

**DOCUMENTATION COVER SHEET TEMPLATES**

For use with PHAB Standards and Measures v1.5

March 2020

**DOMAIN 9**

For each example submitted as documentation, complete the appropriate cover sheet template. Ensure that each required element for the measure is specified with a PDF page number and include any brief explanatory notes, if needed.

The documentation cover sheet templates do not take the place of the Standards and Measures. Remember, each example must fit within the context of the Domain and standard and meet the intent of the measure, as described in the Purpose and Significance statements.

Throughout the templates, specific words and phrases are underlined. These words and phrases are requirements that have been frequently missed. These underlines are intended to direct the reader to the element, but do not indicate that the word or phrase is more important than any other element of the requirement.

Some measures include a “NOTE.” These notes are from PHAB’s Accreditation Specialists and are intended to help with the interpretation of the requirement.

Please direct any measure interpretation questions to your assigned Accreditation Specialist.

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| **Measure # 9.1.1** | Staff at all organizational levels engaged in establishing and/or updating a performance management system | |
| RD # 1 | Health department leadership and management supportive and engaged in establishing and/or updating a performance management system | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The health department must document the health department leadership’s engagement in setting a policy for and/or establishing a performance management system for the department. |  |  |

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| Evidence of Authenticity and Date are required within the documentation itself.  If this evidence is difficult to locate or is found within supporting documentation, please provide a brief explanation of the location here and/or provide the supporting documentation to demonstrate the date and/or evidence of authenticity. |
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| **Measure # 9.1.1** | Staff at all organizational levels engaged in establishing and/or updating a performance management system | |
| RD # 1 | Health department leadership and management supportive and engaged in establishing and/or updating a performance management system | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The health department must document the health department leadership’s engagement in setting a policy for and/or establishing a performance management system for the department. |  |  |

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| **Measure # 9.1.1** | Staff at all organizational levels engaged in establishing and/or updating a performance management system | |
| RD # 2 | Health department staff at all other levels engaged in establishing and/or updating a performance management system | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 2 | The health department must document engagement of staff at all levels of the department in determining the nature of a performance management system for the department and implementing the system. |  |  |

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| **Measure # 9.1.1** | Staff at all organizational levels engaged in establishing and/or updating a performance management system | |
| RD # 2 | Health department staff at all other levels engaged in establishing and/or updating a performance management system | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 2 | The health department must document engagement of staff at all levels of the department in determining the nature of a performance management system for the department and implementing the system. |  |  |

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| **Measure # 9.1.2** | Performance management policy/system | |
| RD # 1 | An adopted performance management system | 1 performance management system |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| Note: PHAB does not endorse any specific Performance Management tool or platform as long as requirements a – d are addressed in the documentation. | | | |
| 1 | The health department must provide a written description of the department’s adopted performance management system that includes: |  |  |
| 1a | Performance standards, including goals, targets and indicators, and the communication of expectations  Note: Actual goals, targets, and indicators must be included. |  |  |
| 1b | Performance measurement including data systems and collection |  |  |
| 1c | Progress reporting including analysis of data, communication of analysis results, and a regular reporting cycle |  |  |
| 1d | A process to use data analysis and manage change for quality improvement and towards creating a learning organization |  |  |

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| **Measure # 9.1.3** | Implemented performance management system | |
| RD # 1 | A functioning performance management  committee or team | Example #1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The health department must provide documentation of a department committee, team, council, executive team, or some other entity that is responsible for implementing the performance management system |  |  |

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| **Measure # 9.1.3** | Implemented performance management system | |
| RD # 2 | Goals and objectives | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 2 | The health department must document setting of goals and objectives with the identified time frames for measurement.  One example must be from a programmatic area and the other from an administrative area.  Note: The same program and administrative example are intended to continue from RD2 through RD5. These examples must demonstrate implementation of the Performance Management system (9.1.2). |  |  |

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| **Measure # 9.1.3** | Implemented performance management system | |
| RD # 2 | Goals and objectives | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 2 | The health department must document setting of goals and objectives with the identified time frames for measurement.  One example must be from a programmatic area and the other from an administrative area.  The same program and administrative example are intended to continue from RD2 through RD5. These examples must demonstrate implementation of the Performance Management system (9.1.2). |  |  |

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| **Measure # 9.1.3** | Implemented performance management system | |
| RD # 3 | Implementation of the process for monitoring the performance of goals and objectives | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 3 | The health department must document the monitoring of performance towards the two objectives cited above. |  |  |

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| **Measure # 9.1.3** | Implemented performance management system | |
| RD # 3 | Implementation of the process for monitoring the performance of goals and objectives | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 3 | The health department must document the monitoring of performance towards the two objectives cited above. |  |  |

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| **Measure # 9.1.3** | Implemented performance management system | |
| RD # 4 | Analysis of progress toward achieving goals and objectives and identification of areas in need of focused improvement processes | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 4 | The health department must document that performance of the two objectives identified in 2) above was analyzed according to the time frames. |  |  |

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| **Measure # 9.1.3** | Implemented performance management system | |
| RD # 4 | Analysis of progress toward achieving goals and objectives and identification of areas in need of focused improvement processes | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 4 | The health department must document that performance of the two objectives identified in 2) above was analyzed according to the time frames. |  |  |

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| **Measure # 9.1.3** | Implemented performance management system | |
| RD # 5 | Identification of results and next steps | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 5 | The health department must document that performance results, opportunities for improvement, and next steps for the identified goals and corresponding objectives were documented and reported. |  |  |

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| **Measure # 9.1.3** | Implemented performance management system | |
| RD # 5 | Identification of results and next steps | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 5 | The health department must document that performance results, opportunities for improvement, and next steps for the identified goals and corresponding objectives were documented and reported. |  |  |

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| **Measure # 9.1.3** | Implemented performance management system | |
| RD # 6 | A completed performance management self-assessment | 1 self-assessment |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 6 | The health department must provide a completed performance management self-assessment that reflects the extent to which performance management practices are being used. |  |  |

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| **Measure # 9.1.4** | Implemented systematic process for assessing customer satisfaction with health department services | |
| RD # 1 | Collection, analysis, and conclusions of feedback from two different customer groups | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | Using a broad, customer/stakeholder identification list developed as part of a strategic planning or health improvement planning process, the health department must document how customer/stakeholder feedback was collected, analyzed, and conclusions drawn from two different types of customers  Note: Employee satisfaction is not the intent of this measure. |  |  |
| Special effort to address those who have a language barrier, are disabled, or are otherwise disenfranchised must be included. |  |  |

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| **Measure # 9.1.4** | Implemented systematic process for assessing customer satisfaction with health department services | |
| RD # 1 | Collection, analysis, and conclusions of feedback from two different customer groups | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | Using a broad, customer/stakeholder identification list developed as part of a strategic planning or health improvement planning process, the health department must document how customer/stakeholder feedback was collected, analyzed, and conclusions drawn from two different types of customers  Note: Employee satisfaction is not the intent of this measure. |  |  |
| Special effort to address those who have a language barrier, are disabled, or are otherwise disenfranchised must be included. |  |  |

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| **Measure # 9.1.4** | Implemented systematic process for assessing customer satisfaction with health department services | |
| RD # 2 | Results and actions taken based on customer feedback | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 2 | The health department must document results and action taken based on the collection, analysis, and conclusions drawn from feedback from customer groups. |  |  |
| Documentation must relate to the examples in Required Documentation above. |  |  |

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| **Measure # 9.1.4** | Implemented systematic process for assessing customer satisfaction with health department services | |
| RD # 2 | Results and actions taken based on customer feedback | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 2 | The health department must document results and action taken based on the collection, analysis, and conclusions drawn from feedback from customer groups. |  |  |
| Documentation must relate to the examples in Required Documentation above. |  |  |

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| **Measure # 9.1.5** | Opportunities provided to staff for involvement in the department’s performance management | |
| RD # 1 | Staff development in performance management | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The health department must document its staff professional development in the area of performance management.  Note: QI training alone is not sufficient. |  |  |

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| **Measure # 9.1.5** | Opportunities provided to staff for involvement in the department’s performance management | |
| RD # 1 | Staff development in performance management | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The health department must document its staff professional development in the area of performance management.  Note: QI training alone is not sufficient. |  |  |

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| **Measure # 9.1.6 S (State only)** | Technical assistance and/or training provided on performance management to Tribal and local health departments | |
| RD # 1 | Provision of technical assistance about performance management systems | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The state health department must document that it has offered technical assistance and/or training in performance management practices, methods, and/or tools to Tribal and local health departments. |  |  |

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| **Measure # 9.1.6 S (State only)** | Technical assistance and/or training provided on performance management to Tribal and local health departments | |
| RD # 1 | Provision of technical assistance about performance management systems | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The state health department must document that it has offered technical assistance and/or training in performance management practices, methods, and/or tools to Tribal and local health departments. |  |  |

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| **Measure # 9.2.1** | Established quality improvement program based on organizational  policies and direction | |
| RD # 1 | A written quality improvement plan | 1 plan |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The health department must provide a quality improvement plan. The plan must address: |  |  |
| Key quality terms to create a common vocabulary and a clear, consistent message. |  |  |
| Culture of quality and the desired future state of quality in the organization. |  |  |
| Key elements of the quality improvement effort’s structure |  |  |
| Types of quality improvement training available and conducted within the organization |  |  |
| Project identification, alignment with strategic plan and initiation process |  |  |
| Quality improvement goals, objectives, and measures with time-framed targets |  |  |
| The health department’s approach to how the quality improvement plan is monitored: data are collected and analyzed, progress reported toward achieving stated goals and objectives, and actions taken to make improvements based on progress reports and ongoing data monitoring and analysis. |  |  |
| Regular communication of quality improvement activities conducted in the health department |  |  |
| Process to assess the effectiveness of the quality improvement plan and activities |  |  |
| Note: Only the main bullets are required to be addressed in the QI Plan, the sub-bullets are examples and are not required to be included. |  |  |

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| **Measure # 9.2.2** | Implemented quality improvement activities | |
| RD # 1 | Quality improvement activities based on the QI plan | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The health department must document implementation of quality improvement activities and the health department’s application of its process improvement model.  One example must be from a program area and the other from an administrative area.  NOTE: These examples must not pre-date the QI plan provided in measure 9.2.1. |  |  |
| Examples must demonstrate how staff problem-solved and planned the improvement, |  |  |
| Examples must demonstrate how staff selected the problem/process to address and described the improvement opportunity, |  |  |
| Examples must demonstrate how they described the current process surrounding the identified improvement opportunity, |  |  |
| Examples must demonstrate how they determined all possible causes of the problem and agreed on contributing factors and root cause(s), |  |  |
| Examples must demonstrate how they developed a solution and action plan, including time-framed targets for improvement, |  |  |
| Examples must demonstrate what the staff did to implement the solution or process change, |  |  |
| Examples must demonstrate how staff reviewed and evaluated the result of the change, and how they reflected and acted on what they learned. |  |  |
| Documentation must demonstrate ongoing use of an improvement model, including showing the tools and techniques used during application of the process improvement model. |  |  |
| Documentation must also describe: actions taken, improvement practices and interventions, data collection tools and analysis, progress reports, evaluation methods, and other activities and products that resulted from implementation of the plan. |  |  |

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| **Measure # 9.2.2** | Implemented quality improvement activities | |
| RD # 1 | Quality improvement activities based on the QI plan | Example # 2 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 1 | The health department must document implementation of quality improvement activities and the health department’s application of its process improvement model.  One example must be from a program area and the other from an administrative area.  NOTE: These examples must not pre-date the QI plan provided in measure 9.2.1. |  |  |
| Examples must demonstrate how staff problem-solved and planned the improvement, |  |  |
| Examples must demonstrate how staff selected the problem/process to address and described the improvement opportunity, |  |  |
| Examples must demonstrate how they described the current process surrounding the identified improvement opportunity, |  |  |
| Examples must demonstrate how they determined all possible causes of the problem and agreed on contributing factors and root cause(s), |  |  |
| Examples must demonstrate how they developed a solution and action plan, including time-framed targets for improvement, |  |  |
| Examples must demonstrate what the staff did to implement the solution or process change |  |  |
| Examples must demonstrate how staff reviewed and evaluated the result of the change, and how they reflected and acted on what they learned. |  |  |
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| Documentation must also describe: actions taken, improvement practices and interventions, data collection tools and analysis, progress reports, evaluation methods, and other activities and products that resulted from implementation of the plan. |  |  |

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| **Measure # 9.2.2** | Implemented quality improvement activities | |
| RD # 2 | Staff participation in quality improvement  activities based on the QI plan | Example # 1 |

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| **Required Elements from Guidance** (including bulleted items) | | PDF Page Number(s) | Explanatory Notes |
| 2 | The health department must document how staff were involved in the implementation of the plan, worked on improvement interventions or projects, and/or served on a quality team that oversees the health department’s improvement efforts.  NOTE: These examples must not pre-date the QI plan provided in measure 9.2.1. |  |  |

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| Evidence of Authenticity and Date are required within the documentation itself.  If this evidence is difficult to locate or is found within supporting documentation, please provide a brief explanation of the location here and/or provide the supporting documentation to demonstrate the date and/or evidence of authenticity. |
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| **Measure # 9.2.2** | Implemented quality improvement activities | |
| RD # 2 | Staff participation in quality improvement  activities based on the QI plan | Example # 2 |

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