



REACCREDITATION FREQUENTLY ASKED QUESTIONS February 2017

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I. GENERAL QUESTIONS

PHAB hosted a webinar in February 2017 that provided an overview of the reaccreditation process and requirements. Is that available?

Yes, it has been posted and is available through the password-protected portal for accredited health departments. The portal can be accessed from PHAB's home page.

Will reaccreditation take about the same amount of time as accreditation (preparing documents, uploading, etc.)?

PHAB found that the amount of time needed by health departments to complete the process for initial accreditation varied a great deal from health department to health department, based on how well prepared the health department was. Reaccreditation should take less time identifying and gathering documentation, but more time developing clear and concise descriptive narratives that tell the health department's "stories."

II. STANDARDS AND MEASURES

Will there be a separate Standards and Measures document?

No. The Reaccreditation Standards and Measures are contained in the *Guide to National Public Health Department Reaccreditation: Process and Requirements*. They will not be printed in a separate document.

My health department received initial accreditation under Version 1.0 of the Standards and Measures. Since we were accredited, PHAB released Version 1.5 of the Standards and Measures for initial accreditation. Do we need to do something to show that we are in conformity with the requirements that were new in Version 1.5?

The requirements of Version 1.5 were incorporated into the Reaccreditation Standards and Measures. Your health department need only address the Reaccreditation Standards and Measures. In doing that, your health department will address the new areas that were in Version 1.5.

Are there separate or different reaccreditation Standards and Measures for health departments who were initially accredited under version 1.0 of the Standards and Measures for initial accreditation?

No. The Standards and Measures for reaccreditation that are contained in the *Guide to National Public Health Department Reaccreditation: Process and Requirements* pertain to health departments that were accredited under Version 1.0 of the Standards and Measures for initial accreditation.

My health department was accredited under Version 1.5 of the Standards and Measures for Initial Accreditation. Will the Reaccreditation Standards and Measures be revised for my health department?

The Reaccreditation Standards and Measures pertain to all accredited health departments that applied for initial accreditation on or before June 30, 2016, irrespective of which version of the Standards and Measures were effective when the health department applied. While PHAB does not anticipate revising the Reaccreditation Standards and Measures, we may at some point feel that revisions are warranted.

The Reaccreditation Standards and Measures specify the timeframe for dates on documents (e.g., 5 years). When does that start?

Just like for initial accreditation, the date is from the date that the health department submits its documentation to PHAB. The documentation will be submitted to PHAB after it has all been uploaded into e-PHAB; it will be submitted all together, at the same time.

For example, if a health department submits its application and it is accepted as complete by PHAB on May 15, 2018, the health department must submit its documentation no later than July 13, 2018 (8 weeks after the application is accepted). Let's say that the health department completes and submits its documentation a few days before they are due, on July 6, 2018. The dates required on the documents are from July 6, 2018; that is, the date that the documentation is submitted to PHAB.

III. STANDARDS AND MEASURES DOCUMENTATION

When will PHAB's Reaccreditation Documentation forms be available to health departments so that we can begin the development of our documents?

The forms are currently available on the password-protected portal for accredited health departments. That portal can be accessed on PHAB's website's home page.

For initial accreditation, PHAB did not accept examples that were of individual treatment or patient care. Is this still the case for reaccreditation?

Yes. This policy has not changed. Please refer to the PHAB Tip Sheet on "Guidance on Appropriate Examples from Programs and Activities for Use as Documentation for PHAB Accreditation." This Tip Sheet is located on PHAB's website.

Are there requirements concerning the font size of the narratives that the health department develops?

PHAB has set no official requirement for font size. Please remember that more narrative is not better. As with initial accreditation, you want to make it easy for the reviewers to assess the measure as met. They will not be happy with the health department if their eyes are straining to read a small font. PHAB recommends using a common font, such as Calibri, Arial, or Times New Roman, and a font that is no smaller than font size 11.

What constitutes evidence that a particular document has been adopted by the health department?

Just as was required for initial accreditation, each plan, policy, communication, etc. that is submitted to PHAB must have “evidence of authenticity.” That is, there must be evidence that the documentation “belongs to” the health department. This could be the department’s logo, an official signature of a health department employee with authority (for example the Director of Human Resources or the health department director), or a statement on the document that says that it has been adopted or reviewed by the department (for example, “Adopted, Fictional County Health Department, 2016”).

When asked to describe two examples, are the example documents required also?

No. On the forms that require narratives that describe examples, you will see the following statement: “Do not upload documentation of an example.” This will remind you that a narrative is required and not documentation of the actual example.

IV. POPULATION HEALTH OUTCOMES MEASURES

Who determines the number of outcomes that a health department will report?

The health depart must select no fewer than five measures and no more than ten.

When do we need to pick the population health outcome measure and start tracking? Can we pick them and start tracking at or near the time we submit?

Your community health improvement plan (CHIP) included “health priorities, measurable objectives, improvement strategies, and performance measures with measurable and time-framed target” (Measure 5.2.2; Standards and Measures, Version 1.0; page 127). Your community also produced evaluation reports that included “monitoring of performance measures and progress related to health improvement indicators.” (Measure 5.2.4, Required Documentation 1 (a) and (b); Standards and Measures, Volume 1.0; page 132). In addition, the health department may be tracking other measures that are not contained in the CHIP. At the time that the health department submits its documentation for reaccreditation, it must select five to ten of the objectives and measures that are being tracked and report on them to PHAB for reaccreditation and annual reports.

Our community has mental health and substance abuse as major CHIP priorities. Can we use those as Health Outcomes? My question is specific to the tracking of health outcomes: Suicide prevention, overdose reduction...

If the measures are measures of the outcome of population-based disease prevention, health protection, or health promotion activities, then yes, those measures can be used. Pages 69 through 71 of the *Guide to National Public Health Department Reaccreditation, Process and Requirements*, list examples of topics that can be addressed by the measures. Included, for example, are: addiction mortality, alcohol impaired driving mortality, depression/anxiety, poor mental health days, access to mental health providers, alcohol dependency/abuse, illicit drug use, opioid addiction, etc.

Our community has some data sources (e.g., the Youth Risk Behavior Surveillance System data) that release data biannually. How would we show progress if we do not have available data? Should a health department select measures where an updated measurement can be reported annually in the annual report? That could make it hard for an HD to find measures with annual measurement updates.

PHAB recognizes that not all data are available annually. That speaks to the importance of tracking data over time. The health department can still report annually and simply note that national data are not available for a particular year.

I understand that the health department can add measures in future annual reports. Could measures also be removed from reporting list?

Yes, health departments may add to, delete, or change some of the five to ten outcome objectives selected for reporting on the Annual Reports, if the health department and its community revise the objectives they are tracking to monitor population health.

V. REACCREDITATION PROCESS

Was the webinar that was held in February 2017 the required training for the health department director and the Accreditation Coordinator? Will watching the archived webinar meet the requirement for training?

No. PHAB will make the required learning webinars available to accredited health departments in the spring of 2017. The webinar that was held in February was an introduction to reaccreditation webinar.

When can I access the reaccreditation application on e-PHAB? When is the application due for submission?

Health departments will receive notification from e-PHAB when the reaccreditation application is available to the health department. This notification will be received on the first calendar day of the quarter in which the health department received initial accreditation, five years after receipt of initial accreditation. The application for reaccreditation must be received by PHAB from the health department no later than the last day of the calendar quarter in which the health department received initial accreditation. (For example, if the health department received initial accreditation in February, the notification that the reaccreditation application is available to the health department will be sent via e-PHAB on January 1 and the application will be due no later than the last day of March.)

For the specific dates for your health department, refer to the table of due dates that has been posted on the accredited health department's password-protected portal (accessible from PHAB's website's home page).

Will the application for reaccreditation be similar to the application for initial accreditation?

The application will be very similar to the application for initial accreditation. There is not a requirement, however, that the CHA, CHIP, or Strategic Plan be submitted with the application. They are required as reaccreditation documentation and will need to be uploaded with the health department's other documentation.

Can we begin to upload documents as soon as the reaccreditation module is open to us? Or, do we have to wait until the application is accepted.

You will not be able to upload documents until the application is accepted. But, you can have all the documents prepared and ready to go. Health departments *should* have all the documents prepared and ready to go when they submit their application for reaccreditation.

Do the dates of the initial accreditation process impact the due dates for reaccreditation?

The only date related to initial accreditation that impacts reaccreditation is the date that the health department received accreditation; that date impacts on when the application for reaccreditation is due. The date of the health department's application for initial accreditation or the date that the initial accreditation documentation was submitted have no relevance to reaccreditation at all.

Will the measures be assessed as Fully Demonstrated, Largely Demonstrated, Slightly Demonstrated, and Not Demonstrated?

No. During the pre-site visit review, the reviewers will assess each measure as Met or, if it is not met, they will open the measure for the health department to upload more documentation. In the Reaccreditation Report, each measure will be assessed as Met or Not Met. If the measure is assessed as Not Met, the Reaccreditation Report will include an explanation of what is missing.

Will the review team for reaccreditation be made up of the same reviewers as those for initial accreditation?

PHAB will train a sub-set of its current volunteer site visitors to be reviewers for reaccreditation. It will be very unlikely that a health department will have a same reviewer that they had for initial accreditation.

My health department has relocated. Will we be required to have an on-site site Visit?

It is possible that an on-site Site Visit will be required. However, it may not consist of the entire team conducting the Site Visit; it might be only one or two reviewers.

Will all the measures need to be Met in order to be reaccredited?

No. Just as with initial accreditation, there is no formula for the accreditation decision. The Accreditation Committee will review the assessments and the reviewers' comments about what is missing and make a judgment based on the importance of what is missing and how essential it is to meeting the intent of the measure.

What should the balance be between our narratives concerning meeting the measure and the narrative about plans for improvement?

The focus is definitely on demonstrating that you meet the measure requirements. That is where the health department should spend its time and effort because that will be the focus of the reviewers' review. The narrative concerning the plans for improvement is an opportunity to consider improvement and need not be detailed.

Will the health department maintain its accreditation status during the process, even if the Accreditation Committee requires more documentation after its review of the Reaccreditation Report?

Yes. Once the health department has applied for reaccreditation, the health department will maintain its accredited status throughout the entire reaccreditation process. The health department will keep its accreditation status until and unless the Accreditation Committee determines the health department is officially "Not Accredited."

If an accredited health department merges with an unaccredited health department, will the accredited health department status become null and void?

If an accredited health department is planning a merger with a smaller health department that is not accredited, both health departments should consider the impact of the merger on the health department's continued conformity with the standards and measures. Both health departments should contact PHAB as soon as possible. While each situation is different, in many cases this type of merger will require some level of additional accreditation review to ensure that the standards and measures are met for the entire population. In some cases, however, it may be that no additional accreditation review is required. See PHAB's Tip Sheet, *Accreditation Considerations for Shared Services and Mergers (July 2016)* on PHAB's website.