

Public Health Accreditation Board

Scope of Authority FAQ



*Advancing
public health
performance*

The Scope of Authority policy provides guidance on the activities and services that are appropriate to submit as documentation for accreditation because they are consistent with PHAB's focus on improving the health of populations.

Questions?

Contact your assigned Accreditation Specialist or reach out to Marita Chilton at mchilton@phaboard.org

Below are frequently asked questions as it relates to the updated Scope of Authority policy, revised in March 2021.

When do the changes take effect?

The changes became effective on March 23, 2021, after they were adopted by the PHAB Board of Directors.

Who does this policy apply to?

The revised Scope of Authority Policy applies to all health departments and VRHS Units. This includes those that plan to apply for accreditation or reaccreditation in the future as well as those already in process (Initial and Reaccreditation).

What does this mean for those who have already selected some of their documentation?

The revised Scope of Authority Policy broadens what is acceptable to submit as PHAB documentation. The application of the scope policy changes will depend on which step of the accreditation process each department was in at the time the changes went into effect. For example, health departments in the documentation selection and submission step of the process may now choose documentation based upon the updated policy. Health departments responding to questions and reopened measures as part of their pre-site visit review may also select and submit examples based on the updated policy. For additional guidance on how this may apply to your specific health department, please contact your assigned Accreditation Specialist. If you do not currently have an assigned Accreditation Specialist, please send questions to Marita Chilton, Director of Accreditation at mchilton@phaboard.org.

I'm collecting documentation now. Can I change out my examples to follow the new guidance?

Yes, you should apply the revised policy as you select documentation. The documentation you have collected may still be valid, but the revised policy may allow you to uncover stronger examples that would better represent the work of your department. While health departments have the option of selecting different documentation based on the updated policy, if the example previously selected meets the intent of the measure and fully demonstrates all the required elements, there is no need to change your example.

I was asked for new examples during the Pre-site Visit Review because they were considered outside PHAB's scope of authority. The previously submitted examples may now be considered in scope. What do I do?

It is possible that your department recently had a measure reopened during the pre-site visit review for new documentation based on scope-related issues. Under the revised policy, that documentation may now be acceptable. If you think this may have happened, please contact your assigned Accreditation Specialist to discuss the approach and next steps. Please keep in mind that measures may have been reopened for multiple reasons. Even if the program

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area is now in scope, it is important to ensure the documentation meets the intent of the measure and addresses all required elements.

I'm working on my ACAR (Accreditation Committee Action Requirements) or Action Plan. How does the revised scope guidance apply to my health department?

As your department gathers and/or develops documentation for the ACAR/Action Plan, the revised policy is applicable. If an example you previously uploaded to PHAB was determined outside PHAB's scope of authority and now may be an appropriate example based on the revised policy, please contact your assigned Accreditation Specialist to determine next steps for addressing that requirement in your ACAR/Action Plan.

What is the best way for me to ask my Accreditation Specialist about an example we previously submitted that I think is in scope under the revised policy?

Checking with your assigned Accreditation Specialist before resubmitting the same document is recommended because it is possible there were other documentation issues related to the example that affected its conformity with measure requirements or intent. For any document currently in e-PHAB, please use the HD-PHAB Q&A tool on the Measure Page, noting the RD section and the exact document(s) you believe are within scope and meet the requirements per the revised policy. If you have general scope questions, you can email your assigned Accreditation Specialist.

My health department recently received accreditation under the previous scope of authority policy. How will this affect us?

Congratulations on your accreditation! The revised scope policy applies to accredited health departments, too. In your Annual Report, you should use the revised policy when considering examples you choose to describe. As you prepare for Reaccreditation and begin to gather and/or develop documentation, the revised policy may allow you to engage more health department staff in the accreditation process and showcase additional examples that represent the work of your department.

Previously, PHAB did not accept any examples of clinical services, including examples that only focused on health department clients of a program. Now a health department group of clients would be seen as an acceptable population for accreditation examples, correct?

Possibly. It is still important to consider the measure requirements, context, and the public health activities being portrayed in each example when determining whether to use it as documentation for accreditation.

For example, delivery of health education about nutrition to groups of health department WIC clients would now be acceptable, but examples focused on protocols for care to an individual visiting a WIC clinic (i.e., how to accurately measure an infant's length and weight) would still be considered outside of PHAB's scope of authority due to the clinical nature of the activity. Health education is population-based, assessment of an individual's health is clinical.

If you are still unsure about how the revised scope guidance applies to clinical populations, programs, and services, please contact your assigned Accreditation Specialist. If you do not have an assigned Accreditation Specialist, please send questions to Marita Chilton, Director of Accreditation at mchilton@phaboard.org.

The clinical concepts are still a bit confusing to me. Could you clarify clinical from a population perspective versus the individual level?

The easiest way to think about the differentiation is to focus on the activities being delivered, not necessarily the setting. Let us consider examples that are fresh in everyone's minds pertaining to COVID-19 vaccination. A health

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department may engage in activities for educating the public about vaccine safety and efficacy, developing processes/procedures for registering and/or scheduling appointments for vaccines, coordinating vaccine clinics with partners, and may themselves be administering vaccines to individuals. All these activities relate to the clinical setting. However, each activity listed above except the direct administration of vaccine could be acceptable examples IF they address requirements for the specific measure for which they are being submitted.

- Education and communications efforts could occur with the general public or sub-populations, such as health department clients.
- Establishing, improving, or using data systems to register and/or schedule appointments for members of the general public and/or health department clients to receive the COVID-19 vaccine could be acceptable examples because this action is contributing to population health by improving access to vaccine.
- Administering a vaccine to an individual is still considered a one-to-one direct clinical service (impacting that individual) that remains outside PHAB's scope of authority because it falls within the overarching concept of "individual patient care" under the updated policy.

I understand that the clinical protocols for and the provision of the immunization to an individual remain outside PHAB's scope of authority, but can I use the data gathered through our health department's immunization clinic, even if the health department staff administered the vaccination?

Potentially. Again, remember to consider the measure requirements and context when selecting documentation.

The collection and analysis of data from an immunization clinic hosted by the health department could be acceptable because it is using data for a sub-population. The data could be used, for example, to analyze how frequently community members engage in recommended immunizations, it could be compared to similar data collected at a previous point in time or different geographic location, or it could relate to customer feedback that can be used to improve a system or process. Those examples of using data can impact a population, so they are within PHAB's scope of authority.

Some staff in our health department have felt left out under the previous scope policy. I see how the revised policy will allow us to use more documentation from these program areas. Does PHAB have suggestions about ways we can now encourage these staff to be involved in accreditation?

You are right. The revised policy is more inclusive of the work done across many health departments. Since you may be more familiar with the measures than other staff in your department, one approach you could consider is to identify specific measures where examples from various program areas could be used. A few examples could include, WIC or Home Health engaging in a QI project focused on increasing participation in the programs (Measure 9.2.2); public health nurses communicating research findings and implications on a standard assessment tool for providers (Measure 10.2.3); health promotion strategies from a behavioral health unit that used feedback from their clients served as representation of the target audience (Measure 3.1.2), etc. The Addendum to PHAB's revised scope policy lists several other examples that are within scope by topic area.