for another five years or will determine that the health department is "Not Accredited."

3. ASSESSING MEASURES

Just as with initial accreditation, credibility in reaccreditation results from consistent interpretation and application of defined standards and measures. PHAB site visitors must pay close attention to the reaccreditation measures, requirements, and guidance contained in the PHAB **Guide to National Public Health Department Reaccreditation: Process and Requirements** when assessing if documentation demonstrates conformity with a measure. The site visitors may not request items from the health department that go beyond what is required by the reaccreditation measures, requirements, and guidance for reaccreditation.

PHAB will develop guidance for reaccreditation reviewers. Specialized training, specific to assessing the reaccreditation documents that a health department submits, will be provided to PHAB reaccreditation reviewers.

Appendix A PHAB SITE VISIT PROCESS

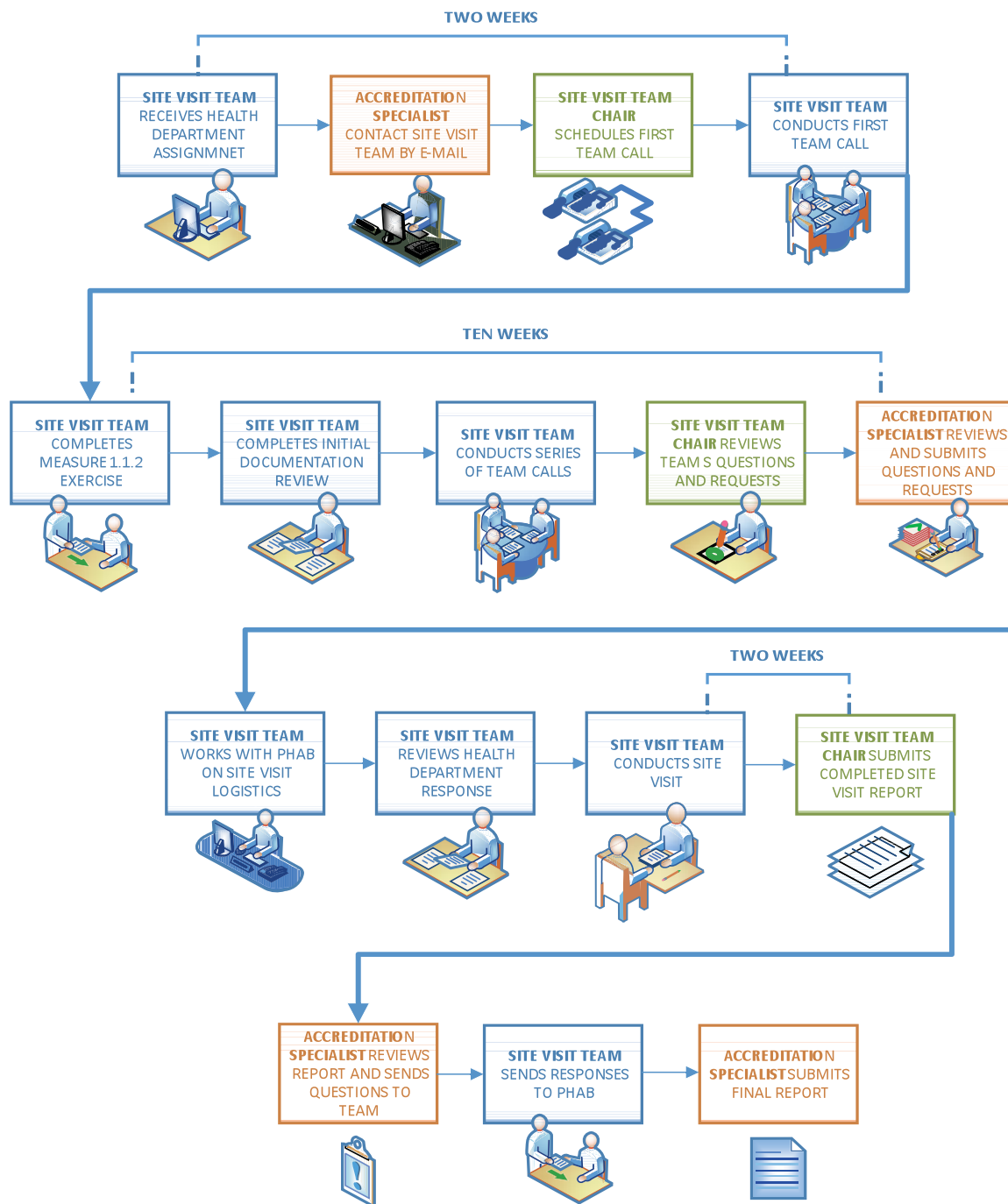
PREPARATION AND TRAINING	
Training and Health Department Assignment	
Each Site Visitor	<ul style="list-style-type: none"> • Complete and submit the PHAB Conflict of Interest Form • Complete and submit the PHAB Site Visitor Agreement Form • Complete PHAB site visitor training
PHAB	<ul style="list-style-type: none"> • Select site visit team members for health departments whose documentation has been deemed to be complete • Designate one of the team members as the site visit team Chair • Notify health department of team members for conflict of interest review • Notify team members of health department assignment
Preparation for Review	
Each Site Visitor	<ul style="list-style-type: none"> • Review the health department's website and application (on e-PHAB)
PHAB	<ul style="list-style-type: none"> • Work with site visit team Chair and team members to schedule conference call #1
Site Visit Team	<ul style="list-style-type: none"> • Conduct organizational team meeting (conference call #1) • Site visit team Chair assigns domains in e-PHAB • Consider work assignments and schedule review timeline • Review purpose of next call: review health department's documentation, discuss impressions and questions, and identify additional documentation to be requested
DOCUMENTATION REVIEW	
First Review – Individual Reviews	
Each Site Visitor	<ul style="list-style-type: none"> • Review documentation and narratives for measures in the domains they have been assigned • Preliminarily assess conformity with each measure (Fully Demonstrated, Largely Demonstrated, Slightly Demonstrated, and Not Demonstrated) • Begin the development of conformity comments • Keep notes (using e-PHAB note function) on impressions, questions, and lacking documentation
Second Review – Team Review	
Site Visit Team	<ul style="list-style-type: none"> • Share with other team members the impressions, questions, and documentation that is lacking for the domains they have been assigned. • Identify and discuss measures that received an assessment less than “Fully Demonstrated” • Prepare a list of questions and requests for additional documentation (focus on measures that have been “Slightly Demonstrated” and “Not Demonstrated”) • Recommend revisions to site visit agenda template, considering the focus of questions and areas for discussions with the health department

PHAB	<ul style="list-style-type: none"> • Provide interpretation of measures to site visit team and health department • Finalize site visit agenda (taking into account site visit team's priority focus areas, team members' domain assignments, health department staff assignments, and community members' and governing entity's schedules) • Schedule site visit and make travel arrangements
Health Department	<ul style="list-style-type: none"> • Within 30 days, reply to the Site Visit Team's questions and requests for additional documentation • Work with PHAB to finalize site visit agenda
Third Review – Final Pre-Visit Review	
Site Visit Team	<ul style="list-style-type: none"> • Review documentation and answers to questions submitted by the health department • List questions/issues for site visit • Identify themes and trends • Review final travel logistics and connections
SITE VISIT	
Pre-visit Team Meeting (Evening before on-site visit)	
Site Visit Team	<ul style="list-style-type: none"> • Review site visit agenda • Raise any additional documentation needs or questions and concerns • Review roles and plans for conducting meetings • Review process for the development of the Site Visit Report
Site Visit (Two days)	
Site Visit Team	<p>Conduct:</p> <ul style="list-style-type: none"> • Entrance Conference • Walk-through • Interviews • Document review • Executive sessions • Exit Conference <p>Further develop:</p> <ul style="list-style-type: none"> • Assessment of measures and conformity comments • Identification of Areas of Excellence and Opportunities for Improvement

Appendix A PHAB SITE VISIT PROCESS *continued*

SITE VISIT REPORT	
Develop Draft Site Visit Report	
Each Site Visitor	<p>For the most part, during the site visit executive sessions:</p> <ul style="list-style-type: none"> • Assess measures in assigned domains and work on finalizing conformity comments • Note Areas of Excellence and Opportunities for Improvement
Site Visit Team Chair	<ul style="list-style-type: none"> • Reach consensus on: three greatest strengths, three most serious challenges or opportunities for improvement, and the team’s overall impression of the department as a functioning health department • Complete Site Visit Report and submit to PHAB within two weeks of the completion of the site visit
Site Visit Report Review and Submission to PHAB Board	
PHAB	<ul style="list-style-type: none"> • Edit the Site Visit Report and send questions to the site visit team Chair
Site Visit Team	<ul style="list-style-type: none"> • Respond to PHAB’s questions
PHAB	<ul style="list-style-type: none"> • Send final Site Visit Report to health department and Accreditation Committee
Site Visit Team Chair	<ul style="list-style-type: none"> • Site visit team Chair is available by phone during the Accreditation Committee discussion, in case the Committee has questions or requires clarification
POST SITE VISIT	
Site Visitors	<ul style="list-style-type: none"> • Complete evaluation and submit to PHAB (within two weeks) • Submit travel reimbursement form and receipts within fifteen days of the completion of the site visit • Complete other evaluations and provide feedback, as requested by PHAB
	<ul style="list-style-type: none"> • If an Action Plan was required of the health department, review and assess Action Plan implementation documentation

Appendix B SITE VISIT TEAM PROCESS

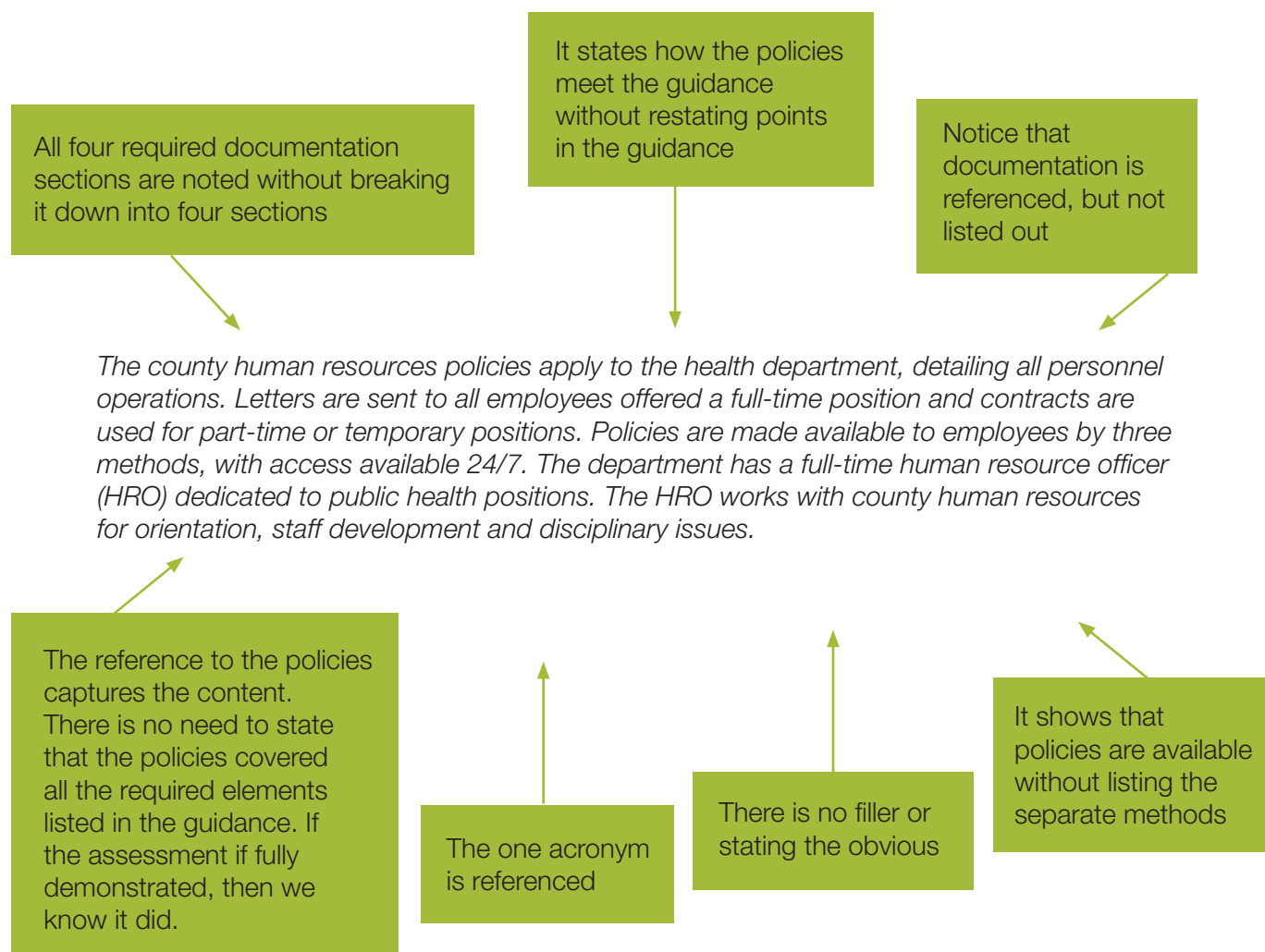


Appendix C SAMPLE CONFORMITY COMMENTS

As an example, let's look at Measure 11.1.5 A – *A human resources function*. Consider the following conformity comment for an assessment of Fully Demonstrated:

The health department provided the human resource policies that are used by the county and they are available to staff. They don't use labor agreements.

While that gave us some information, it's not complete. The health department provided the human resource policies; that was required. But, how do the documents demonstrate conformity? Also, the comment doesn't mention the other required documents in the measure. The statement that the health department doesn't use labor agreements sounds like something is missing, which conflicts with the Fully Demonstrated assessment given to the measure.



Using Measure 11.1.4 A, look at a conformity comment written by required documentation. If this style is used, each section is written as a comment to show how the evidence within that section conforms to the requirements.

Consider this comment:

- RD 1: The health department provided a policy that had a health equity section.*
- RD2: The health department provided two examples of how it provides services to meet cultural or linguistic needs.*
- RD3: The health department provided a self-assessment of health equity competence.*
- RD4: The health department provided an agenda for the staff training on health equity.*

The comment states what was submitted by the health department, however, it does not explain how the documents demonstrated the requirements of each section. Here is the same style that provides the information needed. Each required documentation section provides a complete comment.

- RD 1: The health department's policy on cultural competence is part of the Human Resources Manual. The policy includes aspects of language, belief, non-discrimination and ethnicity/ disparities. It includes steps for incorporating the policy into the functions and services of the health department.*
- RD2: Implementation of the policy was shown through evidence of Environmental Health communication with Latino landowners and restaurant owners. Another example showed the steps taken by staff for community education when someone is present who is hearing impaired, including forms and aids. The department has a health educator who knows American Sign Language.*
- RD3: The health department conducts an assessment of health equity competence every other year using a tool provided by the State Office of Minority Health. The tool is based on the Culturally and Linguistically Appropriate Services (CLAS) standards.*
- RD4: The health department conducts annual training on health equity for any staff member who interacts with the public. The training packet was submitted including all handouts, the slide set, agenda and attendance logs.*

Here are examples of conformity comments for each of the measure assessment. The following examples are based on the supposition that documentation is appropriate for the given assessment.

Fully Demonstrated

Measure 3.2.1 A: Information on public health mission, roles, processes, programs and interventions to improve the public's health provided to the public

- RD1: Screen shots of web pages were provided. One page contained the mission, vision, and values along with a services listing of the department. The second page had FAQs about public health and links to the state health department and other public health resources. The department developed a brochure titled "What is public health?" which is available in county buildings, sent to local providers, placed in local libraries and sent to school nurses.*

Appendix C *continued*

RD2: The department has a daily radio spot. A recording called “The Good Health Minute” was provided that is taken to the local radio station each week and is played each morning. The department keeps a press contact log for when they are contacted by, or when they contact, the media. Entries included the local paper, a Spanish language weekly and a local news blog.

Largely Demonstrated

Measure 1.1.3 A: Accessibility of community health assessment to agencies, organizations, and the general public

The department distributed the report on its website and stated that this was for both partners and the community. There was a link to the report from the homepage of the website. An executive summary of the assessment report was mailed to elected officials. There were plans for a community forum on the assessment, but it had to be cancelled, thus there was no second example of distribution to the public.

Slightly Demonstrated

Measure 12.3.2 A: Actions taken by the governing entity tracked and reviewed

Evidence was minutes from Board of Health meetings that discussed support for state efforts to ban synthetic marijuana, the Board’s 2013 Annual Report and adoption of department policies and plans.

The documentation showed selected reviews by the Health Department, but didn’t demonstrate a systematic, annual review. While some patterns within specific reviews were mentioned, there was no review of patterns from a review of all actions taken or issues discussed within a year’s timeframe. Also, while opinions and positions for the specific topics were noted, there was no annual review of this.

Not Demonstrated

Measure 7.2.1 A: Process to develop strategies to improve access to health care services

Minutes of a Regional Care Collaborative meeting included participant names but did not identify what agency or partner they represented. They did not address a strategy for improving access to care or reduce barriers.

Documentation included a letter of support for an organization to provide Maternal Care Services, but did not describe how these services are part of a strategy to improve access. A worksheet for the department to complete on needs, services, and gaps was provided as a second example. No examples were provided of strategies to improve access to care.



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