



# Public Health Accreditation Board

Guide to National  
Public Health Department  
Initial Accreditation

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## I. INTRODUCTION

This **Guide to National Public Health Department Initial Accreditation** presents the process for seeking and obtaining initial public health department accreditation through the Public Health Accreditation Board (PHAB). Whether you are a director of a health department, a health department's Accreditation Coordinator, an employee of a public health department, or an individual generally interested in public health accreditation, this guide will help you understand the steps and commitment required to complete the initial national public health department accreditation process. The reaccreditation process is presented in a separate document.

A national public health department accreditation system was developed because of the desire to continuously improve the quality of service and demonstrate accountability of public health departments to their stakeholders. PHAB is the national accrediting organization for public health departments. PHAB is dedicated to promoting and protecting the health of the public by advancing and ultimately transforming the quality and performance of all governmental public health departments in the United States and abroad through national accreditation. PHAB's vision is a high-performing governmental public health department system that will foster a healthier nation.

National public health department accreditation consists of the adoption of a set of standards, a process to assess health departments' performance against those standards, and recognition for those departments that meet the standards. The accreditation process and standards are intended to be flexible and inclusive to accommodate many different configurations of public health departments at all governmental levels. Configurations of public health departments include: centralized and decentralized state health departments; health departments that are part of a larger governmental agency; health departments that may or may not have environmental public health responsibility; and regional and district health departments.

PHAB has developed standards and measures as well as modified accreditation processes for special types of health departments or specific services. PHAB has adopted Army Public Health Initial Accreditation Standards and Measures for use in accreditation of Army Installation Departments of Public Health. Those standards and measures are based on the PHAB Standards and Measures Version 1.5 but have been customized to provide guidance specific to Army Installations. PHAB has also adopted Standards and Measures for National Accreditation of State/Territorial Vital Records/Health Statistics Units and a Guide for National Accreditation of State/Territorial Vital records/Health Statistics Units. PHAB has also adopted a Guide to National Public Health Department Reaccreditation: Process and Requirements. Documents customized for those specific cases may be accessed from PHAB's website.

## II. BACKGROUND

PHAB is dedicated to advancing public health department performance. With support from the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation (RWJF), PHAB has worked with leading experts from the public health field to develop and continually improve the national accreditation program. The program's goal is to help public health departments assess their current capacity and guide them to continuously improve the quality of their services, thus promoting a healthier population.

Incorporated in May 2007, PHAB works closely with several national organizations that represent the wide variety of public health departments and structures across the country. These partners include: the American Public Health Association (APHA), the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), the National Association of Local Boards of Health (NALBOH), the National Indian Health Board (NIHB), the National Network of Public Health Institutes (NNPHI), the Public Health Foundation (PHF), and the de Beaumont Foundation

These partner organizations share the common objective of assuring that health departments meet a set of standards and measures to continuously improve their performance. National partner organizations provide technical assistance to health departments to meet the needs and requests of their constituents.

### III. STANDARDS AND MEASURES

The PHAB initial accreditation Standards and Measures define expectations for all public health departments that seek initial accreditation. Accreditation demonstrates the capacity of the public health department to deliver the three Core Functions of public health and the ten Essential Public Health Services, as represented in the graphic. The three Core Functions and the ten Essential Public Health Services describe the functions and responsibilities that all health departments should provide and the capacities that all health departments should have. The Essential Public Health Services provide a fundamental framework for describing public health activities. PHAB standards grew from, and are organized by, the framework of the ten Essential Public Health Services. Standards and Measures for Initial Accreditation can be found on PHAB's website.

As the Essential Public Health Services framework is updated to address contemporary public health, PHAB will update its guiding framework accordingly. At that time, specific identification of the foundational capabilities will also be included. Accreditation applicants can find updated information on these updates and revisions on PHAB's website.

The PHAB Standards and Measures were developed with input from public health practitioners who had wide-ranging public health expertise, including: a Standards Development Workgroup made up of representatives of state and local health departments; a Tribal Standards Workgroup made up of representatives of Tribal, state, and local health departments; various PHAB Think Tanks of experts to address specific topics; and expert panels on such issues as governance and community health assessments. The first set of PHAB Standards and Measures were tested through a desk-review alpha test, vetting, and an evaluated beta test.

The PHAB Standards and Measures have been revised since the original Version 1.0 and will be revised in the future as the public health field advances. All revisions of the Standards and Measures are made with input from public health practitioners and experts in topic areas and all proposed revisions are vetted in the field before they are presented to the PHAB Board of Directors for adoption. PHAB continues to rely on public health practitioners and topic area experts to inform revisions to the standards and measures.

Principles used in the development, revision, and adoption of the Standards and Measures are to:

- Advance the collective public health practice;
- Describe a moderate level of capacity - not minimum and not maximum standards;

- Be clear, avoid redundancy, and minimize burden;
- Build quality improvement;
- Apply to all sizes of health departments and all forms of governance structure;
- Establish the same standards for Tribal, state, local, and Army Installation departments of public health;
- Be reflective of current and emerging public health issues and opportunities; and
- Promote effective internal and external collaborative partnerships.

## IV. ELIGIBILITY FOR ACCREDITATION

The entity that has the primary statutory or legal responsibility for public health in a Tribe, state, territory, at the local level, or at an Army Installation is eligible to apply for accreditation. To be eligible, such entities must operate in a manner consistent with applicable federal, Tribal, state, territorial, and local statutes or Army regulations. PHAB will determine the applicant's eligibility to apply for public health department accreditation. A health department must meet one of the definitions below to apply for PHAB accreditation.

### **1. State Health Department**

A state health department is defined, for purposes of PHAB accreditation, as the entity with primary statutory authority to promote and protect the public's health and prevent disease in humans in the state. This authority is defined by state constitution, statutes or regulations, or established by Executive Order.

State health departments may apply for accreditation if they are part of an umbrella organization, super public health agency, or super agency that oversees public health functions as well as other governmental functions. However, PHAB will review and accredit only the public health function of the organization.

A state with no local health departments may provide local public health services or programs directly to the population or through local units (sometimes called, for example, regions, district offices, or divisions). PHAB will not accredit these local units because (1) the local units do not meet the definition of a local health department, and (2) PHAB does not accredit services or programs. A state health department in a state with no local health departments may apply for state accreditation. These state health department should contact PHAB for guidance concerning special considerations for the selection of documentation to demonstrate conformity with the Standards and Measures.

### **Centralized States**

A centralized state health department is defined, for the purposes of PHAB accreditation, as a state public health organizational structure that operates all or most of the local health departments in that state. Centralized health departments have a central office that provides administrative, policy, and managerial direction and support. Local health departments in centralized states are legally and organizationally a part of the state health department. Employees are state employees, except for those in independent local public health departments, usually in one or more major city or county in the state.

Categories of centralized state PHAB accreditation applications are:

**1. State health department application only.**

A state health department may apply for accreditation. Accreditation is awarded to the state health department.

**2. Local health department application only.**

A single local health department may apply for accreditation. It must have approval of the state health officer or designee. Accreditation is awarded to the local health department.

**3. District or regional application as a local health department.**

Where state law (statutes, regulations, rules, executive orders, ordinances, case law, and codes) defines a district or region with multiple counties, working together to deliver services and perform functions, the district or region will be treated as one health department. Accreditation is awarded to the district or region as a whole. A district, regional, or other area entities must have approval of the state health officer or designee.

## **2. Local Health Department**

A local health department is defined, for the purposes of PHAB accreditation, as the governmental body that is authorized to serve a jurisdiction or group of jurisdictions geographically smaller than a state and recognized as having the primary legal authority to promote and protect the public's health and prevent disease in humans. This authority is defined by the state's constitution, statute, or regulations or established by local ordinance or through formal local cooperative agreement, contract, or mutual aid agreement. The entity may be a local health department, local entity of a centralized state health department, city, city-county, county, district, or regional health department.

## **3. Tribal Health Department**

A Tribal health department is defined, for the purposes of PHAB accreditation, as a federally recognized Tribal government<sup>1</sup>. Tribal organization or inter-Tribal consortium, as defined in the Indian Self-Determination and Education Assistance Act, as amended. Such departments have jurisdictional authority to provide public health services, as evidenced by constitution, resolution, ordinance, executive order or other legal means, intended to promote and protect the Tribe's overall health, wellness and safety; prevent disease; and respond to issues and events.

Federally recognized Tribal governments may carry out the above public health functions in a cooperative manner through formal agreement, formal partnership, or formal collaboration.

<sup>1</sup>*As evidenced by inclusion on the list of recognized Tribes mandated under 25 U.S.C. § 479a-1. Publication of List of Recognized Tribes.*

## **4. Territorial Health Department**

Territorial health department is defined, for the purposes of PHAB accreditation, as the entity with primary responsibility for public health in these territorial areas; this may be referred to as the ministry of health or health department. For purposes of PHAB accreditation, "territorial" refers to U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and other U.S. affiliates in the Pacific ( the Republic of Palau, Federated States of Micronesia, Marshall Islands, Mariana Islands, and American Samoa).

## **5. Army Installation Department of Public Health**

Army Installation Department of Public Health is defined, for the purposes of PHAB accreditation, as the entity that is responsible for local army installation public health services. Although most of these

entities will be using the Army Installation Department of Public Health nomenclature, the actual name may vary for some locations due to local considerations and scope of services; e.g., multiple installations may be included in the department name of the installation may actually be a joint base and the department named as such. Activities related to Army field public health services in an operational (deployed) environment are excluded for the purposes of public health department accreditation. Further, the activities of Veterinary Services, which is part of the Army Public Health Enterprise, are not reviewed in PHAB accreditation, although an installation Veterinary Services department may partner with Army Installation Departments of Public Health. For purposes of this Guide, the term “health department” will include Army Installation Departments of Public Health.

## **6. International Accreditation**

PHAB offers accreditation and related services to the international public health community, using its existing accreditation review process and the standards and measures that are in place at the time of the international inquiry. PHAB will provide initial consultation services to ascertain whether the standards and measures and review process are applicable to the international setting. All work would be performed consistent with PHAB’s underlying principles regarding the accreditation process and the standards and measures. PHAB expects to primarily do this work with countries that are open to US travel under applicable State Department guidance at any given time.

Those consultation services will include:

- Training on the PHAB accreditation process and requirements
- Development of a self-assessment tool for the inquiring international entity
- Analyses of the self-assessment tool
- Additional training and potential adjustment of the accreditation measures as may be indicated by the self-assessment tool
- Potential visit to the country for acquiring additional information
- Report to the inquiring international entity on the feasibility of applying for accreditation under the PHAB standards and measures.
- Potential for other consultation services related to performance and quality improvement in public health if accreditation is not a feasible option.

A cost package will be developed for each individual inquiring international entity but will include staff time, materials, travel expenses, and workshop expenses. Accreditation fees will be calculated separately.

## **V. ACCREDITATION PROCESS**

The PHAB initial accreditation process consists of seven stages: (1) Preparation, (2) Registration and Application, (3) Documentation Selection and Submission, (4) Site Visit, (5) Accreditation Decision, (6) Annual Reports, and (7) Reaccreditation. Each of these stages include steps that have time limits. A health department may petition PHAB for an extension of a time limit for extenuating purposes. (See Section V, 6, a, for the policy and procedure for petitioning PHAB for an extension of any time frame. See Appendix 5 of this Guide for the standard timeframes and maximum extension times.)

### **1. Preparation**

A health department’s thorough preparation is critical to their success with the accreditation process. Health departments that are not well prepared with department plans in place and much of the documentation identified before they apply, y struggle throughout the process.

Health departments should also avail themselves of all resources offered on PHAB’s website. The website provides documents and guidance concerning, for example, guidance on PHAB’s scope of authority to assess certain activities, tips on selecting and preparing documentation, and technical requirements.

### ***a. Accreditation Coordinator***

Health departments pursuing PHAB accreditation are required to appoint one person as an Accreditation Coordinator. The Accreditation Coordinator is responsible for coordinating the accreditation process within the health department and is the single communication contact between the health department and PHAB throughout the entire accreditation process.

The Accreditation Coordinator role is critical to the health department’s success in seeking accreditation and, therefore, selection of the right individual is essential. The Accreditation Coordinator cannot be the health department director; the responsibilities of these positions are too significant to be handled adequately by one person. (See PHAB’s website for a Tip Sheet on selecting an Accreditation Coordinator and the “Accreditation Coordinators Handbook.”)

### ***b. Standards and Measures Review and Preparation***

In preparation for accreditation, health departments should conduct a self-assessment using the PHAB Standards and Measures. This will enable them to identify, for example, policies and procedures that need to be developed, documents that are out of date, and program examples that are incomplete.

Importantly, health departments must have in place a current (dated within the previous five years) and adopted community health assessment, community health improvement plan, and department strategic plan when they apply for accreditation. These three documents provide long-term guidance and direction to the health department and they are critical to the health department meeting all of the Standards and Measures. Health departments should refer to PHAB’s Standards and Measures to ensure that the processes for the development of the documents and the documents are in conformity with the PHAB requirements. PHAB strongly encourages health departments to access technical assistance for the development of these plans (see Section X of this Guide).

In addition, it is strongly recommended that the health department have several other plans and systems complete or well under development when they apply for accreditation. Before applying for accreditation, a health department should have in place or have substantially developed and be near completion of the following plans: workforce development plan, public health emergency operations plan, and a quality improvement plan. Additionally, the health department should have a performance management system in place and have in place or be near completion of an organizational branding strategy. The development of these items requires significant time and effort. **If a health department waits until they are in the middle of the accreditation process to develop them, the health department will not have sufficient time for their completion and will not be in conformity with the requirements of the Standards and Measures.**

### ***c. Accreditation Readiness Checklists***

The *Accreditation Readiness Checklists* are tools provided by PHAB to help health departments determine if they are ready to move forward in the public health department accreditation process. They may be accessed from PHAB’s website. Checklists address initial preparation, plans and processes that should be in place, needed infrastructure of the health department, and the

preparation process. Health departments' use of the checklists is optional and health departments do not submit completed Readiness Checklists to PHAB.

One of the items in the checklists is the completion of an initial "self-assessment" or review of the standards, measures, and required documentation to determine the health department's areas of strength and opportunities for improvement. PHAB strongly recommends that health departments preparing for accreditation complete a "self-assessment" to determine if they have the required documents in place. This should be completed well before the health department initiates the accreditation process by registering on e-PHAB, PHAB's electronic information system.

PHAB recommends that health departments avail themselves of consultation and technical assistance as they prepare plans and other documentation as indicated through the results of their self-assessment. See Section X, Technical Assistance, of this Guide for more information.

#### ***d. Online Orientation***

A PHAB Online Orientation is available to anyone with an interest in public health department accreditation. This Orientation is a free, web-based course that can be accessed from PHAB's website. Click on the 'Bridge' button at the top of the page or go to 'Online Orientation' under the Education Center Tab. There is a user guide to help health departments get started in Bridge. It can be accessed from the Online Orientation page. Health departments can also access the orientation from the registration page for Bridge - [https://self-registration.bridgeapp.com/sign\\_up/phab](https://self-registration.bridgeapp.com/sign_up/phab). The orientation is located in the learning library tab of your Bridge account. Health departments may print a certificate of completion, if desired.

Health departments that are planning to apply for accreditation are encouraged to have several staff members view the PHAB Online Orientation, especially those in leadership positions and members of the governing entity. The health department will need to have an internal accreditation team to work through the accreditation process; it is recommended that all members of the health department's accreditation team view the PHAB Online Orientation.

It is mandatory that the health department director and the staff person who is designated as the health department's Accreditation Coordinator complete the Online Orientation before the health department may register on e-PHAB.

## **2. Registration and Application**

### ***a. Health Department Registration on e-PHAB***

The first step in the formal accreditation process is the health department's registration on e-PHAB. e-PHAB is PHAB's electronic information system. The entire accreditation process will take place online, in e-PHAB.

Registration on e-PHAB identifies the health department as a potential applicant for public health department accreditation. It is non-binding and does not commit a health department to submit an application.

Once the registration process is begun, the registration must be completed and submitted within 90 days. If the registration page is open but not completed in 90 days, the account will expire, and the health department will need to create an account again in order to register the health department on e-PHAB.

The registration is an online form that collects contact and other basic information about the health department. On the registration form, the health department will submit the name of the person designated as the health department's Accreditation Coordinator. The Accreditation Coordinator will be the primary point of contact for PHAB throughout the accreditation process. It is the responsibility of the health department to update e-PHAB promptly if any of the contact information changes. This will enable the health department to continue to receive information from PHAB through e-PHAB.

A final component of the registration is a required digital signature of the health department director to certify that they are the Health Department Director and are authorized to submit the Registration to PHAB.

When the registration is submitted, PHAB staff will review it and, if complete and the entity meets the definition of an eligible health department, will notify the health department that the registration has been received and the health department may proceed with the submission of an application for accreditation.

### ***b. Application***

The application is formal notification to PHAB of a health department's official commitment to initiate the public health department accreditation process. The application is an agreement that the applicant will abide by the current and future rules of PHAB's accreditation process to achieve and maintain accreditation status for the five-year accreditation period. The accreditation process formally begins once a health department submits a completed application form.

The application must be completed and submitted to PHAB within six months of receipt of access to the online application. If the health department does not submit the application within six months, the account will expire and the health department must register again in order to pursue public health department accreditation.

### ***c. Application Form***

Information obtained on the application provides PHAB with the knowledge needed to proceed with the accreditation process. (See the PHAB website for a tip sheet concerning e-PHAB application information.)

Application Requirements: The application includes formal verification of eligibility for accreditation, whereby applicants demonstrate that they are governmental public health department. The health department will be required to upload the department's organizational chart and a letter of support from the appointing authority of the health department director. (See PHAB Acronyms & Glossary of Terms for the definition of "appointing authority.")

The application also includes a statement, signed by the health department director, listing principles by which the health department will abide, including an agreement to follow the guidelines of the PHAB accreditation program and a declaration of the accuracy of all information submitted. The applicant signatures will confirm their understanding of the application and the notices contained within.

This statement includes the health department director's assurance that the health department has an adopted, current (dated within the previous five years) community health assessment, community health improvement plan, and department strategic plan. This statement also includes

the health department director's assurance that the health department has in place or has substantially completed an emergency operations plan, a workforce development plan, and a quality improvement plan. Additionally, the health department director will provide assurance that the health department has a performance management system in place and has in place or is near completion of an organizational branding strategy.

The health department director must also commit to being available to attend any or all sessions of the site visit.

The application also contains a privacy notice assuring confidentiality of the health department's information and process and stating what PHAB will or will not do with the information provided in the application and throughout the accreditation process.

#### ***d. Application Review and Approval***

PHAB staff will review submitted applications and required attachments to determine that the application is complete and that the required materials have been uploaded. PHAB will respond to the applicant, indicating whether the application has been accepted as complete. If the application is not accepted, the applicant will be told what additional or different information is required to complete the application. Upon acceptance of the application by PHAB, PHAB will send the health department an invoice for the accreditation fee. Payment of invoices is due to PHAB within thirty days of receipt of the invoice. The fees are required to be paid by the health department, regardless of the accreditation decision.

PHAB's Accreditation Fee Schedule is published on PHAB's website.

#### ***e. Accreditation Training***

Accreditation Coordinators are required to participate in applicant training before the health department will be permitted to begin to upload documentation of conformity with the PHAB Standards and Measures. PHAB will not provide individualized training.

The required Accreditation Coordinator training will **not** teach applicants **how** to comply with specific standards or measures. For example, the training will not provide guidance on how to develop a performance management system or how to write a strategic plan. That type of technical assistance is provided by PHAB's partner organizations and other consultants and consulting organizations. (See Section X, Technical Assistance of this Guide.)

Fees associated with training are described in the fee information on PHAB's website. If the training is in-person, the health department may send one additional person to the training. This person might be the individual who would serve as an alternate to the Accreditation Coordinator or it might be the health department director. A fee, aside from any health department fee, will be charged to cover the costs of training a health department's second representative, should the health department elect to send one.

### **3. Documentation Selection and Submission**

The process of identifying and uploading documents that demonstrate the health department's conformity with the PHAB Standards and Measures is the most important component of this accreditation process. The documentation submitted by the health department to PHAB is what the Site Visit Team will review and use as the basis to assess the health department's conformity with the Standards and Measures and to develop the Site Visit Report. The Site Visit Report is the single basis for the accreditation decision.

## ***a. Process***

After the health department Accreditation Coordinator has completed the required training and completed the evaluation of the training, PHAB will provide the applicant health department access to the *Doc. Submission* tab within e-PHAB where they can upload documentation for each measure. If the training evaluation is not completed by the Accreditation Coordinator within two weeks from the end of the training, the *Doc. Submission* tab will be opened.

Every health department will be assigned a PHAB Accreditation Specialist who will be available to provide technical assistance concerning the accreditation process and the interpretation and intent of the Standards and Measures. By the end of the training, the health department will be notified on e-PHAB which PHAB Accreditation Specialist has been assigned to their health department.

Timeframe: Health departments must upload and submit their documentation to PHAB within 12 months of the date of gaining access to the *Doc. Submission* tab. If a health department does not submit its documentation within 12 months, the application becomes void and the applicant must begin the process again with registration in e-PHAB.

Completeness Review: Once the applicant submits its documentation, PHAB will conduct a completeness review of the documentation for every measure. This is a PHAB preliminary review of the readiness of the documentation to be assessed by Site Visitors and is a service to the health department. It helps health departments ensure that the Site Visitors will be able to easily identify evidence that the health department is in conformity with the requirements. Documents that, for example, are not dated, do not provide evidence that they are authentic to the health department, open sideways, or are examples of activities that are outside of PHAB's scope of authority to assess will not be accepted. Uploads that do not include the required cover sheet, provide direction to the site visit team regarding where the required elements are located, or are uploaded in an unaccepted file format will also be reopened. PHAB will reopen measures for the health department to upload additional documentation if more or different documentation is required based on the completeness review. The health department will have 30 calendar days to respond to the completeness review by uploading different documents. If an upload is being replaced, the original upload should be deleted and the revised example uploaded in order for the site visit team to clearly identify which examples are submitted for review. If the health department does not respond within the 30 calendar days, the process will proceed with the originally submitted documentation.

PHAB's completeness review does not include the review of the documentation for conformity with the Standards and Measures. The Site Visit Team will make the determination as to whether any given measure is demonstrated, based on the submitted documentation and the site visit.

It is the responsibility of the health department to ensure that complete documentation is submitted, that documentation is submitted using acceptable file formats, that documents open right-side up, that documents are in final form (i.e. not draft), that examples are within the scope of PHAB's accreditation authority to assess, and that documents are dated and provide evidence that they are authentic to the health department. The health department will be asked to resubmit documentation that does not conform to these requirements. It is this attention to detail that will assist health department to be successful in seeking accreditation.

If many measures are reopened through the Completeness Review, the health department will be required to do additional work that would not have been necessary if the health department ensured that their documentation was ready for review. If a large number of measures are reopened, the health department may want to reassess their readiness to proceed with the accreditation process (see Chapter V, Section 6b, Approved Archive).

Any document that a health department uploads into e-PHAB in response to the Completeness Review must be dated on or before the health department's original documentation submission date. That is, documentation created after the original submission date will not be accepted by PHAB.

## ***b. Content***

### Standards and Measures

The PHAB Standards and Measures sets forth what Required Documentation is needed to demonstrate conformity with each measure. The Standards and Measures document must be consulted as health departments work to select the best evidence to serve as documentation. The Standards and Measures includes a "Purpose" statement for each standard and measure, a "Significance" statement for each measure, that speak to the intent of the requirement. The Standards and Measures also includes narrative guidance specific to each piece of Required Documentation that includes all required elements that "must" be included in order to fully demonstrate the requirement. The Standards and Measures also specifies how many examples are required and within what timeframe the examples must be dated. The health department must pay close attention to the Standards and Measures when selecting their most appropriate documentation to demonstrate conformity with a measure.

### Additional Documentation Guidance

Documentation should be selected that best demonstrates conformity with the requirements of the measure. Selected documentation should also represent and portray the health department and how it performs its functions. Selected policies, procedures, and plans must be current and use in the health department.

More than one document may be needed to demonstrate conformity with any particular Required Documentation. That is, the health department may combine multiple documents for one Required Documentation example.

Any document may be used more than one time, for multiple measures. The section of the document that relates to the particular measure should be noted on the coversheet and highlighted for the Site Visitors.

The health department should not upload more documentation than is required to demonstrate conformity with the measure. That is, if two examples are required, the health department should not upload more than two examples unless requested by PHAB or the Site Visitors. Uploading more examples than required can cause confusion on the part of the Site Visitors as they review the documentation and look for the appropriate number of examples.

Site Visitors should be able to easily locate the specific part or section of an uploaded document that addresses the requirements in each Required Documentation. They should be able to readily ascertain the relevance of the health department's selected documentation to the requirements of the measure.

All written documentation must be in PDF format. Technical guidance concerning how to convert documents to a PDF can be accessed on PHAB’s website (Tip sheet and archived webinar). Additionally, for each example submitted as documentation, a cover sheet must be completed and submitted with the documentation. The cover sheet templates may be accessed from PHAB’s website. The use of the cover sheets ensures that each required element in the measure requirements is referenced with a PDF page number of the documentation. Throughout the templates, specific words and phrases are underlined. These words and phrases are requirements that have been frequently missed by health departments. These underlines are intended to direct the reader to the element, but do not indicate that the word or phrase is more important than any other element of the requirement. Some measures include a “NOTE.” These notes are from PHAB’s Accreditation Specialists and are intended to help with the interpretation of the requirement.

The cover sheets 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 coversheet and documentation that addresses all elements of the Required Documentation.

#### **4. Site Visit**

After the health department has submitted its documentation for all measures, PHAB has concluded the completeness review, and the health department has responded to the completeness review, the review of the documentation by a team of PHAB trained Site Visitors begins. The purpose of the Site Visitors’ review of the documentation is to assess the documentation against the PHAB Standards and Measures and to develop a Site Visit Report. The review of the documentation is conducted in two phases of the site visit: a Pre-site Visit Review and an on-site visit to the health department.

The purpose of the Pre-site Visit Review is to review the documentation and ask the health department questions or request additional documentation prior to the on-site visit. The purpose of the on-site site visit is to provide the Site Visitors the opportunity to acquire a more comprehensive review of the health department through the combination of interviews, meetings with key stakeholders, and visual observations of the health department. The health department has an opportunity to describe its operations, its relationship with the community, the role of its governing entity (See PHAB Acronyms & Glossary of Terms for the definition of “governing entity”) and provide other qualitative information.

#### **Health Department Site Visit Participants**

The health department director and Accreditation Coordinator must be on site and available for the entire site visit. If the health department has designated Domain team leaders (responsible for the identification and selection of documentation for a particular Domain), they should be available for any Domain specific interviews. The health department determines which department staff participates in each session during the site visit. The health department must invite community partners and governance representatives to meet with the Site Visitors for specific site visit sessions. The health department may invite others to attend the site visit, at their discretion.

##### ***a. Site Visit Team***

Documentation review and site visits are conducted by a team of reviewers, trained and selected by PHAB. PHAB employs a peer review model. The number of Site Visitors on a team is determined by the size or complexity of the department or application.

## **Site Visitors**

Site Visitors are individuals with public health management experience and experience in the delivery of governmental public health services. To apply to be a PHAB Site Visitor, an individual must register on e-PHAB and submit a completed application. Eligibility guidance can be found on the Site Visitors' application form.

## **Roles and Responsibilities of a Site Visitor**

Site Visitors play a central, substantive, and critical role in the accreditation process. Site Visitors review the documentation submitted by health departments prior to the site visit; conduct interviews with the health department director, members of the governing entity, community partners, and key departmental staff during the site visit to the health department; and write the Site Visit Report.

PHAB Site Visitors are representatives of PHAB. Their responsibility is to learn about the health department through the review of documentation and through the interviews conducted during the on-site site visit. Their responsibility is then to develop a Site Visit Report that accurately describes and reflects the health department that they have reviewed. The Site Visitors do not decide or recommend the accreditation status of the health department. The Site Visit Report that the Site Visitors develop is the only basis for the accreditation status decision made by PHAB Accreditation Committee.

## **Appointment of Site Visit Team**

PHAB appoints a Site Visit Team and Team Chair for each health department. In the assignment of individuals to Site Visit Teams, PHAB may include Site Visitors experienced in similar public health departments as the department being visited, such as centralized or decentralized structures, rural or urban, state or local, if such trained Site Visitors are available. PHAB determines when Site Visit Teams should include individuals with specific experiences, such as Tribal health, environmental public health, and public health governance.

## **Conflict of Interest**

PHAB strives to ensure that a bias-free decision process is maintained. All PHAB Site Visitors must identify and disclose actual, potential, or perceived conflicts of interest. A Site Visitor will not be assigned to review any health department with which a conflict of interest exists. The goal is to prevent any negative impact that conflicts of interest may cause to the accreditation process.

Conflicts of interest may include, but are not limited to:

- Previous or current employment with the health department;
- Previous or current consultation or other business arrangement with the health department;
- Family relationship with key employees of the health department; and
- Any other relationship with the health department that would afford the Site Visitor access to information about the health department other than that which is provided through the PHAB accreditation process.

Additionally, to ensure objectivity, Site Visitors will not be from the same state as the applicant health department.

The health department also has an opportunity to review potential Site Visit Team members for conflict of interest and request that a change be made in their Team membership, based on that conflict.

No Site Visit Team member may serve as a consultant to any health department they review for a period of 12 months following the conclusion of the site visit.

### **Accreditation Specialist**

Upon final assignment of a Site Visit Team to a health department, the Team is notified of the PHAB Accreditation Specialist assigned to that health department. The Accreditation Specialist is a member of the Site Visit Team. The Accreditation Specialist will work to ensure quality assurance, consistency within and across Site Visit Reports, rater and inter-rater reliability, and clarity of information in the Site Visit Report. The Accreditation Specialist works closely with the Site Visit Team to provide technical assistance concerning the review process and the Standards and Measures. The Accreditation Specialist acts as a liaison between the Site Visitors and the health department for purposes of finalizing the site visit agenda. The Site Visit Team will seek and utilize the advice and counsel of the Accreditation Specialist.

### **Confidentiality**

Confidentiality is a critical aspect of the accreditation process. To promote open and honest participation by Site Visit Team members and by health department representatives, it is important that the confidential nature of the site visit process is respected. The Team may be reviewing, for example, personnel records, results of investigations, and minutes of staff meetings. It is imperative that confidentiality of information and observations be maintained.

Confidential information includes:

- Any and all of the health department's documentation;
- Team pre-visit, site visit, and post-visit discussions;
- Contents of the Site Visit Report;
- Opinions expressed to the team during interviews and site visit discussions;
- Documents viewed and visual observations made as part of the onsite visit; and
- Other members of the Site Visit Team.

Site Visitors are instructed to not discuss the applicant health department or any of its documentation with others not involved in the health department's PHAB accreditation process. Site Visitors are also instructed not to comment on the potential accreditation status of the applicant health department.

Health departments may share information about their health department and review at their discretion. They should not however, disclose to others who their Site Visitors were.

### **Rater and Inter-rater Reliability**

PHAB makes every effort to ensure rater and inter-rater reliability. The following is a list of some of the steps that PHAB takes to promote consistency in the way Site Visit Teams assess conformity:

- Providing specific and consistent guidance in the Standards and Measures document and through trainings on the requirements for demonstrating conformity.
- Requiring Site Visitors to assess documentation and receive feedback from PHAB during training, after the training is completed, and on a periodic, ongoing basis.
- Having each member of the Site Visit Team independently conduct an assessment of documentation submitted for one measure, once the team is assigned to a health department. Feedback from the Accreditation Specialist is provided for a team discussion and to ensure comments are being developed in a similar manner.

- Requiring the Site Visit Team to discuss and reach a consensus on the assessment of any measure that is assessed as less than Fully Demonstrated.
- Relying on the Accreditation Specialists to promote rater and inter-rater reliability through guidance and feedback to the SV team members.
- Conducting a review of all Site Visit Reports before they are finalized by one or more PHAB staff members.

In addition, quality improvement reviews may be conducted from time to time as part of PHAB's internal quality improvement process.

### ***b. Pre-site Visit Review***

#### **Documentation Review**

The Site Visit Team Chair assigns Domains to each member of the Site Visit Team for them to individually review. The Site Visit Team member reviews the documentation and assesses each measure (Not Demonstrated, Slightly Demonstrated, Largely Demonstrated, or Fully Demonstrated). The Site Visit Team conducts conference calls to review the materials, determine potential areas of non-conformity, identify missing documentation, formulate questions, and determine if any measures will be reopened for additional documentation. Any measure that is initially assessed as less than Fully Demonstrated is discussed by the entire Site Visit Team.

#### **Questions and Requests for Additional Documentation**

Prior to the on-site visit, Site Visit Teams may ask the health department questions about the documentation and may reopen measures to provide an opportunity to the health department to upload additional documentation. The health department has 30 calendar days to provide the answers to questions and upload additional documentation. The Site Visit Team reviews the answers and new documentation prior to the site visit. If the health department does not respond within the 30 calendar days, the Site Visitors proceed with the originally submitted documentation.

The purpose of the opportunity to ask questions or request additional documentation prior to the on-site visit is to provide the Site Visit Team with the information it needs to develop a Site Visit Report that accurately describes how conformity with the measures was demonstrated or details what is missing. The overall objective is for the Site Visit Report to accurately reflect the health department's demonstration of conformity with the measures, the department's strengths and challenges, and how the health department functions.

*Examples* of situations when the Site Visit Team might ask for additional documentation include:

- A majority of the documentation was selected from a limited number of department program areas. Site Visitors may request documentation from additional program areas if a cross section of programs is not represented in the documentation.
- It appears that the health department did not understand the meaning or intent of the measure and requirements.
- The activity being documented is outside of PHAB's scope of authority to assess.
- The documentation does not include evidence of the health department's accountability for a program or service.
- The documentation references other documents that are not included but which would be helpful to assessing the measure.
- The department uploaded appropriate documentation in a measure that the Site Visit Team feels would be an appropriate example elsewhere.

- The documentation includes health department confidential information (e.g., personnel records or communicable disease report names).

*Examples* of situations when the Site Visit Team might ask a health department a question include:

- The health department's documentation consists of several documents and it is not clear to the Site Visit Team how they tie together and how they address the PHAB Required Documentation.
- The description of the document does not appear to match the documentation or is an unclear description. The Site Visit Team may ask for further clarification or for a description of how the documentation meets the documentation requirements or how the documentation demonstrates conformity.
- The uploaded documentation is a large document and the Site Visit Team cannot locate the specific part of the document that addresses the PHAB Required Documentation.
- A staff name was included on the documentation, but the title/position was not indicated (when the measure requires that specific staff levels be included).
- An uncommon acronym was included in the documentation.

It is the responsibility of the health department to ensure that documentation is complete, speaks to the intent of the measure, addresses all elements required in the Standards and Measures, directs the Site Visitor to the specific parts of the document that fulfill the requirements, and is sufficiently described and explained. Therefore, the need for Site Visitors to reopen measures should be infrequent.

Any document that a health department uploads into e-PHAB in response to the Pre-site Visit Review must be dated on or before the health department's original documentation submission date. That is, documentation created after the original submission date will not be accepted by PHAB.

### ***c. Site Visit***

#### **Conducting the Site Visit**

The number of days of the site visit may depend on the size of the health department or the complexity of the documentation. Site visits usually last from one to three days.

The timing of the site visit is a mutually planned event between PHAB, the site visit team, and the health department. PHAB will make every effort to ensure that the site visit is conducted according to the planned schedule. However, there may be times when the planned site visit has to be rescheduled due to unforeseen circumstances.

During the visit, Site Visitors focus on gathering information to: (1) validate and verify the evidence presented in the documentation that was submitted to PHAB; (2) understand the context in which the documentation is implemented by the health department, (3) ask for additional documentation, at their discretion, to supplement what they received prior to the site visit;(4) and make visual observations (health department branding, for example).

Information is gathered through on-site interviews and may include verification of onsite materials, systems, policies, etc. Site Visitors will have the opportunity to meet with a range of stakeholders, including health department staff, health department governance representatives, and community partners.

During the site visit, Site Visitors may reopen measures and ask that additional documentation be uploaded into e-PHAB. Any additional documentation must be submitted by the health department through e-PHAB (no paper documents will be accepted). Any documentation submitted to PHAB in response to requests received from the Site Visit Team during the site visit must have been current and in use by the health department at the time of the health department's original documentation submission date and must be dated accordingly. The purpose of the opportunity to request additional documentation is to provide the Site Visit Team with the information they need to develop a Site Visit Report that accurately describes how conformity with the measures was demonstrated or details what is missing.

During the site visit, the Site Visit Team Chair leads the work of the Site Visit Team, act as spokesperson, and lead meetings involving Site Visit Team members. Although each Site Visitor has certain Domains assigned for review and for development of the Site Visit Report, all team members may ask questions and participate in dialogue during all of the onsite interviews.

The Site Visit Team does not make any comment regarding possible accreditation status at any time. The Site Visit Team members do not provide advice to the health department nor share information about how other health departments fulfill their public health roles and responsibilities. The role of the Site Visitors during the visit is to gather information, not provide feedback or recommendations to the health department.

### **Site Visit Scheduling**

The site visit is scheduled for a time that is practical and agreeable for all parties involved in the process. The timing of the site visit allows PHAB and members of the Site Visit Team sufficient time to conduct a thorough review of the documentation prior to the on-site visit.

It is important that the health department ensures that all staff involved in the accreditation documentation will be available throughout the site visit for interviews and meetings. This includes key staff from any other departments, agencies, or organizations providing public health services involved in agreements or contracts cited as evidence of conformity to specific standards. It also includes representatives of the health department's governing entity and community partners.

### **Site Visit Agenda**

The site visit agenda includes: an entrance conference; visual observations of the primary facility; interviews with key staff; interviews with a representative or representatives of the governing entity and of community partners; collection of additional information, if requested by the Site Visit Team, regarding conformity with the Standards and Measures; and an exit conference to summarize or highlight major identified strengths and opportunities for improvement. The agenda may be amended to coordinate Site Visit Team members' and health department staffs' needs to attend various sessions. A final site visit agenda is provided to the health department by the Accreditation Specialist prior to the site visit so that the health department can ensure that the necessary staff members and others are present.

### ***d. Site Visit Report***

The Site Visit Team develops a Site Visit Report that is submitted to PHAB through e-PHAB. The Site Visit Report has two audiences: the Accreditation Committee uses the report to make an accreditation decision and the Health Department uses the report for additional work (if required by PHAB), continuous quality improvement, and Annual Reports to PHAB.

PHAB staff provides consultation to the Site Visit Team to aid in consistent interpretation of the Standards and Measures and to assist in the development of a Site Visit Report that provides the Accreditation Committee with the information necessary to make an accreditation decision. Clarity and consistency in the Site Visit Report are important to provide the Accreditation Committee with reliable information for its accreditation decision.

The Site Visit Team provides an assessment and narrative for each measure. The narrative describes how conformity with the measure was demonstrated, and details what required element(s), if any, was missing. The Team may also describe any areas of excellence or unique promising practices and/or describe any opportunities for improvement that they identify. Opportunities for improvement identified by the team may be noted, even if the measure is Fully Demonstrated. These opportunities for improvement are not be considered in the accreditation decision. The Site Visit Team also provides narrative that summarizes the health department's performance by each standard and each domain. An overall Report summary provides the Team's assessment of (1) the health department's three greatest strengths, (2) the three most serious/challenging opportunities for improvement, and (3) the department as a functioning health department. The Site Visit Report is the Site Visit Team's final assessment of the health department's conformity with the PHAB Standards and Measures, based on the entirety of the information gathered through the review process.

The Site Visit Report is developed by consensus of the members of the Site Visit Team. No one team member makes the decision on the assessments of measures. If one member of the Site Visit Team does not believe the documentation fully demonstrates a measure, the full team discusses the evidence provided in the documentation and, during the site visit, reaches a consensus on the final assessment.

The final Site Visit Report is sent to the health department, for their information. Health departments do not have an opportunity to submit comments at this time concerning the Report, the Site Visit Team, or the Accreditation Committee. Health departments may submit comments as part of PHAB's evaluation processes.

PHAB does not make Site Visit Reports available to anyone other than the health department, PHAB staff, and the PHAB Accreditation Committee. The health department may share their Site Visit Report with others, at their discretion.

## **5. Accreditation Process Evaluation**

For PHAB's continuous quality improvement of the accreditation process and supporting guides and documents, PHAB conducts evaluation activities and may contract with an external evaluator to gather additional feedback. PHAB or its contractor may ask health departments to complete surveys or participate in interviews or focus groups. It is through evaluations that the health departments are provided opportunities to submit comments and recommendations concerning the Standards and Measures, the Site Visit Report, the Site Visit Team, the accreditation process, or any aspect of the accreditation experience. PHAB uses the findings of its evaluations to make decisions regarding all components of the accreditation process. All applicant health departments are expected to participate in PHAB's evaluation process. Findings from the evaluations that are shared publicly do not identify individuals or organizations. Nothing that a health department says in the evaluation is shared with the Accreditation Committee and comments do not affect the accreditation decision.

## **6. Accreditation Process Suspensions**

### ***a. Extensions***

Health departments may request an extension to a deadline for certain steps in the accreditation process based on legitimate and extenuating circumstances. Standard timeframes and maximum extensions that can be granted are set forth in Appendix 3.

A legitimate and extenuating circumstance is an event or circumstance that is beyond the control of the health department and that significantly compromises the health department's ability to complete a PHAB accreditation process step within the timeframes set by PHAB.

Examples of a legitimate and extenuating circumstance that would be considered by PHAB when determining if an extension will be granted include:

- (1) Damage to the health department facility, such as a flood or fire, that hinders the health department's normal operations;
- (2) A public health emergency, such as a documented outbreak or environmental disaster, that requires the health department to redirect resources in order to contain or mitigate the public health problem or hazard; or
- (3) An unanticipated change in the health department director or Accreditation Coordinator (for example, separation from the health department for any reason or a serious illness) that would create a significant disruption in the health department's accreditation process work.

Extensions may be granted for the following steps in the Accreditation Process:

- (1) Documentation Submission
- (2) Response to Completeness Review
- (3) Response to Pre-site Visit Review
- (4) Submission of an ACAR Report
- (5) Annual Report Section I
- (6) Annual Report Section II

Extensions will not be granted for the following steps in the Accreditation Process:

- (1) The health department's e-PHAB registration. The health department is required to begin its registration over if the is not submitted within 90 days of starting it.
- (2) The health department's submission of the application. The health department is deleted from the e-PHAB system and is be required to begin its registration over if the application is not completed within 6 months of PHAB's acceptance of the e-PHAB registration.

The request for an extension must be submitted to PHAB in writing (emails are acceptable) by the health department director. The request must state the reason that the extension is being requested and the proposed length of time of the requested extension. PHAB considers the request for extension and respond to the health department. An extension for any one of the steps listed above may be granted to a health department only one time.

### ***b. Approved Archive***

The Approved Archive option is provided for those health departments that are in the e-PHAB system, seeking accreditation, but realize that they are not well prepared to continue and that, if they do, they may not achieve accreditation. This option is for those health departments that wish to start over from the beginning and develop the documentation that they need to have in place to

be in conformity with the standards and measures and achieve accreditation. Health departments may request that they be archived or PHAB may require it, based on early review of the documentation.

PHAB “archives” the health department in e-PHAB. This means that the health department is deleted from the e-PHAB system. At the end of the Approved Archive time, the health department is required to start the process over, with the Registration step. The advantage to the health department is that PHAB holds the initial Accreditation Review Fee and the health department is not be required to pay the application fee a second time. Therefore, the health department may start the accreditation process over without losing the fee amount that they have already paid to PHAB. The health department is however, required to pay the Annual Accreditation Services Fee, as per the health department’s payment schedule.

Approved Archive status may be in place for no more than one year. No more than one Approved Archive will be approved for a single health department. PHAB strongly recommends to the health department that, at the end of the Approved Archive, the health department’s Accreditation Coordinator attend the applicant training, at the health department’s cost.

A health department’s Approved Archive could take place at the following three points in the process.

- a) If, while uploading documentation the health department comes to the realization that it does not have the documentation needed, it may request an Approved Archive. (The required cover sheets assist the health department to make that determination.)
- b) If, after the Completeness Review, it is evident to PHAB or the health department that they need to “start over,” they may be given an Approved Archive.
- c) If, after or during the Pre-site Visit Review, it is evident to the site visitors, PHAB, or the health department that they need to “start over,” they may be given an Approved Archive.

## VI. ACCREDITATION DECISIONS

### **1. Accreditation Committee**

The PHAB Accreditation Committee is charged with reviewing reports developed by PHAB site visitors and determining the accreditation status of health departments. The Accreditation Committee generally meets on a quarterly basis but may meet more frequently, if required by the workload.

The Accreditation Committee was deliberately and thoughtfully structured as a standing committee of the Board of Directors, acting on behalf of the Board, but operating separately from the Board. This delineation was made to ensure a definitive separation of the accreditation related decisions made by the Accreditation Committee from the handling of any appeals or complaints by the remainder of the Board members who do not serve on the Committee. The separation also ensures a more objective process with limited conflicts of interest. In keeping with this objective, no visitors (including board members) may attend the Accreditation Committee meeting when accreditation deliberations are being considered.

The Accreditation Committee determines if the health department is immediately accredited or if the health department is required to complete additional work on specific measures before they can be accredited. If the health department is required to do additional work, PHAB notifies it that it

must complete Accreditation Committee Action Requirements (ACAR). If the health department is accredited immediately, the Committee identifies specific measures on which the health department must continue to work and report through their Annual Report to PHAB.

## **2. Accreditation Committee Members**

The Accreditation Committee has no fewer than ten members. Members of the PHAB Board of Directors must comprise not less than a majority of the members. At least 50 percent of the membership must have recent Tribal, state, or local health department experience. The PHAB Board appoints the members of the Accreditation Committee.

The Committee is chaired by a member of the PHAB Board. A Vice Chair is also appointed. In the event that neither the Chair nor the Vice Chair is available to chair a meeting, a member of the Accreditation Committee who is also a member of the PHAB Board of Directors is asked to chair the meeting or affected portion of meeting.

## **3. Conflicts of Interest**

PHAB has an obligation to ensure a bias-free decision-making process. All members of the Accreditation Committee have an obligation to identify and disclose actual, potential, or perceived conflicts of interest, and avoid the impact that such conflicts of interest may create in the accreditation process.

Members of the Accreditation Committee must disclose any conflicts of interest they have with any health department being reviewed. A Committee member could still be able to serve as a member of the Committee but are required to recuse themselves from any review, discussion, deliberation, or voting related to the respective health department to which the conflict is attached. Recusal means that the member is blocked from access to the health department's Site Visit Report and they must leave the room when that health department accreditation status decision is being discussed and made.

## **4. Accreditation Decision Process**

The responsibility of the Accreditation Committee begins with the receipt of the Site Visit Report. All Site Visit Reports are available to all members of the Committee to read (unless a conflict of interest has been identified and recusal warranted).

The Accreditation Committee reviews the health department's Site Visit Report and determines accreditation status. The Accreditation Committee makes accreditation decisions based on the Site Visit Report, including the Site Visit Team's assessments of conformity with each measure, conformity comment, and answers to overall questions. The Committee's reviews are comprehensive, including thorough discussions on each Report.

If members of the Accreditation Committee have questions about the Report, the Site Visit Team Chair may be requested to speak with members of the Committee before or during the meeting. PHAB staff are available to address conformity issues or compliance with the process, policy, or rules to avoid lack of uniformity and arbitrary decisions.

PHAB does not accept testimony, letters, phone calls, or other means of communication from the public about an individual health department while their accreditation process is in progress. Accreditation of a health department is based on demonstration of conformity with established standards and measures and is an indication of their capacity to carry out the ten Essential Public

Health Services and Core Functions. National accreditation does not address local political or personnel issues.

Applicants are not permitted to attend Accreditation Committee meetings, though PHAB discloses to the health department when the Committee is reviewing the Site Visit Report. Identifying information concerning the health department, the Site Visit Report, and the Committee's deliberations is confidential and is not shared outside of PHAB.

## **5. Accreditation Status**

There are two accreditation decision categories:

- Accredited (5 years)
- Accreditation Committee Action Requirements (ACAR)

PHAB will email, through e-PHAB, a letter stating the official PHAB accreditation decision to the director of the health department with a copy to the Accreditation Coordinator (as specified in the health department's application) within two weeks of the conclusion of the Accreditation Committee meeting. No verbal feedback is provided to applicants before the official written decision letter is sent through e-PHAB to applicants.

### ***a. Accredited Health Departments***

If the health department receives a status of "accredited," the Accreditation Committee provides the health department with a list of measures that are opportunities for improvement. This will support the department's continuous quality improvement efforts. The health department is required to report on progress on the listed measures in its Annual Reports to be submitted to PHAB.

Accredited health departments receive a certificate, a plaque, and access to a PHAB website portal specifically for accredited health departments.

### ***b. Accreditation Committee Action Requirements (ACAR)***

If the Committee does not accredit the health department based on the Site Visit Report, the Committee requires further action by the health department on specific measures. The health department is notified of the measures on which additional work is required. This is called the Accreditation Committee Action Requirements (ACAR).

The health department is required to submit additional documentation for those measures included in the ACAR within 12 months of the receipt of the notification that the Accreditation Committee requires additional action. The documentation, in most cases, is documentation of new efforts that the health department has made to demonstrate the measures. The purpose of the ACAR is to provide the health department with an opportunity to engage in efforts towards performance improvement and the development of documentation of conformity with the measures' requirements.

The health department's documentation for all of the ACAR required measures must be submitted at one time. Documentation must use PHAB's ACAR forms. Submitted documents are reviewed and assessed by PHAB-trained site visitors. PHAB attempts to assign the same reviewers that reviewed the entire set of documents submitted for accreditation but may assign other PHAB-trained reviewers if the original site visitors are not available.

The Site Visitors' assessments are submitted to the Accreditation Committee for their determination of accreditation status. The range of accreditation status decisions includes:

- Accredited (5 years)
- Not Accredited

This decision is final. (Final decisions based on ACARs may be appealed in accordance with the PHAB Appeals Procedure set forth in Appendix 4 of this Guide.)

Other points in the accreditation process when the Committee may determine that a health department is Not Accredited are after the review of the health department's documentation by the Site Visit Team and include:

1. The health department determines that it will drop out of the process after the Site Visit Team has completed and submitted the Pre-site Visit Review to the health department.
2. The health department does not submit documentation that was required in an ACAR within the one-year time frame.

The Not Accredited decision in these cases cannot be appealed, because the health department chose not to complete the accreditation process.

## VII. APPEALS AND COMPLAINTS

### **1. Appeals**

A health department may appeal denial of initial accreditation status or revocation of accredited status as a result of a decision by the Accreditation Committee. Points in the accreditation process where accreditation can be denied include

- Lack of submission of ACAR documentation for all of the measures required by the Accreditation Committee within the required time frame;
- submission of ACAR required documentation that the Accreditation Committee deems to not provide sufficient evidence of conformity with the measures, based on the review and assessments of the documentation by PHAB Site Visitors;
- Revocation of accreditation status based on non-submission of the required Annual Report; or
- Revocation of accreditation status based on the review of the Annual Report by the Accreditation Committee.

Grounds for appeals may be the following:

- (a) A negative decision was arbitrary, capricious, or otherwise in disregard of PHAB's accreditation standards;
- (b) A negative decision was arrived at in disregard of PHAB's accreditation procedures; or
- (c) A negative decision was not supported by evidence in the record on which the decision of the Accreditation Committee was based.

The Appeals Procedure (see Appendix 4), adopted by the PHAB Board of Directors, describes the steps for initiating an appeal, as well as PHAB's review and decision procedures, and post appeal procedures. Fees associated with appeals are described in the fee information on PHAB's website.

## **2. Complaints**

PHAB has established policies and procedures for receiving and addressing written complaints about an accredited health department. PHAB can accept only written complaints about an accredited health department that are specific to a possible lack of conformity with PHAB's Standards and Measures under which the health department was accredited. PHAB cannot address complaints or disputes between individuals and health departments; complaints about health care services; social services; environmental health issues; professional licensing or practice; or any state, local or Tribal regulations. PHAB does not serve in the role of mediation between the health department and any party.

A written complaint against an accredited health department must follow the PHAB Complaint Procedure and must be filed using the PHAB complaint form (See Appendix 5 or the PHAB website, [www.phaboard.org](http://www.phaboard.org) for the Complaint Procedure and Form), must be specific as to the accreditation standard that is being violated, must identify the outcome sought, must include documentation that appropriate administrative processes have been exhausted and must be signed. Full disclosure of any remedies that have been or are being sought must be included.

Complaints, and their resolution, will be maintained on file in the PHAB office for the remainder of that health department's accreditation cycle, or no longer than five years. PHAB will not publicly release the complaints received nor the results of the complaint assessments.

## **VIII. ANNUAL REPORTS**

The submission of an Annual Report is required of all accredited health departments. The Annual Report is submitted to PHAB in two sections. Section I addresses the health department's continued accreditation status and Section II addresses the health department's ongoing quality improvement work. Both sections of the Annual Report are submitted to PHAB through e-PHAB on PHAB prescribed forms. Section I must be approved by PHAB before the health department may submit Section II.

The purpose of the Annual Report is to advance the quality and performance of Tribal, state, local, and territorial public health departments. This effort continues even after a health department has been accredited. PHAB must ensure that health departments remain in conformity with the Standards and Measures with which it was reviewed for accreditation. PHAB also supports health departments' work toward continuous quality improvement.

### **1. Annual Report Section I**

The focus of Section I is continued accreditation status. Section I falls under the purview of the Accreditation Committee.

Section I is due to PHAB on the last day of the quarter in which the health department received accreditation. If the Annual Report is more than three months past the original due date, the health department is referred to the Accreditation Committee for consideration of revocation of accreditation status. See Extension Policy, Appendix 5.

Section I is concerned with three topic areas:

1. Anything that has occurred that would prevent the health department's continued conformity with the Standards and Measures;
2. Whether the Accreditation Committee required that the health department address progress related to specific measures in their annual reports; and

3. Whether the health department has had any adverse finding by funding agencies.

If the health departments indicates that any of these situations has occurred, then the health department must complete the PHAB form that requires additional information. The health department must upload this form through e-PHAB.

PHAB staff will review Section I of the Annual Report. If there are no concerns about continued accreditation status, Section I will be accepted and Section II is opened for the health department to complete. If there is a question about continued accreditation status, Section I is referred to the Accreditation Committee. The Accreditation Committee may decide to take no action, and the health department is given access to Section II of the Annual Report. Alternatively, the Accreditation Committee may ask the health department for additional information. The Committee could require another site visit. The Committee may revoke accreditation.

If a health department does not submit an Annual Report or does not respond to the Committee's request for further information, the health department's accreditation status is reviewed by the Accreditation Committee for a decision concerning the health department's continued accreditation status. The Committee may revoke accreditation.

## **2. Annual Report Section II**

After PHAB has reviewed and accepted Section I, the health department gains access to Section II. Health departments have 30 calendar days to respond to Section II. The focus of Section II of the annual report is continuous quality improvement and performance management; continual engagement on key processes (e.g., CHA, CHIP); and preparations to be positioned to seek reaccreditation in a changing public health world.

With oversight from a committee of QI experts, PHAB reviews the Annual Reports and provides feedback and recommendations to the health departments. This is a part of the PHAB continuous quality improvement that is built into the accreditation process.

## **IX. REACCREDITATION**

Accreditation status is in place for five years from the date that the Accreditation Committee confers accreditation. In order to maintain accreditation status, the health department must apply for reaccreditation. Requirements and procedures for reaccreditation are published in a separate guidance document.

## **X. TECHNICAL ASSISTANCE**

Preparation for all steps in the accreditation process – from application, to documentation submission, to the site visit, to Annual Reports - are important components of the overall success of the PHAB accreditation process. Accordingly, many organizations offer training and technical assistance to health departments.

## **1. PHAB Training and Technical Assistance**

Health departments should direct all questions on the accreditation process and the PHAB Standards and Measures to PHAB. PHAB staff is available to provide technical assistance on issues involving: the accreditation process; the e-PHAB information system; required forms; meaning of terms used; interpretation of the standards, measures, and documentation guidance; and access to PHAB education services and materials. PHAB is responsible for training applicants on the accreditation process and the selection of documentation that demonstrates conformity with the Standards and Measures.

PHAB has developed detailed written guidance on the accreditation process and the standards, measures, and documentation. This guidance is updated and expanded on a regular basis. PHAB provides additional technical assistance documents and guides related to the accreditation process on the PHAB website, as they are developed.

PHAB does not provide training for individual applicants. PHAB will not provide technical assistance concerning activities in which health departments should engage to meet the Standards and Measures. Therefore, PHAB does not provide sample policies, sample procedures, or templates. PHAB will not evaluate specific pieces of evidence to determine if that information will meet the documentation requirements of a particular measure.

## **2. Other Technical Assistance**

Applicants needing technical assistance or guidance on processes, policies, or interventions that may be in conformity with the Standards and Measures and on how to develop them, should seek help from consultants and membership organizations. Health departments are free to consult such sources and are encouraged to use outside technical assistance in developing documentation.

PHAB's national partner organizations (ASTHO, de Beaumont, NACCHO, NALBOH, PHF, NNPHI, NIHB) and other sources may provide the following types of technical assistance on the development and presentation of the accreditation required documentation: Community Health Assessment, Community Health Improvement Plan, Department Strategic Plan, Emergency Management Plan, Workforce Development Plan, Quality Improvement Plan, and the performance management system. Partner organizations may also provide technical assistance concerning general advice on accreditation readiness preparation, such as timeline planning and selection of documents to address PHAB Standards and Measures.

# **XI. SUPPORTING DOCUMENTS, FORMS, AND TEMPLATES**

Supporting documents available from PHAB include:

1. PHAB Standards and Measures
2. Readiness Checklists
3. PHAB Acronyms and Glossary of Terms
4. Accreditation Coordinators' Handbook
5. Site Visitor Guide
6. Tips sheets available on PHAB's web site

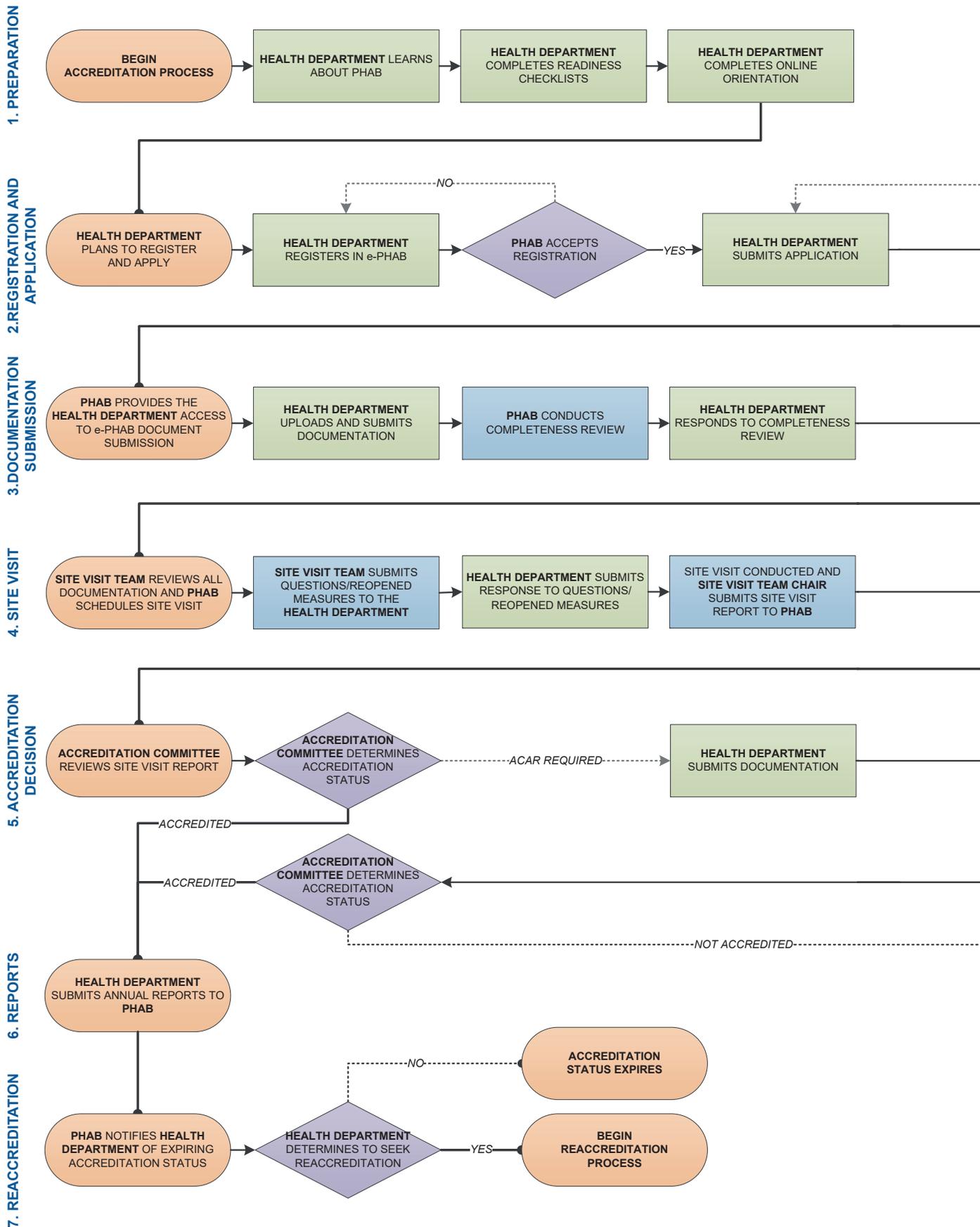
## Appendix 1

### PHAB SEVEN STEP ACCREDITATION PROCESS

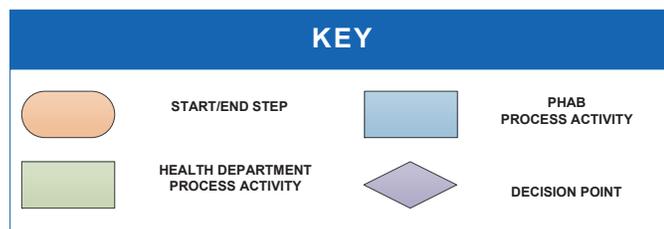
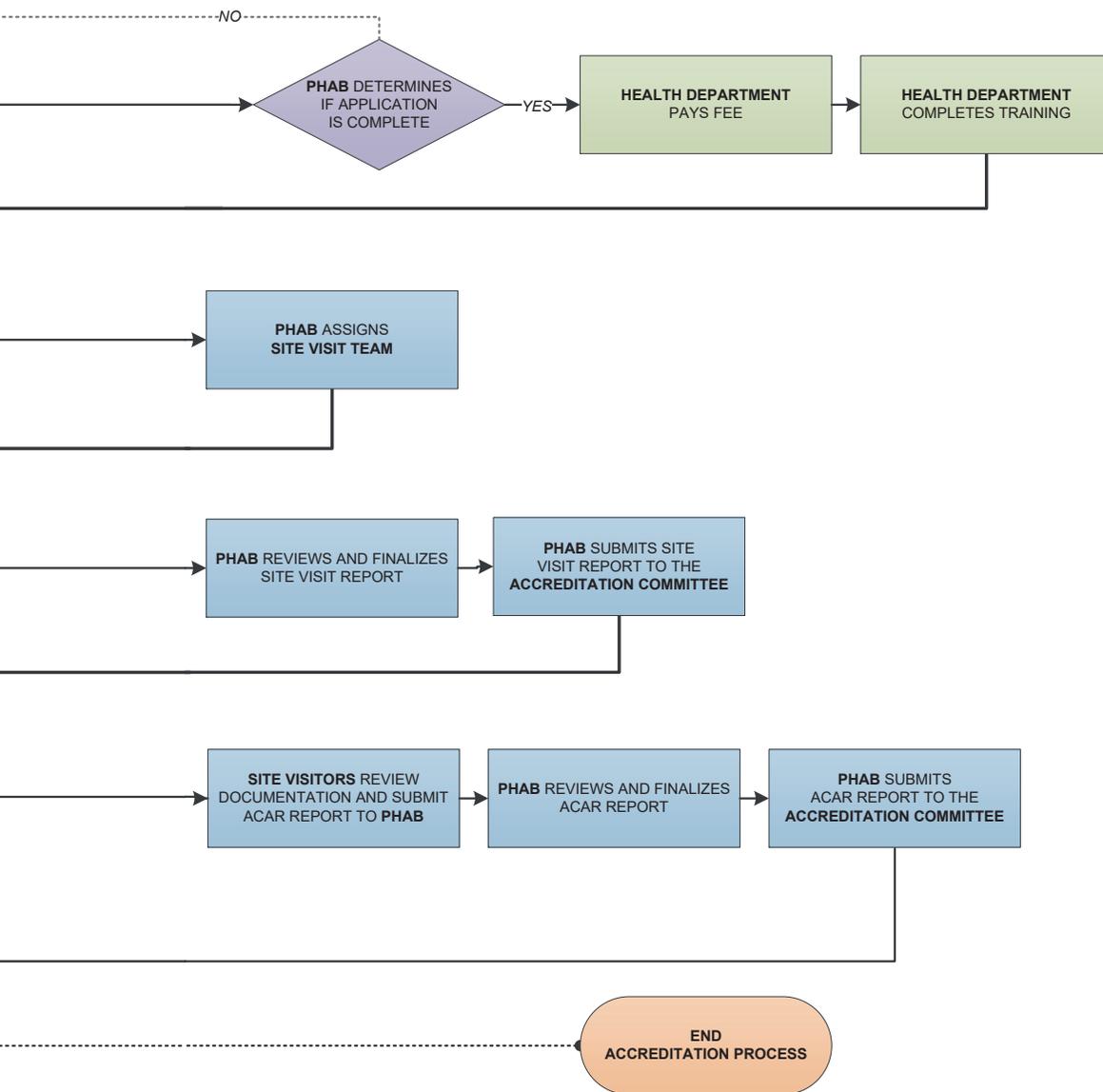
Seven Steps	Responsible Party	Activity	Time Frame
<b>1.</b> <i>Preparation</i>	Health Department (HD)	<ul style="list-style-type: none"> <li>• Learns about PHAB through PHAB website, documents, e-newsletter, etc.</li> <li>• Designates an Accreditation Coordinator (not the health department director)</li> <li>• Conducts self-assessment against PHAB standards and measures</li> <li>• Identifies strengths and weaknesses</li> <li>• Addresses weaknesses</li> <li>• If not already in place, completes and adopts CHA, CHIP, Strategic Plan, and has a performance management system in place</li> </ul>	HD determined
	HD Accreditation Coordinator	<ul style="list-style-type: none"> <li>• Completes Readiness Checklists (recommended)</li> </ul>	HD determined
	HD Director HD Accreditation Coordinator	<ul style="list-style-type: none"> <li>• Completes PHAB Online Orientation</li> </ul>	HD determined
<b>2.</b> <i>Registration and Application</i>	HD	<ul style="list-style-type: none"> <li>• Completes and submits registration in e-PHAB</li> </ul>	No more than 90 days from start of the registration
	PHAB	<ul style="list-style-type: none"> <li>• Notifies HD that e-PHAB registration is complete (or notifies the health department that a revision is required) and provides HD access to PHAB application</li> </ul>	Usually within 2 weeks
	HD Accreditation Coordinator	<ul style="list-style-type: none"> <li>• Completes and submits application</li> </ul>	No more than 6 months after receipt of access to application
	PHAB	<ul style="list-style-type: none"> <li>• Notifies HD that application is complete or notifies the health department that a revision is required</li> </ul>	Usually within 2 weeks
	PHAB	<ul style="list-style-type: none"> <li>• Invoices the HD</li> </ul>	Usually within 1 week
	HD	<ul style="list-style-type: none"> <li>• Submits fee to PHAB</li> </ul>	Payment is due within 30 days of receipt of invoice

	PHAB HD Accreditation Coordinator	<ul style="list-style-type: none"> <li>Accreditation Coordinator is invited to training</li> </ul>	Next scheduled training
	HD	<ul style="list-style-type: none"> <li>Accreditation Coordinator completes training</li> </ul>	Next scheduled training
	PHAB	<ul style="list-style-type: none"> <li>Notifies the HD of their assigned PHAB Accreditation Specialist</li> </ul>	By the end of the training
	HD	<ul style="list-style-type: none"> <li>Accreditation Coordinator completes training evaluation</li> </ul>	Within two weeks of training
<b>3.</b> <i>Documentation Selection and Submission</i>	PHAB	<ul style="list-style-type: none"> <li>Provides access to the e-PHAB module for submitting documentation</li> </ul>	No later than 2 weeks after completion of training
	HD Accreditation Coordinator	<ul style="list-style-type: none"> <li>Manages the selection and uploading of documentation</li> </ul>	
	HD	<ul style="list-style-type: none"> <li>Submits documentation to PHAB</li> </ul>	Within 12 months of receipt of access to e-PHAB module for submitting documentation
	PHAB	<ul style="list-style-type: none"> <li>Conducts Completeness Review of documentation and submits to the HD</li> </ul>	PHAB determined
	HD	<ul style="list-style-type: none"> <li>Responds to Completeness Review</li> </ul>	Within 30 calendar days of receipt
<b>4.</b> <i>Site Visit</i>	PHAB	<ul style="list-style-type: none"> <li>Selects members of Site Visit Team</li> </ul>	PHAB determined
	HD	<ul style="list-style-type: none"> <li>Reviews names of site visitors for conflicts of interest</li> </ul>	PHAB determined
	Site Visit Team	<ul style="list-style-type: none"> <li>Conducts Pre-site Visit Review and sends questions to HD and reopens measures</li> </ul>	PHAB determined
	HD	<ul style="list-style-type: none"> <li>Responds to Pre-site Visit Review</li> </ul>	Within 30 calendar days of receipt
	PHAB HD Accreditation Coordinator Site Visit Team	<ul style="list-style-type: none"> <li>Schedules Site Visit</li> </ul>	PHAB/HD/SV team determined
	Site Visit Team	<ul style="list-style-type: none"> <li>Conducts Site Visit</li> </ul>	PHAB/HD determined
	Site Visit Team	<ul style="list-style-type: none"> <li>Writes Site Visit Report</li> <li>Submits report to PHAB</li> </ul>	After conclusion of visit
	PHAB	<ul style="list-style-type: none"> <li>Reviews and edits report</li> <li>Submits report to Accreditation Committee</li> </ul>	PHAB determined

<b>5.</b> <b>Accreditation Decision</b>	Accreditation Committee	<ul style="list-style-type: none"> <li>Determines accreditation status: accredited (5 years) or Accreditation Committee Action Requirements (ACAR)</li> </ul>	Next quarterly meeting of the Committee
	HD	<ul style="list-style-type: none"> <li>If status is not “accredited,” HD continues to work on required measures and submits documentation for those measures</li> </ul>	No more than 12 months from receipt of notification of ACAR
	Site Visit Team	<ul style="list-style-type: none"> <li>Reviews and assesses ACAR documentation submitted by the HD</li> <li>Submits assessments to PHAB</li> </ul>	PHAB determined
	PHAB Accreditation Committee	<ul style="list-style-type: none"> <li>Determines Accreditation Status: Accredited (5 years) or Not Accredited</li> </ul>	Next quarterly meeting of the Committee
<b>6.</b> <b>Annual Reports</b>	HD	<ul style="list-style-type: none"> <li>Submits annual report to PHAB (Section I and Section II)</li> </ul>	Annually
<b>7.</b> <b>Reaccreditation</b>	PHAB	<ul style="list-style-type: none"> <li>Sends HD notice of expiring accreditation status</li> </ul>	A year before reaccreditation application is due
	HD	<ul style="list-style-type: none"> <li>Applies for reaccreditation</li> </ul>	By the last day of the calendar quarter in which the HD received initial accreditation



## Appendix 2 ACCREDITATION PROCESS MAP



### Appendix 3

## ACCREDITATION PROCESS DEADLINES AND MAXIMUM EXTENSIONS

PHAB Accreditation Process Step	Required Timeframe/Deadline	Maximum Extension (Additional Time Provided)
<b>Registration on e-PHAB</b>	90 days after beginning the registration process	None: the health department must begin its registration over.
<b>Application Submission</b>	6 months from acceptance of registration by PHAB	None: the health department must begin its registration over.
<b>Accreditation Coordinator Training</b>	Health department Accreditation Coordinators are scheduled to attend the next quarterly training after their fee is received by PHAB. Accreditation Coordinators will not be scheduled for training if PHAB has not received the fee.	Health departments may delay the receipt of training. A delay in training does not change the requirement or due date of the payment of an Annual Accreditation Services Fee.
<b>Documentation Submission</b>	12 months	6 months: it is recommended that if documentation submission requires more than a six-month extension, the Health Department should consider the Approved Archive option.
<b>Respond to the Completeness Review</b>	30 calendar days	30 calendar days
<b>Respond to the Pre-site Visit Review</b>	30 calendar days	30 calendar days
<b>ACAR Report</b>	12 months from notification of requirement of ACAR	6 months
<b>Annual Report Section 1</b>	Health departments have access to the Annual Report Tab in e-PHAB starting on the first day of the quarter of the year in which they were accredited. The report is due last day of the quarter of the year in which accreditation was conferred.	3 months
<b>Annual Report Section 2</b>	Due 30 days from notification of approval of Section 1	3 months

## Appendix 4

# PUBLIC HEALTH ACCREDITATION BOARD ACCREDITATION APPEALS PROCEDURE

### **Overview**

These procedures are designed to reflect the appeals process available to health departments once an accreditation decision has been made as well as the manner in which a determination is made to revoke accreditation. A health department may appeal only the following accreditation decisions: (1) denial of initial accreditation as a result of a decision by the PHAB Accreditation Committee; or (2) revocation of accredited status as a result of a decision by the PHAB Accreditation Committee. Accredited status may be revoked by the PHAB Accreditation Committee if an accredited health department fails to maintain compliance with PHAB standards. The accreditation status of the health department shall remain unchanged pending the outcome of a timely, formally filed appeal of a negative accreditation decision; however, the appeal procedures specified herein are the exclusive remedy for a health department that believes a negative decision was unwarranted. These procedures are not a formal legal process; therefore, many legal rules and practices are not observed, and the procedures are designed to operate without the assistance of attorneys. However, any party may be represented by an attorney with respect to an appeals procedure.

### **Initiating the Appeal**

When a denial or revocation of accreditation is communicated to the health department, the letter of transmittal advises the health department that this is an appealable decision and puts the health department on notice that it has thirty (30) days in which to advise PHAB in writing that it intends to exercise the right to appeal. Such notice is mailed “receipt requested” and the thirty-day timeline for responding begins on the date the letter of transmittal is received by the health department. If the health department fails to file a written notice of its intent to appeal within thirty (30) days, the negative decision becomes final and public. If the health department initiates the appeal by notifying PHAB that it will exercise its right to appeal within the prescribed thirty (30) days, there is no change in accreditation status, pending disposition of the appeal and the action is not made public.

A negative accreditation decision may be reversed or otherwise modified by the Appeals Panel, as defined below. However, the grounds for appeal are limited to the following:

- (a) the negative decision was the result of the misapplication of PHAB’s accreditation procedures or standards and such misapplication prejudiced the appealing health department; or
- (b) the negative decision was not supported by, and is contrary to, the evidence in the record on which the decision of the Accreditation Committee was based.

In submitting its notice of intent to appeal, the health department must detail the grounds upon which it bases its appeal and provide copies of relevant information and materials supporting the appeal. The health department shall provide PHAB one original and three copies of its grounds for appeal, along with the reference information upon which it intends to rely in support of the grounds for appeal. The health department may not rely on any information or documentation unless that information and documentation was submitted to PHAB as part of its initial accreditation review or revocation review, as applicable. The health department should include a specific reference to where the information or documentation was previously provided in the accreditation process or revocation review.

## **PHAB Procedures**

Upon receipt of the written notice of appeal, PHAB will notify the Chair of the Board of Directors of the notice of appeal. The Chair of the Board of Directors will then appoint three members of the Board, as well as two non-Board members, to serve as the Appeals Panel for this specific appeal. Any member of the Appeals Panel with a potential conflict of interest, as defined by the PHAB Conflict of Interest Policy, must disclose the potential conflict and, if it is determined that a conflict exists, that individual must not participate in the decision-making process. The PHAB Board of Directors may replace the vacant seat on the Appeals Panel with an individual that does not have a conflict with respect to the health department being reviewed. In the event that the appellant health department has a relationship with the Chair of the PHAB Board of Directors that might constitute a real or perceived conflict of interest, then the Vice Chair of the PHAB Board of Directors will appoint the Appeals Panel.

PHAB will send a letter to each panel member, notifying them of their appointment, and soliciting any conflict of interest information, with conflict of interest defined pursuant to the PHAB Site Visit Conflict of Interest Policy. PHAB will also arrange a telephone conference for the Appeals Panel to review the appeals process, to elect a chair of the Appeals Panel, and to set a time and date for the hearing.

PHAB will send a written notice to the appellant health department which includes:

- names and bios of the Panel members,
- an invitation for the identification of any conflicts of interest,
- the written appeals and hearing procedures,
- inquiry as to the health department's intent to be present for the hearing,
- inquiry as to the names of the health department's staff to be present at the hearing;, inquiry as to the health department's intent to be represented by legal counsel at the hearing,
- identification of fees associated with the appeals process, and
- seeking confirmation within ten (10) business days acknowledging the arrangements for the hearing.

In the event that a conflict of interest is identified by either a member of the Appeals Panel or by the appellant health department, the member of the Appeals Panel so identified will not participate in the appeal process, and a new Appeals Panel member will be selected by the Chair of the PHAB Board of Directors.

The appellant health department is responsible for paying an appeals fee that covers all reasonable PHAB costs and expenses for processing the appeal. Payment of half of the projected costs is expected at the time the hearing is set, with final payment occurring at the close of the hearing process. PHAB may consider full or partial refund of such costs if the appeal is successful.

## **Conducting the Appeal Process**

The appeals process is conducted as an administrative hearing and not as a legal proceeding. General rules of conduct are as follows:

1. The health department shall be notified of the composition of the Appeals Panel as soon as it is constituted and shall be afforded the opportunity to present objections to the selection of any member of the Panel based on conflicts of interest. The health department has the right to be represented by counsel during the appeal process.

2. The hearing shall occur no later than ninety (90) days from the Appeals Panel's final composition, after conflicts of interest have been addressed. Notification of the hearing date will be made to all parties concerned at least forty-five (45) days prior to the date of the hearing. The appellant health department shall be required to submit a detailed written statement setting forth its position on appeal, along with any relevant materials supporting its position. This statement must be provided to the Appeals Panel at least fifteen (15) business days prior to the appeal hearing. In addition, the health department may, in its notice of appeal, request that the record considered by the Accreditation Committee in reaching its decision be made available. The record shall include, but is not necessarily limited to:
  - a. Accreditation Process Manual applicable at the time the negative decision was made by the Accreditation Committee;
  - b. Guide to Standards and Measures applicable at the time the negative decision was made by the Accreditation Committee;
  - c. Relevant self-assessment documents of the health department;
  - d. Relevant accreditation reports and responses to those reports by the health department; and
  - e. Relevant written communications to and from the health department regarding the Accreditation Committee's review, including any prior decision letters as applicable.
3. Rules of conduct for the hearing will be established by the Appeals Panel Chair and shall be provided to the health department and its counsel at least fifteen (15) business days prior to the appeal hearing.
4. Opportunity to appear before the Appeals Panel will be extended to three representatives of the health department and its counsel. The health department will have sixty (60) minutes to orally present its position. Thereafter, the Appeals Panel will direct questions to and hear responses from the health department. The health department will also be permitted to make a closing statement. A written transcript will be made of the hearing.
5. All sessions in which the Appeals Panel meets to organize its work, as well as all deliberations of the Appeals Panel, will be conducted in executive session. The Appeals Panel Chair may have access to the Site Visit Team Chair, any PHAB staff, or members of the Accreditation Committee, as they may deem appropriate.
6. In reaching its decision, the Appeals Panel will consider the record before the Accreditation Committee at the time it made its decision to deny or revoke accredited status as applicable, the health department's written appeal statement, any presentation made by the health department at the hearing, and the health department's responses to questions from the Panel members. The Appeals Panel will base its decision on conditions as they existed at the time of the Accreditation Committee's decision to deny or revoke accredited status and will not consider new evidence not before the Accreditation Committee at the time of such decision. Consistent with the standard for review on appeal, the Appeals Panel considers whether: the decision was the result of the misapplication of PHAB's accreditation procedures or standards and such misapplication prejudiced the appealing health department; or the negative decision was not supported by or is contrary to substantial evidence that existed in the record at the time of the Accreditation Committee's negative decision.

7. The Appeals Panel, on a majority vote, either affirms, amends, reverses, or remands the decision being appealed. The Appeals Panel must issue a written decision including: the outcome and resolution of the appeal; a summary of relevant portions of the Accreditation Committee's decision; a summary of any relevant procedural or factual findings made by the Appeals Panel; the Appeals Panel's rulings and decisions with respect to the matters under appeal; and any final disciplinary action or sanction issued by the Appeals Panel. Copies of this written decision will be provided to all parties. If the Appeals Panel affirms the decision, the decision becomes final at that time. If the Appeals Panel amends, reverses, or remands the decision, it must provide a detailed written explanation of its recommendations for further action. PHAB will implement the Appeals Panel's decision in a manner consistent with any directive of the Appeals Panel and the accreditation procedures. Implementation includes the ability to define the length of an accreditation term and any required reporting or other conditions. The accreditation term, required reporting, and any other conditions must be consistent with the Appeals Panel's written report, as well as with the accreditation procedures.
8. The health department has the right to stop the appeals process at any point in the appeals process, by notifying PHAB in writing. In this event, appeals fees will not be refunded.

#### **PHAB Procedures Post Appeals**

1. The Chair of the Appeals Panel will send notification, including the written decision, of the Panel's decision to PHAB within twenty (20) business days of the hearing. PHAB will notify the health department of the Appeal Panel's decision within three (3) business days of its receipt.
2. If the Appeals Panel upholds denial or revocation of accreditation, the name of the health department will be removed from the list of accredited health departments and notification of the removal will appear on PHAB's website.
3. PHAB will not release the details of the appeals hearing and relevant documentation to any entity other than the appellate health department, unless legally required.

## **Appendix 5**

# **PUBLIC HEALTH ACCREDITATION BOARD COMPLAINT POLICY AND PROCEDURE**

### **Policy**

In an effort to maintain the overall credibility of the national public health accreditation process, the Public Health Accreditation Board (PHAB) uses information from various sources to monitor the sustained capacity and quality of the health departments that it accredits. Therefore, PHAB has established policies and procedures for receiving and addressing written complaints about an accredited health department. PHAB can only accept written complaints about an accredited health department that are specific to a possible lack of conformity with PHAB's standards and measures under which the health department was accredited. PHAB cannot address complaints or disputes between individuals and health departments; complaints about health care services; social services; environmental health issues; professional licensing or practice; or any state, local or Tribal regulations. PHAB does not serve in the role of mediation between the health department and any party.

### **Procedures**

When a written complaint is filed with PHAB, the following procedures will apply. A written complaint against an accredited health department must be filed on the PHAB approved complaint form, must be specific as to the accreditation standard that is being violated, must identify the outcome sought, must include documentation that appropriate administrative processes have been exhausted and must be signed. Full disclosure of any other remedies that have been or are being sought must be included. Complaints against accredited health departments may be submitted to PHAB offices at any time and are maintained on file for the remainder of that health department's accreditation cycle, or no longer than five years. The official PHAB Complaint Form is located on the PHAB website.

A filed complaint will be initially reviewed by PHAB staff. If the complaint is specific and includes documentation that administrative processes have been fully pursued, the following steps will be taken by PHAB:

1. PHAB staff will acknowledge receipt of the complaint within 10 business days and provide information about subsequent steps to be taken.
2. Copies of all materials received will be sent to the health department within 15 days of receipt of the complaint, along with a request for verification that administrative remedies have been exhausted.
3. If the accredited health department verifies that the complainant has exhausted the administrative remedies at the institution, PHAB will request that a written response to the complaint be submitted by the health department director within 30 days of receiving copies of the complaint materials from PHAB.
4. Three representatives of PHAB's Executive Committee, appointed by the Chair of the Executive Committee, will convene a special teleconference meeting within 15 days of receiving the response of the health department for purposes of reviewing a complaint, will review the materials submitted by the complainant and the responses submitted by the health department and will determine whether there is sufficient evidence to believe the health department may be in violation of PHAB's accreditation standards and measures. Their assessment will be forwarded to the President/CEO and to the Chair of the Executive Committee.

5. If the Executive Committee determines that the complaint lacks sufficient evidence to proceed with an investigation, the complainant and the health department will be notified in writing within 15 days of the Committee's decision. No further action will be taken.
6. If the Executive Committee determines that the complaint contains sufficient evidence to proceed with an investigation, one of the following actions will be taken depending on the nature and timing of the complaint.
  - If the health department has received accreditation in the last twelve months, the complaint may be forwarded to the site visitor team for review in light of the overall review of the health department.
  - If the health department is scheduled for re-accreditation within the year, the complaint may be included in the review of relevant standards and measures during that review.
  - The Chair of the Executive Committee may appoint a three-member investigative panel, which may be composed of board members and non-board members, based on the Chair's discretion and the nature of the complaint. The investigation shall begin within 30 days of the establishment of the panel. It is expected that the panel's deliberations will be handled by teleconference meetings. Both the complainant and the health department will be offered an opportunity to speak to the panel. The panel will have access to any and all information that is pertinent to the investigation.
  - In rare cases, the Executive Committee or the investigative panel's review of the complaint may lead to a site visit to the accredited health department.
7. Reports from site visitors or from the investigative panel will be provided to the Accreditation Committee at its next regularly scheduled meeting. The Accreditation Committee shall be the final decision-making body. Based on the Accreditation Committee's deliberations, or in the event a health department fails to permit an investigation on a timely basis, PHAB's decisions may include any of the following:
  - Continue the accreditation status of the health department without change;
  - Continue the accreditation status of the health department, but require reporting on the issues noted within the panel's report in the next annual report (s);
  - Place an accredited health department on probation for a period not to exceed twelve months during which time appropriate follow-up such as regular reporting or a repeat site visitor review (if done as part of the initial investigation) may be requested by the Accreditation Committee;
  - Revoke the health department's accreditation.
8. The accredited health department and the complainant will be advised of the Accreditation Committee's decision and the reasons for the decision within 30 days. No other materials related to the complaint will be provided to the complainant.
9. Complaints, and their associated investigations, will be reported to the full Board of Directors quarterly.
10. Complaints, and their resolution, will be maintained on file in the PHAB office for the remainder of that health department's accreditation cycle, or no longer than five years.
11. PHAB will not publicly release the complaints received nor the results of the complaint assessments. PHAB reserves the right to incorporate the complaint details in the quality improvement data base in order to track trends in quality issues.





*Advancing  
public health  
performance*

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