

PHAB Annual Report Process

Military Installation Departments of Public Health

“This publication was developed under the direction of the Defense Centers for Public Health–Aberdeen (DCPH-A), Defense Health Agency–Public Health (DHA-PH), and as a result of collaboration between the DCPH-A and the Public Health Accreditation Board (PHAB), to provide supplemental guidance to the national PHAB Standards & Measures for Reaccreditation, Version 2022 to reflect military terminology, operations, and scope of practice within the installation departments of public health serving Army locations (Contract # W81K0422D0018). Its contents are the sole responsibility of the authors and do not necessarily represent the official views of the Department of Defense, the Defense Health Agency, the Department of the Army, or the U.S. Government. The mention of any non-federal entity and/or its products is for informational purposes only, and is not to be construed or interpreted, in any manner, as federal endorsement of that non-federal entity or its products.”

Annual Report Overview

The submission of a PHAB Annual Report is required of all accredited health departments. This document presents the process for Military Installation Departments of Public Health to maintain their accreditation status through the submission of Annual Reports. For the purposes of consistency with the civilian version, the term “health department” includes Military Installation Departments of Public Health.

The purpose of the Annual Report is to ensure accredited health departments remain in conformity with The Standards and provide opportunities for additional engagement with PHAB to support advancing quality, performance, and transformation. Annual Report submission is a vital part of PHAB’s ongoing accreditation process that continues beyond accreditation notification and helps health departments prepare for reaccreditation.

The Annual Report must be submitted to PHAB through e-PHAB and is due to PHAB on the last day of the calendar year quarter in which the health department received its accreditation. For example, if the health department received accreditation in February 2023, its first Annual Report would be due by the end of March 2024. Appendix A: Annual Report Preparation Checklist, provides additional information on due dates and report preparation. If the health department needs additional time, an extension can be requested (see 2023 Policy–Installation, Appendix 2: Extension Policy).

The Annual Report consists of three primary focus areas: 1) Health Department Updates, 2) Specific Measure Reporting, and 3) Reflection and Learning. The health department is required to respond to each focus area in each Annual Report. Health departments are encouraged to plan well in advance of their report’s due date and consider how best to incorporate a variety of staff involvement.

Following an Annual Report submission, PHAB staff will review the Annual Report and may take one or more, or all of the following actions:

- Accept the Annual Report and provide feedback to the health department;
- Engage other public health professionals in reviewing and providing feedback to the health department; or
- Determine that the health department has not demonstrated sufficient progress on measures required for reporting, or has circumstances that may impact its ability to continue conformity with the Standards. As such, the Annual Report may be referred to the Accreditation Committee and the Defense Public Health Accreditation Program Management Team, DHA-PH, with notification to the Department of Defense (DoD) Contracting Officer’s Representative (COR). Additionally, if the health department submits an incomplete report with too little information, the department will be asked to resubmit a complete Report, or it may be referred to the Accreditation Committee.

If an Annual Report is referred to the Accreditation Committee, it may—

- Decide to take no action;
- Ask the health department for additional information;
- Require another site visit; or
- Revoke accreditation.

If a health department does not submit an Annual Report or does not respond to the Committee’s request for further information, the health department’s accreditation status will be reviewed by the Accreditation Committee for a decision concerning the health department’s continued accreditation status. The Committee may revoke accreditation. Notification will also be made to the Defense Public Health Accreditation Program Management Team, DHA-PH, with notification to the DoD Contracting Officer’s Representative (COR).

If an Annual Report is more than 3 months past due, the health department is referred to the Accreditation Committee for consideration of accreditation revocation.

HEALTH DEPARTMENT UPDATES

Each year, the health department will indicate if there are any circumstances to report to PHAB and if the health department has received any adverse finding(s). If no circumstances have occurred or adverse findings have been reported, the department will answer “No” for each question in e-PHAB.

The health department will report on circumstances that would potentially jeopardize continued conformity with the Standards under which accreditation was initially awarded. This would include updated health department profile information that includes leadership challenges and any other changes such as budget, personnel, governance, or program changes that potentially jeopardize the health department’s ability to be in conformity with the Standards.

Health departments that have been awarded reaccreditation are required to provide two additional updates in each Annual Report: Population Health Outcomes and Continued Advancement.

Population Health Outcomes Reporting: *For reaccredited health departments only*

Population health outcomes reporting is completed at the time the health department submits its documentation for reaccreditation and annually thereafter, as part of the Annual Report. The population health outcomes requirement enables PHAB to establish a national database of select health outcomes and their associated objectives that accredited health departments monitor. Annual population health outcomes reporting also provides health departments with an opportunity to consider how they set targets and benchmark their outcomes to similar health departments. By continuing to report annually, health departments are encouraged to find data sets that are updated routinely—which is a necessary component of using data to assess how interventions are working—and to use data to tell the story of how health departments and their partners are contributing to health and well-being in their communities.

The population health outcomes relate to the populations served by Military Installation Departments of Public Health, including, at a minimum, all beneficiaries enrolled to the installation’s medical treatment facility (MTF), (e.g., active-duty Service members, their Families, and Retirees), the Department of Defense (DoD) Civilian workforce assigned to the installation (for occupational health purposes only), and the military units assigned to the installation.

As part of the reaccreditation requirements, health departments must report 5–10 population health outcomes, which must be updated annually in reaccreditation Annual Reports. A health department may add to, delete, or change any/all/none of the 5–10 population health outcome objectives selected for reporting if the health department and its community revise the objectives they are tracking to monitor population health. **One objective must include disaggregated data.** That is, the health department must include at least one objective that is tied to a specific subpopulation. For example, the department could report on infant mortality rates among African Americans or the disparities in infant mortality rates between women of color and white women, or it could report on suicide rates by LGBTQ youths. The target in population health outcomes must include clear units; it is also encouraged to include a year by which the health department is striving to achieve their target.

Continued Advancement: *For reaccredited health departments only*

During reaccreditation, the health department is required to report on items identified as part of the “Continued Advancement” portion of documentation submission. The health department will provide an update on the actions it has taken. Each year, the health department will report its progress on **one** of the measures in the Continued Advancement section of the reaccreditation submission.

SPECIFIC MEASURES

The Accreditation Committee may request that the health department address specific measures in its Annual Report. If the health department is submitting examples or descriptions of progress, these should represent specific work accomplished within the past

year (from the point of accreditation until the point of the Annual Report submission).

If there are Foundational Capabilities (V2022) or “core” measures that are assessed as “Slightly” or “Not Demonstrated,” the Accreditation Committee will indicate that an “Annual Report with Documentation Requirements” is needed. In this case, the health department will be required to provide documentation for those measures in the Annual Report the first year after the accreditation decision. That documentation will be assessed for conformity with the measure requirements. The health department may be asked to provide additional documentation that year or in a subsequent year, or the health department may be referred to the Accreditation Committee if the documentation does not sufficiently demonstrate improved conformity with the measure.

The health department will be asked to provide narrative summaries on other measures indicated by the Accreditation Committee as Slightly or Not Demonstrated.

The health department will receive feedback to indicate if the department is required to continue reporting in the following year.

REFLECTION & LEARNING

The health department is required to select and complete one option that encourages reflection and learning. For each Annual Report cycle, the health department will self-select which option to work on, while considering which activity may be helpful in fostering improvement and supporting efforts towards reaccreditation.

Health departments are encouraged to consider how best to utilize the “Reflection and Learning” options. For example, staff may find it most helpful to choose “Documentation Review” or “Reflection Reports” as the department gains experience selecting documentation or gathering information to help prepare for reaccreditation. Likewise, as reaccreditation becomes more imminent, the “Reaccreditation Readiness” option may be the best choice.

Appendix B provides a detailed description of each reflection and learning option.

The types of Reflection Reports are designed to provide a roadmap to support a health department’s continual growth and preparation for the next phase of the accreditation journey.

To assist the department in preparing for the Annual Report, additional resources (templates, education, etc.) are available in PHAB’s Learning Center, accessible via the PHAB website. Over time, PHAB may provide additional Reflection and Learning options, which will be posted to PHAB’s Learning Center.

Appendices

Appendix A – Annual Report Preparation Checklist

Appendix B – Reflection & Learning

Appendix C – Domain Reflection Report

Appendix D – Foundational Capabilities Reflection Report

Appendix E – Innovation Review

Appendix F – Quality Improvement (QI) Project Review

Appendix A – Annual Report Preparation Checklist

Completing the Annual Report – Initial Accreditation

Early Preparation

- Identify when the health department’s Annual Report will be due, and begin planning accordingly:

Month Accreditation was Awarded	Annual Report Due Date
January, February, March	March 31
April, May, June	June 30
July, August, September	September 30
October, November, December	December 31

- Consult PHAB training materials in the Learning Center.
- Create a timeline, and identify staff members that will be contributing to the Annual Report.
- Identify any information that must be reported:
 - Does the health department have any circumstances to report?
 - Does the health department have any measures to report on? Determine if these measures will require either documentation or a description documenting the progress made.
- Determine which Reflection and Learning option the health department will be completing.
 - If the health department is approaching the third or fourth Annual Report cycle, the health department is encouraged to select a reaccreditation preparation option.
- From the Learning Center, access and download any PHAB templates that the health department will use to complete the Annual Report.

Quarter in Which it’s Due

- Sign into e-PHAB to gain familiarity with the platform, and encourage others to do so (health department chief/director).
- Plan to submit the Annual Report prior to the last day of the quarter to allow for any unexpected staff delays, IT issues, holidays/weekends, etc.

After Submission

- If PHAB provided feedback, consider what actions to take. The health department is encouraged to reflect with appropriate staff or stakeholders.
- If applicable, begin considering how the health department will continue to show progress on specific measures identified by the Accreditation Committee.
- Begin considering which option will be completed in the next Annual Report.

Completing the Annual Report – Reaccreditation

Early Preparation

- Identify when the health department’s Annual Report will be due, and begin planning accordingly:

Month Accreditation was Awarded	Annual Report Due Date
January, February, March	March 31
April, May, June	June 30
July, August, September	September 30
October, November, December	December 31

- Consult PHAB training materials in the Learning Center.
- Create a timeline, and identify staff members that will be contributing to the Annual Report.
- Identify any information that must be reported:
 - Does the health department have any circumstances to report?
 - Does the health department have any measures to report on? Determine if these measures require either documentation or a description documenting the progress made.
- Select one Continued Advancement narrative to continue to report on.
- Begin work to ensure the health department’s Population Health Outcomes (PHO) are continuing to be tracked and monitored. One PHO will require a narrative.
- Determine which Reflection and Learning option the health department will be completing.
 - If the health department is approaching the third or fourth Annual Report cycle, the health department is encouraged to select a reaccreditation preparation option.
- From the Learning Center, access and download any PHAB templates that the health department will use to complete the Annual Report.

Quarter in Which it’s Due

- Sign into e-PHAB to gain familiarity with the platform, and encourage others to do so (health department chief/director).
- Check to ensure that any staff designated to update the PHO are on track to provide data.
- Plan to submit the Annual Report prior to the last day of the quarter to allow for any unexpected staff delays, IT issues, holidays/weekends, etc.

After Submission

- If PHAB provided feedback, consider what actions to take. The health department is encouraged to reflect with appropriate staff or stakeholders.
- If applicable, begin considering how the health department will continue to show progress on specific measures identified by the Accreditation Committee.
- Begin considering which option will be completed in the next Annual Report.

Appendix B – Reflection & Learning

For each Annual Report submission, the health department will select one Reflection and Learning option from the offerings below. It is at the discretion of the health department to choose an option appropriate by the year since it achieved (re)accreditation to support the department's ability to remain in conformity with the Standards and engage with PHAB to support advancing quality, performance, and transformation. Health departments are encouraged to involve a breadth of staff in the preparation and completion of these activities. The department's descriptions of work may encompass either work that has been accomplished or planned work that will span several years.

Documentation Review

Description: If it selects this option, the health department will submit documentation that aligns with a reaccreditation measure. The department will complete the measure documentation form and submit the documentation (narrative or actual evidence).

Objective: To support the health department's reaccreditation effort, this option provides the department the opportunity to submit potential documentation and receive direct feedback from PHAB staff.

Feedback from PHAB: PHAB staff will review the documentation and provide a summary comment (not an assessment score). Specific feedback will include guidance on the use of the documentation form, a summary comment that may identify opportunities for improvement and/or areas of excellence, a recommendation on using the example for reaccreditation, and any considerations that may be helpful.

Resources: The health department will complete the reaccreditation documentation form and upload it to ePHAB. The form is available from PHAB's Learning Center.

Domain Reflection Report

Description: If it selects this option, the health department will submit a reflection report that encourages a critical review of one Domain. Health departments can utilize this report to gain a better understanding of work completed, such as key activities and milestones, and to help identify any steps the department may need to consider for the future. The department will complete the PHAB template for this report; additional documentation is not accepted. It is strongly recommended that this report be a collaborative effort across department sections.

Objective: To support the health department's reaccreditation effort, this option provides the department the opportunity to more formally reflect on the breadth of work that has been accomplished specific to one Domain. This activity also encourages the health department to gain a deeper understanding of how the work that is described aligns with reaccreditation requirements.

Feedback from PHAB: PHAB will not provide formal feedback, as this report is intended to be a reflection activity only. PHAB may follow up with suggested opportunities to highlight the health department's work (e.g., PHAB communications, conference sessions). All health departments will receive general tips about reaccreditation.

Resources: The health department will complete this report and upload it to ePHAB. The Domain Reflection Report template is provided as Appendix C and is also available from PHAB's Learning Center.

Foundational Capability Reflection Report

Description: If it selects this option, the department will submit a reflection report that encourages a critical review of one Foundational Capability (FC). Health departments can utilize this report to gain a better understanding of work completed, such as key activities and milestones, and help identify any steps that the department may need to consider for the future. The health department will complete the PHAB template for this report; additional documentation is not accepted. It is strongly recommended that this report be a collaborative effort across department sections. This tool may be helpful as the department's work becomes more closely aligned with FCs.

Objective: To support the health department's reaccreditation effort, this option provides the department the opportunity to more formally reflect on the breadth of work that has been accomplished specific to one FC. This activity also encourages the department to gain a deeper understanding of how the work that is described aligns with reaccreditation requirements.

Feedback from PHAB: PHAB will not provide formal feedback, as this report is intended to be a reflection activity. PHAB may follow up with suggested opportunities to highlight the health department's work (e.g., PHAB communications, conference sessions). All health departments will receive general tips about reaccreditation.

Resources: The health department will complete this report and upload it to ePHAB. The Foundational Capability Reflection Report template is provided as Appendix D and is also available from PHAB's Learning Center.

Innovation Review

Description: If it selects this option, the health department will submit a narrative or example, such as a project, that demonstrates the department's efforts to foster innovative skills within its workforce.

Objective: To support the health department's reaccreditation work specifically aligned with Measure 9.2.2.A, which requires one example of an effort to foster innovation skills, practices, or processes.

Feedback from PHAB: Written feedback, as well as general guidance on innovation, will be provided. PHAB staff will review the documentation and provide written feedback. Feedback will include guidance on innovation and/or fostering a culture of innovation. An assessment (score) will not be provided.

Resources: The health department will complete the reaccreditation documentation form for 9.2.2.A and upload it to ePHAB. The form is provided as Appendix E and is also available from PHAB's Learning Center. The [PHAB Center for Innovation](#) has additional information, including the definition of public health innovation and stories that describe innovation.

Participation with PHAB

Description: If it selects this option, the health department will provide information that indicates specific engagement with PHAB and the PHAB Center for Innovation over the past 12 months. Acceptable engagement includes a staff member who is an active site visitor, board director, committee member, speaker for a PHAB webinar or presentation, author of a publication/blog post, or contributor of a published story. The health department will provide the staff member's name and position, select a listed activity, and provide the dates of completion in e-PHAB so the activity can be verified.

Objective: This option encourages health departments to engage with the broader public health system.

Feedback from PHAB: No written feedback will be provided.

Quality Improvement (QI) Project Review

Description: If it selects this option, the health department will submit a completed quality improvement (QI) project, which would help inform the health department of project improvements. The review will also provide the department the opportunity to receive feedback on a potential project for reaccreditation submission. Submission of QI storyboards is acceptable.

Objective: To support the health department's reaccreditation work specifically aligned with Measure 9.1.3 (Reaccreditation v2022), which requires implementation of QI projects that demonstrate required elements a–e.

Feedback from PHAB: PHAB will provide written feedback. Specific feedback will include guidance on the use of the documentation form, a summary comment that may identify opportunities for improvement and/or areas of excellence, a recommendation on using this example for reaccreditation, and any considerations that may be helpful for other QI projects. An assessment (score) will not be provided.

Resources: The health department will complete the reaccreditation documentation form for Measure 9.1.3 and upload it to ePHAB. The form is provided as Appendix F and is also available from PHAB's Learning Center.

Reaccreditation Readiness

Description: The health department will submit a completed reaccreditation readiness self-assessment, which supports reaccreditation preparations. It is a comprehensive assessment that addresses each reaccreditation measure. Health departments should plan to engage staff from across the health department in completing the assessment.

Objective: Results from the self-assessment can be used to identify the documentation the health department has in place to meet the reaccreditation requirements and to identify gaps where additional documentation may need to be

developed.

Feedback from PHAB: PHAB staff will host a brief phone call with the health department's accreditation coordinator to review existing gaps based on the self-assessment and to answer process questions. Measure interpretation questions must be submitted via e-PHAB; the call is not intended to answer those questions. Following the call, the department will receive an email containing a brief summary of the conversation.

Appendix C – Domain Reflection Report

Reflection Report	
Health Department:	
Domain (select one):	
<input type="checkbox"/> Domain One <input type="checkbox"/> Domain Two <input type="checkbox"/> Domain Three <input type="checkbox"/> Domain Four <input type="checkbox"/> Domain Five	<input type="checkbox"/> Domain Six <input type="checkbox"/> Domain Seven <input type="checkbox"/> Domain Eight <input type="checkbox"/> Domain Nine <input type="checkbox"/> Domain Ten

Related to this work, the health department has (check all that apply)—	
<input type="checkbox"/> Identified opportunities to strengthen an existing policy.	<input type="checkbox"/> Established a new process or policy.
<input type="checkbox"/> Dedicated staff time or funding.	<input type="checkbox"/> Informed community partners, a governing entity, and/or stakeholders.
<input type="checkbox"/> Developed specific communication tools that will enhance this work.	<input type="checkbox"/> Used data to inform a decision.
<input type="checkbox"/> Sought out existing evidence-based practices.	<input type="checkbox"/> Took steps to formally document the work.
<input type="checkbox"/> Incorporated related work or goals into the performance management system.	<input type="checkbox"/> Engaged external partners or leaders in this body of work.
<input type="checkbox"/> Conducted an improvement based on QI, or used an innovation framework.	<input type="checkbox"/> Other:

Describe the work the health department has accomplished related to the Domain selected above. Consider what key activities and milestones the department has completed.

Based on your reflection, what are your next steps related to this Domain and PHAB reaccreditation (for example, establish or formalize processes, identify additional information sources, brainstorm examples that may be included as documentation, identify the staff or team that will be tasked with collecting and packaging documentation)?

In preparation for reaccreditation, identify to which Measure(s) the highlighted work relates:

Measure:
Measure:
Measure:
Measure:

Appendix D – Foundational Capabilities Reflection Report

Reflection Report
Health departments may use the reference table of measures (below) corresponding to PHAB’s v2022 Standards & Measures for Reaccreditation as a guide to assess and reflect on progress towards one of the Foundational Capabilities.

Health Department:

Foundational Capability (select one):

<input type="checkbox"/> Accountability & Performance Management	<input type="checkbox"/> Emergency Preparedness & Response
<input type="checkbox"/> Assessment & Surveillance	<input type="checkbox"/> Equity
<input type="checkbox"/> Communications	<input type="checkbox"/> Organizational Competencies
<input type="checkbox"/> Community Partnership Development	<input type="checkbox"/> Policy Development & Support

Related to this work, the health department has (check all that apply)—

<input type="checkbox"/> Identified opportunities to strengthen an existing policy.	<input type="checkbox"/> Established a new process or policy.
<input type="checkbox"/> Dedicated staff time or funding.	<input type="checkbox"/> Informed community partners, a governing entity, and/or stakeholders.
<input type="checkbox"/> Developed specific communication tools that will enhance this work.	<input type="checkbox"/> Used data to inform a decision.
<input type="checkbox"/> Sought out existing evidence-based practices.	<input type="checkbox"/> Took steps to formally document the work.
<input type="checkbox"/> Incorporated related work or goals into the performance management system.	<input type="checkbox"/> Engaged external partners or leaders in this body of work.
<input type="checkbox"/> Conducted an improvement based on QI, or used an innovation framework.	<input type="checkbox"/> Other:

Describe the work the health department has accomplished related to the Foundational Capability selected above. Consider what key activities and milestones the department has completed.

Based on your reflection, what are your next steps related to this Foundational Capability and PHAB reaccreditation (for example, establish or formalize processes, identify additional information sources, brainstorm examples that may be included as documentation, identify the staff or team that will be tasked with collecting and packaging documentation)?

In preparation for reaccreditation, identify to which Measure(s) the highlighted work relates:

Domain:	Measure:
Domain:	Measure:
Domain:	Measure:

Reference

Foundational Capability	Version 2022 Reaccreditation Measure		
Accountability & Performance Management	9.1.1	9.1.3	9.2.1
Assessment & Surveillance	1.1.1 1.2.2 S 2.1.2	1.2.1 1.3.1	1.2.2 T/L 2.1.1
Communications	2.2.5	3.1.1	3.2.2
Community Partnership Development	4.1.2	5.2.1	7.2.1
Emergency Preparedness & Response	2.2.1	2.2.2	2.2.7
Equity	5.2.3	10.2.1	
Organizational Competencies	8.1.1 10.2.2 10.3.3	8.2.1 10.2.4	10.1.1 10.3.2
Policy Development & Support	5.1.1	6.1.2	

Appendix E – Innovation Review

DOMAIN 9 REACCREDITATION PHAB DOCUMENTATION FORM

Measure 9.2.2 A	Foster innovation
Required Documentation 1	
Example 1 of 1 (Narrative of an example is acceptable)	Dated within 5 years

Health departments can either submit documentation and use this table to describe where in the documentation the relevant information can be found or provide a narrative of example using the last table in this Form.

Required Documentation		PDF Page Number(s)	Notes for Reviewer (optional)
1	Effort to foster innovation skills, practices, or processes.		
PDF Page Number with Date:			

OR

Narrative of Example:	
1. Effort to foster innovation skills, practices, or processes.	
Date Example Occurred: <i>(The date(s) of activities described must be included within the narrative description of the example.)</i>	

Appendix F – Quality Improvement (QI) Project Review

DOMAIN 9 REACCREDITATION PHAB DOCUMENTATION FORM

Measure 9.1.3 A Foundational Capability Measure	Implement quality improvement projects.
Required Documentation 1	
(Narrative of an example is acceptable)	Dated within 5 years

Health departments can either submit documentation and use this table to describe where in the documentation the relevant information can be found or provide a narrative of example using the last table in this Form.

Required Documentation	PDF Page Number(s)	Notes for Reviewer (optional)
1	Implementation of quality improvement (QI) projects that demonstrate the following:	
1a	How the opportunity for improvement was identified.	
1b	The measurable and time-framed objective(s) for how the project aims to address the opportunity for improvement.	
1c	Use of a QI method.	
1d	Use of QI tools to better understand or make decisions about:	
	i. The current process.	
	ii. Root cause(s).	
	iii. Possible solutions.	
1e	iv. Prioritization/selection of solutions for implementation.	
	A description of the outcomes of the QI project, including progress toward the measurable objective(s) established in required element b. The description must include: <ul style="list-style-type: none"> • data used to determine whether the project’s objective(s) was met and • identify next steps resulting from the project. 	
PDF Page Number with Date:		
Additional explanatory notes for reviewers (optional):		

OR

Narrative of Example:	
1	Implementation of quality improvement (QI) projects that demonstrate the following:
1a	How the opportunity for improvement was identified.
1b	The measurable and time-framed objective(s) for how the project aims to address the opportunity for improvement.
1c	Use of a QI method.
1d	Use of QI tools to better understand or make decisions about: i. The current process.
	ii. Root cause(s).
	iii. Possible solutions.
	iv. Prioritization/selection of solutions for implementation.
1e	<p>A description of the outcomes of the QI project, including progress toward the measurable objective(s) established in required element b.</p> <p>The description must include:</p> <ul style="list-style-type: none"> • data used to determine whether the project’s objective(s) was met and • identify next steps resulting from the project.
Date Example Occurred: <i>(The date(s) of activities described must be included within the narrative description of the example.)</i>	