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Public Health Accreditation Board

Guide for National Accreditation of

State/Territorial Vital Records/Health Statistics Units

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I. INTRODUCTION and BACKGROUND

This **Guide for National Accreditation of State/Territorial Level Vital Records/Health Statistics (VRHS) Units** describes the process for seeking and obtaining Vital Records and Health Statistics (VRHS) Unit accreditation for eligible VRHS Units through the Public Health Accreditation Board (PHAB). The **Guide for National Accreditation of State/Territorial Level Vital Records/Health Statistics (VRHS) Units** is based on the **Guide for National Public Health Department Initial Accreditation** (June 2015). If an item is not addressed in this Guide for VRHS Units, PHAB will refer to the **Guide for National Public Health Department Initial Accreditation**, which will be the official guidance for those areas. For example, the Public Health Accreditation Board Accreditation Appeals Procedure is found in Appendix 4 of the **Guide for National Public Health Department Initial Accreditation** and applies to health department initial accreditation as well as to VRHS Unit accreditation.

The process presented in this guide is based on the accreditation process steps included in health department accreditation. The process was tested during a beta test in six VRHS Units in the country. This Guide is an accompanying document to the **Standards and Measures for National Accreditation of State/Territorial Vital Records/Health Statistics (VRHS) Units**. The Standards and Measures present the requirements that the VRHS Unit must demonstrate in order to achieve PHAB accreditation.

From 2013-2017, the Public Health Accreditation Board (PHAB) and the National Association for Public Health Statistics and Information Systems (NAPHSIS) partnered to conduct an exploratory process for describing the relationship between the PHAB standards and measures and best practices in vital records and public health statistics; assessing the feasibility of developing and integrating accreditation measures for vital records and public health statistics programs into the existing public health accreditation program; and discussing the development of a work plan to identify concepts, activities, and tools that could serve to design PHAB's accreditation of VRHS Units.

NAPHSIS has a history of supporting quality improvement and accreditation. The most recent organizational decision on this topic was the adoption of a resolution in 2012 that stated "NAPHSIS endorses the long-term goal of development of a vital records and health statistics accreditation program that is generally based upon the above stated goals, benefits, development, participation, and financing principles." While there is a Model State Vital Statistics Act and there are NAPHSIS developed standards for those Units, there had been no accreditation process for these core public health functions. NAPHSIS and PHAB partnered to develop a work plan for accreditation to pair the experience of PHAB in accreditation with the content expertise of NAPHSIS to develop a strong, credible accreditation program. The development process, including both an alpha and beta test, was guided by a work group of state VRHS Unit employees and vital records/health statistics experts.

The VRHS accreditation program is related to, but different from, the overall health department accreditation program. Both are voluntary; based on principles of quality improvement and performance management; and both follow the same steps in the accreditation review process. There is no duplication in the standards and measures since the VRHS Unit accreditation standards and measures are unique to the operations of those units. It is anticipated that the health department will work with their VRHS Units as they prepare for, achieve, and maintain accreditation. It is also anticipated that their mutual efforts in quality improvement and performance management will result in stronger overall services to their jurisdictions.

Development of the VRHS Unit accreditation program has been funded by the Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support (CSTLTS) and the National Center for Health Statistics (NCHS).

II. PRINCIPLES OF VITAL RECORDS/HEALTH STATISTICS ACCREDITATION

Overarching principles to guide VRHS accreditation, as developed by the work group, involve:

- Advancement of the collective public health practice, including the legal and administrative functions of the VRHS Units;
- Safeguarding of personal identity and prevention of fraud in vital records documents;
- Performance standards that are intended to reflect reasonable and attainable goals, including some degree of “stretch”;
- Performance standards that are clear, and avoid redundancy and unnecessary documentation;
- A practical approach to accreditation documentation;
- Quality improvement throughout the standards and measures;
- Application to all types of VRHS Units, regardless of organizational or governance structure;
- Reflection of emerging VRHS issues and opportunities; and,
- Promotion of effective internal and external collaborative partnerships.

III. BENEFITS OF PUBLIC HEALTH ACCREDITATION

Accreditation provides a means for an eligible VRHS Unit of a public health department to identify performance improvement opportunities, enhance management, develop leadership, and strengthen relationships with members of the community. Engaging in the accreditation process will challenge the VRHS Unit to think about its roles and responsibilities and how it fulfills them. It will encourage and stimulate quality and performance improvement in the health department.

Documented benefits of PHAB accreditation to public health departments, based on a three-year external evaluation completed by NORC at the University of Chicago, are:

- Better identify strengths and weaknesses of the health department;
- Document capacity of the health department to deliver the core functions and ten Essential Public Health Services;
- Stimulate transparency;
- Improve management processes used by the health department;
- Stimulate quality improvement and performance management;
- Improve accountability to community, stakeholders, and policy makers;
- Improve communication with the governing entity/board of health; and
- Improve competitiveness for funding.

In addition to the above, it is anticipated that there will be some specific benefits of accreditation that will be unique to the VRHS Unit. Those have been identified as:

- Improve the visibility and image of the VRHS Unit;
- Stimulate innovation and strategically planned change;
- Ensure a level of risk management for the most sensitive work of the VRHS Unit;
- Generate increased confidence in the work of the VRHS Unit by ensuring that they have met industry standards; and
- Increase standardization and modernization of the VRHS functions nationwide.

IV. STANDARDS AND MEASURES

The standards and measures for VRHS accreditation are based on performance standards initially developed by NAPHSIS in March 2012. Some revisions and additions have been made by the work group to render the standards and measures applicable to an accreditation process. Additionally, an alpha test was conducted in 2016; a beta test was conducted in 2018; and a public vetting was conducted in 2018; and changes were made based on comments from all those processes.

There are seven topic areas under which the VRHS standards and measures are organized.

- Registration
- Security
- Issuance
- Data Collection
- Data Transmission and Reporting
- VRHS Workforce
- Administration and Management

V. ELIGIBILITY FOR ACCREDITATION AND DEFINITIONS

Eligible applicants for the voluntary accreditation include the 57 jurisdictional areas identified by the National Center for Health Statistics within the National Vital Statistics Collaborative Program (VSCP) to fulfill its legislatively mandated mission to produce national vital statistics. This includes the following jurisdictions where statewide or jurisdictional-wide vital records are collected from the 50 States, District of Columbia, New York City, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the US Virgin Islands. State and jurisdiction are synonymous within the aforementioned text above when referring to the 57 funded jurisdictions. To be eligible, such entities must operate in a manner consistent with applicable federal, state, and territorial statutes, rules, and regulations. The state or territorial health department does not have to be accredited for the VRHS Unit to submit an application. However, approval from the Director of the State or Territorial Health Department or from the Secretary of State (in the case of New Hampshire), is required.

Statewide system of vital statistics means the collection, registration, preservation, amendment, certification, verification, and the maintenance of the security and integrity of vital records; the collection of other reports; and activities related thereto including the tabulation, analysis, publication, and dissemination of vital statistics.

“Vital records” means reports of live birth, death, fetal death, marriage, (divorce, dissolution of marriage, or annulment) and data related thereto which have been accepted for registration and incorporated into the official records of the (Office of Vital Statistics).

“Vital statistics” means the aggregated data derived from the records and reports of live birth, death, fetal death, induced termination of pregnancy, marriage, (divorce, dissolution of marriage, or annulment) and supporting documentation and related reports.

PHAB recognizes that states will vary in how the VRHS Units are organized. The eligibility, standards and measures, and review process have been developed to apply to functions carried out by VRHS Units regardless of their organizational structure. Management of the application process in cases where the units are not combined is described under the section, Application Requirements.

VI. ACCREDITATION PROCESS

The VRHS 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. These are the same as the steps in the health department accreditation also administered by PHAB.

This entire accreditation process is housed in an online system, called e-PHAB.

1. Preparation

A VRHS Unit’s thorough preparation is critical to their success with the accreditation process. VRHS Units that are not well prepared with foundational plans and policies in place and much of the documentation identified before they apply, may struggle throughout the process.

a. VRHS Accreditation Coordinator

VRHS Units pursuing PHAB accreditation are required to appoint one person who is responsible for coordinating the accreditation process within the VRHS Unit and is the single communication contact between the VRHS Unit and PHAB, throughout the entire accreditation process. This person, for PHAB’s purposes, will be called the VRHS Accreditation Coordinator (VRHS-AC).

b. VRHS Standards and Measures Review and Preparation

In preparation for accreditation, VRHS Units should conduct a self-assessment using the PHAB VRHS 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 examples that are incomplete.

Required Orientation/Training

VRHS accreditation applicants will be required to complete all components of PHAB’s orientation and training for the VRHS accreditation process.

2. Registration and Application

a. VRHS Unit Registration

Registration identifies the VRHS Unit as a potential applicant for accreditation. It is non-binding and does not commit a VRHS Unit to submit an application.

The registration is an online form that collects contact and other basic information about the VRHS Unit. On the registration form, the VRHS Unit will also submit the name of the director of the Unit as well as the name of the VRHS-AC.

When the registration is submitted, PHAB staff will review it and, if complete and the entity meets the definition of an eligible VRHS Unit, will notify the applicant that the registration is complete and the VRHS Unit may proceed with the submission of an application for accreditation.

b. Application

The application is formal notification to PHAB of a VRHS Unit's official commitment to initiate the formal 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 VRHS Unit submits a completed application form.

c. Application Form

Information obtained on the application provides PHAB with the knowledge needed to proceed with the accreditation process.

Application Requirements

The application includes formal verification of eligibility for accreditation, whereby applicants demonstrate that they are the eligible VRHS Unit. The VRHS Unit will be required to upload the health department's organizational chart and a letter of support from the VRHS Unit director and from the State Health Officer/Health Department Director (except in New Hampshire, where the letter of support will be required from the Secretary of State).

If the Vital Records Unit and the Health Statistics Unit are different organizational units, then the application will be considered as a joint application by both. The application in e-PHAB contains specific information about the organizational structure and the requirements for reporting to PHAB. The VRHS Unit(s), in this case, will select one of the Directors to fill the role of VRHS Director for PHAB processing purposes.

The application also includes a statement listing principles by which the VRHS Unit will abide, including an agreement to follow the guidelines of the PHAB VRHS accreditation program and complete required training, and a declaration of the accuracy of all information submitted. The VRHS Unit director and State Health Officer (or the Secretary of State in the case of New Hampshire) must also commit to being available to attend any or all sessions of the site visit.

The application will require an electronic signature from the VRHS Unit director. The applicant signatures will confirm their understanding of the application and the notices contained within.

The application also contains a privacy notice assuring confidentiality of the VRHS Unit'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 notify the VRHS Unit of the PHAB accreditation fee and send an invoice.

A PHAB VRHS Accreditation Fee Schedule is published on PHAB's website. Invoices will be provided by PHAB to the applicant VRHS Unit for payment. Payment of invoices is due to PHAB within thirty days of receipt of the invoice. The fee will be required to be paid by the VRHS Unit, regardless of the accreditation decision.

3. Documentation Selection and Submission

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

a. Process

Completeness Review

Once the applicant submits its documentation, PHAB will conduct a completeness review of the documentation. This review is to ensure that the documentation is ready for Site Visitor review. Documents that, for example, are not dated, do not provide evidence that they are authentic to the VRHS Unit, open sideways, or are dated outside the required time frames for the measure will be flagged as needing attention. PHAB will reopen measures for the VRHS Unit to upload additional documentation if more or different documentation is required based on the completeness review. The VRHS Unit will have 30 days to respond to the completeness review. If the VRHS Unit does not respond within the 30 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 VRHS 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 VRHS 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), and that documents are dated and provide evidence that they are authentic to the VRHS Unit and/or the health department, as applicable. The VRHS Unit will be asked to resubmit documentation that does not conform to these requirements. This will require additional work for the VRHS Unit and delay the review process.

b. Content

Standards and Measures

The VRHS accreditation Standards and Measures document sets forth what documentation is required to demonstrate conformity with each measure. The Standards and Measures document must be consulted as VRHS Units work to select the best evidence to serve as documentation. The Standards and Measures includes a “Purpose” statement for each measure, and narrative guidance specific to each piece of Required Documentation. The VRHS Unit must pay close attention to the Standards and Measures document 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 VRHS Unit and how it performs its functions. Selected policies, procedures, and plans must be current and in use in the health department.

More than one document may be needed to demonstrate conformity with any particular Required Documentation. That is, the VRHS Unit may upload multiple documents for one Required Documentation.

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, bookmarked, or highlighted for the Site Visitors.

The VRHS Unit should not upload more documentation than is required to demonstrate conformity with the measure. That is, if two examples are required, the VRHS Unit should not upload more than two examples unless requested by PHAB or the Site 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.

Documentation Description

Opportunities are provided for VRHS Units to describe their documentation and how it meets the Required Documentation and demonstrates conformity with the measure. The VRHS Unit is required to provide a short description in a cover page for each document to explain why the VRHS Unit believes the documentation demonstrates conformity with the measure. The cover page should also describe the section of any larger document from which the documentation is derived. In addition, the description should direct the Site Visit Team to the exact part of the uploaded documentation that demonstrates conformity. Site Visitors should be able to readily ascertain the relevance of the selected documentation to the measure.

If more than one document is uploaded for a Required Documentation, the VRHS Unit should describe for the Site Visitors how the documents relate to one another and how they collectively provide the evidence required by the Required Documentation.

4. Site Visit

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

The purpose of the Pre-site Visit Review is to review the documentation and 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 VRHS Unit through the combination of interviews, meetings with key stakeholders, and visual observations of the VRHS Unit. The VRHS Unit will have an opportunity to describe its operations, its relationship with the community, its relationship with its stakeholders (local offices, data providers, etc.) and provide other qualitative information.

VRHS Unit Accreditation Site Visit Participants

The VRHS Unit director and the VRHS-AC must be on site and available for the entirety of the site visit. If the VRHS Unit has designated topic area team leaders (responsible for the identification and selection of documentation for a topic area), they should be available for any topic area specific interviews. The VRHS Unit will determine which department staff will participate in each session during the site visit. If there are separate Vital Records and Health Statistics Units, both directors must be available for the site visit.

a. Site Visit Team

Documentation review and site visits will be 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 will be determined by the size or complexity of the VRHS Unit or application.

Site Visitors

Site Visitors are individuals with public health management experience and experience in the delivery of governmental public health services, as well as VRHS expertise. 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 VRHS Units prior to the site visit; conduct interviews with the VRHS Unit director(s), the health department director, community partners, and key departmental staff during the site visit to the VRHS Unit; and write the Site Visit Report.

PHAB Site Visitors are representatives of PHAB. Their responsibility is to learn about the VRHS Unit 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 VRHS Unit that they have reviewed. The Site Visitors will not decide or recommend the

accreditation status of the VRHS Unit. The Site Visit Report that the Site Visitors develop is the only basis for the accreditation status decision made by the PHAB Accreditation Committee.

Expectations and duties of a Site Visitor when assigned to a VRHS Unit accreditation team include:

- Complete the PHAB Site Visitor Training requirements, including any required orientation and practice related training, special training for types of application, and refresher training;
- Conduct a Pre-site Visit Review of a VRHS Unit's documentation as a member of a Site Visit Team;
- Participate in preparing for the on-site visit to the VRHS Unit;
- Attend on-site visit to the VRHS Unit, as assigned by PHAB;
- Contribute to writing the Site Visit Report; and,
- Participate in PHAB's evaluation processes.

Appointment of Site Visit Team

PHAB will appoint a Site Visit Team and Team Chair for each VRHS Unit. In the assignment of individuals to Site Visit Teams, PHAB may include Site Visitors experienced in similar VRHS Units as the department being visited, if such trained Site Visitors are available.

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. PHAB's process involves disclosure of each conflict of interest and the management of that conflict accordingly. Typically, that means that a Site Visitor cannot review a health department with which they have had direct contact, either as an employee or as a consultant. The goal is to prevent any negative impact that conflicts of interest may cause to the accreditation process. Site Visitors will be asked to disclose any potential conflicts of interest with the applicant VRHS Unit to which they are assigned.

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 VRHS Unit or the health department that would afford the Site Visitor access to information about the VRHS Unit 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 VRHS Unit.

The VRHS Unit will also have an opportunity to review any potential Site Visit Team member 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 VRHS Unit they review for a period of 12 months following the conclusion of the site visit.

Confidentiality

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

Confidential information includes:

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

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

Rater and Inter-rater Reliability

PHAB will make every effort to ensure rater and inter-rater reliability. The following is a list of some of PHAB's activities 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.
- Requiring the Site Visit Team to discuss 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 will assign topic areas to each member of the Site Visit Team for them to individually review. The Site Visit Team member will review the documentation and assess each measure. The Site Visit Team will conduct 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. One conference call, organized and facilitated by PHAB, may be held for the Site Visit Team to receive an overview of the VRHS Unit organization and structure. Any measure that is initially assessed as less than Fully

Demonstrated will be discussed by the entire Site Visit Team and the Site Visit Team will request additional documentation as appropriate.

Requests for Additional Documentation

Site Visit Teams may provide an opportunity to the VRHS Unit to upload additional documentation. The VRHS Unit will have 30 days to upload additional documentation. The Site Visit Team will review new documentation prior to the site visit. If the VRHS Unit does not respond within the 30 days, the Site Visitors will proceed with the originally submitted documentation.

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. The overall objective is for the Site Visit Report to accurately reflect the VRHS Unit's demonstration of conformity with the measures, the department's strengths and challenges, and how the VRHS Unit functions.

It is the responsibility of the VRHS Unit 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 VRHS Unit uploads during the Pre-site Visit Review must be dated on or before the VRHS Unit'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

During the visit, Site Visitors will 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 VRHS Unit, (3) ask for additional documentation, at their discretion, to supplement what they received prior to the site visit; and (4) and make visual observations.

Information will be gathered through on-site interviews and may include verification of on-site materials, systems, policies, etc. Site Visitors will have the opportunity to meet with a range of stakeholders, including VRHS Unit staff, VRHS Unit administration, program representatives, and community/stakeholder partners.

During the site visit, Site Visitors may ask that additional documentation be uploaded. Any additional documentation must be submitted by the VRHS Unit through e-PHAB (no paper documents will be accepted). Any documentation submitted to PHAB during the site visit must have been current and in use by the VRHS Unit at the time of the VRHS Unit'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 will lead the work of the Site Visit Team, act as spokesperson, and lead meetings involving Site Visit Team members. Although each Site Visitor will have certain topic areas assigned for review and for development of the Site Visit Report, all team members may ask questions and participate in dialogue during all the onsite interviews.

The Site Visit Team will not make any comment regarding possible or recommended accreditation status at any time during the site visit or in the Site Visit Report. The Site Visit Team members will not provide advice to the VRHS Unit nor share information about how other VRHS Units 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 VRHS Unit.

Site Visit Scheduling

The dates of the site visit will be scheduled for a time that is practical and agreeable for all parties involved in the process. The timing of the site visit will allow PHAB and members of the Site Visit Team sufficient time to conduct a thorough review of the documentation prior to the on-site visit. PHAB anticipates that most site visits will require one and one-half days to complete the work.

It is important that the VRHS Unit ensure that all staff involved in the accreditation documentation will be available throughout the site visit for interviews and meetings. This will include key staff from any other departments or agencies providing VRHS services and involved in agreements or contracts cited as evidence of conformity to specific standards. It also includes representatives of the health department's administration and the Unit's community partners/stakeholders.

Site Visit Agenda

The site visit agenda will include: an entrance conference; visual observations of the primary facility; interviews with key staff; interviews with a representative of the community partners/stakeholders; and 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, areas of challenges/opportunities for improvement. The agenda may be amended to coordinate Site Visit Team members' and VRHS Unit staffs' needs to attend various sessions. A final site visit agenda will be provided to the VRHS Unit by PHAB prior to the site visit so that the VRHS Unit can ensure that the necessary staff members and others are present.

d. Site Visit Report

The Site Visit Team will develop a Site Visit Report that will be submitted to PHAB. The Site Visit Report has two audiences: The Accreditation Committee will use the report to make an accreditation decision and the VRHS Unit will use the report for continuous quality improvement and future reporting to PHAB.

Developing the Site Visit Report is a process that begins when the Site Visit Team is conducting the Pre-site Visit Review of the documentation and ends when the Team has reached consensus and the Chair submits the Report to PHAB. All assessments and narratives may be revised at any time until the Site Visit Team Chair submits the report to PHAB. PHAB staff will provide 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.

The Site Visit Team will provide an assessment (Fully Demonstrated, Largely Demonstrated, Slightly Demonstrated, or Not Demonstrated) and narrative for each measure that describes how conformity with the measure was demonstrated, or details what 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. The Site Visit Team will also provide narrative that will summarize the health department's performance by each standard and each topic area. An overall Report summary will provide the Team's assessment of the VRHS Unit as a functioning VRHS Unit. The Site Visit Report is the Site Visit Team's assessment of the VRHS Unit's conformity with the accreditation Standards and Measures, based on the entirety of the information they have 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 will discuss the evidence provided in the documentation and through the site visit and will reach a consensus on the final assessment.

PHAB staff will review the Site Visit Report and may ask questions of the Site Visit Team and/or request that edits to narratives in the Site Visit Report be made for clarity and consistency. Clarity and consistency in the Site Visit Report are important for the Accreditation Committee to have the most reliable information it can to make the accreditation decision.

The final Site Visit Report will be sent to the VRHS Unit, for their information. VRHS Units will not have an opportunity to submit comments at this time concerning the Report, the Site Visit Team, or the Accreditation Committee. VRHS Units may submit comments as part of PHAB's evaluation processes.

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

5. Accreditation Process Extensions

VRHS Units may request an extension to a deadline for certain steps in the accreditation process based on legitimate cause or extenuating circumstances. A legitimate cause or extenuating circumstance is an event or circumstance that is beyond the control of the VRHS Unit and that significantly compromises the VRHS Unit's ability to complete a PHAB accreditation process step within the timeframes set by PHAB.

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

- (1) Damage to the VRHS Unit 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 and/or the VRHS Unit to redirect resources to contain or mitigate the public health problem or hazard; or

- (3) An unanticipated change in the health department director; VRHS Unit Director; VRHS 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) Accreditation Coordinator Training
- (2) Documentation Submission
- (3) Response to Completeness Review
- (4) Response to Pre-site Visit Review

The request for an extension must be submitted by the VRHS Accreditation Coordinator to PHAB in writing (emails are acceptable). PHAB will consider the request for extension and respond to the VRHS Unit. An extension for any one of the steps listed above may be granted to a VRHS Unit only one time.

6. 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 Site Visitors and applicant VRHS Units to complete surveys or participate in interviews or focus groups. Topics for the evaluation may include, for example, the steps in the accreditation process, trainings and resources, PHAB staff, and other topics, as appropriate. PHAB will use the findings of its evaluations to make decisions regarding all components of the accreditation process. All applicant VRHS Units and Site Visit Team members are expected to participate in PHAB's evaluation process. Findings from the evaluation that are shared publicly will not identify individuals or organizations. Nothing that a VRHS Unit says in the evaluation will be shared with the Accreditation Committee and comments will not affect the accreditation decision.

It is through evaluations that the VRHS Units and Site Visitors 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.

VII. ACCREDITATION DECISIONS

ACCREDITATION COMMITTEE

The PHAB Accreditation Committee is charged with reviewing Site Visit Reports and determining the accreditation status of VRHS Units pursuant to Board-adopted policies and procedures. The Accreditation Committee generally meets on a quarterly basis and more frequently, as required.

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, complaints, etc. 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) will attend the Accreditation Committee meeting when accreditation deliberations are being considered.

1. Conflict 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, and 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 VRHS Unit being reviewed. A Committee member could still be able to serve as a member of the Committee but will not be selected to review a VRHS Unit's Site Visit Report with which they have a conflict. Additionally, Committee members are required to recuse themselves from any review, discussion, deliberation, or voting related to the respective VRHS Unit to which the conflict is attached. Recusal means that the member will be blocked from access to the VRHS Unit's Site Visit Report and they must leave the room when that VRHS Unit accreditation status decision is being discussed and made.

2. Accreditation Decision Process

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

The Accreditation Committee will review the VRHS Unit's Site Visit Report and determine the accreditation status. The Accreditation Committee will make accreditation decisions based on the Site Visit Report, including the Site Visit Team's assessments of conformity with each measure, conformity statements, and overall impressions. There is no numerical formula by which the decision will be made. There are no numerical thresholds of measures demonstrated to confer accreditation. No standards or measures are weighted.

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

PHAB does not accept testimony, letters, phone calls, or other means of communication from the public about an individual VRHS Unit while their accreditation process is in progress. Accreditation of a VRHS Unit is based on demonstration of conformity with established standards and measures and is an indication of their capacity to function as a state/territorial level VRHS Unit. National accreditation does not address local political or personnel issues.

Applicants are not permitted to attend Accreditation Committee meetings, though PHAB may disclose when the Committee will review the Site Visit Report. Identifying information concerning the health department in which the VRHS Unit is housed, the Site Visit Report, and the Committee's deliberations is confidential and will not be shared outside of PHAB.

The Accreditation Committee will determine whether the VRHS Unit will be accredited for five years. If the Accreditation Committee does not accredit the VRHS Unit, they will determine the specific measures for which additional work is required. The VRHS Unit will be notified of those measures to be included in the Accreditation Committee Action Requirements (ACAR).

The VRHS Unit will be required to submit additional documentation for those measures included in the ACAR within six months of the notification that the Accreditation Committee requires additional action. The VRHS Unit's response and new documentation for all the identified measures must be submitted at one time. PHAB ACAR cover sheet will provide the opportunity for the VRHS Unit to describe actions taken and how those actions addressed the concerns identified by the Accreditation Committee. New documentation of conformity with the measure will also be uploaded to accompany the ACAR form. The VRHS Unit may submit its ACAR report at any time within the six months timeframe.

PHAB reviewers will review the documentation and provide assessments to the Accreditation Committee. The Accreditation Committee will then determine the final accreditation status: "Accredited" or "Not Accredited."

- If a VRHS Unit's ACAR is determined by the Accreditation Committee to have adequately addressed the measures of concern (based on the reviewers' assessments), the accreditation status decision will be accredited (for five years).
- If a VRHS Unit does not submit an ACAR within the six months or the reviewers' assessments do not evidence conformity, the VRHS Unit will be designated as "Not Accredited." To become accredited at that point, the VRHS Unit must begin the accreditation process again with registering on e-PHAB and submitting a new application.

An accredited VRHS Unit will be required to submit annual reports for each of the five years of accreditation. Requirements for those reports will be provided to the VRHS Unit at the time they are accredited.

VIII. TECHNICAL ASSISTANCE

Preparation for all steps in the accreditation process – from application, to documentation submission, to the site visit, to ACAR – are important components of the overall success of the PHAB accreditation process. VRHS Units should assess where there are gaps in their documentation and plan for using technical assistance accordingly.

1. PHAB Training and Technical Assistance

VRHS Units should direct all questions on the accreditation process and the VRHS 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;

- interpretation of the standards, measures, and documentation guidance; and
- access to relevant PHAB 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 will provide additional technical assistance documents and guides related to the accreditation process on the PHAB website, as they are developed.

PHAB will not provide customized training for individual applicants except in cases where PHAB identifies the need for special training. PHAB will not provide training to individual VRHS Units on processes or procedures to prepare for accreditation. PHAB will not provide technical assistance concerning activities in which VRHS Units should engage to meet the Standards and Measures. Therefore, PHAB will 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 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. VRHS Units are free to consult such sources and are encouraged to use outside technical assistance in developing documentation. PHAB's national partner, NAPHSIS, and other sources may provide technical assistance relative to best practices, development of required documentation and examples, and general advice on accreditation readiness preparation, such as timeline planning and selection of documents to address PHAB Standards and Measures.

Appendix 1

PHAB SEVEN STEP VRHS UNIT ACCREDITATION PROCESS

Seven Steps	Responsible Party	Activity	Time frame
1. <i>Preparation</i>	VRHS Unit	<ul style="list-style-type: none"> Learns about PHAB accreditation process through PHAB website, documents, e-newsletter, etc. (recommended) Conducts self-assessment against PHAB VRHS Standards and Measures (recommended) Identifies strengths and weaknesses (recommended) Addresses weaknesses (recommended) 	VRHS Unit determined
	VRHS Accreditation Coordinator	<ul style="list-style-type: none"> Completes Readiness Checklists (recommended) 	VRHS determined
	VRHS Unit Directors	<ul style="list-style-type: none"> Completes PHAB Virtual Orientation 	VRHS determined
	VRHS Accreditation Coordinator	*If the VR Director and the HS Director are not the same individuals, both must complete the virtual orientation.	
2. <i>Registration and Application</i>	VRHS Unit	<ul style="list-style-type: none"> Registers in e-PHAB 	Complete and submit no more than 90 days from start of the registration
	PHAB	<ul style="list-style-type: none"> Notifies VRHS Unit that e-PHAB registration is complete and provides VRHS Unit access to PHAB application 	Usually within 2 weeks
	VRHS Accreditation Coordinator	<ul style="list-style-type: none"> VRHS Accreditation Coordinator completes application VRHS Director submits application in e-PHAB. 	No more than 6 months after receipt of access to application
	VRHS Director		
	PHAB	<ul style="list-style-type: none"> Notifies VRHS Unit that application is complete <i>or</i> notifies the health department that a revision is required 	Usually within 2 weeks
	PHAB	<ul style="list-style-type: none"> Invoices the VRHS for accreditation fee (when application is complete) 	Usually within 1 week
	VRHS Unit	<ul style="list-style-type: none"> Submits accreditation fee to PHAB 	Fee is due within 30 days of receipt of invoice

VRHS Accreditation Coordinator Training	PHAB	<ul style="list-style-type: none"> VRHS Accreditation Coordinator training is scheduled, if it has not already been completed Invoices VRHS Unit for training fee 	In time for next scheduled training
	VRHS Unit	<ul style="list-style-type: none"> Submits training fee to PHAB, if applicable 	Fee is due within 30 days of receipt of invoice
	VRHS Accreditation Coordinator	<ul style="list-style-type: none"> VRHS Accreditation Coordinator completes training and the evaluation of training 	Training may occur any time after the VRHS Unit has registered and before documentation submission
3. Documentation Selection and Submission	PHAB	<ul style="list-style-type: none"> Provides access to the e-PHAB VRHS module for submitting documentation 	When accreditation fee is paid, and training completed.
	VRHS Accreditation Coordinator	<ul style="list-style-type: none"> Manages the selection and uploading of documentation as required in the VRHS Standards and Measures 	Within 12 months of receipt of access to module for submitting documentation
	VRHS Unit	<ul style="list-style-type: none"> Submits documentation to PHAB 	
	PHAB	<ul style="list-style-type: none"> Conducts Completeness Review 	PHAB determined
	VRHS Unit	<ul style="list-style-type: none"> Responds to Completeness Review 	Within 30 days of receipt
4. Site Visit	PHAB	<ul style="list-style-type: none"> Selects members of Site Visit Team 	PHAB determined
	VRHS Unit	<ul style="list-style-type: none"> Reviews names of site visitors for potential conflicts of interest 	PHAB determined
	Site Visit Team	<ul style="list-style-type: none"> Conducts Pre-site Visit Review and sends questions to VRHS Unit and reopens measures 	PHAB determined
	VRHS Unit	<ul style="list-style-type: none"> Responds to Pre-site Visit Review 	Within 30 days of receipt
	PHAB VRHS Accreditation Coordinator Site Visit Team	<ul style="list-style-type: none"> Schedules Site Visit 	PHAB/VRHS Unit/SV team determined in collaboration
	Site Visit Team	<ul style="list-style-type: none"> Conducts Site Visit 	PHAB/VRHS Unit determined
	Site Visit Team	<ul style="list-style-type: none"> Writes Site Visit Report Submits report to PHAB 	2 weeks after conclusion of visit
PHAB	<ul style="list-style-type: none"> Reviews and edits report; submits report to Accreditation Committee 	PHAB determined	

5. Accreditation Decision	Accreditation Committee	<ul style="list-style-type: none"> Determines accreditation status: accredited or ACAR 	Next scheduled meeting
	VRHS Unit	<ul style="list-style-type: none"> If an ACAR is required, VRHS Unit submits new documentation for specific measures and description of the VRHS Unit's efforts 	6 months from receipt of accreditation decision notification
	PHAB	<ul style="list-style-type: none"> Site visitors review the documentation submitted by the health department and assesses each measure 	
	Accreditation Committee	<ul style="list-style-type: none"> Reviews site visitors' assessments of new documentation submitted to address the ACAR and determines accreditation status 	Next scheduled meeting
6. Annual Reports	VRHS Unit	<ul style="list-style-type: none"> Submits annual report to PHAB 	Annually
7. Reaccreditation	PHAB	<ul style="list-style-type: none"> Notifies the VRHS Unit of accreditation expiration and provides instructions for application for reaccreditation 	PHAB determined
	VRHS Unit	<ul style="list-style-type: none"> Applies for reaccreditation 	By the end of the calendar quarter in which the VRHS Unit was accredited, five years after receipt of initial accreditation

NOTES

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