



## FREQUENTLY ASKED QUESTIONS



In partnership with the Center for Disease Control and Prevention’s National Center for Health Statistics (NCHS) and the National Association for Public Health Statistics and Information Systems (NAPHSIS), PHAB developed the Vital Records/Health Statistics (VRHS) Accreditation Program. VRHS unit accreditation is intended to help promote high standards that will validate and guide business operations and quality improvement efforts in vital records and health statistics offices, as well as promote continuous quality improvement.

Below are frequently asked questions, last updated on **August 1, 2023**, as related [Standards & Measures for National Accreditation of State/Territorial Vital Records/Health Statistics Units](#), adopted November 2018 and corresponding [Guide for National Accreditation](#), adopted November 2018.

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### Policy for Initial Accreditation

#### Eligibility

**My local Vital Records/Health Statistics Unit is interested in pursuing accreditation. Are we eligible?**

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 or jurisdictional-wide 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 when referring to the 57 funded jurisdictions. To be eligible, such entities must operate in a manner consistent with applicable federal, state, and territorial statutes, rules, and regulations. The state or territorial health department does not have to be accredited for the VRHS Unit to apply. 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.

#### Site Visit

**Why is the Health Department Director meeting required as part of the Site Visit?**

Yes, part of the reasoning to hold an interview session with the Health Department Director relates to requirements within Topic Area 7 and how the VRHS Unit interacts with the broader health department. The Guide uses the phrase “representatives of the health department’s administration” so if they have someone that would fill that role that works – it does not need to be the State Health Department Health Department Director. If the Health Director is unavailable or was not involved, the VRHS Unit may consider engaging a deputy director or other leadership in this session during the site visit. Generally, the interview focuses on general interactions at a very high level or performance management/quality improvement activities.

### Standards & Measures for VRHS Accreditation, Version 2018

#### Topic Area 1

##### Measure 1.1.1

**For Required Documentation 2, in our state, clerks will register first, then the state registers, report will be based on clerk registration. Registration not critical for this type of report. Does PHAB require state registration?**

The measure requires that the state VRHS unit provide a report as evidence that 95 % of live births (in the state) were registered electronically within 5 days. The measure does not require that the state VRHS unit registers the births. The measure does require that the system is a statewide system and that the report be a statewide system report.

### **Measure 1.1.2**

**For Required Documentation 1, The procedures must include the timeframe for completing these actions.**

**Does the timeframe refer to the time it takes staff to do the procedure, OR does it refer to how long someone has to file an adoption?**

Correct, this applies to the staff and is about the VRHS Unit staff processing of the 4 areas included in the requirement.

**For Required Documentation 2, does implementation of the procedures mean one final end product example or documentation demonstrating how the procedures were followed?**

Measure 1.1.2 specifically uses examples in the guidance that are program reviews, audits, etc. The documentation must demonstrate that the procedures were followed, not just that the correction, for example, was made. For example, if the procedures note that a checklist is used in the process, having a copy of the checklist with the final correction could demonstrate “following” the procedures.

### **Measure 1.1.3**

**For Required Documentation 2, is a procedure and RD2 is implementation of the procedure. For RD2, is it OK if the VRHS Unit provides a “test” example of following the procedures or do we need a real case example?**

A test example does not meet requirements. The requirement is clear that the documentation should reflect that the procedure is followed.

## **Topic Area 2**

### **Measure 2.1.1**

**It is common for jurisdictions to not complete a background check on “seated” (current) employees?**

Yes. Several states do not require completion of background checks, and some 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 requirement does not necessarily preclude a VRHS Unit from achieving accreditation. The implications might be a potentially lower score and “opportunity for improvement” noted by the site visitor, and the VRHS Unit may still be accredited.

### **Measure 2.1.4**

**For Required Documentation 1, our state encourages and supports use of security paper (same paper that state uses). The state procures the material but cannot compel local registrars to use it. How should we address that in our procedures for handling certification of vital records in a secure manner?**

This measure requires a written procedure. The procedures may describe the process used by the VRHS Unit to procure and make the paper available to registrars, and how registrars are encouraged to use the paper and follow-up performed. The third bullet does require that the state review the local registrars’ use of the certification paper.

**For Required Documentation 3, why is PHAB asking for a written process when the guidance implies documentation of things, not a process?**

The process must assure that the items listed are in place. That is, how does the VRHS Unit ensure that records are in safe place and the physical security of vital records is preserved.

### **Measure 2.1.5**

**For Required Documentation 2, what is our live birth database does not extend back to 1945?**

The site visitor will be looking for documentation that the data base extends back to 1945. If the documentation doesn’t extend back that far, then, the VRHS Unit should describe what it does have and how far back the data goes.

### **Measure 2.2.1**

**For Required Documentation 1, our VRHS Unit follows the state health department’s standards and policies about data in general. Is that okay?**

Yes, that approach may be described within the policy or procedures, so long as it is clear that the process pertains to the vital records/health statistics unit.

**For Required Documentation 2, our state is an “open state”. How does PHAB handle this?**

VRHS units must provide a procedure that describes how the information is disclosed. If it’s an open state, as some are, the procedures will reflect managing those open state practices. PHAB’s expectation is not to change state policy or law; rather accreditation focuses on how the VRHS Unit implements processes, according to those policies or laws.

## Topic Area 3

### Measure 3.1.3

**For Required Documentation 2, can the same system be used as an example to show state and local issuance? Our state system tracks both state and local issuance. Is this type of tracker a good example to use for documentation?**

Are the local certifications issued from the same system as the state? If they are not issued from the same system, then the system that is in place and the tracker should be described. Since some local certifications are issued from state systems and some do not, when in doubt, confirm with your assigned Accreditation Specialist.

## Topic Area 4

### Measure 4.1.1

**For Required Documentation 4, our state VRHS Unit does not have the recommended NCHS Linkage Status Table for the previous calendar year, but it was not 100% linked across international borders with foreign countries outside of the IJE agreement (i.e., that it is a border with Mexico and they are not obligated to share/link everything – unlike Canada, which does), thus there would not be any legal mechanism available for our state to ask for a birth certificate for an infant who died in the state, but was born in Mexico. Even if the state was able to acquire this birth certificate, there is no mechanism available from NCHS that would allow for this information to be recorded. Since these factors are outside of our control, would we be dinged in our scores?**

For 4.1.1, the second paragraph in the guidance states, “*example must be for those records where both the live birth and the death occurred in the state.*” Births and/or deaths occurring outside of the state, that would not be part of the 100% linkage, however, the VRHS Unit should be able to show compliance with birth and deaths in the state. If unclear from the documentation, the topic may also be further discussed during the site.

**For Required Documentation 4, if we cannot demonstrate 100%, but only 99.85% of all live births and infant death records for the previous calendar year, what happens?**

Yes, if a VRHS Unit cannot demonstrate 100% of all live births and infant death records for the previous year, the measure score may slightly drop, however, that does not preclude or prevent a Unit from achieving accreditation. The accreditation process allows site visitors to include an “opportunity for improvement” related to improving timeliness, for example, by improving efficiencies in workflows and the Unit may be required to report on this requirement, as part of the Unit’s first Annual Report since achieving national accreditation.

## Topic Area 5

### Measure 5.1.1

**For Required Documentation 3-4, since no parameters are provided in terms of timing, we assume that each jurisdiction will self-define, and that the actual procedure will define the steps in the process when receiving a request, and/or define how and when data is released systematically (unsolicited)? Provision of data under RD4 could include releasing reports on the web, or populating an online portal with current data, or does the example have to be based on a request that came in, correct?**

Yes, the provision of timely data to other jurisdictions and to meet end user needs (in RD3-RD4) would be based on a schedule defined by the unit and could include any reporting timeframes defined in the agreement between the unit and NCHS (from RD1). For RD4 (and implementation examples in RD5), the procedures and examples could include

passive forms (unsolicited) of data to meet end user needs, such as releasing reports on the web, or populating an online portal with current data (the procedures and examples do not need to be based on a request that came in).

### **What is meant by “other vital records jurisdictions”?**

This refers to the 57 VRHS jurisdictions (e.g., across the 50 states).

## **Topic Area 6**

### **Measure 6.1.1**

#### **For Required Documentation 1, can we use the Recruitment and Retention Plan used by the broader state health department? Do we need to have our own, VRHS-specific plan?**

An overall plan would suffice if includes the VRHS Unit (similar to relying upon the health department’s broader COOP or other plans, policies or procedures). PHAB encourages VRHS Units to carefully examine the level of detail within the Recruitment and Retention Plan used by the broader state health department to ensure it covers the needs of the Unit (i.e., training of data providers specific to VRHS and local registrars).

### **Measure 6.1.2**

#### **Can PHAB provide an example of non-training/non-technical assistance communication?**

This requirement is for general, ongoing communications with two different data providers which could include informal information sharing, as opposed to formal training or technical assistance, based on an identified need. For example, the VRHS Unit might send a newsletter, emails or conduct phone calls with data providers, for example coroner’s offices about a change in how reporting occurs, updates to databases or systems, or findings of recent data analysis, or other topics. The intent of this requirement is to demonstrate ongoing and regular communication with data providers which could occur using a variety of methods and/or topics.

## **Topic Area 7**

### **Measure 7.1.1**

#### **Required Documentation 1, the requirement is for a qualified director of VRHS and incumbent’s job description – in our state (and a few other states apparently) the Bureau Chief for Vital Records is bestowed the title of Assistant State Registrar as it appears the official title of State Registrar is a political appointee versus hired personnel (just as a heads up for the political structure that might exist as part of VRHS).**

This requirement focuses on the role of the Health Department director, as related to the VRHS Unit. If the Health Department Director only provides general oversight and management (similar to overseeing over divisions/departments within the health department), the Health Director’s job description would not be needed; however, if there are specific functions of the VRHS Unit for which the Health Director provides oversight or which are performed by another member of leadership (e.g., a deputy, appointed individual, etc.) the job description should be provided detailing those key functions or responsibilities.

### **Measure 7.1.2 A**

#### **For Required Documentation 2, the guidance states documentation could be meeting minutes. So, if our admin team holds a meeting to discuss proposed changes to state law/rules or department regulations based on model law, and we submit those recommendations to our bureau chief/state registrar, will that comply? Or does the recommendation have to go higher? If so, how high?**

If it is a rule or regulation, it needs to go to the person in the position who has the authority to work to change the regulation, such as the Commissioner or Governor’s office. If it is a state law, changes may require review or deliberation by a legislator or a legislative committee, or, the Governor’s legislative liaison, for example.

### **Measure 7.1.4**

#### **For Required Documentation 1, what is the intent of this requirement? With whom exactly should the VRHS be collaborating?**

The intent of this requirement is for the VRHS Unit to demonstrate they are working with/collaborating with to any other state health department staff outside of VRHS. Collaboration could be demonstrated in a variety of ways, for example if another division of the state health department used vital records data provided by the VRHS Unit in a report or presentation.