



*Advancing  
public health  
performance*

Public Health Accreditation Board

# National Public Health Department Accreditation

# Documentation Guidance

**VERSION 1.0**  
APPLICATION PERIOD 2011-2012  
APPROVED AUGUST 2011

# Table of Contents

<b>1.</b>	<b>Introduction</b>	<b>1</b>
<b>2.</b>	<b>Process</b>	<b>1</b>
<b>3.</b>	<b>General Documentation Policies</b>	<b>2</b>
<b>4.</b>	<b>Selection of Documentation</b>	<b>3</b>
<b>5.</b>	<b>Types of Documentation</b>	<b>4</b>
<b>6.</b>	<b>Program Representation in Documentation</b>	<b>4</b>
<b>7.</b>	<b>Reuse of Documents</b>	<b>5</b>
<b>8.</b>	<b>Multiple Documents</b>	<b>5</b>
<b>9.</b>	<b>Documentation Timeframes</b>	<b>5</b>
<b>10.</b>	<b>Signing and Dating of Documents</b>	<b>6</b>
<b>11.</b>	<b>Revising Documentation</b>	<b>6</b>
<b>12.</b>	<b>Documentation Developed by Others</b>	<b>7</b>
<b>13.</b>	<b>Confidential Documentation</b>	<b>9</b>
<b>14.</b>	<b>Visual Observation of Documentation</b>	<b>9</b>

## 1. Introduction

The PHAB **Standards and Measures Version 1.0** sets forth the standards, measures, requirements for documentation, and specific guidance for each piece of required documentation for national public health department accreditation. This **Documentation Guidance** provides general guidance for health departments to consider when selecting the specific documentation that will be submitted to PHAB for each documentation requirement contained in the PHAB **Standards and Measures Version 1.0**.

The standards and measures were developed to be applicable to all health departments: Tribal, state, local, and territorial. Health departments vary in size, organizational structure, scope of authority, resources, population served, governance, and geographic region. Therefore, health departments must design and provide public health processes, programs, and interventions to address their own unique characteristics and population. The focus of the standards, measures, and required documentation is therefore, on “what” the health department has in place and provides, irrespective of “how” it was developed or is provided. PHAB does not intend to be prescriptive about how a health department meets the PHAB standards and measures or develops documentation. Health departments can meet the measures in a variety of ways, including through contracts and partnerships with others.

## 2. Process

All documentation will be submitted by health departments to PHAB through e-PHAB, PHAB’s online information system. Documentation submitted to PHAB via mail, e-mail, fax, or other method, will not be accepted by PHAB or reviewed by site visitors.

PHAB will provide training for all Accreditation Coordinators of applicant health departments. The training will include specific instructions concerning the use of the e-PHAB system and the uploading and submitting of documentation to PHAB. This **Documentation Guidance** does not provide instructions on the use of the e-PHAB system or the uploading and submission of documentation to PHAB. This **Documentation Guidance** provides guidance concerning the selection of documentation to meet the PHAB standards and measures.

The Accreditation Coordinator’s training will also discuss the health department’s internal organization and management of documentation as they proceed with documentation selection. This **Documentation Guidance** does not address the process of documentation management and process of selection.

After the health department has submitted its documentation, PHAB staff will conduct a completeness review of the materials to determine that sufficient documentation has been submitted to proceed to the next step of the accreditation process--review by a site visit team. The completeness review will include confirmation that documents are dated and signed as required. PHAB's completeness review is a staff review and will not include the review of the documentation for conformity with the standards and measures; the review will be for only completeness of information and documentation.

PHAB site visitors will review the documentation that is submitted to determine the adequacy of it as evidence that the health department is in conformity with each measure. The site visit team will make the final determination as to whether any given measure is fully demonstrated, largely demonstrated, slightly demonstrated, or not demonstrated, based on the submitted documentation and the site visit.

### 3. General Documentation Policies

The documentation that is submitted to PHAB must comply with the documentation requirements set forth in the PHAB **Standards and Measures Version 1.0**. The health department's documentation provides evidence that the department is in conformity with the measure and, ultimately, meets the standard.

The following policies pertain to all documentation submitted to PHAB:

- a. No draft documents will be accepted for review by PHAB.
- b. All documentation must be in effect and in use at the time that they are submitted to PHAB.
- c. Documents must be submitted to PHAB electronically. Hard copies of documents must be scanned into an electronic format for submission. PHAB will not accept hard copies of any documentation, either with documentation submission or at the site visit. In order for documentation to be considered by site visitors it must be in an electronic format and included in the health department's record of documentation in the e-PHAB system.
- d. A PDF version of all documentation is preferred. If a document is not a PDF, it should be in a commonly used program such as Word, Excel, or PowerPoint. Documents created using health department specific software, special graphics, or other program not commonly used, will not be accepted.
- e. In many cases, a measure is demonstrated only once, at a central point in the health department. Examples of these types of documentation requirements include department-wide policies (such as human resource policies), procedures, and plans. In these cases the requirement is for a specific, central document, rather than for examples.

- f. Where documentation requires examples, health departments must submit two examples, unless otherwise noted in the list of required documentation or the guidance.
- g. Health departments are encouraged to provide narrative that describes how the submitted document relates to and meets the requirement. Text boxes will be provided by e-PHAB for health departments to include descriptions and explanations.
- h. Health departments must comply with e-PHAB electronic submission requirements and processes.

#### 4. Selection of Documentation

The health department should select documentation carefully to ensure that it accurately reflects the health department's performance. Site visitors will develop an overall summary 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. They will base this summary on both the review of documentation and findings during the site visit. Therefore, it is critical that the health department select the most relevant documentation to submit to PHAB.

**a. Relevant to the Domain, Standard, and Measure**

In order to ensure that the documentation provides evidence of conformity with a measure, the health department should consider the required documentation within the context of the measure, standard, and domain. For example a required piece of documentation may be "documentation of communications, meetings, and/or trainings." It is important to review the measure and standards to know what the documentation of communications, meetings, and/or trainings should demonstrate (e.g., the provision of technical assistance, collaboration on an activity, or sharing of information on a particular topic).

**b. Documentation Specific to "Required Documentation" and "Guidance" in the Standards and Measures Version 1.0**

The documentation submitted to PHAB will be reviewed by site visitors to determine if it complies with the requirements for documentation and to determine the health department's conformity with each measure. Therefore, the documentation that the health department selects for each piece of required documentation should be specific to that measure's requirement and the guidance provided.

**c. Focused Documentation**

Documentation should be limited to the most direct and applicable documentation available to meet the documentation requirement. Additional information is not necessary and will not be helpful.

## 5. Types of Documentation

Examples of types of documentation are provided in the documentation guidance in the **Standards and Measures Version 1.0**. Documentation that may be used to demonstrate conformity includes:

**a. Documentation of Policies and Processes**

These may be documented with policies, procedures, protocols, standing operating procedures, emergency response/business continuity plans, manuals, flowcharts, organization charts, logic models, or other similar documentation.

**b. Documentation for Reporting Activities, Data, and Decisions**

These may be documented with health data summaries, survey data summaries, data analyses, audit results, meeting agendas, meeting and committee minutes and packets, after-action evaluations, continuing education tracking reports, work plans, financial reports, quality improvement reports, or other documentation. When minutes from meetings are used as evidence for documentation requirements, relevant attachments that are referenced in the minutes or were discussed must be included.

**c. Documentation to Demonstrate Distribution of Information, Technical Assistance and Other Activities**

These may be documented with e-mails, memoranda, letters, dated distribution lists, phone books, health alerts, faxes, case files, logs, attendance logs, position descriptions, performance evaluations, brochures, flyers, website screen prints, news releases, newsletters, posters, contracts, or other documentation.

## 6. Program Representation in Documentation

Health departments are encouraged to utilize documentation from a variety of public health programs administered by the department. Public health program examples should be selected to demonstrate the variety of programs that are administered by the health department as well as to demonstrate the organization-wide conformity with the standards and measures.

Some measures require that both program and administrative examples are provided. Other measures require two program examples. Other measures require that one of the examples is from a particular type of program (e.g., chronic disease program).

Documentation may be selected from a range of core public health programs and activities including, for example, environmental public health, health education, health promotion, community health, chronic disease prevention and control, communicable disease, injury prevention, maternal and child health, public health emergency preparedness, access to clinical services, public health laboratory services, management /administration, and governance. While some public health departments provide mental health, substance abuse, primary care, human, and social services (including domestic violence), these activities are not considered core public health services under the ten Essential Public Health Services framework used for accreditation purposes. PHAB's scope of accreditation authority does not extend to these areas. Documentation from these program areas will not be accepted for public health department accreditation. Similarly, documentation from health care facilities and professional licensing programs and the administration of health care financing systems (e.g., Medicaid) cannot be used for public health department accreditation purposes.

## 7. Reuse of Documents

A single document may be relevant for more than one measure and may be used multiple times. Or a single page or chapter of a document used for a measure could be used for another measure. The specific section(s) of the document that addresses the measure must be identified.

## 8. Multiple Documents

Documentation submitted to demonstrate conformity to a measure does not have to be presented in a single document; pieces of several documents may be required to demonstrate conformity with one requirement. For example, a required set of policies may be contained in several policy documents. An explanation must be included that describes how the documents, taken together, demonstrate conformity with the measure.

## 9. Documentation Timeframes

Documentation submitted must be dated within the five years prior to the date of submission to PHAB, unless otherwise directed in the measure, required documentation, or guidance in the **Standards and Measures**. There are references

throughout the measures to timeframes. For the purposes of consistency, these are defined as:

- Annually - within the previous 14 months of documentation submission,
- Current - within the previous 24 months of documentation submission,
- Biennially - within each 24 month period, at least, previous to documentation submission, and
- Regular - within a pre-established schedule as determined by the health department.

## 10. Signing and Dating of Documents

Documents must be signed and dated in order for site visitors to be able to evaluate conformity with timeframes. Where the requirement is for a document to be adopted within a time frame, such as a community health assessment, it must be dated. Printed documents, such as a community health assessment or community health improvement plan do not have to be signed if they are official documents adopted by the health department (with the health department logo, which would, in effect be the same as a health department signature).

All policies and procedures must be signed and dated. Flyers and promotional materials should contain a date for purposes of knowing when they were last updated. If the health department adopted a policy or procedure that was developed by another organization, it should be signed and dated by the health department. The exception of this would be in a centralized state; a local signature in a centralized state would not be needed if the state has approved it.

## 11. Revising Documentation

Health departments are required to submit three documents with their application for public health department accreditation: community health assessment, community health improvement plan, and a health department strategic plan. When the documents are submitted with the application, PHAB staff will review them to ensure that they conform to the PHAB definitions of the documents. PHAB staff will not assess them against the standards and measures. The health department may revise and update them for the final documentation submission. Site visitors should have the most recent version to assess against the measures and required documentation. The health department can change any documentation until they hit the final "submit" button to submit the materials to PHAB.

The health department MAY NOT update or revise documentation after it has been submitted to PHAB and before the site visit. The site visit team will review the documentation that was submitted to PHAB through the documentation submission

phase of e-PHAB. If any additional information is submitted to the site visit team, that documentation must have been developed and adopted prior to the date of the health department's submission of documentation to PHAB. For example, staff trainings scheduled after the submission of documentation will not be considered as documentation. Documentation must have been in place at the time of the documentation submission to PHAB.

## 12. Documentation Developed by Others

Many health departments do not provide all public health services directly but have formal agreements, contracts, or partnerships with other organizations or agencies to provide services. The purpose of documentation review is to confirm that materials exist and are in use in the health department being reviewed regardless of who originated the material. In other words, PHAB is concerned with the “what,” not the “how.”

There are many methods for the development of the documents required in the standards. They may be developed by:

- health department staff,
- state health department staff for use by local health departments,
- community partnerships or collaborations,
- partners such as non-profits and academic institutions, or
- service providers or consultants under contract.

Health departments must submit to PHAB formal documentation of the partnership or assignment of responsibility to others (MOU, letter of agreement, contract, legislative action, executive order, ordinance, or rules/regulations). PHAB site visitors will want to see evidence of a formal working relationship in these cases.

The accountability for meeting the measures rests with the health department being reviewed for accreditation. Documentation that provides evidence of meeting the measure must be provided, even if the documentation is produced by a partner organization and not by the health department. Health departments should include an explanation with its documentation concerning why a measure is met by another organization through an agreement.

Examples include:

- a. Health departments may have formal agreements or partnerships with other organizations to provide particular functions or activities.** For example, a health department might contract with an academic institution to collect primary data (Measure 1.2.3: “Collect additional primary and secondary data on population health status.”) The health department is

accountable and responsible for ensuring the high quality, accuracy, and utility of those data, but they do not have to collect the data themselves. They must show that there is a formal mechanism for the partnership or agreement, such as a Memorandum of Understanding (MOU) or a contract. The health department must demonstrate that the measure is met, but has options in terms of how it is met.

- b. Health Departments may share functions or services with other governmental agencies.** For example, environmental public health is a function that is sometimes provided by another state or local agency. There are a number of PHAB standards and measures that include or address environmental public health. A health department's documentation should include some examples from environmental public health and may be documents that are produced by that other agency. Site visitors will want to see evidence of a working relationship in these cases.
- c. Health departments, as agencies that are a part of a larger governmental unit, may utilize the policies, procedures, or functions of that governmental unit.** For example, a health department may utilize the human resources system (Measure 11.1.4: "Maintain a human resources system.") of the government of which it is a part. In this case, the documentation for "human resource policy and procedures manual or individual policies" would be the policies and procedures of the city, county, or state government, for example.

Likewise, the health department may be part of a "Super Public Health Agency" (an agency that oversees public health, primary care, substance abuse, and mental health), a "Super Health Agency" (an agency that oversees public health, primary care, and Medicaid), or "Umbrella Agency" (an agency that oversees public health, primary care, substance abuse, mental health, Medicaid, and other human service programs). For the example of Measure 11.1.4, the health department's human resource policy and procedures manual would be the manual of the Super Public Health Agency, Super Health Agency, or Umbrella Agency, of which it is a part.

In summary, the health department does not have to have department specific policies and procedures. However, policies, procedures, and other documentation must demonstrate that they are applicable to the health department, are utilized by the department, and must meet the measure and requirements for documentation.

- d. **Local and state health departments may have agreements with each other about the responsibility for and provision of public health functions.** For example, the state may provide the epidemiology function at the state and local levels. (Measure 2.1.3: Demonstrate capacity to conduct investigations of non-infectious health problems, environmental, and/or occupational public health hazards.) If the state does not serve this function, the local health department would need to provide it some other way. And, the state and local health departments need to coordinate and support one another. Therefore, even when the state has the primary responsibility to perform a function that is specified in a measure, the local health must still provide documentation that it is being performed. The local health department cannot dismiss its accountability for meeting the measure, even if the state health department is performing the function.

### 13. Confidential Documentation

Where documentation contains confidential information, the confidential information must be covered or deleted. The health department should not submit any documentation that has personal information or identifiers. A template or form used for the collection or presentation of information can be submitted with an explanation that records will be available on site for review by the PHAB site visitors.

Dependent on the laws of each state, certain elements of a personnel record may or may not be defined as public record. The site visitors will be looking at only information that is relevant as documentation for the given measure. The site visit team will NOT examine, consider, or question any confidential or personal information that may be presented to the team. The important aspect is that the health department has the process required in place and that it is being followed or implemented. The site visit team will not review the individual results of the process.

### 14. Visual Observation of Documentation

A few measures are best demonstrated by having the site visit team personally observe the health department and its facilities. Examples are health department signage, adherence to privacy policy, and employee practices. The site visit team has the final decision on scoring and they have discretion in their observances of evidence, as long as they follow the required documentation and guidance contained in the **Standards and Measures Version 1.0.**



PUBLIC HEALTH ACCREDITATION BOARD

1600 Duke Street, Suite 440

Alexandria, VA 22314

T: 703.778.4549

F: 703.778.4556

[www.phaboard.org](http://www.phaboard.org)