



Public Health Accreditation Board

Standards and Measures for National Reaccreditation of State/Territorial Vital Records/Health Statistics (VRHS) Units

DRAFT FOR PUBLIC VETTING

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Introduction

This Public Health Accreditation Board (PHAB) **Standards & Measures for National Accreditation of State/Territorial Vital Records/Health Statistics (VRHS) Units, Version 2024** serves as the official standards, measures, required documentation, and guidance blueprint for PHAB national public health accreditation of VRHS Units. For purposes of accreditation, PHAB considers these requirements applicable to both the vital records and health statistics functions of the state health department, regardless of the organizational structure. In addition, the requirements that apply to all documents submitted to PHAB are included in this document. These written guidelines are considered authoritative and are in effect for applications submitted using Standards & Measures for National Accreditation of State/Territorial Vital Records/Health Statistics (VRHS) Units, Version 2024.

In general, “**The Standards**” referenced in this document collectively refer to this entire document including the introductory material, topic areas, standards, measures, required documentation, and guidance. Throughout this document, references to “accreditation” are inclusive of reaccreditation, which is the process of maintaining accreditation status.

The Standards provide requirements and guidance for VRHS Units preparing for reaccreditation and for site visit teams that review and assess documentation submitted by applicant VRHS Units. It also serves anyone offering consultation or technical assistance to VRHS Units preparing for accreditation. It guides PHAB’s Board of Directors and staff as they administer the accreditation program.

Credibility in accreditation results from consistent interpretation and application of defined standards and measures. **The Standards** sets forth the topic areas, standards, measures, and required documentation adopted by the PHAB Board of Directors in [month and year]. The document also provides guidance on the meaning and purpose of the measures and the types and forms of documentation that are acceptable to demonstrate conformity with each measure.

The Standards provide assistance to VRHS Units as they work to select the best evidence to serve as documentation. VRHS Units should submit all questions related to any part of The Standards, including documentation and measure requirements, to PHAB.

Foundational Capabilities are the cross-cutting basic skills and capacities needed to support VRHS Units. Foundational Capability measures are identified within each Topic Area as well as flagged within the applicable measures. To achieve and maintain accreditation status, VRHS Units will need to demonstrate conformity with these Foundational Capability Measures or complete additional reporting to show their progress towards demonstrating them.

Applicability of The Standards and Measures

These VRHS Unit Accreditation Standards and Measures are equally applicable to all eligible applicants, regardless of their organizational structure. Eligible applicants for the voluntary accreditation include the 57 jurisdictional areas identified by the National Center for Health Statistics within the National Vital Statistics Collaborative Program (VSCP) to fulfill its legislatively mandated mission to produce national vital statistics. This includes the following jurisdictions where statewide vital records are collected from the 50 States, District of Columbia, New York City, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the US Virgin Islands. State and jurisdiction are synonymous within the text above when referring to the 57 funded jurisdictions. The state or territorial health department does not have to be accredited for the VRHS Unit to submit an application. However, approval from the Director of the State or Territorial Health Department or from the Secretary of State (in the case of New Hampshire) is required.

There are some measures that require time frames or other items that may differ from existing state laws or rules and regulations. The requirements in the standards and measures were developed based on national standards for improvement of the vital records and health statistics functions across the country. Differences in state laws or rules and regulations should not be a barrier to a VRHS Unit applying for accreditation. Guidance is provided in the applicable measures on how to document those differences.

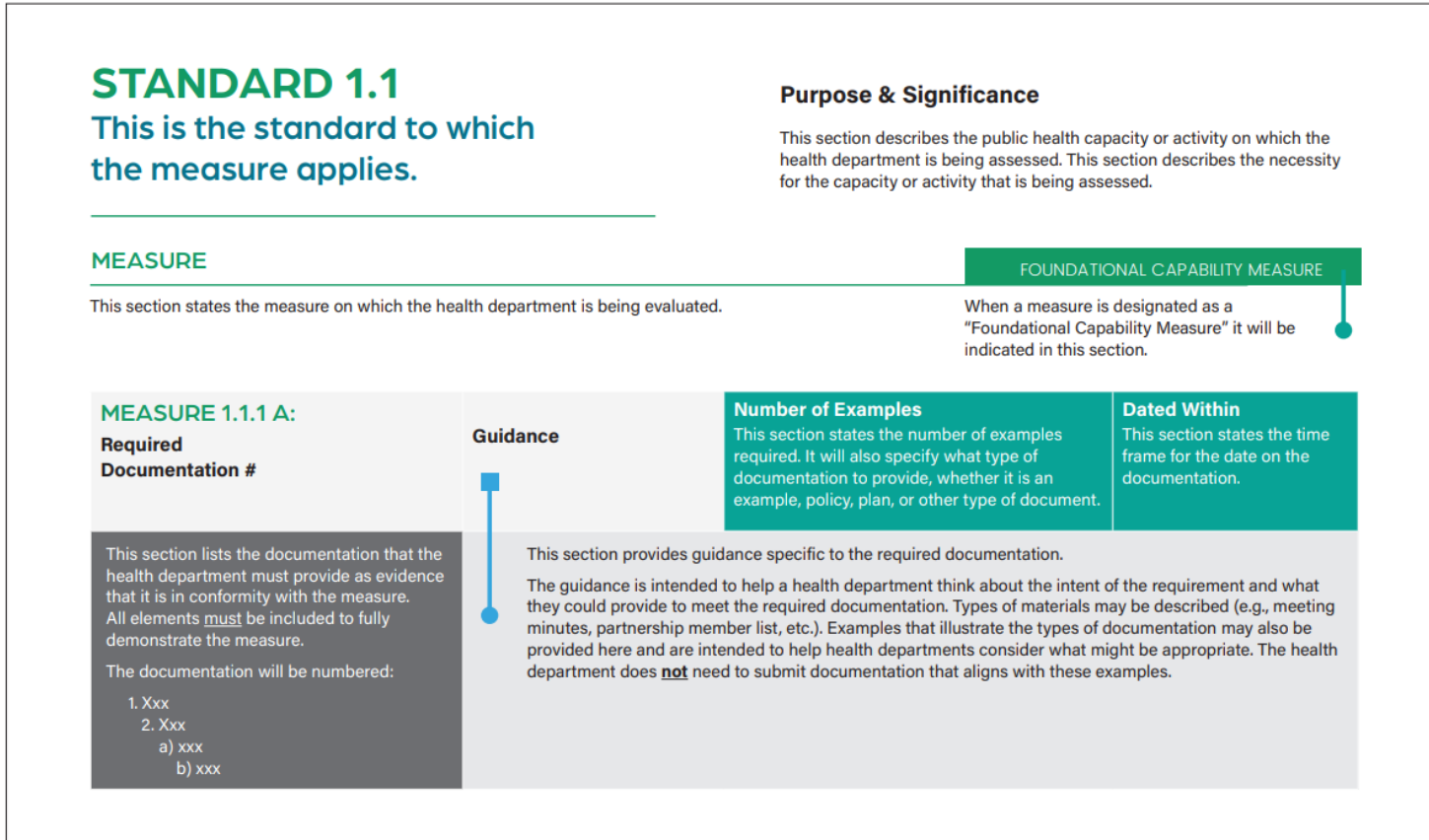
Structure of the Requirements

Topic areas are groups of standards that pertain to a broad group of VRHS Unit services and responsibilities. There are 7 topic areas. The topic areas, standards, and measures were highly informed by the National Association of Public Health Statistics and Information Systems Standards, the Model State Vital Statistics Act and Model State Vital Statistics Regulations (2011), and the National Center for Health Statistics. Standards are the required level of achievement that a VRHS Unit is expected to meet. Measures provide a way of evaluating if the standard is met. Required documentation is the documentation that is necessary to demonstrate that a VRHS Unit conforms to a measure.

The structural framework for the VRHS Unit Accreditation topic areas, standards, and measures uses the following taxonomy:

- Topic Area (example – Topic Area 1, Registration)
- Standard (example – Standard 1.1)
- Measure (example – Measure 1.1.3)

Each topic area begins with a description of the topic area, followed by the standards and measures. The chart below provides an example of the layout for standards, measures, required documentation, guidance, number of examples, and timeframe for required documentation.



Requirements for All Documentation

All documents submitted to PHAB must comply with the following. Documents submitted to PHAB that do not follow one or more of the bullets below will not be assessed as Fully Demonstrating the measure.

- Documentation must directly address the measure, with particular attention to the elements listed in the “Required Documentation” column. When selecting documentation, the VRHS Unit should carefully consider the context in which the measure is located (i.e., the standard and domain).
- All documents must include a Documentation Form, completed in accordance with the “Documentation Form” section below.
- All documents must include a date and be within the timeframe indicated in the “Dated Within” column (see “Timeframes” section). Narratives of examples must also include a date so the Site Visit Team will know if the example occurred during the required timeframe.
- Narrative descriptions must describe the VRHS Unit’s current processes, procedures, or activities in place at the time of documentation submission.
- Documentation, including narrative descriptions, that require evidence “since the last round of accreditation” refer to the most recent accreditation cycle completed by the VRHS Unit (whether that was initial accreditation or a previous cycle of reaccreditation).
- If the “Number of Examples” column calls for anything other than an “example” or “narrative of an example”, (in other words, if the “Number of Examples” column says, “plan” or “policy”) that document must be the current version in use by the VRHS Unit at the time of the submission of documentation to PHAB. For example, the VRHS Unit must provide the most recent continuity of operations plan.
- VRHS Units must provide examples from program areas that are currently part of the VRHS Unit and/or state health department at the date of documentation submission. VRHS Units can provide examples of specific projects (e.g., a social media campaign, an evidence-based intervention, or projects related to grant deliverables) that have been completed in conjunction with programs of the broader state health department, so long as the overarching program area is still part of the state health department.
- All documents, including narratives, must show evidence of authenticity to demonstrate the document’s relevancy to the VRHS Unit (see “Authorship and Evidence of Authenticity” section).
- VRHS Units must follow PHAB instructions for requirements to be assessed as “Not Applicable” (see “Requirements that are Not Applicable” section).
- No draft documents will be accepted for review by PHAB, with the following exceptions: (1) packaging a draft document with final version to demonstrate changes made, or (2) packaging a draft document with additional documents that demonstrate a VRHS Unit’s efforts to propose changes if the “Guidance” column indicates that unsuccessful or not yet completed efforts are acceptable.
- Documents must not contain blank signature lines, as this indicates draft document. If a document includes a blank signature line and the VRHS Unit is not able to either provide a signed copy or obtain a signature, the VRHS Unit Director, Registrar, or health department director may provide a signed memo with the document explaining why the signature line is blank and attesting the document provided is not a draft document.
- Examples must be within the scope of PHAB’s accreditation authority to assess (see “Scope of Authority” section below).
- Documents must be submitted to PHAB electronically, as a PDF file. Other acceptable file formats include audio and video files. Hard copies of documents must be scanned into an electronic format for submission. PHAB will not accept hard copies of any documentation at any point in the process.
- All written documents must be readable and open correctly (e.g., scanned text must be legible and open right-side up). All audio and video files must open correctly.

In addition:

- As part of the terms of conditions, VRHS Units agree that all information submitted to PHAB, including explanations in the Documentation Form, are truthful and accurately reflect the functions performed by the VRHS Unit, including its mandates and legal requirements.

- At all times, VRHS Units are solely responsible for abiding by all applicable state and federal laws regarding personal or sensitive information. For example, for requirements related to personnel, state or federal law may require the VRHS Unit to redact the names of employees. In addition, state or federal laws may prohibit disclosing personal health information to PHAB (including through e-PHAB).
- If multiple documents are used to demonstrate an example, they must be packaged together to create one PDF per upload. Additional resources, such as guidance VRHS Units can use to create PDF documentation, are located on PHAB's website (<https://phaboard.org/accreditation-recognition/vital-records-health-statistics>).

PHAB does not intend to be prescriptive about how the VRHS Unit meets the standards and measures. The VRHS Unit is expected to ensure that the standards are met for the jurisdiction(s) that they serve. The focus of the standards, measures, and required documentation is that the VRHS Unit ensures that the services and activities are provided to the population, irrespective of "how" those services and activities are provided or through what organizational structure or arrangement. VRHS Unit may have formal agreements, contracts, or partnerships with other organizations or agencies to provide services. If that is the case, VRHS Units must submit to PHAB formal documentation of the partnership or assignment of responsibility to others (MOU, letter of agreement, contract, legislative action, executive order, ordinance, or rules/regulations). PHAB site visitors will need to see evidence of a formal working relationship in these cases.

Likewise, documentation may have been developed by another entity; however, it must currently be utilized by the VRHS Unit. This may especially be true in the areas of human resources or fiscal management functions performed by the broader state health department. The purpose of PHAB's review of the documentation is to confirm that materials exist and are in use in the VRHS Unit being reviewed, regardless of who originated the material. Documentation, therefore, may be products of other entities.

The accountability for meeting the measures rests with the VRHS Unit being reviewed for accreditation. Documentation that provides evidence of meeting the measure must be provided, even if the documentation is produced by a partner organization and not by the VRHS Unit. It would be advisable for the VRHS Unit to include an explanation with its documentation concerning why a measure is met by another organization.

Selection of Documentation

The VRHS Unit should select documentation carefully to ensure that it accurately reflects the VRHS Unit, how it operates, what it provides, and its performance. To ensure the Site Visit Report, as prepared by the Site Visit Team, is an accurate reflection of the VRHS Unit, the Unit should select documentation that reflects the array of services and functions it performs while choosing the most relevant and accurate documentation to submit to PHAB. Documentation is expected to address the health of the population in the jurisdiction that the VRHS Unit has authority to serve.

VRHS Units are encouraged to consider how the selected documentation articulates how the Unit performs functions or activities. For example, VRHS Units might organize files in chronological order or sequence of events or actions. VRHS Units are also encouraged to consider how the compilation of the documentation submitted to PHAB tells the story of how the VRHS Unit operates and how it serves its communities.

Documentation submitted to demonstrate conformity with a measure does not have to be originally from a single document; several documents (combined into one PDF file) may support conformity for each item listed in the "Number of Examples" column (e.g., each example, policy, or plan). Documentation Forms may be used to summarize or provide an explanation of how the documents, together, demonstrate conformity with the measure. The specific section(s) of the documents that addresses the measure must be identified.

The VRHS Unit should not upload more documentation than is required to demonstrate conformity with the measure. That is, if two examples are required, the VRHS Unit should not upload more than two examples unless requested by PHAB or the Site Visit Team. Additional examples, unless requested by the Site Visit Team, will not be reviewed and the measure may be reopened for clarification.

Documentation Forms

For each item listed in the “Number of Examples” column, a Documentation Form must be completed and submitted with the documentation (e.g., if the “Required Documentation” column requires two examples, two Documentation Forms will be provided). This applies to documentation provided during the documentation submission step, any measure reopened by the Site Visit Team, and any ACARs. VRHS Units must use the Documentation Form that corresponds with each requirement. The Documentation Forms may be accessed from PHAB’s Learning Center.

The use of the Documentation Form ensures that the Site Visit Team can easily identify evidence corresponding to the requirements. The Documentation Form should specify the specific part or section of document that addresses each required element in the measure, by referencing the **PDF page number** of the relevant part of the document. (The page number should represent which page in the PDF document; in other words, if the VRHS Unit compiles excerpts from several different documents, the page number will indicate that it is the 5th page in the PDF, regardless of the page number on the original excerpt that has been merged into the PDF.)

Some measures in **The Standards** indicate that a narrative description is required. In these cases, the VRHS Unit will use the Documentation Form by typing a narrative in the designated space on the form. All required documentation elements must be clearly identified within the narrative (e.g., the narrative related to required element b will be easily identifiable by the Site Visit Team).

Some measures in **The Standards** indicate an example or process is required **and** also indicate a narrative is acceptable. In these cases, the VRHS Unit will either provide the narrative in the space provided on the Documentation Form or reference the PDF page number of the relevant part of documentation provided. For these requirements, when **The Standards** indicate either a narrative or other documentation may be provided, a VRHS Unit may provide a combination of both documentation and narrative description, so long as all required elements are clearly included and are easily identifiable by the Site Visit Team.

If the “Number of Examples” column **does not say** that a narrative description or a narrative of an example is acceptable, then the VRHS Unit must provide documentation (e.g., a policy, plan, press release, report, or other document). It is possible that some elements of the documentation could be described in the Documentation Form. In those instances, the “Required Documentation” column will indicate when a specific required element(s) may be provided on the Documentation Form in lieu of documentation. The VRHS Unit maintains the option to include the evidence as part of the documentation or provide evidence in the Documentation Form.

In all instances, the VRHS Unit may use the Documentation Form to provide supplemental information or context to help the reviewers understand how the documentation relates to the requirements. Similar to how the “Guidance” column provides examples of documentation the VRHS Unit could consider providing, the “Guidance” column also includes examples of how the Documentation Form may be used to supplement documentation with contextual information. The Documentation Form must be merged with the documentation into one PDF per example. That is, if two examples are required, there should be only two uploads. Each upload will be a PDF that includes the completed Documentation Form and documentation that addresses all elements in the “Required Documentation” column.

In addition, as part of the reaccreditation process, the VRHS Unit will describe for at least one measure their plans for Continued Advancement, using the Accreditation Forms available from PHAB for this purpose. VRHS Units will be asked about their progress on these measures as part of the Annual Reporting process.

Timeframes

All documentation used to demonstrate conformity with measures must be **dated** within the timeframe indicated in the “Dated Within” column. The date indicates when the document was created, adopted, reviewed, or revised. **The Site Visit Team will look for the date on the document.** Dating of all documents is a best practice to ensure the VRHS Unit is aware of when information was last updated. Dates on documents also enable the PHAB Site Visit Team to understand if the

documentation is within the required timeframe, when assessing conformity. Similarly, narrative descriptions and narratives of examples will include the date of the example(s).

The specificity of the date on the document will depend on the documentation requirement and the type of document. For example, emails provide the full date and time. Policies may include the month, day, and year. Reports may include the month and year. A brochure may include only the year. Audio and video files will either include the date within the content of the file or the Documentation Form will be used to clarify the date.

Timeframes are determined by **starting from the date of submission of the documentation to PHAB**. If the timeframe for a plan is five years, the plan must be dated within the five years prior to the VRHS Unit's official submission of documentation to PHAB. For example, if the VRHS Unit submits its documentation on January 1, 2023, any documentation that says "5 years" within the "Dated Within" column must be dated on or after January 1, 2018.

Narrative descriptions describe what is current and in place at the VRHS Unit at the time of documentation submission. Narrative descriptions prepared in advance of a VRHS Unit's documentation submission date should be reviewed within 1 year of submission in order to ensure a good faith effort to confirm the information provided is current.

Some measures in **The Standards** reference "the last round of accreditation." This statement refers to the most recent accreditation cycle completed by the VRHS Unit.

Authorship and Evidence of Authenticity

The focus of **The Standards** is that the VRHS Unit ensures that the services and activities are provided to the population, regardless of who provides the services and activities. The accountability for meeting the measures rests with the VRHS Unit being reviewed for accreditation. Unless **The Standards** indicate that required documentation is not applicable to a particular VRHS Unit, documentation must be provided to demonstrate evidence of meeting the measure, even if the documentation is produced by another entity.

All documents must show evidence of authenticity. That is, the document must have a logo, signature, email address, or other evidence to demonstrate authorship or adoption. Narrative Descriptions and Narratives of Examples will also include evidence of authenticity by describing the VRHS Unit's role in the activity as well as how other entities were engaged, as appropriate.

For documentation developed or adopted by the VRHS Unit, evidence of the VRHS Unit name, logo, signature, email address, or other evidence that links the document to the VRHS Unit will be included on the document. For example, a policy could include the name of the VRHS Unit, state health department or county government logo, an email could include names on the "To" and "From" lines or a signature block that provides clear evidence the person is an employee of the VRHS Unit, or a name with a participant list. If the evidence of authorship may not be clear to someone outside the VRHS Unit, the Documentation Form may be used to clarify (e.g., if the email "To" or "From" lists only the name of the individual).

If the documentation was developed by another entity (e.g., partner, governmental agency, contractor) the VRHS Unit must demonstrate the document's relevancy to the VRHS Unit (e.g., how the VRHS Unit contributed or uses the documentation, or how it's relevant to the VRHS Unit's jurisdiction). If the VRHS Unit did not develop the materials, **The Standards** may indicate that formal agreements are required. If a particular required documentation does not specify that a formal agreement is needed, the Documentation Form may be used to indicate how the documents are relevant or used by the VRHS Unit. For example, a brochure or report might not have the health department or VRHS Unit Director's signature, but it should include the department's logo. Meeting minutes are usually signed but may include the department's logo instead, noting that it is an "official" document. Documentation developed by another entity (partner, governmental agency, contractor, etc.) must include evidence that the documentation has been adopted by and is in use by the applicant VRHS Unit.

Examples include:

- **VRHS Units may have formal agreements or partnerships with other organizations to provide particular functions or activities.** If the Measure requires the VRHS Unit to demonstrate that it has the capacity to provide a particular service, (e.g., Measure XYZ requirement for the capacity to communicate with non-English speaking individuals) and the VRHS Unit relies on another entity to provide that service, the “Required Documentation” column may indicate that a formal agreement (e.g., a Memorandum of Understanding (MOU), a contract, or other written agreement) is needed. If, however, a measure requires an example of a product (e.g., a report, evaluation, data analysis), the VRHS Unit may submit a documentation developed by another entity, as long as the documentation meets all of the requirements in the measure and is relevant to the VRHS Unit and the population it serves. Examples of acceptable documentation include: an evaluation developed by a consultant of a program that the VRHS Unit operates; or a data analysis conducted by an academic institution about the population served by the VRHS Unit.
- **VRHS Units that operate as agencies within a larger governmental unit, may utilize the policies, procedures, or functions of that larger governmental unit.** For example, a VRHS Unit may utilize the human resources system of the government of which it is a part. In this case, the documentation would be the policies and procedures of the state health department, or city, county, or state government, for example.

Likewise, the VRHS Unit may be part of a “Super Public Health Agency,” a “Super Health Agency,” or “Umbrella Agency” (i.e., an agency that oversees public health and some combination of primary care, substance abuse, mental health, Medicaid, and other human service programs). For example, the VRHS Unit’s human resource policy and procedures manual could be the manual of the Super Public Health Agency, Super Health Agency, or Umbrella Agency, of which it is a part. In those cases, the applicant may use examples from any division of the Super Agency that carries out a public health function and falls within PHAB’s Scope of Authority.

Requirements that are Not Applicable

The Standards indicate several places where requirements may not be applicable to particular VRHS Units. In those instances, the VRHS Unit will not submit documentation and they will not be assessed on that measure—or on a particular requirement within the measure. There are two scenarios where requirements may be Not Applicable:

- If the measure focuses on engagement with local jurisdictions and there are none within the state, VRHS Units do not need to submit documentation for those requirements, as indicated in The Standards. If an entire measure is not applicable for a particular VRHS Unit, that measure will be assessed as Not Applicable.
- If PHAB indicates that documentation relevant to a particular VRHS Unit has already been assessed and does not need to be assessed again. This may be the case if PHAB enters into an agreement with a state VRHS Unit to review a state-level documentation once and not require local VRHS Units to submit that same policy as part of their documentation submission. The agreement with PHAB will include the submission process. VRHS Units are required to provide documentation for all other measures.

Terminology

The Standards are accompanied by a sourced PHAB Acronyms and Glossary of Terms, which contains many of the terms used in this document. A supplement to the **PHAB Acronyms and Glossary of Terms** that includes relevant VRHS Unit accreditation terminology and acronyms will be provided by PHAB. materials.

TOPIC AREA 1: Registration

Birth certificates provide proof of birth, age, parentage, birthplace, and citizenship, and are used extensively for employment purposes, school entrance, voter registration, and obtaining federal and state benefits (e.g., Social Security). Birth certificates are the cornerstone for proving identity and, as breeder documents, are thus used to obtain other official identification documents, such as driver licenses, Social Security cards, and passports. Death certificates provide proof of date of death, date and place of internment, cause and manner of death, and are used to obtain insurance benefits and cease direct benefit payments, transfer property, and generally settle estates. Birth and death certificates also provide essential statistical information about pregnancy, birth, infant health, and causes of mortality.

The process for registering vital events, reporting data to the National Center for Health Statistics, and releasing vital statistics is complex, with many steps performed by many actors from start to finish. When an event occurs, data providers—typically hospitals for birth information and funeral homes, physicians, and coroners for death information—submit birth and death data to the vital records jurisdictions so that the vital event can be reviewed, edited, processed, and officially registered. The timely registration of live birth and death events is important for the information to be used for the purposes described above.

TOPIC AREA 1 INCLUDES ONE STANDARD:

Standard 1.1: Assure complete and timely registration of live births and deaths occurring in the state

FOUNDATIONAL CAPABILITY MEASURES:

Measure 1.1.1: Maintain a system for electronic reporting of live birth and death records.

Standard 1.1: Assure complete and timely registration of live births and deaths occurring in the state.

<p>Measure 1.1.1 Maintain a system for electronic reporting of live birth and death records. Foundational Capability Measure</p>	<p>Purpose The purpose of this measure is to assess the VRHS Unit's ability to file, maintain, and provide reports from live birth and death records from an electronic system.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. Summary report of the electronic registration of live birth records, which includes:</p> <ul style="list-style-type: none"> a. Evidence that at least 95% of live birth records occurring in the previous calendar year were electronically registered within five (5) calendar days of the live birth. <p>If state law or rules/regulations are provided as documentation that require longer time frames</p>	<p>The intent of this requirement is to ensure timely registration of live births. Timely registration of vital events, including births, ensures that data are readily available for decision-making. Timeliness is defined by national standards where at least 95% of live birth records occurring in the previous calendar year were electronically registered within five (5) calendar days of birth. Numerous factors may influence timeliness, such as turnover in registration staff at hospitals or lack of resources. Monitoring the timeliness of live birth registrations may inform improvement opportunities, for example, working in partnership with hospitals in times of need to support birth registration or benchmarking across hospitals.</p> <p>The summary report may be generated from the electronic registration system</p>	<p>1 report</p>	<p>1 year</p>

<p>for registration, the VRHS Unit will document the time frame(s) and will receive credit for meeting those time frames. However, an Opportunity for Improvement will be noted to encourage the VRHS to consider proposing changes in the state law or rules/regulations.</p>	<p>(described in RD3, below) or another system, for example, a dashboard generated for executive leadership, a goal or measure within the health department's performance management system or annual report, or other reports.</p>		
<p>2. Summary report of the electronic registration of death records, which includes:</p> <p>a. Evidence that at least 80% of death records occurring in the previous calendar year were electronically registered within ten (10) calendar days of the death.</p> <p>If state law or rules/regulations are provided as documentation that require longer time frames for registration, the VRHS Unit will document the time frame and will receive credit for meeting those time frames. However, an Opportunity for Improvement will be noted to encourage the VRHS to consider proposing changes in the state law or rules/regulations.</p>	<p>The intent of this requirement is to ensure timely registration of death records, defined as 80% of death records occurring in the previous calendar year that were electronically registered within ten (10) calendar days of the date of death. The summary report may be generated from the same system as described in RD3 or used to generate a summary report of live births in RD1, or different system or process.</p>	<p>1 report</p>	<p>1 year</p>
<p>3. Enhancements made to the electronic system for reporting live births and deaths. The narrative must include a description of why the enhancements were selected.</p> <p>If the evidence provided for RD1a and RD2a does not meet the minimum indicated in the measure requirements, the narrative must also describe the barriers or other factors that are affecting timeliness.</p>	<p>The intent of this requirement is to describe how the system used by the VRHS Unit for the reporting of live births and deaths has evolved since the previous accreditation cycle. The system may be referred to as the state's vital events system, registry, or other name, and may be defined by state laws, rules, or statutes.</p> <p>Enhancements might include, for example, updates made to interoperability standards or configuration requirements or processes used for data exchange. The description of why the enhancements were selected might include, for example, utilizing data to improve timeliness or accuracy.</p>	<p>Narrative description</p>	<p>Current system</p>

<p>Measure 1.1.2 Implement a standardized process for consistent and timely completion of adoptions, parentage establishment/paternity establishment, corrections, and amendments.</p>	<p>Purpose The purpose of this measure is to assess the VRHS Unit's consistent and timely processing of adoptions, parentage establishment/paternity establishment, corrections, and amendments.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. Procedure(s) for the filing of adoptions, parentage establishment/paternity</p>	<p>The intent of this requirement is to ensure the VRHS Unit maintains standardized procedures for adoptions, parentage establishment/paternity establishment,</p>	<p>1 procedure; or 1 set of</p>	<p>5 years</p>

<p>establishment, corrections, and amendments.</p> <p>The procedures must include the timeframes for completing these actions.</p>	<p>corrections, and amendments. The procedures could be contained in one comprehensive document that addresses all listed situations or a set of procedures that, together, address the listed situations.</p> <p>Reviews of procedures may occur more frequently than every five years.</p>	<p>procedures, that together, cover all required elements</p>	
<p>2. Adoptions, parentage establishment/paternity establishment, corrections, or amendments filed according to procedures.</p> <p>The two examples must demonstrate implementation of internal procedures (provided in RD1) from any two of the four different areas (adoptions, parentage establishment/paternity establishment corrections or amendments).</p> <p>The two examples must be from two different areas.</p>	<p>The intent of this requirement is to demonstrate that the procedures for adoptions, parentage establishment/paternity establishment, corrections, and amendments (provided in RD1) are implemented. The VRHS Unit may provide examples of any two different areas in the procedures. Documentation could be, for example, program reviews, audits, or other documentation that indicates consistent implementation of the procedures.</p>	<p>2 examples</p>	<p>5 years</p>

<p>Measure 1.1.3</p> <p>Manage delayed reports of live births according to national standards.</p>	<p>Purpose</p> <p>The purpose of this measure is to assess the VRHS Unit's ability to manage delayed reports of live births.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. A procedure for the registration of delayed reports of live births.</p> <p>The procedure must be based on the Model Law.).</p>	<p>VRHS Units should maintain procedures to consistently register delayed reports of live births, according to the most current version of the Model Law (e.g., Section 13 and Regulation 13 of the Model Law, 9/7/11). The procedure could address, for example, by whom requests for the registration of a delayed report of live birth may be made, how applications are signed and made official (sworn, notarized, or witnessed), facts to be established for a delayed registration (according to the Model Law, these include the full name of the person at the time of live birth, date of live birth, State of live birth, and full name of the mother prior to first marriage), delayed registration following a legal change of status or amendment, documentary evidence (requirement, acceptability, and abstraction), and verification by the State Registrar, as well as conductions for dismissal (after one year).</p> <p>The procedures might also address timeframes for processing or auditing practices to ensure procedures are consistently applied.</p>	<p>1 procedure</p>	<p>5 years</p>
<p>2. Registration of delayed reports of live births.</p>	<p>The intent of this requirement is to ensure that the procedures provided in RD1 are consistently applied. Documentation might include, for example, a log of delayed live births showing that steps or processing timeframes were followed</p>	<p>2 examples</p>	<p>5 years</p>

<p>The two examples must demonstrate implementation of the procedures (provided in RD1).</p>	<p>consistently according to procedures; a copy of a delayed certificate of birth, application, or routing slip, showing information collected or processes followed according to procedures, a report generated from the VRHS Unit's electronic system for reporting delayed live births with notes of steps taken by the Unit when processing the request to file, or a copy of the certified court record showing procedures implemented and final determination.</p> <p>The example provided could either be those marked delayed registration or those marked over 5 years.</p> <p>Personal or sensitive information will be redacted from documentation submitted.</p>		
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TOPIC AREA 2: Security

The Vital Statistics System supports civil registration and creates information that is used for public health, statistical, health research, national security, and administrative purposes. Civil registration of each vital event that occurs within the state is carried out primarily to establish legal documents provided by law. Due to increased requirements of civil registration in the context of national security and the use of live birth records as primary identity documents, the State Registrar must take measures to prevent the fraudulent use of vital records for purposes such as identity theft or terrorism, the State Registrar must maintain security of personnel, physical environments, electronic systems, and preservation methods. In addition, the State Registrar must perform data assurance and record matching activities to protect the confidentiality and security of vital records and prevent their fraudulent use.

TOPIC AREA 2 INCLUDES TWO STANDARDS:
Standard 2.1: Contribute to national systems and protect vital records information management systems through security and confidentiality procedures.
Standard 2.2: Provide security, privacy, confidentiality, and preservation of vital records.
FOUNDATIONAL CAPABILITY MEASURES:
Measure 2.1.2: IT system security.
Measure 2.2.1: Protect vital records and health statistics information through privacy and confidentiality policies or procedures.
Measure 2.2.2: Secure and preserve the perpetuity of vital records through procedures, processes, and facilities.
Measure 2.2.5: Protect personally identifiable information.

Standard 2.1: Contribute to national systems and protect vital records information management systems through security and confidentiality procedures.

<p>Measure 2.1.1 Participate in a national system for electronic verification of vital events.</p>	<p>Purpose The purpose of this measure is to assess the VRHS Unit's capacity to verify and certify live birth and death information quickly, reliably, and securely.</p>
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<p>Required Documentation</p>	<p>Guidance</p>	<p>Number of Examples</p>	<p>Dated Within</p>
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<p>1. A procedure that includes the process for participation in a national system for electronic verification of vital events.</p> <p>If the VRHS Unit does not participate in a national system, a narrative must be included on the Documentation Form that describes why, what barriers are preventing participation, and what steps or efforts have been taken to try and join a national system. The procedure for the system that is being used must also be provided.</p>	<p>The process for participation may be outlined within the VRHS Unit's procedures or current memorandum of agreement between the VRHS Unit and Naphsis for participation in the Electronic Verification of Vital Events System (EVVE) and Facts of Death (FOD) system. The process for participation might describe, for example, the process for becoming a member of EVVE, how data are exchanged, or participation in the use of query features.</p> <p>If the VRHS Unit does not participate in a national system for electronic verification of vital events, the documentation will include both the procedure for the verification system that is being used and a narrative description. The narrative description will include why the Unit does not participate in a national system, any barriers preventing participation, and the steps or efforts that have been taken to try and join a national system. Future plans to join a national system may also be included in the description.</p>	1 procedure	5 years
<p>2. Evidence of a live birth database of records extending back to 1945.</p> <p>If this requirement was Fully Demonstrated in VRHS Initial Accreditation v2018, no documentation is required.</p>	<p>Documentation might include, for example, screenshots of the VRHS Unit's electronic system or EVVE reflecting supported request types of live births extending back to 1945.</p>	1 example	5 years
<p>3. Evidence of a fact of death database of records extending back ten years from date of application.</p> <p>If this requirement was Fully Demonstrated in VRHS Initial Accreditation v2018, no documentation is required.</p>	<p>Documentation might include, for example, screenshots of the VRHS Unit's electronic system or EVVE reflecting supported request types of fact of death database records extending back to ten years from the date of application.</p>	1 example	5 years

<p>Measure 2.1.2 IT system security. Foundational Capability Measure</p>	<p>Purpose The purpose of this measure is to assess the VRHS Unit's capacity to ensure that information management systems are secure and support operations.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. A procedure that describes how electronic vital records information is protected from unauthorized access, which includes:</p> <ul style="list-style-type: none"> a. Responding to ransomware. b. Mitigating malware situations, including the potential for failed systems. c. Cloud-based system protections (if applicable). 	<p>While the procedure will minimally include the required elements, it may also include additional information security or cybersecurity policies. The intent of this requirement is not confidentiality of employee records.</p> <p>IT system security procedures may also address broader health department, government-wide (i.e., state), or super health agency or umbrella agency IT security. These procedures could demonstrate conformity with the requirement if they apply to the VRHS Unit.</p> <p>For required element a:</p>	1 procedure; or 1 set of procedures, that together, cover all required elements	5 years

<p>d. Frequency of required back-ups, according to federal, state, or local standards.</p>	<p>The process to respond to ransomware might address, for example, determine which systems were impacted to immediately isolate them, powering down devices to disconnect them from the network to avoid further spread of a ransomware infection, triaging impacted systems for restoration and recovery, examining ransomware detection or prevention systems or logs to identify the evidence of a leak or compromised networks. The process could also address training or protocols for how staff will report potential ransomware incidents.</p> <p>For required element b: Mitigating malware situations might address, for example, use of firewalls or security software to detect malware or viruses, or routine program and system updates.</p> <p>For required element c: Cloud-based system protections might include, for example, use of logs to assess affected devices (e.g., workstations, servers, virtual servers, or cloud-servers), assessing or disabling cloud-based servers, or processes to rebuild cloud-based resources in the event of a breach. If the VRHS Unit does not operate any cloud-based systems, this will be indicated on the Documentation Form and no additional documentation is required for element c.</p> <p>For required element d: The frequency of required back-ups may vary by system (e.g., monthly, quarterly, or annually) and based on federal, state, or local standards.</p>		
<p>2. Evidence that the procedure to protect electronic vital records information from unauthorized access has been tested according to the required frequency from RD1, element d (above).</p>	<p>The intent of this requirement is to demonstrate that the procedure to protect unauthorized access to electronic vital records information has been tested according to the required frequency from RD1, element d (above).</p> <p>In some cases, testing may be performed outside of the VRHS Unit's control, for example, by an external vendor or through a cloud-based system. If the VRHS Unit does not have evidence of testing, a letter or email attestation from the director, assistant director, or registrar, could be provided indicating that a test was performed.</p> <p>The test may be successful or unsuccessful.</p>	<p>1 example</p>	<p>5 years</p>
<p>3. A procedure for how updates, enhancements, or replacement of the VRHS Unit's information management systems are determined. The procedure must, at minimum, include the process for:</p> <ol style="list-style-type: none"> a. How staff make requests. b. How those requests are reviewed. 	<p>The intent of this requirement is to demonstrate how the information management infrastructure supports programs and operations. In addition to how staff request changes to information management systems, the procedure could include, for example, conducting an assessment of technology needs on a routine basis, planning to ensure information technology is able to address emerging vital records and health statistics issues, or keeping apprised of technology updates being implemented in other health departments.</p> <p>VRHS Units may rely upon the same procedure as the broader health department,</p>	<p>1 procedure</p>	<p>5 years</p>

	<p>a government-wide (i.e., state), or super health agency or umbrella agency process. These procedures could demonstrate conformity with the requirement if they apply to the VRHS Unit.</p> <p>It is possible that there are multiple processes used for staff requests and review (e.g., one process by which individual employees request updates to hardware or software to ensure they can perform their job functions and a separate process for how program staff request larger information systems upgrades). In that case, only one procedure is needed, even if it does not cover the VRHS Unit's full scope of processes or procedures for information systems improvements.</p> <p>For required element a: The procedure will describe how staff can make requests, for example, to address bugs or system errors; enhancements or updates to existing systems to ensure they are adequately supporting program functions; or replacement of an existing information management system that has become outdated or unsupported.</p> <p>For required element b: The procedure for how those requests are reviewed could describe, for example, how the requests are prioritized in alignment with the goals in the broader health department's strategic plan or data modernization efforts.</p>		
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Standard 2.2: Provide security, privacy, confidentiality, and preservation of vital records

<p>Measure 2.2.1 Protect vital records and health statistics information through privacy and confidentiality policies or procedures. Foundational Capability Measure</p>	<p>Purpose The purpose of this measure is to assess the VRHS Unit's ability to ensure that staff have been trained on privacy and confidentiality.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. A procedure on the privacy and confidentiality of vital records, which includes:</p> <ul style="list-style-type: none"> a. A process to ensure new staff will be trained on privacy and confidentiality prior to gaining access to confidential information. b. A process that describes specific actions VRHS staff will take to maintain privacy of confidential 	<p>The intent is to ensure processes are in place for the utilization of data while protecting confidentiality. The intent of this requirement is not confidentiality of employee records.</p> <p>The VRHS Unit may rely upon the procedures of the broader health department, government-wide (i.e., state), or super health agency or umbrella agency procedures. These procedures could demonstrate conformity with the requirement if they apply to the VRHS Unit.</p> <p>For required element a:</p>	<p>1 procedure</p>	<p>5 years</p>

<p>information, including paper copies and computer usage.</p> <p>c. A process to ensure user access management.</p>	<p>The process to ensure new staff will be trained on privacy and confidentiality prior to gaining access to confidential information could address, for example, processes for handling, storing, managing, and disposal of confidential data, which could include, for example, Protected Health Information (PHI) as regulated under Health Insurance Portability and Accountability Act (HIPAA), Personally Identifiable Information (PII), Sensitive Identifiable Human Subject Research regulated by the Federal Policy for the Protection of Human Subjects (or “Common Rule”), or other sensitive information, in accordance with laws, rules, and regulations within the VRHS Unit’s jurisdiction.</p> <p>For required element b: Specific actions VRHS staff will take to maintain the privacy of confidential information might include, for example, limited user access privileges to information technology systems or equipment, use of locked file cabinets or storage areas/facilities, restricted access among key personnel, or disposal of confidential or protected health information in accordance with HIPAA of other laws, rules, and regulations.</p> <p>For required element c: User access management refers to the process for ensuring only users who need access to sensitive and mission-critical data and data systems are granted access to those data and systems. The procedure could describe, for example, determining appropriate users, ensuring those users are the only ones with access, and disabling the access of users who do not require access to sensitive and mission-critical data and data systems. The process might also address access when releasing information to end users (e.g., coroner’s offices). The process to remove users might entail suspending system access or user privileges.</p>		
<p>2. Evidence that all VRHS staff are informed of privacy and confidentiality requirements on an annual basis.</p>	<p>Documentation could be, for example, a standard email that is provided to all new current staff annually, attendance list from a required webinar, spreadsheet demonstrating signed confidentiality agreements, or agenda and sign in sheets of annual training sessions. The examples could also reflect refresher training provided to current VRHS Unit personnel on an annual or more frequent basis (e.g., semi-annually).</p> <p>In addition to VRHS staff, the unit can submit training attendance or confidentiality agreements from any other health department staff that have access to or utilize VRHS data.</p>	<p>2 examples</p>	<p>5 years</p>

<p>Measure 2.2.2 Secure and preserve the perpetuity of vital records through procedures, processes, and facilities. Foundational Capability Measure</p>	<p>Purpose The purpose of this measure is to assess the VRHS Unit’s capacity to manage the secure handling of vital records.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. A procedure for handling certification of vital records in a secure manner, which includes:</p> <ul style="list-style-type: none"> a. A process to issue vital records on official certification paper. The certification paper must meet national standards, which include: <ul style="list-style-type: none"> i. Manufactured in the US or Canada ii. Protected by multiple layers of security including substrate, printing, text printed at time of issuance, unique identifier, and forensic or secret security feature. b. A process to securely store and handle certification paper. c. A process to review local registrar/issuance office secure use, storage, and destruction of approved certification paper. If there are no local registrars/issuance offices, this will be indicated on the Documentation Form and this required element does not apply. d. A process to physically secure vital records. The process must address that: <ul style="list-style-type: none"> i. State vital registrar offices are housed in government owned, leased, or controlled space. ii. State registrars and their staff are government employees (including elected officials) or contracted government agents. iii. A description of where the vital records are stored. iv. Physical access to vital records and related 	<p>The intent of this requirement is to ensure the VRHS Unit maintains a procedure for handling certification of vital records in a secure manner. The procedure may be based on state laws, rules, or regulations.</p> <p>For required element a: Official certification paper should include, at a minimum, the following five layers of security.</p> <ol style="list-style-type: none"> 1. Substrate – overt and covert features added when the certification paper is made by the paper manufacturer. 2. Printing – security features that are printed on the certification paper when it is printed as a blank document by a printer. 3. Text – information that is printed on the certification document at the time of issuance by the vital records office. 4. Unique identifier –e.g. document control number 5. Security feature (e.g. code, unique type font, toner additives) that are only detectable in a forensic laboratory by an expert examiner or known only to the State Registrar or Security Coordinator. <p>For required element b: Secure storage and handling of the certification paper might involve, for example, maintaining a physical stock in a secure holding facility, as required by an established vendor contract or held by the VRHS Unit in a locked holding room only accessible to vital records personnel, or a stock held by the other governmental offices, such as, the County Recorder. Secure handling might also include security plan by paper manufacturer and/or printer for storage in their facility and secure transport, as well as address access only among vital records personnel who have signed access request form(s) or confidentiality agreement(s). The process might also address routine auditing of the use of security paper covering personnel access, use for official purposes only, or stock inventory.</p> <p>For required element c: The process for local registrar/issuance offices may be contained within the same procedures, or separate procedures. If there are no local registrars/issuance offices within the state, the Documentation Form will be used to indicate that this required element does not apply.</p> <p>Procedures could address, for example, an audit, site visit, or other review of local registrar/issuance offices performed to verify secure use and storage practices, such as, use of secure locations, including building safety and archival</p>	<p>1 procedure; or 1 set of procedures, that together, cover all required elements</p>	<p>5 years</p>

<p>information is limited to authorized staff.</p> <ul style="list-style-type: none"> v. Vital records office has fire suppression coverage appropriate for the type of record stored. vi. Vital records vaults have climate control device(s). <p>e. A process to preserve data and record in perpetuity, which must include the process to:</p> <ul style="list-style-type: none"> i. Back up vital records and statistics data; ii. Preserve vital records filed on paper on microfilm or imaging; iii. Store vital records securely offsite. 	<p>requirements, as well as fire suppression and climate or humidity control. The review might also assess issuance of certified copies of vital records issued according to identity and entitlement requirements based on the Model Law, Section 28(b), 9/7/2011, or using security paper specific to the county of issuance and assigned to each county, or destruction methods if paper is damaged or void. Methods to destroy approved certification paper might include provisions for local registrar/issuance offices to notify the State Registrar for approval, use of a cross-cut or confetti-cut shredder, or use of secure locked area storage accessible to only approved personnel or outside vendors when removing documentation to be shredded.</p> <p>For required element d:</p> <p>The intent of this required element is to ensure physical security measures are in place to protect vital records from external threats (natural or manmade) (e.g., tornados, floods, vandalism, break-ins or acts of terrorism) or internal threats (e.g., pilfering of office equipment, theft of classified information or sabotage of equipment or information among current or prior personnel). Physical security measures of government-owned facilities may be determined according to state laws, rules, or regulations.</p> <ul style="list-style-type: none"> i. State vital registrar offices may be co-located with other governmental operations with a well-defined physical separation. ii. The intent is to ensure access among only approved personnel, including elected officials or contracted government agents. iii. The VRHS Unit could describe a specific room or storage area or multiple locations. iv. Physical access may be limited, for example, through controlled access (e.g., badges or credential identification), key or key card security, as a way for only authorized staff to access work areas. In government buildings, where all employees have badges, a special designated ID badge may be used. In smaller facilities, for example, entry into the vital records area may be maintained using a buzzer, intercom, camera or other means to alert employees within the facility. The VRHS Unit may also use a central sign-in/out log or alternative type of ID badge to permit limited access on an as needed basis for all visitors, non-employees, vendors, delivery personnel, or cleaning staff entering the vital records area. 		
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	<ul style="list-style-type: none"> v. The process will describe the fire suppression coverage that is in place for the state vital records offices. It is recommended that a chemical/dry fire suppression system be used throughout the entire building, however if it is not financially feasible to install this type of system in the entire building, the chemical/dry system could be placed in areas where original records are handled and stored or where computer servers are maintained. vi. Climate control device(s) may include, for example, sensors or alarm security. The VRHS Units should consider vault specifications in accordance with the National Industrial Security Program. <p>For required element e:</p> <ul style="list-style-type: none"> i. Methods to back up vital records data might include use of cloud-based storage, archiving, or co-located hosting applications in the event of server or network failure by storing data to multiple locations. ii. Preservation of vital records files on microfilm or imaging might include digitizing or use of collocated hosting applications. iii. Offsite storage might describe when, where, and how frequently records are stored, or security features of offsite locations. 		
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<p>Measure 2.2.3 Conduct employee background checks to preserve privacy and confidentiality.</p>	<p>Purpose The purpose of this measure is to assess the VRHS Unit's policy/procedure for the processing background checks on staff, based on the type and sensitivity of the position.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. A procedure to conduct criminal background checks on appropriate staff, which includes:</p> <ul style="list-style-type: none"> a. The process for conducting background checks upon hire. b. The identification of which positions receive criminal background checks. c. The frequency of the checks, based on position. 	<p>The intent of this requirement is to preserve the confidentiality of vital records by ensuring appropriate VRHS Unit personnel have been vetted according to applicable state laws, rules/regulations, and best practices. PHAB recognizes some states do not require completion of background checks, while others require background checks only for new employees or those recently promoted. It is also common for employees to be grandfathered in using old background check procedures. If background checks are not performed among all appropriate staff, the VRHS Unit will provide any current procedure(s). An "opportunity for</p>	<p>1 procedure; or 1 set of procedures, that together, cover all required elements</p>	<p>5 years</p>

<p>d. References to applicable state laws, rules, or regulations, as appropriate.</p> <p>If state laws/rules do not require/allow background checks, current procedure(s) to verify information provided by employees must be provided.</p>	<p>improvement” may be noted by the Site Visit Team.</p> <p>The VRHS Unit may rely upon the procedures of the broader health department, government-wide (i.e., state), or super health agency or umbrella agency procedures. These procedures could demonstrate conformity with the requirement if they apply to the VRHS Unit.</p> <p>Criminal history may, for example, refer to information collected by criminal justice agencies on arrest, detention, indictment, or other formal criminal charges or related to sentencing, correctional supervision, or release.</p> <p>For required element a: The process for conducting background checks upon hire might describe steps, such as, collecting information through an employment application or fingerprint clearance process used by a human resources office or other personnel to conduct background check reviews.</p> <p>For required element b: Applicability might address, for example, employees; all employees, including contracted or temporary employees; or be based on the employee’s classification status or role.</p> <p>For required element c: The frequency of checks may be determined by state laws, rules, regulations, or statutes and may vary by role based on job description or classification status. The procedure could also address the frequency by which criminal background checks are conducted among current personnel following hiring (e.g., every five years or other timeframe, or based on promotions).</p> <p>For required element d: References to applicable state laws, rules, or regulations may be included as single or multiple citations, as appropriate. The full text of the body of law, rule or regulations does not need to be provided.</p>		
<p>2. A report of criminal background checks completed on appropriate staff.</p> <p>The report must demonstrate implementation of the procedure (provided in RD1).</p> <p>If the procedure is only for new hires or promotions, and no new hires or promotions have occurred within the previous two years, the Unit must indicate this on the Documentation Form and no additional</p>	<p>Documentation could be, for example, a log of background checks conducted.</p> <p>This information can come from another office in the health department (e.g., the human resources department), as appropriate with sensitive or personal information redacted according to state or federal laws.</p> <p>If the procedure from RD1 is only for new hires or promotions and no new hires or promotions have occurred within the previous two years, the Unit will indicate this on the Documentation Form and no additional documentation is required.</p>	1 report	2 years

documentation is required. If state laws/rules do not require background checks, evidence of efforts taken to update the procedures and/or laws/rules to be in conformity with RD1 must be provided.			
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Measure 2.2.4 Ensure oversight of the security of vital records.	Purpose The purpose of this measure is to assess the VRHS Unit's appointment of security coordinator(s) whose responsibility(ies) include the oversight of vital records.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. Job description for security coordinator(s). The Documentation Form will indicate if the position is currently filled. If the position is not currently filled, the current job description and a narrative describing efforts that have been taken to fill the vacancy as well as coverage of the position responsibility(ies) must be provided.	The VRHS security coordinator is the person or persons responsible for establishing and implementing security and fraud prevention standards regarding vital events. Responsibilities could include acting as liaison for law enforcement related to criminal activity involving vital event records and associated fraud, as well as, working with the health department's information systems personnel to ensure security, privacy, confidentiality and preservation of vital records. The position designated as the security coordinator may have other responsibilities; that is, the duties are not required to be dedicated solely to the responsibilities of one security coordinator. These responsibilities can also be assigned among several staff.	1 job description; or several job descriptions, as appropriate	5 years

Measure 2.2.5 Protect personally identifiable information. Foundational Capability Measure	Purpose The purpose of this measure is to assess the VRHS Unit's capacity to ensure that personally identifiable information is not released inappropriately. "Personally identifiable information" is defined as information that can be used to distinguish or trace an individual's identity, such as but not limited to his or her name, Social Security number, biometric records or address, alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as but not limited to date and place of live birth or mother's name prior to first marriage (Model Law, Section 2, Definitions, 9/7/2011).
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Required Documentation	Guidance	Number of Examples	Dated Within
1. A procedure for the protection of personally identifiable information when data are released, which includes: a. Reference(s) to applicable state laws and regulations, as appropriate. b. Protections when data are released in	The procedure may address processes to preserve the confidentiality of vital records, vital reports, indices, related documents and data or information. The VRHS Unit may rely upon the procedures of the broader health department, government-wide (i.e., state), or super health agency or umbrella agency procedures. These procedures could demonstrate conformity with the requirement if they apply to the VRHS Unit. As of the publication of The Standards for VRHS Reaccreditation, national guidelines at a minimum include Naphsis Security Guide	1 procedure or 1 set of procedures, that together, cover all required elements	5 years

<p>electronic and paper format, as appropriate.</p> <ul style="list-style-type: none"> c. A procedure for signed agreements between parties. d. How information related to live births and deaths is disclosed to only qualified applicants. e. Fraud detection and security features of the registration and issuance systems. 	<p>or the most current applicable national standards.</p> <p>For required element a: In addition to state laws and regulations, the procedure might also address the Federal Freedom of Information Act or the State's public record laws. Reference(s) to applicable state laws and regulations might also address limitations or the prevention of vital record or data exchange.</p> <p>For required element b: Protections when data are released in electronic and paper format might address, for example, considerations for the release of personally identifiable information contained in a vital record or report only after submission of written request for information by researchers with the approval of the State Registrar, conditions outlined within sharing agreements, or restrictions based on approval of an Institutional Review Board.</p> <p>For required element c: A procedure for signed agreements might address, for example, how government entities, including Federal, state, local or Tribal agencies may receive copies or data solely in the conduct of the government agency's official duties or upon written request and approval by the State Registrar or designee. The procedure might also address how records, reports, or data are shared with the National Center for Health Statistics (NCHS) including collection, processing, and transmission or use of data. Other agreements might also be in place to allow for inter-jurisdictional exchange, such as, exchange with State or neighboring counties; the procedure could specify the conditions for proper use, retention, and disposal, or processes to establish data use or data sharing agreements.</p> <p>For required element d: The procedure might address conditions for the exchange of vital records, reports, or information determined by the State Registrar to limit access to the minimum necessary to fulfill the purposes for which the information was requested. Conditions might be described, for example, for the purposes of research.</p> <p>For required element e: Fraud detection and security features of the registration and issuance systems may address the process used by the State Registrar to withhold issuance of any certification of records pending inquiry by appropriate authorities, or conducting investigations when periodic tests or audits of vital statistics systems detect fraud. The procedure could also address improper use of paper or electronic documentation.</p>		
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TOPIC AREA 3: Issuance

An important responsibility of the VRHS Unit is the issuance of certified copies of registered vital records. The issuance processes should be managed in a timely and customer-friendly manner. Where there are local offices of vital records, coordination between the state and local issuance activities is essential for the provision of high-quality vital records services.

TOPIC AREA 3 INCLUDES ONE STANDARD:

Standard 3.1: Issue certified copies of vital records.

FOUNDATIONAL CAPABILITY MEASURES:

Measure 3.1.2: Vital records certifications are issued in accordance with national standards.

Measure 3.1.3: State/local system coordination.

Standard 3.1: Issue certified copies of vital records.

<p>Measure 3.1.1 Vital records issued with optimal customer service for those who receive records.</p>	<p>Purpose The purpose of this measure is to assess the VRHS Unit’s attention to optimal customer service when issuing vital records.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. An annual report that documents the issuance of certified copies of live birth and death records in a timely manner.</p> <p>Timeliness is defined as issuance occurring on average within five business days of receipt of application for the certified copy.</p>	<p>Documentation might include, for example, a system-generated or VRHS Unit-prepared report or screenshots showing the total number of live birth and death records issued with the average number of business days used for processing receipt of application to issuance.</p> <p>Personally identifiable information, if part of the report, will be redacted before submission to PHAB.</p>	1 annual report	1 year
<p>2. Feedback assessing satisfaction with the VRHS Unit’s services, which includes:</p> <ul style="list-style-type: none"> a. Data collection efforts that facilitate feedback collection from individuals of varying languages or ability, or who are otherwise disproportionately affected by health issues, higher health risks or poorer health outcomes. b. Summary of findings about external customer feedback. 	<p>The intent of this requirement is to collect feedback from customers outside of the organization about their interactions with the VRHS Unit. Employee satisfaction surveys or surveys of community members about health priorities would not meet the intent of this requirement nor would customer satisfaction collected from other units of the health department.</p> <p>Examples of processes that could be used to collect customer satisfaction could include, for example, forms, surveys, focus groups, or other methods.</p> <p>For required element a: Special efforts in the design of data collection could include, for example, alleviating language barriers with interpreters, data collection instruments available in other languages, or considering individuals with disabilities. Efforts to facilitate data collection could also include, for example, addressing trust through the use of lay advocates or community representatives to foster open dialogue; or convening focus groups or town halls with efforts to alleviate barriers (e.g., transportation). Evidence will demonstrate feedback was collected (e.g., through a summary of the data</p>	2 examples	5 years

	<p>collection method in the report or by providing the data collection instruments and an explanation of how they were used); individual responses are not required. The Documentation Form could supplement documentation to explain how the effort facilitated data collection.</p> <p>For required element b: The findings could include, for example, identification of themes or services the VRHS Unit is doing well and/or opportunities for improvement. Documentation could include, for example, a report or presentation.</p>		
<p>3. Summary of feedback collected from data providers assessing satisfaction with the VRHS Unit.</p>	<p>The intent of this requirement is to assess how the VRHS Unit might enhance or strengthen its relationship with data providers who report information to the VRHS Unit to register a vital event, such as, hospital staff, midwives, physicians, funeral home staff, medical examiners, or coroners. Feedback could be collected using a variety of methods, such as information gathered during a meeting or training, survey, focus group, or key informant interviews, etc. The feedback could be broad to cover general interactions with the VRHS Unit, such as, an assessment of the Unit's responsiveness to requests for data or follow up, or could assess more specific topics, such as training or educational services provided by the VRHS Unit.</p> <p>The summary of findings could include, for example, identification of themes or opportunities for improvement. Documentation could include, for example, a summary report or presentation. Individual responses are not required.</p> <p>If the same data collection instrument was used for both RD2 and RD3, the Documentation Form could supplement the documentation to provide additional context about the number and type of end users who provided feedback.</p>	<p>2 examples</p>	<p>5 years</p>
<p>4. Actions taken based on the findings from feedback summaries in RD2 and RD3.</p> <p>One example must address external customers and one example must address end user satisfaction.</p>	<p>Examples of action taken based on customer <u>and</u> data provider feedback could include, for example, a quality improvement project, follow up with staff or program areas identified in the feedback as having an opportunity for improvement, or a change in procedure in response to findings from the feedback collected. Both actions could be based on the same collection of customer feedback from Required Documentation 2 and 3 or each action could be from a different data collection effort; however, one example will address external customers and one example will address actions taken based on data provider feedback. In cases where feedback is positive and areas of improvement were not identified, the health department may show what actions were taken to continue the positive customer experience (e.g., applying similar approaches to other programs, or making a purposeful effort to continue or expand on successful approaches).</p> <p><u>Documentation Examples</u> Documentation could include, for example, a report, meeting minutes, or other document that describes the action taken in response to the customer feedback findings.</p>	<p>2 examples</p>	<p>5 years</p>

<p>Measure 3.1.2 Vital records certifications are issued in accordance with national standards. Foundational Capability Measure</p>	<p>Purpose The purpose of this measure is to assess the VRHS Unit’s ability to administer the issuance of vital records certifications according to national standards.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. A procedure for the certification and issuance of vital events, which includes:</p> <ul style="list-style-type: none"> a. Certificates are routinely issued from a database or digital images. b. Certification applications include standard questions based on the Naphsis Security Guide. c. Certified copies of live birth records of persons who have died are marked deceased, which will include the workflow to determine the eligibility of the applicant. d. Process for verifying the identity and eligibility of the person requesting the live birth record and death record based on Model Law. 	<p>The intent of this requirement is to ensure that vital record certifications are issued in accordance with national standards. As of the publication of The Standards for VRHS Reaccreditation, national guidelines include Naphsis Security Guide and the Model Law.</p> <p>For required element a: Certified copies could be, for example, images, microfilm, photocopy, or computer-generated containing data on file with the jurisdiction.</p> <p>For required element b: For this required element, the VRHS Unit’s procedure will address the certification application including the required minimum set of biographical identifiers on the application form (full name of the person of record, parents’ full names including mother’s maiden name, and date of birth). The hospital may also be considered as an indicator. The application form will contain the minimum set of information outlined within Naphsis Security Guide, Section 5, e, including the fee for search and copies, as well as identification requirements (e.g., driver’s license).</p> <p>For required element c: The procedure will address the process for the issuance of certified copies of live birth records of persons who are marked deceased. The procedure will address the workflow to determine eligibility of the applicant.</p> <p>For required element d: The procedure will address how certification is issued, such as the name of the issuing officer, registrar’s signature or authorized facsimile and seal of the issuing office. The verification process includes designated information for the certification of a live birth record (Model Law, Section 28 (b) (1) and certifications of death records (Model Law, Section 28 (b) (2), 9/7/2011). The procedure could also address certifications of fetal death records or other vital events, such as marriage or domestic partnership records, divorce, dissolution or annulment of marriage. The verification process might also address identification requirements, considering various methods used by the VRHS Unit for individuals to submit a request for a record (e.g., in-person requests, mail, internet, or phone).</p>	<p>1 procedure; or 1 set of procedures, that together, cover all required elements</p>	<p>5 years</p>
<p>2. An audit or quality assurance review that addresses how the procedure for the</p>	<p>The audit or quality assurance review of certification and issuance of vital events, based on the procedure provided in RD1, could address, for example, a review of</p>	<p>1 audit or QA review</p>	<p>2 years</p>

certification and issuance of vital events in RD1 above, was followed.	all voided certification documents crosschecked by a supervisor, or a random or unannounced audit process conducted by supervisors or managers to verify compliance with the procedure. Documentation might include an audit or quality assurance report or written review conducted for the set timeframe (e.g., a quarterly, semi-annual, annual, or bi-annual review).		
3. Changes made in certification procedures based on the findings of the audit/QA review in RD2. Alternatively, the VRHS Unit must provide audit or quality assurance review results demonstrating no changes to certification and issuance of vital events were needed and a signed memo from the Health Statistics Director that no changes are needed.	The VRHS Unit must provide documentation of how the findings from the audit/QA review in RD2 above were used to make changes in the certification procedures. Examples of documentation could include, for example, procedure revision history supplemented by description on the Documentation Form of why the change was made or a quality improvement project. If needed, the Documentation Form may supplement the evidence to describe the changes made.	1 example	2 years

Measure 3.1.3 State/local system coordination. Foundational Capability Measure	Purpose The purpose of this measure is to assess the VRHS Unit's ability to coordinate issuance between state and local offices. If there are no local issuance offices, this measure does not apply.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. A procedure for how local offices issue certificates from the same system as the state. The procedure must include how local issuance is identified on the certification. If no local issuance offices, the VRHS Unit must indicate this on the Documentation Form and no additional documentation is required.	The procedure could include, for example, processes a local registrar will follow to access and issue certificates from the state system. The procedure could be included as part of a broader policy, included as or to supplement training materials, or be a stand-alone procedure.	1 procedure	5 years

TOPIC AREA 4: Data Collection

VRHS Units are responsible for the completion and validity of the data that they manage, beginning with the registration of vital events in their jurisdictions. Public health data from VRHS Units are the facts that, when assembled and analyzed, yield the information and reports required by health planners, public health and health care providers, and other users to maintain effective and efficient public health services.
TOPIC AREA 4 INCLUDES ONE STANDARD:
Standard 4:1: Ensure complete data collection.
FOUNDATIONAL CAPABILITY MEASURES:

Measure 4.1.1: Valid and complete live birth and death data.

Measure 4.1.3: Train data providers and local registrars.

Standard 4:1: Ensure complete data collection.

Measure 4.1.1 Valid and complete live birth and death data. Foundational Capability Measure	Purpose The purpose of this measure is to assess the VRHS Unit's quality control of data items on the live birth and death records to ensure that they are complete and valid.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. A policy for the collection of live birth and death records, according to the current US Standard Certificate.	The policy for the collection of live birth and death records according to the current US Standard Certificate, could also be established through state laws, rules, regulations, or statutes. The policy could address data specifications for electronic birth, death, and fetal death registration systems, transmission file principles, worksheets, or letters. Data collection may also be defined within the VRHS Unit's NCHS agreement.	1 policy	2 years
2. Evidence of data editing at point of data entry. One example must be of a live birth and one example of a death.	Documentation could be electronic records system screenshots or NCHS data edits. The VRHS Unit could also provide a report generated from the vital event system, for example, a death or birth edit report. Personally identifiable information will be redacted before submission to PHAB.	2 examples: 1 live birth and 1 death	2 years
3. Evidence of the use of spell check software for the cause of death entry on a death record.	Documentation could be a screenshot of the vital events system or the Validations and Interactive Edits Web Service provided by NCHS. If the vital events system does not allow for the generation of reports showing spell check capabilities, the VRHS Unit could also provide a screenshot showing mark-ups to identify misspellings, as users enter data. In addition to screenshot evidence, spell check software could be demonstrated during the site visit.	1 example	2 years
4. A report documenting that linked live birth and infant death records for 100% of the infant deaths occurring in the previous calendar year. The report must be of records where both the live birth and the death occurred in the state.	Documentation could be from the NCHS Linkage Status Table.	1 report	Previous calendar year
5. A computer edit and query procedure for unknown or other inconsistent or questionable data elements on live birth and death records. The procedure must address NCHS quality	The computer edit and query procedure could address, for example, how the vital records event system used by the VRHS Unit contains edit specifications or query process features to alert a user when unknown or inconsistent data are entered into the system or reports generated to notify users of data issues prior to a record's registration. The VRHS Unit may base its procedures on the Specifications for Collecting and Editing the United States Standard Certificates of Birth and Death	1 procedure	2 years

control requirements.	(2003 Revision), Death Edit Specifications or Birth Edit Specifications, available on the NCHS website, or other guidelines.		
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Measure 4.1.2 Maintain data quality assurance processes through data quality feedback loops	Purpose The purpose of this measure is to assess the VRHS Unit's data quality assurance processes and capacity to manage data quality feedback loops.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. A procedure for quality assurance reviews of all data providers for live births and deaths, which includes: <ol style="list-style-type: none"> a. The process for providing feedback to data providers. b. The process for reviews of ill-defined causes of death. 	<p>The intent of this requirement is to demonstrate a procedure is in place to ensure the VRHS Unit regularly reviews the quality of data collected and strong reporting relationship to end users.</p> <p>For required element a: Data providers may be hospitals, birthing centers, midwives, medical examiners, coroners, funeral directors, etc. The process might include, for example, follow up letters or other correspondence or training to improve the accuracy, timeliness, or processes used to report data to the VRHS Unit.</p> <p>For required element b: The NCHS Query Manual addresses processes for the review of ill-defined causes of death and includes the process by which the VRHS Unit coordinates with the medical certifier who completed the cause-of death statement to clarify information to ensure that mortality statistics are complete and accurate. The VRHS Unit process could address, for example, mortality coding instructions according to the World Health Organization Nomenclature Regulations International Statistical Classification of Diseases and Related Health Problems (ICD) or IDC International rules for selecting the underlying cause of death for primary mortality tabulation. The process might also address who carries out queries of ill-defined causes of death, how much to query to maintain and improve data quality, levels of queries (e.g., infrequent and rare causes, ill-defined causes, or fetal deaths), or the process used by the VRHS Unit to conduct reviews (e.g., meetings, reports, or other summaries of data).</p>	1 procedure	5 years
2. Evidence of implementing the procedure for providing feedback to data providers based on RD1. One example must be from a live birth data provider and one example must be from a death data provider.	The intent of this requirement is to demonstrate that the VRHS Unit conducts review for quality assurance purposes of data submitted by data providers for live births and deaths, according to the procedure provided in RD1. Documentation might include, for example, follow-up letters, correspondence, or training provided to data providers on corrections or enhancements to improve data quality, such as the accuracy of information provided, timeliness of reporting, or processes used.	2 examples: 1 for live birth reporting and 1 for death reporting	2 years
3. Evidence of implementing the procedure for reviewing ill-defined causes of death based on RD1.	The intent of this requirement is to demonstrate that the VRHS Unit conducts reviews of ill-defined causes of death to ensure resulting mortality statistics are as complete and accurate as possible, and according to the VRHS Unit's	2 examples	2 years

	procedures. Documentation might include, for example, a summary of findings or meeting materials showing a review of ill-causes of death was conducted. Documentation could also include, for example, follow-up with data providers (e.g., letters, correspondence, or training provided) to medical certifiers or examiners on corrections or enhancements to improve data quality, such as properly coding and classifying the cause of death or education provided about the proper method of completing medical certifications of death or the timeliness of reporting, or processes used.		
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Measure 4.1.3 Train data providers and local registrars. Foundational Capability Measure	Purpose The purpose of this measure is to assess the VRHS Unit's capacity to provide training to data providers and local registrars.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. A procedure for training data providers and local registrars (if applicable) which includes: a. how new users are trained prior to granting access to system(s) and b. the frequency and format of refresher training for all users.	Data providers may include hospital clerks, midwives, physicians, funeral home personnel, medical examiners, coroners, etc. Based on the responsibilities of data providers and local registrars, the procedure could address, for example, use of the VRHS Unit's various electronic systems such as, the Electronic Death Registration System (EDRS), Electronic Medical Examiner Record (EMER), Electronic Birth Registration System (EBRS), Electronic Marriage Registration System (EMRS), fetal death record, termination of pregnancy report, dissolution or other systems. Training format could be, for example, in person or virtual, workshops, or use of online modules or webinars. The procedure could also include topics covered, the training schedule, or training objectives.	1 procedure	5 years
2. Training delivered to data providers and local registrars. If there are local registrars in the state, one example must be training for local registrars and one example must be for any other data providers. If there are no local registrars, two examples must be provided for training two different types of data provider groups.	The training materials or format may be the same or different to describe the responsibilities of data providers and local registrars. If there are no local registrars within the jurisdiction, examples will reflect training two different types of data provider groups (e.g., medical examiners and coroners, or midwives and funeral home personnel). Documentation could be, for example, training agendas or training presentations. If needed, the Documentation Form could supplement the evidence provided to describe who completed the training (e.g., number of participants or type of data provider group).	2 examples	2 years
3. Technical assistance provided to data providers or local registrars who submit information on live birth and deaths. One example must be for live births and one example must be for deaths.	Documentation could be, for example, technical assistance bulletins or evidence of the provision of one-on-one technical assistance to an organization or individual who reports live births or deaths. Evidence of one-on-one technical assistance could be, for example, an email or formal written notes of a phone call.	2 examples: one example must be for live births and one example must be for deaths	2 years
4. Regular and ongoing communication with	The intent is to demonstrate regular and ongoing communications with those who	2 examples	2 years

<p>data providers or local registrars who submit information on live births and deaths.</p> <p>Communications with data providers must focus on topics other than for training or technical assistance.</p> <p>Examples must be from 2 different data providers or local registrars.</p>	<p>submit information on live births and deaths. One-time communication, such as, one email blast or a one-time meeting would not meet the intent of the requirement. The regular frequency is determined by the VRHS Unit (e.g., monthly, quarterly, annually, or other frequency). Documentation could be, for example, a regular e-newsletter, regular emails (for example, quarterly), or a log of phone calls made on a regular basis.</p> <p>The topic of communications with data providers or local registrars could include, for example, communication on how the submitted data is used, changes in submission procedures or definitions, updates on personnel within the VRHS unit, trends within the jurisdiction, etc.</p>	<p>from 2 different data providers or local registrars</p>	
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TOPIC AREA 5: Data Transmission and Reporting

For the purpose of vital records/ health statistics scope of activity, data transmission and reporting generally refers to the transmission of electronic vital records files from the registrar’s office to the National Center for Health Statistics (NCHS), using standardized electronic data transmission procedures. In addition, the VRHS Unit is responsible for publishing an annual report of the vital events in their respective jurisdictions, as well as special topic-specific reports that can be used for public health and health services program planning, advancing equity, and evaluation.

TOPIC AREA 5 INCLUDES TWO STANDARDS:
Standard 5.1: Provide timely vital records data.
Standard 5.2: Report statistical data.
FOUNDATIONAL CAPABILITY MEASURES:
Measure 5.1.1: Timely vital records data.
Measure 5.2.1: Annual and other vital statistics summaries and reports.

Standard 5.1: Provide timely vital records data.

<p>Measure 5.1.1 Timely vital records data. Foundational Capability Measure</p>	<p>Purpose The purpose of this measure is to assess the VRHS Unit’s ability to provide timely vital records data to NCHS to produce national vital statistics; to state, local, and Tribal health departments for public health planning and data providers; and to other end users for administrative, research, and other public health uses.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. Evidence of the submission of files submitted to NCHS on schedule according to the agreement between the VRHS Unit and NCHS.</p>	<p>Personally identifiable information, if part of the file(s), will be redacted before submission to PHAB.</p>	<p>2 examples; 1 live birth file and 1 death final file</p>	<p>2 years</p>

One example must be of a live birth file and one example of a death final file.			
2. A procedure for the provision of timely data to other vital records jurisdictions. This must include timely provision of data, as defined by the data use agreement(s) in place.	Other vital records jurisdictions might include, for example, local offices within the state or other state/territorial VRHS Units outside of the state. Timeliness is defined as occurring on average within five business days of receipt of a request. The procedure might address periodic audits conducted to assess the timeliness of data releases to other vital records jurisdictions.	1 procedure	2 years
3. A procedure for the provision of timely data to other end users. This must include timely provision of data, as defined by the data use agreement(s) in place.	End users might include, for example, coroners' offices, medical examiners, healthcare providers, academic partners (e.g., researchers), and other programs or units of the broader health department. Timely provision of data is defined by the data use agreements in place.	1 procedure	2 years
4. Evidence of implementing the procedure of how data were provided according to procedures provided. One example must be of how data was provided to other vital records jurisdictions and one example of how data was provided to other end users.	Documentation might include, for example, screenshots of an electronic vital record submitted via STEVE to NCHS and another VRHS jurisdiction. The screenshot could also show STEVE routing configuration (e.g., one configuration for each of the 57 vital record jurisdictions), which allows for the transmission of inter-jurisdictional sharing. In addition to screenshots, documentation might also include email exchanges of secured file exchange or a report or summary indicating the total number of records exchanged with an end user.	2 examples: 1 for other vital records jurisdictions and 1 for other end users	2 years

Measure 5.1.2 Data interoperability and data governance	Purpose The purpose of this measure is to assess the VRHS Unit's ability to utilize interoperability standards and to contribute to advancing data governance.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. Evidence of using interoperability standards to exchange with data providers or data systems. The standards must be developed and maintained by national or international standards development organizations.	The intent of the requirement is to demonstrate that the VRHS Unit is using recognized health data standards within their systems to increase semantic interoperability (e.g., the ability of data to be shared with unambiguous meaning) with other internal and external partner systems. An example of responding to a single request for a dataset would not meet the intent of this requirement. The example could show how the VRHS Unit both receives and sends data electronically or the example could be for just one-way exchange (i.e., either the VRHS Unit sending or receiving data). Standards may be established locally (e.g., a state chief information officer), or on a regional or national level. Standards used to codify, package, and transport data that are developed and maintained by national or international standards development organizations include, for example:	1 example	5 years

	<ul style="list-style-type: none"> Vocabulary/Terminology standards (e.g., Logical Observation Identifiers, Names and Codes (LOINC), Systematized Nomenclature of Medicine-Clinical Terms (SNOMED-CT), and RxNorm) • Content standards (e.g., Health Level Seven (HL7)) Transport standards (e.g., Fast Healthcare Interoperability Resources (FHIR®) and Direct Standard™) <p>Documentation Examples: Documentation could be, for example, descriptions of the data exchange mechanism or screenshots of a system.</p>		
2. Efforts taken that contribute to advancing data governance.	<p>The intent of this requirement is for the VRHS Unit to demonstrate efforts taken that contribute to advancing data governance. Examples could include developing or participating in the development of data governance policies and procedures, aligning data release guidelines with other units of the health department, developing data use agreements that are standardized, implementing a secure online portal that allows for faster and easier access to request data online, designating a staff person to handle all data use agreements that works closely with the data privacy officer, etc.</p> <p>Evidence of participation in overall health department data governance activities could be provided.</p> <p>Documentation could include emails, meeting minutes, reports, presentations, etc.</p> <p>The Documentation Form could supplement documentation to explain how the effort contributed to advancing data governance.</p>	1 example	5 years

Standard 5.2: Report statistical data

<p>Measure 5.2.1 Annual and other vital statistics summaries and reports. Foundational Capability Measure</p>	<p>Purpose The purpose of this measure is to assess the VRHS Unit's capacity to provide timely, relevant, and accurate statistical reports based on vital records data.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. Annual vital statistics summary for the state, which includes:</p> <ol style="list-style-type: none"> a. The most current vital statistics summary information for the state 	<p>The intent of this requirement is to assess the VRHS Unit's ability to generate publicly accessible reports of the state's annual vital statistics.</p> <p>For require element a:</p>	1 report or screenshot and URL for the electronic	2 years

<p>b. A URL to access the electronic version of the report or webpage.</p> <p>The summary information must have been released to the public within twelve months of the end of the prior calendar year.</p>	<p>A report or screenshot could show reports generated summarizing vital statistics by year.</p> <p>For required element b: The intent is to ensure that the reports of the most current vital statistics summary information are publicly accessible through a URL or website address, rather than a members-only or restricted webpage or departmental-intranet.</p> <p>VRHS Units must provide examples from program areas that are currently part of the VRHS Unit and/or state health department at the date of documentation submission. VRHS Units can provide examples that have been completed in conjunction with programs of the broader state health department, so long as the overarching program area is still part of the state health department.</p>	<p>version of the report</p>	
<p>2. Topic specific report(s) produced during the past calendar year, based on requests.</p> <p>Report(s) must cover two different topics or program areas.</p> <p>If unclear from the documentation, the VRHS Unit may describe its contributions to the report(s) in the Documentation Form.</p>	<p>Topic or program areas could be, for example, infant mortality, obesity, smoking, opioids, etc. The reports may be developed by the VRHS Unit or may work in conjunction with other units of the broader health department (e.g., the health department's epidemiology, data, or informatics units, etc.). The VRHS Unit does not need to have produced the reports and may work in conjunction with the broader health department by contributing data used in the reports.</p> <p>One report could be provided covering two different topics or program areas or the VRHS Unit could provide two separate reports covering different topic or program areas. Data included in the topic specific reports could be a combination of data sourced from the VRHS Unit and other primary or secondary data sources.</p> <p>VRHS Units must provide examples from program areas that are currently part of the VRHS Unit and/or state health department at the date of documentation submission. VRHS Units can provide examples of specific projects that have been completed in conjunction with programs of the broader state health department, so long as the overarching program area is still part of the state health department.</p> <p>The Documentation Form may be used to describe the data the VRHS Unit contributed to the report(s) or the role the VRHS Unit had in the report(s).</p>	<p>2 examples; from different topics or program areas</p>	<p>1 year</p>
<p>3. Dissemination of topic specific report(s) to advance equity.</p> <p>Evidence must include both the report(s) and evidence of distribution.</p> <p>The topic specific report(s) may be the same or different reports provided in RD2.</p> <p>If unclear from the documentation, the VRHS Unit may describe its role or contributions to</p>	<p>The intent is to show how the VRHS Unit has contributed to topic specific reports to advance equity and that the reports were disseminated or shared during the past calendar year. The VRHS Unit may provide examples showing sharing the topic specific reports from RD 2 or may choose different examples. One report could be provided covering two different topics or program areas or the VRHS Unit could provide two separate reports covering different topic or program areas. Methods of sharing might include, for example, posting to a website, social media page, newsletter, report. The reports could be shared, for example, with the general public, partners, or stakeholders. The VRHS Unit does not need to have produced the reports and may work in conjunction with the broader health department by contributing data used in the reports. Distribution of the report may also come from</p>	<p>2 reports; from different topic or program areas or 1 report covering 2 different topic or program areas</p>	<p>1 year</p>

<p>the report(s) and how the reports advance equity in the Documentation Form.</p>	<p>the broader health department.</p> <p>Vital records are crucial in advancing equity by providing essential data on births, deaths, and other vital events, which can inform public health policies and interventions tailored to address disparities. Access to accurate vital records ensures that marginalized - or underserved - communities receive appropriate resources and attention, ultimately promoting equity in health outcomes.</p> <p>A wide variety of approaches may be used to demonstrate efforts to advance equity. For example, the VRHS Unit might work to incorporate additional fields within data system(s) or work with others to further disaggregate data considering demographic variables to further examine disparities between subpopulations or within sub-geographic areas, such as, the relationship of morbidity or mortality trends to demographic factors (e.g., race, ethnicity, gender, sexual orientation, disability status or special health care needs, or geographic location) or differences in health behaviors, for example, smoking or vaping rates, eating or exercise habits, or high-risk sexual behavior. Information within the reports could also examine factors that contribute to health challenges, such as social or structural determinants of health or other unique characteristics of the community that impact morbidity or mortality. The report(s) could also highlight the VRHS Unit's work to advance equity on specific topics or program areas, such as, the VRHS Unit's support of delayed birth registration to expand access among tribal populations or streamlining processes used by foreign embassies or consulates which require an apostille for vital record certificates to expedite processing time or reduce barriers to obtaining records.</p> <p>The VRHS Unit might also consider incorporating cultural or linguistic considerations within the reports or their dissemination using visual aids, health literacy tools, or Culturally and Linguistically Appropriate Services (CLAS) standards, or report(s) translated into other languages.</p> <p>The Documentation Form may be used to describe the data the VRHS Unit contributed to the report(s); the role the VRHS Unit had in the report(s), such as responding to requests from the broader health department; or description of how the report(s) advance equity.</p> <p>VRHS Units must provide examples from program areas that are currently part of the VRHS Unit and/or state health department at the date of documentation submission. VRHS Units can provide examples that have been completed in conjunction with programs of the broader state health department, so long as the overarching program area is still part of the state health department.</p>		
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TOPIC AREA 6: Vital Records/Health Statistics Workforce

Maintaining a competent public health workforce for the provision of public health services is a significant part of what health departments are required to address in health department accreditation. Similarly, the VR/HS workforce requires attention to competency, performance review, and professional development. Every VRHS Unit has a responsibility, working with their health department's human resources office, to ensure that the vital records/health statistics workforce has the support it needs to carry out the functions of the Unit.

TOPIC AREA 6 INCLUDES ONE STANDARD:

Standard 6.1: Encourage a competent vital records and health statistics workforce.

FOUNDATIONAL CAPABILITY MEASURES:

Measure 6.1.1: Assure of qualified leadership and supervision of vital records/health statistics

Measure 6.1.2: Ensure a qualified and diverse VRHS workforce.

Standard 6.1: Encourage a competent vital records and health statistics workforce.

<p>Measure 6.1.1 Assure qualified leadership and supervision of vital records/health statistics. Foundational Capability Measure</p>	<p>Purpose The purpose of this measure is to assess the VRHS Unit's capacity to recruit and retain a qualified director of the VRHS Unit.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. Qualifications of the director of vital records/health statistics and the incumbent's job description.</p> <p>If these are two separate positions, both job descriptions must be provided.</p> <p>Qualifications must be based on those included in the Naphsis Succession Planning Toolkit.</p>	<p>The qualifications of the director of the vital records/health statistics and incumbent's job description, based on Naphsis Succession Planning Toolkit, might address, for example, supervising the development and maintenance of the vital records service, including staff and operations, overseeing the submission of legally required information, registration, correction/amendment preservation, data collection, analysis, production of certified copies, ensuring processes for the transmission of data, including electronic submission, serving as the project director for NCHS's Vital Statistics Cooperative Program, or ensuring the vital records registration office fulfills its statutory obligations to serve as the legal custodian of records, consistent with the Freedom of Information Act (FOIA). The job description might also address interpersonal skills (e.g., acting as the official spokesperson for vital records and health statistics or managing relationships with the federal government, other states, public health providers or private organizations, as well as inter-departmental and local jurisdiction communications) or requisite knowledge, skills, and abilities (such as, qualifications based on relevant state and federal laws, statutes, and regulations or educational requirements pertaining to the field of public health statistics or epidemiology, such as, demography, statistical methods, or research).</p>	<p>1 example: job descriptions and qualifications of incumbents</p>	<p>5 years</p>

2. Evidence of leadership engagement in cross-jurisdictional collaboration or training.	Documentation could be, for example, attendance at the annual Naphsis meeting, Naphsis jurisdictional webinars, or other vital records/health statistics conferences, PHAB VRHS trainings, or convenings, or other webinars, trainings, or convenings.	1 example	2 years
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Measure 6.1.2 Ensure a qualified and diverse VRHS workforce. Foundational Capability Measure	Purpose The purpose of this measure is to assess the VRHS Unit's capacity to ensure a qualified and diverse workforce.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. An effort to recruit a qualified VRHS workforce. If there have not been any recruitment efforts in the past 5-years, the VRHS Unit must provide documentation of a staff capacity assessment for the Unit and any efforts taken to advocate for the number of staff needed to meet the needs of the population it serves.	<p>The intent of this requirement is to demonstrate the VRHS Unit's efforts to secure a qualified VRHS workforce. The effort does not need to be successful or formal to provide evidence advocating for the VRHS Unit's needs in recruitment.</p> <p>The VRHS Unit may rely on an effort developed by the broader health department, for example, by a human resources office, if applicable to the VRHS Unit, such as, an effort implemented as part of the health department's workforce development plan.</p> <p>The effort could, for example, focus on recruitment based on necessary qualifications listed within a job description, the methods used for recruitment, or both. The qualifications could include competencies, knowledge (education and experience), skills, or abilities that correspond to the technical demands of the position (e.g., data collection or analysis) or that are more cross-cutting (e.g., strategic thinking or collaboration). The effort could also focus on a recruitment method tailored to encourage a diverse pool of applicants. For example, the VRHS Unit could outline plans to disseminate job openings by working with community partners or community members or by using targeted media outreach or examining and trying to reduce implicit bias within hiring processes, or acknowledging lived experience as relevant for positions that address the root causes of health inequities or social determinants of health.</p> <p>When HR functions are outside the VRHS Unit, the documentation could demonstrate the VRHS Unit, for example, providing suggestions to HR on a recruitment or hiring policy, reviewing qualifications listed in a job description, providing suggestions on the dissemination of job openings, or working with HR to establish systems or processes that considers workforce diversity. A workforce could be diverse as it relates to, for example, race/ethnicity, culture, language, age, gender, or specific geographic area of the VRHS Unit's jurisdiction. VRHS Units could also outline plans to conduct outreach to recruit, for example, veterans, individuals with disabilities, or those who reflects the characteristics and demographics of the population using VRHS Unit's services.</p>	2 examples	5 years
2. Professional development or learning opportunities available to staff.	The intent of this requirement is to show that there are specific learning opportunities to strengthen management or leadership skills and/or vital records/health statistics core competencies. The recipient of those learning opportunities could be an existing leader	2 examples	5 years

<p>At least one of the learning or educational opportunities will include training on equity, diversity, inclusion, or cultural humility.</p>	<p>or manager, could be staff who are not currently in a leadership role as part of a career ladder to advance, or could be part of succession planning.</p> <p>Topics of learning opportunities could include, for example, negotiation skills, strategic management, emotional intelligence, adaptive leadership, change management, intercultural or intergenerational management, collaborative intelligence, handling conflict, coaching and mentoring skills, communications skills for managers, leadership styles, effective networking, leading teams and collaborations, or diversity, equity, and inclusion. Learning opportunities could also address specific skills training to provide cross-training opportunities or expectations to staff.</p> <p>Trainings could be provided by entities such as National Public Health Leadership Institutes, Public Health Training Centers, the Environmental Public Health Leadership Institute, or academic institutions. Trainings could be provided by state or local entities, as well. The leadership training does not need to be public health focused.</p> <p>Topics for the staff training on equity, diversity, inclusion, or cultural humility could include, for example, examining biases and prejudices; developing cross-cultural skills; learning about specific populations' values, norms, traditions, and narrative; or learning, with people with lived experience, about how to develop programs and materials for individuals who have low literacy skills, speak a different language, or are blind or deaf. Trainings could include, for example, the Racial Equity Institute, Prevention Institute's Health Equity Training Series, the National Association of County and City Health Officials' Roots of Health Inequity, Robert Wood Johnson Foundation's Health Equity: Why it Matters, and How to Take Action, or training opportunities available through the Public Health Learning Network (PHLN), or Public Health Foundation's TRAIN Learning Network.</p> <p><u>Documentation Examples</u> Documentation could include, for example, transcripts, certificates, attendance records, or emails confirming participation.</p>		
<p>3. A procedure for the orientation of new VRHS employees.</p> <p>The procedure must include the VRHS Unit's approach to addressing health equity.</p>	<p>The intent of this requirement is to ensure onboarding and specific skills training are provided to new employees. Topics could cover, for example, an orientation to the VRHS Unit's policies and procedures related to registration, certification, issuance, or information management systems, or privacy, confidentiality or security policies. The orientation might also address the history of the VRHS Unit, the importance or significance of vital records or health statistics, as well as the VRHS Unit's role within the broader health department or contributions to public health practice.</p> <p>The procedure for the orientation of new VRHS employees could focus on its approach to addressing health equity through, for example, methods to communicate with populations who might experience barriers to receiving information, such as, interpreter/translation services or technology available to assist VRHS customers. The approach could also address the unique characteristics of the jurisdiction served by the</p>	1 procedure	5 years

	VRHS Unit (e.g., gender, age, socioeconomic factors, income, disabilities, mobility, educational attainment, home ownership, employment status, immigration status, or sexual orientation). In addition, the approach could address how the VRHS Unit is working with the broader health department to consider social or structural determinants of health, as related to health outcomes or trends in morbidity or mortality. Procedures could outline methods such as, working to disaggregate or provide reports of data using an equity lens to assist the broader health department, end users, or partners in the development of plans, strategies, actions or policies (current or proposed) through an equity lens.		
4. A procedure for assessing the performance of VRHS employees.	<p>The intent of this required element is that the VRHS Unit demonstrate reviews are conducted based on merit and evaluate employee performance according to position expectations or requirements. The performance evaluation processes could include, for example, annual reviews, or 360 evaluations.</p> <p>The VRHS Unit may rely upon the procedures of the broader health department, government-wide (i.e., state), or super health agency or umbrella agency procedures. These procedures could demonstrate conformity with the requirement if they apply to the VRHS Unit.</p>	1 procedure	5 years

Measure 6.1.3 Build a supportive work environment.	<p>Purpose</p> <p>The purpose of this measure is to assess the VRHS Unit's efforts to create an organizational culture and work environment that is supportive of the staff and to evaluate staff satisfaction. The work environment impacts job satisfaction, employee retention, and employee creativity and productivity. The work environment should support and foster each employee's ability to contribute to the achievement the department's mission, goals, and objectives.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. Efforts taken to improve the work environment or improve employee satisfaction.</p> <p>At least one example must demonstrate taking action as a result of staff feedback or employee satisfaction assessment.</p>	<p>The VRHS Unit could provide examples, such as an employee satisfaction or work environment survey conducted by the broader health department, if applicable to the VRHS Unit.</p> <p>Examples could address improvement efforts in areas including, for example, employee wellness (e.g., offering health screenings or risk assessments, flu shots, exercise programs, nutrition information, stress reduction workshops, employee assistance programs, tobacco/other substance use cessation programs, healthy food or physical activity programs, or other efforts to create a culture of health or wellness, etc.), work-life balance (e.g., developing telecommuting, flexible schedules, allowing staff to bring children to work, breastfeeding or lactation support, etc.), employee recognition (e.g., recognizing staff through, for example, a newsletter, employee of the month program, employee honor roll, recognition letter, or regularly scheduled recognition lunch or during meetings, etc.). Efforts could also focus on strategies to foster an inclusive workforce which could focus on building an authentic workplace, which creates a welcoming and open-minded environment that nurtures individual expression of</p>	2 examples	5 years

	<p>thoughts or feelings rather than conformity. Strategies might include, for example, listing pronouns in email signatures, requiring unconscious bias training for all employees, acknowledging holidays of all cultures and providing employees the flexibility to use paid time off for those days, or establishing an inclusion council or employee resource group.</p> <p>Strategies and efforts can either be department-wide or specific to the VRHS Unit. Unit specific strategies could include, for example, dedicated time for staff appreciation during unit meetings, shared message boards aimed at promoting work-life balance, or establishing processes that aim to draw connections between work tasks and department mission.</p> <p>Documentation could include, for example, completed QI projects focused on improving the work environment or employee satisfaction, revised policies or procedures, evidence of the implementation of an employee wellness program or recognition program, or meeting minutes showing discussion of strategies implemented.</p> <p>At least one example will be based on the results of a staff assessment, which could be through a formal mechanism (e.g., a staff-wide or Unit-wide survey) or an informal one (e.g., an employee suggestion box).</p> <p>The second example could also be based on employee feedback or could demonstrate improvement efforts identified through other methods, such as the regular review and updating of supportive workplace policies or analysis of retention rates.</p>		
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TOPIC AREA 7: Administration and Management of Vital Records and Health Statistics

<p>The administration and management of the VRHS Unit corresponds to Domain 10 of the public health department accreditation standards and measures. This topic area addresses the required components of maintaining an operational infrastructure to support optimal performance of the VRHS Unit.</p>
<p>TOPIC AREA 7 INCLUDES TWO STANDARDS:</p>
<p>Standard 7.1: Develop and maintain an operational infrastructure to support the performance of the VRHS Unit.</p>
<p>FOUNDATIONAL CAPABILITY MEASURES:</p>
<p>Measure 7.1.1: Ensure continuity of operations during an emergency.</p>
<p>Measure 7.1.2: Reviewed and updated policies and procedures based on state laws/rules/regulations and national standards.</p>
<p>Measure 7.1.3: Fiduciary oversight of fee development, processing, and maintenance.</p>
<p>Measure 7.2.1: Collaborate with other health department staff.</p>
<p>Measure 7.2.2: Efforts to advance health equity.</p>

Standard 7.1: Develop and maintain an operational infrastructure.

Measure 7.1.1 Ensure continuity of operations during an emergency. Foundational Capability Measure	Purpose The purpose of this measure is to assess plans to ensure continuity of operations during an emergency. This ensures that VRHS Units are able to maintain services that are considered essential during an emergency.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. A continuity of operations plan, which must include: <ol style="list-style-type: none"> a. Pre-arranged alternate work location and adequate space. b. Staffing plan to continue operations. c. Continued ability to provide services to the public. d. Records security. e. Continued operation of electronic vital records systems (EDRS, EBRS, etc.). 	<p>The continuity of operations plan (COOP) describes the VRHS Unit's preparations to continue essential functions during a wide range of emergencies, including localized acts of nature, accidents, pandemic, technological, and attack-related emergencies. Continuity of operations guidelines may be defined by a federal or state agency, such as an office of emergency management. The continuity of operations plan may be contained in the overall department Emergency Operations Plan if the vital records/health statistics role and functions are specified.</p> <p>For required element a: The plan will indicate alternate locations or if work can be performed virtually. The alternate facility(ies) could consider alternate uses of existing facilities or the relocation of a limited number of key leaders or staff to another location where the potential for disruption of the Unit's ability to initiate or sustain operations is minimized. The plan could also address conditions in which staff could work remotely, such as protocols that describe remote work processes (e.g., equipment and supplies, methods of sharing protected information, or capability to hold virtual meetings).</p> <p>For required element b: The staffing plan to continue operations might include Orders of succession, such as, the delegation of authority if leadership is unavailable to perform legally authorized or critical roles and responsibilities. Identifying multiple individuals (or job titles) in the order of succession allows for contingency planning, particularly in the context of a lengthy emergency. The orders could also include qualified individuals to serve in key positions, such as the State Registrar's position, as well as defined roles and responsibilities.</p> <p>For required element c: Continued ability to provide services to the public might address what public health functions or services must be maintained without prolonged interruption (as defined by the VRHS Unit), such as, the issuance of vital records. Those functions may vary by jurisdiction and could also include human resources or business functions. If the essential public health functions vary based on the nature or the duration of the</p>	1 plan	5 years

	<p>event, the plan could describe how the VRHS Unit describes the process by which VRHS Unit determines what is considered essential for an event.</p> <p>For required element d: Records security could address methods to preserve the physical environment of records of electronic systems, such as, secured access maintained through the use of backup generators, or secure methods to transport paper copies.</p> <p>For required element e: Continued operation of electronic vital records systems, might address, for example, how systems will be accessible in an offsite or temporary location, such as deploying use of a VPN system.</p>		
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<p>Measure 7.1.2 Reviewed and updated policies and procedures based on state laws/rules/regulations and national standards. Foundational Capability Measure</p>	<p>Purpose The purpose of this measure is to assess the VRHS Unit's capacity to stay abreast of changes in national standards that affect the state's laws/rules/regulations.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
1. Review of changes in national standards or state law to remain abreast of national standards on a regular and ongoing basis.	Examples could be participation in webinars, conferences, review of written materials from entities such as Naphsis or NCHS. Documentation could include, for example, attendance records or written materials received. If needed, the Documentation Form may supplement the evidence provided to describe the review.	2 examples of reviews	5 years
2. Application of changes in national standards, laws, rules or regulations to recommend changes to those with authority to revise laws, rules, or regulations.	Documentation could be, for example, meeting minutes, reports, presentations, memos, notes, or some other record of the discussion of the review and findings. Documentation could also be in the form of policy discussion agendas, position papers, white papers, and legislative or legal briefs that are not privileged communications. The intent is that recommended changes were provided; the examples do not need to have been successful.	2 examples	5 years
3. A procedure for monitoring and reviewing compliance among local jurisdictions that register or certify live births and deaths with state laws, rules, or regulations. If there are no local issuances offices, this will be indicated on the Documentation Form and no additional documentation is required.	The procedure of monitoring and reviewing compliance among local jurisdictions might include, for example, unannounced audits performed by the State Registrar or designee, or conducting reviews of satellite or local offices and local registrars to assess inventory control, monitoring of daily production of all certification through usage reports, monthly reports of all certification of documents, including voided certification and disposal, etc.	1 procedure	2 years

<p>Measure 7.1.3 Fiduciary oversight of fee development, processing, and maintenance. Foundational Capability Measure</p>	<p>Purpose The purpose of this measure is to assess the VRHS Unit's ability to oversee its fee development in accordance with state laws/rules/regulations and sound financial principles.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. Formal efforts to seek resources to support the vital records/health statistics infrastructure or increase efficiencies.</p>	<p>The intent of this requirement is to ensure the VRHS Unit communicates the need for financial or human resources for the vital records/health statistics infrastructure.</p> <p>Formal efforts to seek additional financial resources or to initiate a change to increase efficiencies could be sought through a variety of ways, including, for example, budget increase requests, budget revision requests, or grants. Efforts could also address evidence of an update to the VRHS Unit's fee structure, sustaining funding amid budget reductions (e.g., securing funding from another source to supplement service provision in the event funding is reduced). Other examples could include, for example, letters or testimony about financial support needs. The VRHS Unit could also demonstrate ways to decrease inefficiencies and cut costs while still maintaining needed services for the community, for example, through shared service agreements. The examples do not need to have been successful.</p> <p>Documentation could be, for example, memos, emails, testimony, and reports submitted to the health department director, chief financial officer, board of health, legislature, etc.</p>	<p>2 examples</p>	<p>5 years</p>

<p>Measure 7.1.4 Ensure facilities are safe, accessible, secure, and clean.</p>	<p>Purpose The purpose of this measure is to ensure that the VRHS Unit's facility(ies) are safe, accessible, secure, and clean. Assessments (e.g., OSHA, ADA, security assessments), as well as feedback from customers should inform improvement opportunities.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. Efforts towards improvement(s) to address the VRHS Unit's physical facility(ies) related to, safety, accessibility, security or cleanliness.</p> <p>Alternatively, the VRHS Unit must provide assessment results demonstrating no physical facility improvements were needed and a signed memo from the Health Statistics Director that no safety or security improvements are needed.</p>	<p>The improvements could be demonstrated, for example, through completed work orders for facility improvements, photos with a description of the work performed, comparison to a previous assessment that identified an accessibility or compliance opportunity or based on suggestions made by customers to inform improvement or enhancement opportunities.</p> <p>Renovations that are purely aesthetic would not meet the intent of this requirement.</p> <p>Other examples of documentation could include, for example, audits, or staff meeting minutes discussing and/or facility improvements.</p> <p>The VRHS Unit could provide evidence of a request submitted showing a suggested</p>	<p>1 example</p>	<p>5 years</p>

	<p>or needed improvement to facilities, regardless of whether the request was successfully or not successfully fulfilled.</p> <p>If no improvements to address the VRHS Unit's physical facility(ies) were made or requested in the previous 5-years, the Unit will provide assessment results demonstrating accessibility and a signed memo from the Health Statistics director, Vital Records Chief, State Registrar or designated personnel attesting that the safety and security of the physical facility has also been reviewed and it has been determined that no improvements are needed.</p>		
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Standard 7.2: Ensure collaboration, quality improvement, and health equity drive performance of the VRHS Unit.

<p>Measure 7.2.1 Collaborate with other health department staff. Foundational Capability Measure</p>	<p>Purpose The purpose of this measure is to assess the VRHS Unit's capacity to regularly and consistently collaborate with other health department staff outside of the VRHS Unit.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. Regular collaboration with administrative or program staff in the department.</p> <p>Examples must be on two different topics.</p>	<p>The intent of this requirement is that the VRHS Unit engage with the health department on a regular and ongoing basis to strengthen collaboration by aligning or contributing towards shared activities. The VRHS Unit might engage with the broader health department in many ways. For example, the VRHS Unit might participate in the health department's strategic planning process, such as formulating or revising strategic priorities or goals. The VRHS Unit might also demonstrate how it contributed health statistics to develop health department or community-wide reports, such as, the Community Health Assessment (CHA) or Community Health Improvement Plan (CHIP). Some health departments may call these a State Health Assessment (SHA) and State Health Improvement Plan (SHIP). Other examples might include contributing data or participating in discussions to recommend changes or public health implications of current or proposed policies, rules, or regulations, or providing input on ways to strength health department operations (including, for example, building a supportive work environment or wellness among staff, contributing towards assessments of staff competency or capacity, or other topics, such as health equity, or participating in related trainings).</p> <p>Documentation could be, for example, minutes of a meeting, a published report of fact sheet, testimony preparation, training, etc. If needed, the Documentation Form may supplement the evidence provided to describe the collaboration.</p>	<p>2 examples on different topics</p>	

	<p>VRHS Units must provide examples from program areas that are currently part of the VRHS Unit and/or state health department at the date of documentation submission. VRHS Units can provide examples of specific projects that have been completed in conjunction with programs of the broader state health department, so long as the overarching program area is still part of the state health department.</p>		
<p>2. Engagement in the health department's quality improvement or performance management efforts.</p> <p>Examples must demonstrate collaboration or engagement with the broader health department.</p>	<p>The intent of this requirement is to collaborate with the broader health department in quality improvement or performance management activities to foster a culture of quality. Engagement could include, for example, participation by the VRHS Unit as a standing member of the health department's QI or PM committees or workgroups, engaging with the health department as part of a QI effort or project related to VHRs unit, VRHS staff participating in QI project for health department, or the VRHS Unit providing data/information to support QI or contributing data to the health department's PM system.</p> <p>VRHS Units must provide examples from program areas that are currently part of the VRHS Unit and/or state health department at the date of documentation submission. VRHS Units can provide examples of specific projects that have been completed in conjunction with programs of the broader state health department, so long as the overarching program area is still part of the state health department.</p>	2 examples	5 years
<p>3. Implementation of quality improvement (QI) projects that demonstrate the following:</p> <ol style="list-style-type: none"> a. How the opportunity for improvement was identified. b. The measurable and time-framed objective(s) for how the project aims to address the opportunity for improvement. c. Use of a QI method. d. Use of QI tools to better understand or make decisions about: <ol style="list-style-type: none"> i. The current process. ii. Root cause(s). iii. Possible solutions. iv. Prioritization/ selection of solutions for implementation. e. 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 data used to determine whether the project's objective(s) was met and 	<p>The VRHS Unit may provide documentation of a vital records/health statistics specific QI project that was led by the health department, if the VRHS Unit was involved; a QI project led by another division/unit of the department, if the VRHS Unit contributed; or could provide a project led by the VRHS Unit.</p> <p>To show implementation, the QI projects will have gone through at least one full project cycle—in other words, the VRHS Unit will have reviewed its current process, tested out at least one solution, collected data on that solution, and identified next steps. Projects that have not yet completed one full cycle at the time of documentation submission would not meet the intent of this requirement.</p> <p>Examples will focus on improvement of existing processes by using a QI method and tools to understand the current process and root causes, identify and select solutions, and monitor progress towards measurable objectives. Demonstrating use of one QI tool for one part of the cycle (e.g., brainstorming possible solutions alone) would not be sufficient to meet the intent of this requirement.</p> <p>QI projects do not need to be complex or costly, and could focus on improving existing processes related to, for example, timesheet approval; accuracy, efficiency or completeness of record processing; new employee onboarding processes; engaging end user or partner support offerings or ways to streamline data or information exchange.</p> <p>Projects could also focus on exploring root causes or barriers to streamline or improve existing processes that could impact equity. This could include QI projects aimed to change existing processes in order to, for example, accommodate the needs of those</p>	1 example	5 years

<p>identify next steps resulting from the project.</p>	<p>with communication barriers by offering interpretation or translation services or applications in other languages or implementing strategies to improve the accessibility of services through facility enhancements or services offered virtually.</p> <p>For required element a: Opportunities for improvement could be identified through use of data from, for example, the department's performance management system, other program or administrative data, audit findings, staff observation, or staff or customer feedback.</p> <p>For required element b: Those engaged in the project will establish time-framed objectives to measure progress on what they are trying to accomplish. These statements are sometimes referred to as AIM Statements. Objectives could include, for example, within six months, reducing the number of days it takes to electronically register death records from an average of 12 calendar days to 10 calendar days.</p> <p>For required element c: Quality improvement methods could include use of, for example, Plan Do Study/Check Act (PDSA/PDCA); Six Sigma's Define, Measure, Analyze, Improve, Control (DMAIC); or Kaizen, lean, rapid cycle improvement, or other recognized QI methods.</p> <p>For required element d: QI tools appropriate for a given improvement model will vary based on the method selected and the type or problem identified. To examine the current process (i), the health department will document how the current process works and identify potential issues or opportunities for improvement. QI tools could include, for example, flowcharting or process mapping to document the way in which the process under study is currently operating. Examination of root causes (ii) and factors contributing to the issue under review provides further insight on opportunities for improvement. QI tools could include, for example, affinity diagrams, brainstorming, flowcharting, fishbone diagrams, 5 whys, check sheets, control charts, force field analyses, Gantt charts, interrelationship diagrams, logic models, pareto charts, and swim lane maps. Through the QI project, the health department may identify many possible solutions (iii) to test through the improvement effort. QI tools could include, for example, brainstorming and Strengths Weaknesses, Opportunities and Threats (SWOT) or Strengths, Opportunities, Aspirations, and Results (SOAR) Analysis. Once possible solutions are identified, the health department will use a process to prioritize which solution best addresses the issue (iv), for example, using a prioritization matrix. Elements that could be considered in prioritizing among potential solutions could include, for example, level of effort, expected impact, potential for unintended consequences, or the potential impact on equity.</p> <p>For required element e: The example will show the solution was tested by the department and the results were assessed to determine if it results in the expected improvement. Based on the data about</p>		
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	<p>whether the test met the objective, the health department will determine the next steps. The health department could, for example, plan to institutionalize the improvement as a new established process or could determine they need to go back to an earlier step in their QI process and initiate another improvement cycle to test another possible solution. The health department could also consider any unintended consequences of the tested solution to ensure, for example, that increases in efficiency did not lead to decreases in effectiveness and that benefits of the QI project are equitably distributed.</p> <p>Documentation Examples</p> <p>Documentation could include, for example, storyboards for completed QI projects, QI project reports, or presentations of QI projects to health department staff, leaders, or other stakeholders.</p> <p>VRHS Units must provide examples from program areas that are currently part of the VRHS Unit and/or state health department at the date of documentation submission. VRHS Units can provide examples of specific projects that have been completed in conjunction with programs of the broader state health department, so long as the overarching program area is still part of the state health department.</p>		
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<p>Measure 7.2.2 Efforts to advance health equity. Foundational Capability Measure</p>	<p>Purpose</p> <p>The purpose of this measure is to assess the VRHS Unit’s capacity to engage in efforts to advance health equity. Vital records are crucial in advancing equity by providing essential data on births, deaths, and other vital events, which can inform public health policies and interventions tailored to address disparities. Access to accurate vital records ensures that marginalized - or underserved - communities receive appropriate resources and attention, ultimately promoting equity in health outcomes.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. Engaging with health department in efforts to advance equity.</p>	<p>The intent of this requirement is for the VRHS Unit to engage with the health department in efforts to advance health equity. Engagement might include, for example, participating in an equity council or committee; completing an equity assessment that considers staff competence in the areas of cultural humility, diversity, or inclusion; contributing towards the development or updating of policies, practices of procedures which how inclusion, diversity, equity, or anti-racism (IDEA) to integrate concepts throughout the VRHS Unit, engaging in training on equity concepts, collaboration with other partners to provide low or no cost certificates.</p> <p>Examples could also address efforts to provide communication to VRHS customers or end users who may experience barriers to receiving information, when needed, such as, the availability of interpreters, materials translated for those who are non-English speaking, technology devices such as a Relay Service, the capacity to communicate with individuals who are deaf or blind, such as, use of visual aids, close captioning, or use of sign language interpreters for press conferences or presentations, offering online certificate ordering.</p>	<p>2 examples</p>	<p>5 years</p>

	<p>If the documentation does not clearly demonstrate how the VRHS Unit engaged with the broader health department in the effort, the Documentation Form may be used to supplement the evidence to provide a description. For example, efforts to provide communications to VRHS customers may engage translation services under contract by another division or unit within the broader health department.</p>		
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