



Public Health Accreditation Board

Guide to National Public Health Department Initial Accreditation

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I. INTRODUCTION

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

Public health departments work to protect the health of people and communities across the country through efforts such as ensuring access to clean air and water, encouraging healthful behaviors, and ensuring that children are immunized. Accreditation provides standards that health departments can seek to meet in order to ensure that they are continuously improving as they work to keep their communities healthy. Accreditation will drive public health departments to continuously improve the quality of their public health practice and their performance.

A national public health department accreditation system was developed because of the desire to continuously improve the quality of service and demonstrate accountability of health departments to stakeholders. PHAB is the national accrediting organization for public health departments. As a nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of public health departments. PHAB is working to promote and protect the health of the public by advancing and ultimately transforming the quality and performance of all public health departments in the United States through national accreditation. Its vision is a high-performing governmental public health department system that will make us a healthier nation.

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

PHAB may develop standards and measures as well as modified accreditation processes for special types of health departments or specific services. Please refer to documents customized for those specific cases for guidance.

II. BACKGROUND

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

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

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

III. BENEFITS OF PUBLIC HEALTH ACCREDITATION

Accreditation provides a means for 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 health department 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 are:

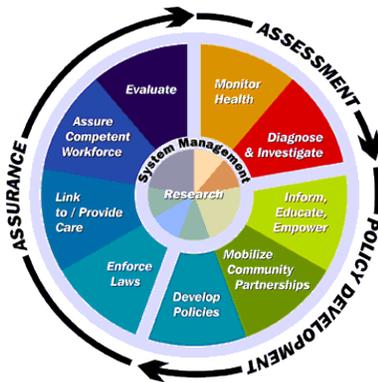
- Better identify strengths and weaknesses of the health department;
- Document capacity of the health department to deliver the core functions and ten Essential Public Health Services;
- Stimulate transparency;
- Improve management processes used by the health department;
- Stimulate quality improvement 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.

Data from 28 health departments accredited for one year (NORC at the University of Chicago)

IV. STANDARDS AND MEASURES

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

Recent work funded by the Robert Wood Johnson Foundation (RWJF) to further define a minimum package of public health services including foundational capabilities and an array of basic programs no health department can be without, now known as foundational areas, is also a reference point for PHAB's Standards and Measures. That document is intended to be used as a discussion piece within the public health community to continue the development of, support for, and coalescence around the case for foundational public health services essential to communities everywhere for the health system to work anywhere. A crosswalk between the foundational capabilities and the PHAB accreditation Standards and Measures indicates a high degree of alignment.



The Essential Public Health Services and Core Functions
Source: Core Public Health Functions Steering Committee, Fall 1994

The PHAB Standards and Measures were developed with input from public health practitioners who had wide-ranging public health expertise, including: a Standards Development Workgroup made up of representatives of state and local health departments; a Tribal

Standards Workgroup made up of representatives of Tribal, state, and local health departments; various PHAB Think Tanks of experts to address specific topics; and expert panels on such issues as governance and community health assessments. The first set of PHAB Standards and Measures were tested through a desk-review alpha test, vetting, and an evaluated beta test.

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

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

- Advance the collective public health practice;
- Describe a moderate level of capacity - not minimum and not maximum standards;
- Be clear, avoid redundancy, and minimize burden;
- Build quality improvement;
- Apply to all sizes of health departments and all forms of governance structure;
- Establish the same standards for Tribal, state, and local health departments (different measures);
- Be reflective of current and emerging public health issues and opportunities; and
- Promote effective internal and external collaborative partnerships.

V. ELIGIBILITY FOR ACCREDITATION

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

1. State Health Department

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

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

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

Centralized States

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

Categories of centralized state PHAB accreditation applications are:

1. State health department application only.

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

2. Local health department application only.

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

3. Centralized States Integrated Local Public Health Department System (CSILPHDS).

A state health department may apply for one or more of its local health departments as an integrated system. The state level health department must be accredited first, before the centralized integrated system can be reviewed for accreditation. Accreditation is awarded

to the centralized state's integrated public health system, not to each of the local health departments. Contact PHAB for guidance concerning the process and requirements of this type of application.

4. District or regional application as a local health department.

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

2. Local Health Department

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

Multijurisdictional Applications

Health departments may apply jointly for PHAB accreditation if some essential services are provided by formally sharing resources and the sharing of resources can be clearly demonstrated. Multijurisdictional applications may be submitted by local health departments and Tribal health departments. Accreditation is awarded to each of the local health departments in the application, or none are awarded accreditation. Contact PHAB for guidance concerning the process and requirements of this type of application.

3. Tribal Health Department

A Tribal health department is defined, for the purposes of PHAB accreditation, as a federally recognized Tribal government¹, Tribal organization or inter-Tribal consortium, as defined in the Indian Self-Determination and Education Assistance Act, as amended. Such departments have jurisdictional authority to provide public health services, as evidenced by constitution, resolution, ordinance, executive order or other legal means, intended to promote and protect the Tribe's overall health, wellness and safety; prevent disease; and respond to issues and events.

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

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

4. Territorial Health Department

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

VI. ACCREDITATION PROCESS

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

1. Preparation

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

a. Accreditation Coordinator

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

The Accreditation Coordinator role is critical to the health department's success in seeking accreditation and, therefore, selection of the right individual is essential. The Accreditation Coordinator cannot be the health department director; the responsibilities of these positions are too significant to be handled adequately by one person.

b. Standards and Measures Review and Preparation

In preparation for accreditation, health departments should conduct a self-assessment using the PHAB Standards and Measures. This will enable them to identify, for example, policies and procedures that need to be developed, documents that are out of date, and program examples that are incomplete. Importantly, health departments must have in place a current (dated within the previous five years) community health assessment, community health improvement plan, and department strategic plan when they apply for accreditation. These three documents provide long-term guidance and direction to the health department and they are critical to the health department meeting all of the Standards and Measures. PHAB strongly encourages health departments to access technical assistance for the development of these plans (see Section XI of this Guide).

In addition, it is strongly recommended that the health department have several other plans and systems complete or well under development when they apply for accreditation. Before applying for accreditation, a health department should have in place or have substantially developed and be near completion of the following plans: workforce development plan, public health emergency operations plan, and a quality improvement plan. Additionally, the health department should have a performance management policy/system in place and have in place or be near completion of an organizational branding strategy. The development of these items requires significant time and effort. If a health department waits until they are in the middle of the accreditation process to develop them, the health

department will not have sufficient time for their completion and will not be in conformity with the requirements of the Standards and Measures.

c. Accreditation Readiness Checklists

The *Accreditation Readiness Checklists* are tools provided by PHAB to help health departments determine if they are ready to move forward in the public health department accreditation process. They may be accessed from PHAB's website. Checklists address initial preparation, plans and processes that should be in place, needed infrastructure of the health department, and the preparation process. Health departments' use of the checklists is optional and health departments do not submit completed Readiness Checklists to PHAB.

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

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

d. Online Orientation

A PHAB Online Orientation is available to anyone with an interest in public health department accreditation. This Orientation is a free, web-based course that can be accessed from the PHAB website and is accessible at the participant's convenience.

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

It is mandatory that the health department director and the staff person who is designated as the health department's Accreditation Coordinator complete the Online Orientation before the health department may register on e-PHAB. Each person who completes the Online Orientation and evaluation will receive a Certificate of Completion with a unique Personal Identification Number (PIN). The health department director and the Accreditation Coordinator will use these numbers to document that they have completed the required Orientation when the health department registers on e-PHAB.

2. Registration and Application

a. Health Department Registration on e-PHAB

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

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

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

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

The registration will require the PINs that were received by the health department director and the Accreditation Coordinator upon completion of the Online Orientation. A final component of the registration is a required digital signature of the health department director to state that they authorize the completion of the registration.

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

b. Application

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

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

c. Application Form

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

Application Requirements: The application includes formal verification of eligibility for accreditation, whereby applicants demonstrate that they are governmental public health department. The health

department will be required to upload the department's organizational chart and a letter of support from the appointing authority of the health department director. (See PHAB Acronyms & Glossary of Terms for the definition of "appointing authority.")

The application also includes a statement listing principles by which the health department will abide, including an agreement to follow the guidelines of the PHAB accreditation program and a declaration of the accuracy of all information submitted.

This statement includes the health department director's assurance that the health department has an adopted, current (dated within the previous five years) community health assessment, community health improvement plan, and department strategic plan. PHAB strongly encourages health departments to access technical assistance for the development of these plans (see Section XI of this Guide). The health department has the option to revise these documents before they upload them in the Documentation Selection and Submission stage of the accreditation process.

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

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

The application will require an electronic signature from the health department 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 health department's information and process and stating what PHAB will or will not do with the information provided in the application and throughout the accreditation process.

d. Application Review and Approval

PHAB staff will review submitted applications and required attachments to determine that the application is complete and that the required materials have been uploaded. PHAB will respond to the applicant, indicating whether the application has been accepted as complete. If the application is not accepted, the applicant will be told what additional or different information is required to complete the application. Upon acceptance of the application by PHAB, PHAB will notify the health department of the PHAB application fee and send an invoice.

PHAB's Accreditation Fee Schedule is published on PHAB's website. The rate is applicable to the health department for a period of five years, beginning with the date of approval of the application. Invoices will be provided by PHAB to the applicant health department. Payment of invoices is due to PHAB within thirty days of receipt of the invoice. The total fee is required to be paid by the health department, regardless of the accreditation decision.

e. Accreditation Training

Accreditation Coordinators are required to participate in applicant training before the health department will be permitted to begin to submit (upload) documentation of conformity with the PHAB Standards and Measures. PHAB will not provide individualized training (except in cases where PHAB identifies the need for special training, for example, for multijurisdictional applications).

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

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

3. Documentation Selection and Submission

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

a. Process

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

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

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

Completeness Review: Once the applicant submits its documentation, PHAB will conduct a completeness review of the documentation. 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 health department, open sideways, or are examples of activities that are outside of PHAB's scope of authority will not be accepted. PHAB will reopen measures for the health department to upload additional documentation if more or different documentation is required based on the completeness review. The health department will have 30 days to respond to the completeness review. If the health department 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 Standards and Measures. The Site Visit Team will make the determination as to whether any given measure is demonstrated, based on the submitted documentation and the site visit.

It is the responsibility of the health department to ensure that complete documentation is submitted, that documentation is submitted using acceptable file formats, that documents open right-side up, that documents are in final form (i.e. not draft), that examples are within the scope of PHAB's accreditation authority, and that documents are dated and provide evidence that they are authentic to the health department. The health department will be asked to resubmit documentation that does not conform to these requirements. This will require additional work for the health department and delay the review process.

b. Content

Standards and Measures

The PHAB 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 health departments work to select the best evidence to serve as documentation. The Standards and Measures includes a "Purpose" statement for each standard and measure, a "Significance" statement for each measure, and narrative guidance specific to each piece of Required Documentation. The Standards and Measures also specifies how many examples are required and within what timeframe the examples must be dated. The health department must pay close attention to the Standards and Measures 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 health department and how it performs its functions. Selected policies, procedures, and plans must be current and use in the health department.

More than one document may be needed to demonstrate conformity with any particular Required Documentation. That is, the health department may 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 health department should not upload more documentation than is required to demonstrate conformity with the measure. That is, if two examples are required, the health department should not

upload more than two examples unless requested by PHAB or the Site Visitors. Uploading more examples than required can cause confusion on the part of the Site Visitors as they review the documentation and look for the appropriate number of examples.

Documentation Description

Opportunities are provided in e-PHAB for health departments to describe their documentation and how it meets the Required Documentation and demonstrates conformity with the measure. The health department is strongly encouraged to provide a short description for each document to explain why the health department believes the documentation demonstrates conformance with the measure. The upload description should also describe any larger document from which the documentation is derived. In addition, the upload 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 health department 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 health department has submitted its documentation for all measures, PHAB has concluded the completeness review, and the health department has responded to the completeness review, the review of the documentation by a team of PHAB trained Site Visitors will begin. The purpose of the Site Visitors' review of the documentation is to assess the documentation against the PHAB Standards and Measures and to develop a Site Visit Report. The review of the documentation will be conducted in two phases of the site visit: a Pre-site Visit Review and an on-site visit to the health department.

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

Health Department Site Visit Participants

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

a. Site Visit Team

Documentation review and site visits 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 department or application.

Site Visitors

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

Roles and Responsibilities of a Site Visitor

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

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

Expectations and duties of a Site Visitor when assigned to a health department include:

- Complete the PHAB Site Visitor Training requirements, including any required orientation and practice related training, special training for particular types of application, and refresher training;
- Conduct a Pre-site Site Visit Review of a health department's documentation as a member of a Site Visit Team (each Site Visitor will be assigned specific sets of standards for review);
- Participate in preparing for the on-site visit to a health department;
- Attend on-site visit to the health department, as assigned by PHAB;
- Contribute to writing the Site Visit Report;
- Potentially, review documentation submitted by the health department as evidence of implementation of an Action Plan; and
- Participation in PHAB's evaluation processes.

Appointment of Site Visit Team

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

Conflict of Interest

PHAB strives to ensure that a bias-free decision process is maintained. All PHAB Site Visitors must identify and disclose actual, potential, or perceived conflicts of interest. A Site Visitor with a conflict of interest with a health department could still serve as a Site Visitor, but will not be assigned to review any health department with which a conflict of interest exists. The goal is to prevent any negative impact that conflicts of interest may cause to the accreditation process. Site Visitors will be asked to disclose any potential conflicts of interest with the applicant health department 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 health department that would afford the Site Visitor access to information about the health department other than that which is provided through the PHAB accreditation process.

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

The health department 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 health department they review for a period of 12 months following the conclusion of the site visit.

Accreditation Specialist

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

Confidentiality

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

Confidential information includes:

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

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

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

Rater and Inter-rater Reliability

PHAB 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.
- Having each member of the Site Visit Team independently conduct an assessment of documentation submitted for one measure, once the team is assigned to a health department. Feedback from the Accreditation Specialist is provided for a team discussion and to ensure comments are being developed in a similar manner.
- Requiring the Site Visit Team to discuss 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 Domains to each member of the Site Visit Team for them to individually review. The Site Visit Team member will review the documentation and score each measure (Not Demonstrated, Slightly Demonstrated, Largely Demonstrated, or Fully Demonstrated). 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. Any measure that is initially assessed as less than Fully Demonstrated will be discussed by the entire Site Visit Team.

Questions and Requests for Additional Documentation

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

The purpose of the opportunity to ask questions or 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 health department's demonstration of conformity with the measures, the department's strengths and challenges, and how the health department functions.

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

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

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

- The health department's documentation consists of several documents and it is not clear to the Site Visit Team how they tie together and how they address the PHAB Required Documentation.
- The description of the document does not appear to match the documentation or is an unclear description. The Site Visit Team may ask for further clarification or for a description of how the documentation meets the documentation requirements or how the documentation demonstrates conformity.
- The uploaded documentation is a large document and the Site Visit Team cannot locate the specific part of the document that addresses the PHAB Required Documentation.

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

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

c. Site Visit

Conducting the Site Visit

The number of days of the site visit depends on the size of the health department, scope of the application, and the complexity of the documentation. Site visits usually last from one to three days.

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 health department, (3) ask for additional documentation, at their discretion, to supplement what they received prior to the site visit; (4) and make visual observations (health department branding, for example).

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

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

During the site visit, the Site Visit Team Chair 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 Domains assigned for review and for development of the Site Visit Report, all team members may ask questions and participate in dialogue during all of the onsite interviews.

The Site Visit Team 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 health department nor share information about how other health departments fulfill their public health roles and responsibilities. The role of the Site Visitors during the visit is to gather information, not provide feedback or recommendations to the health department.

Site Visit Scheduling

The 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.

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

Site Visit Agenda

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

d. Site Visit Report

The Site Visit Team will develop a Site Visit Report that will be submitted to PHAB through e-PHAB. The Site Visit Report has two audiences: the Accreditation Committee will use the report to make an accreditation decision and the Health Department will use the report for continuous quality improvement, Annual Reports to PHAB, and an Action Plan (if required).

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 scores 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 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 domain. An overall Report summary will provide the Team's assessment of (1) the health department's three greatest strengths, (2) the three most serious/challenging opportunities for improvement, and (3) the department as a functioning health department. The Site Visit Report is the Site Visit Team's assessment of the health department's conformity with the PHAB 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 health department for their information. Health departments will not have an opportunity to submit comments at this time concerning the Report, the Site Visit Team, or the Accreditation Committee. Health departments may submit comments as part of PHAB's evaluation processes.

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

5. Accreditation Process Evaluation

For PHAB's continuous quality improvement of the accreditation process and supporting guides and documents, PHAB conducts evaluation activities and may contract with an external evaluator to gather additional feedback. PHAB or its contractor may ask Site Visitors and applicant health departments 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 e-PHAB. PHAB will use the findings of its evaluations to make decisions regarding all components of the accreditation process. All applicant health departments 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 health department 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 health departments 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.

6. Accreditation Process Suspensions

a. Extensions

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

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

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

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

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

- (1) Accreditation Coordinator Training
- (2) Documentation Submission
- (3) Response to Completeness Review
- (4) Response to Pre-site Visit Review
- (5) Action Plan
- (6) Action Plan Report
- (7) Annual Report Section 1

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

- (1) The health department's e-PHAB registration. The health department will be required to begin its registration over if the is not submitted within 90 days of starting it.
- (2) The health department's submission of the application. The health department will be deleted from the e-PHAB system and will be required to begin its registration over if the application is not completed within 6 months of PHAB's acceptance of the e-PHAB registration.
- (3) The health department's submission of Section 2 of the Annual Report. The health department will not receive feedback from the PHAB Evaluation and Quality Improvement Committee if Section 2 of the Annual Report is not submitted within 30 days after approval of Section 1 of the Annual Report.

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

b. Inactive Status

Inactive Status is a pause in the accreditation process. That is, while a health department is in Inactive Status, the accreditation process is on hold. Inactive Status is provided for health departments that are in the accreditation process but are not prepared to complete a step in the process. The purpose of the Inactive Status is for the health departments to have time to identify or develop documentation (depending on the step that is put on hold). Inactive Status is different than an extension, which may be granted for situations beyond the health department's control (see definition above).

Inactive Status may be applied to a health department during the following process steps:

- (1) Documentation Submission,
- (2) Response to the Completeness Review, or

(3) Response to the Pre-site Visit Review.

Health departments will not have access to e-PHAB during the Inactive Status. The amount of time of the Inactive Status will be determined in consult between PHAB and the health department. An established fee will be charged the health department for maintenance of the health department in e-PHAB and for ongoing technical assistance from PHAB staff. Fees associated with the Inactive Status are described in the fee information on PHAB's website.

Inactive Status may be requested by the health department:

- (1) Inactive Status may be requested by a health department during the Documentation Submission phase. When a health department determines that it is not sufficiently prepared to complete the documentation submission stage because it does not have the required documentation, it may request an Inactive Status. The health department may use this Inactive Status time to develop documentation.
- (2) Inactive Status may be requested by a health department that determines that it requires more time to respond to the completeness review or the Pre-site Visit Review. Any documentation that is submitted in response to the completeness review or the Pre-site Visit review must have been current and in use at the time of the health department's original documentation submission date. That is, the Inactive Status during the completeness review or during the Pre-site Visit Review is not an opportunity to create new documentation.

Inactive status may be required by PHAB.

- (1) The health department may be required by PHAB to go into an Inactive Status if PHAB determines that the health department is not ready to proceed in the process. Inactive Status may be required by PHAB during the steps in which the health department is responding to the completeness review or the Pre-site Visit Review. PHAB will make this determination based on the number of measures that are opened, the subject matter of the measures, and the types of reasons that the measures are opened.

Any documentation that is submitted in response to the completeness review or the Pre-site Visit review must have been current and in use at the time of the health department's original documentation submission date. That is, the Inactive Status during the completeness review or during the Pre-site Visit Review is not an opportunity to create new documentation.

VII. ACCREDITATION DECISIONS

1. Accreditation Committee

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

The Accreditation Committee identifies specific measures on which the health department must report through their Annual Report to PHAB. The Committee also identifies specific measures that must be included in an Action Plan, when an Action Plan is required for accreditation.

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.

2. Accreditation Committee Members

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

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

3. 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 health department 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 health department'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 health department to which the conflict is attached. Recusal means that the member will be blocked from access to the health department's Site Visit Report and they must leave the room when that health department accreditation status decision is being discussed and made.

4. Accreditation Decision Process

The responsibility of the Accreditation Committee begins with the receipt of the Site Visit Report. All Site Visit Reports 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 health department's Site Visit Report and determine 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 answers to overall questions. 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 call, or other means of communication from the public about an individual health department while their accreditation process is in progress. Accreditation of a health department is based on demonstration of conformity with established standards and measures and is an indication of their capacity to carry out the ten essential public health services and selected core functions. 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, the Site Visit Report, and the Committee's deliberations is confidential and will not be shared outside of PHAB.

5. Accreditation Status

There are two accreditation decision categories:

- Accredited (5 years)
- Not Accredited – Action Plan

a. Accredited Health Departments

PHAB will email, through e-PHAB, a letter stating the official PHAB accreditation decision to the director of the health department with a copy to the Accreditation Coordinator (as specified in the health department's application) within two weeks of the conclusion of the Accreditation Committee meeting. A follow-up written letter will be sent by US postal mail. The accredited health department will also receive a certificate, a plaque, and access to a password protected PHAB website portal for accredited health departments. No verbal feedback will be provided to applicants before the official written decision letter is sent to applicants.

If the health department receives a status of "accredited," the Accreditation Committee will provide the health department with a list of measures that are opportunities for improvement. This will support the

department's continuous quality improvement efforts. The health department is required to report on progress on the listed measures in its Annual Reports to be submitted to PHAB.

b. Action Plan

Action Plan

If the health department does not receive a status of "accredited," it has an opportunity to submit an accreditation Action Plan to PHAB. The Action Plan must be submitted to PHAB within 90 days of the receipt of notification that the department did not receive the status of "accredited." If the health department does not submit an Action Plan within 90 days, the health department will be designated as "Not Accredited." To become accredited at that point, the health department must begin the accreditation again with registering on e-PHAB and submitting a new application.

The intent of the Action Plan option is to provide those health departments that the Committee cannot accredit the opportunity to address areas that are critical to their being accredited. A list of specific measures for improvement will be provided by the Accreditation Committee to the health department that must be addressed in the Action Plan. The issues to be addressed and content of an Action Plan are unique to each health department and are based on the Site Visit Report.

The Action Plan must specify the steps, actions, and improvements that the health department will implement in order to be in conformity with the measure. Generally, the Action Plan will address: (1) identified opportunities for improvement or gaps that the health department plans to address; (2) steps and actions the health department will take, including milestones or benchmarks; and (3) the documentation that the health department plans to submit (but will not be limited to). PHAB will provide an Action Plan Template.

The Action Plan is part of the accreditation process and is designed to encourage improvement. Just as PHAB maintains confidentiality concerning which health departments are in the process of seeking accreditation, PHAB maintains confidentiality concerning which health departments are going through or have gone through the Action Plan process.

The Accreditation Committee will review the Action Plan and may consult with the Site Visit Team, Team chair, and/or members of PHAB staff in the review of the plan. The Accreditation Committee may accept the Action Plan or request revisions to the Action Plan.

If the Accreditation Committee accepts the Action Plan, the health department must implement the Plan and submit an Action Plan Report within one year of notification of the acceptance of the plan. If the Accreditation Committee requests a revision of the Plan, the Committee will communicate to the health department what must be revised or expanded in the Action Plan in order to be accepted for review by the Accreditation Committee. The health department will be provided 60 days (from the receipt of guidance from the Committee) to revise and resubmit the Action Plan. If the health department does not submit a revised Action Plan within 60 days, the health department will be designated as "Not Accredited."

When the Action Plan is resubmitted, the Committee will review it and accept or reject it. If the Accreditation Committee accepts the Action Plan, the health department must implement the Plan and submit an Action Plan Report (documentation of implementation of the plan and conformity with the

measures) within one year of notification of the acceptance of the plan. If the Action Plan is rejected, the health department will be “Not Accredited.”

Health departments should not consider the Action Plan step to be a “fall back” or “safety net.” Health departments should make every effort to be prepared for the accreditation process and for uploading documentation when they apply for accreditation. The Action Plan step, though a quality improvement opportunity, requires additional work for the health department and for PHAB and will delay receipt of accreditation status.

Action Plan Report

If the Action Plan is approved, the health department must submit documentation for each of the measures (Action Plan Report). This is due to PHAB within one year of notification that the Action Plan has been accepted.

If the health department does not submit an Action Plan Report within one year, the health department will be designated as “Not Accredited.” To become accredited at that point, the health department must begin the accreditation again with registering on e-PHAB and submitting a new application. The health department may submit its Action Plan Report at any time within the year timeframe.

The Action Plan Report will be reviewed by the Site Visit Team’s Chair and/or team member of the Site Visit Team, if they are available. If a member of the original Site Visit Team is not available, another PHAB trained Site Visitor will be assigned to review the Action Plan Report. PHAB staff, in consultation with the Site Visitor, will determine if an on-site review is required. If the review of conformity after the actions have been taken is review of documentation within e-PHAB (and does not require a site visit), the applicant will not be charged an additional fee. If review of conformity requires an on-site review, the applicant will be charged to cover the costs of the site visit.

PHAB staff will forward the Site Visitor’s assessment of the measures in the Action Plan to the Accreditation Committee for their review and accreditation status decisions. The range of accreditation status decisions includes:

- Accredited (5 years)
- Not Accredited

VIII. APPEALS AND COMPLAINTS

1. Appeals

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

- Lack of submission of the Action Plan within the required time frame;
- Resubmission (second submission) of an Action Plan that the Accreditation Committee deems to be non-responsive to the measures that are required to be addressed in the Action Plan, and/or severely deficient;
- Lack of submission of the Action Plan Report (documentation) within the required time frame;
- Submission of an Action Plan Report that the Accreditation Committee deems to not provide sufficiently evidence of implementation of the Action Plan and conformity with the measures, based on the review and assessments of the Action Plan Report by PHAB Site Visitors;
- Revocation of accreditation status based on non-submission of the required Annual Report; or
- Revocation of accreditation status based on the review of the Annual Report by the Accreditation Committee.

Grounds for appeals may be the following:

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

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

2. Complaints

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

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

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

IX. ANNUAL REPORTS

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

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

1. Annual Report Section I

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

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

Section I is concerned with answers that address three topic areas: 1. Anything that has occurred that would prevent the HD's continued conformity with the Standards and Measures; 2. Whether the AC required that the HD address progress related to specific measures in their annual reports; and 3. Whether the HD has had any adverse finding by funding agencies.

If the answer to any of these questions is yes, then the health department must complete the PHAB form that requires additional information. The health department uploads this form through e-PHAB.

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

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

2. Annual Report Section II

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

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

X. REACCREDITATION

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

XI. TECHNICAL ASSISTANCE

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

1. PHAB Training and Technical Assistance

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

PHAB has developed detailed written guidance on the accreditation process and the standards, measures, and documentation. This guidance is updated and expanded on a regular basis. PHAB 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, such as multijurisdictional applications. PHAB will not provide training to individual health departments on processes or procedures to prepare for accreditation. PHAB will not provide technical assistance concerning activities in which health departments 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 particular measure.

2. Other Technical Assistance

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

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

XII. SUPPORTING DOCUMENTS, FORMS, AND TEMPLATES

Supporting documents available from PHAB include:

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

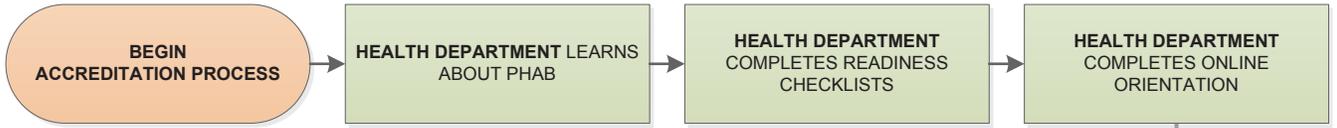
Appendix 1

PHAB SEVEN STEP ACCREDITATION PROCESS

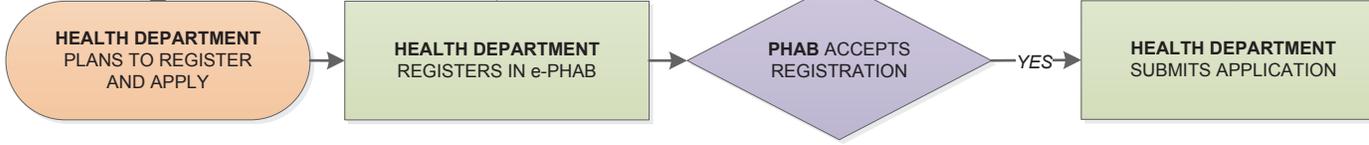
Seven Steps	Responsible Party	Activity	Time frame
1. Preparation	HD	<ul style="list-style-type: none"> Learns about PHAB through PHAB website, documents, e-newsletter, etc. (recommended) Conducts self-assessment against PHAB standards and measures (recommended) Identifies strengths and weaknesses (recommended) Addresses weaknesses (recommended) 	HD determined
	HD Accreditation Coordinator	<ul style="list-style-type: none"> Completes Readiness Checklists (recommended) 	HD determined
	HD Director HD Accreditation Coordinator	<ul style="list-style-type: none"> Completes PHAB Online Orientation 	HD determined
2. Registration and Application	HD	<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 HD that e-PHAB registration is complete and provides HD access to PHAB application 	Usually within 2 weeks
	HD Accreditation Coordinator	<ul style="list-style-type: none"> Completes and submits application 	No more than 6 months after receipt of access to application
	PHAB	<ul style="list-style-type: none"> Notifies HD that application is complete or notifies the health department that a revision is required 	Usually within 2 weeks
	PHAB	<ul style="list-style-type: none"> Invoices the HD 	Usually within 1 week
	HD	<ul style="list-style-type: none"> Submits fee to PHAB 	Fee is due within 30 days of receipt of invoice
	PHAB HD Accreditation Coordinator	<ul style="list-style-type: none"> AC training is scheduled 	In time for next scheduled training
	HD	<ul style="list-style-type: none"> AC completes training and training evaluation 	Next scheduled training
3. Documentation Selection and Submission	PHAB	<ul style="list-style-type: none"> Provides access to the e-PHAB module for submitting documentation 	No later than 2 weeks after completion of training
	HD Accreditation Coordinator	<ul style="list-style-type: none"> Manages the selection and uploading of documentation 	
	HD	<ul style="list-style-type: none"> Submits documentation to PHAB 	Within 12 months of receipt of access to module for submitting documentation
	PHAB	<ul style="list-style-type: none"> Conducts Completeness Review 	PHAB determined
	HD	<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
	HD	<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 HD and reopens Measures 	PHAB determined
	HD	<ul style="list-style-type: none"> Responds to Pre-site Visit Review 	Within 30 days of receipt
	PHAB HD Accreditation Coordinator Site Visit Team	<ul style="list-style-type: none"> Schedules Site Visit 	PHAB/HD/SV team determined
	Site Visit Team	<ul style="list-style-type: none"> Conducts Site Visit 	PHAB/HD 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 Action Plan 	PHAB determined
	HD	<ul style="list-style-type: none"> If status is not “accredited,” HD develops and submits an “accreditation action plan” 	90 days from receipt of accreditation decision notification
	PHAB Accreditation Committee	<ul style="list-style-type: none"> Reviews and approves “accreditation action plan” 	PHAB determined
	HD	<ul style="list-style-type: none"> If the Action Plan is not accepted, submits revised Action Plan 	60 days
	HD	<ul style="list-style-type: none"> Submits documentation of implementation of “accreditation action plan” 	No more than 12 months from approval of plan by PHAB
6. Annual Reports	HD	<ul style="list-style-type: none"> Submits annual report to PHAB 	Annually, for 5 years
7. Reaccreditation	PHAB	<ul style="list-style-type: none"> Sends HD notice of expiring accreditation status 	PHAB determined
	HD	<ul style="list-style-type: none"> Applies for reaccreditation 	

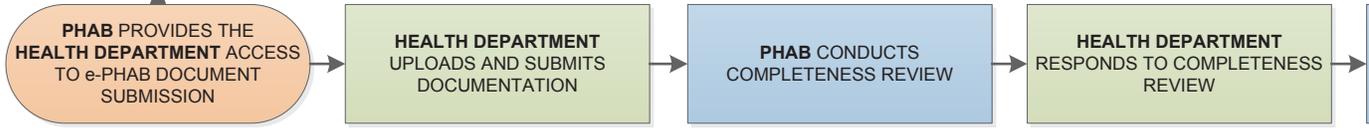
1. PREPARATION



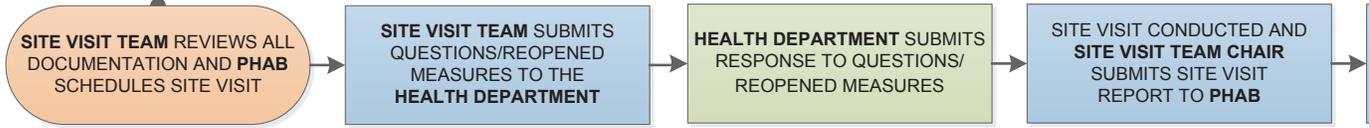
2. REGISTRATION AND APPLICATION



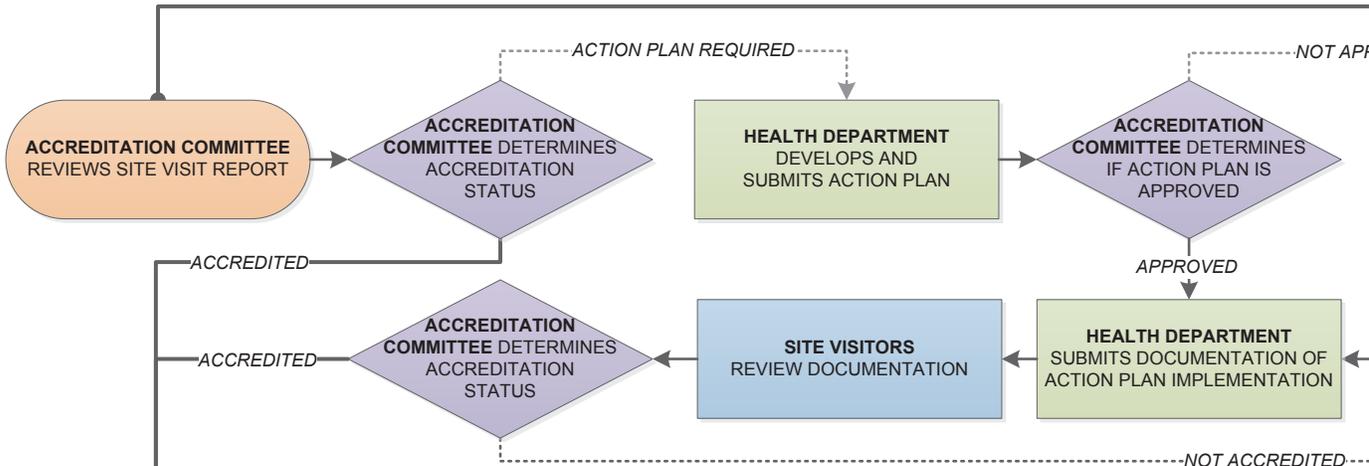
3. DOCUMENTATION SUBMISSION



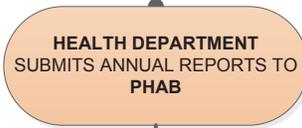
4. SITE VISIT



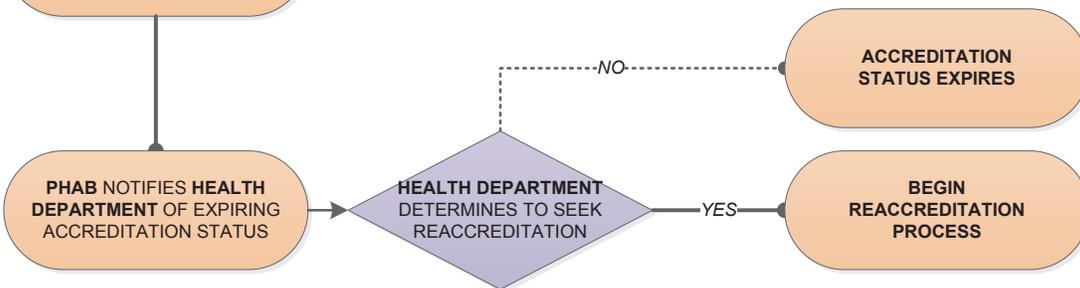
5. ACCREDITATION DECISION



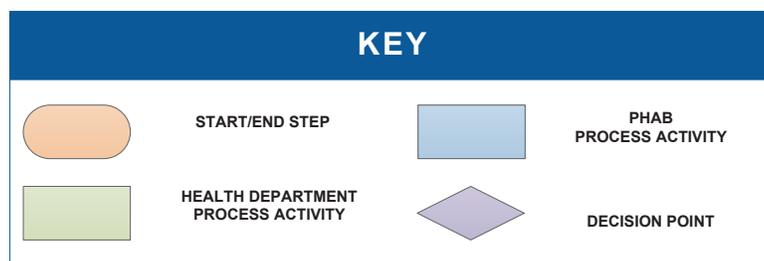
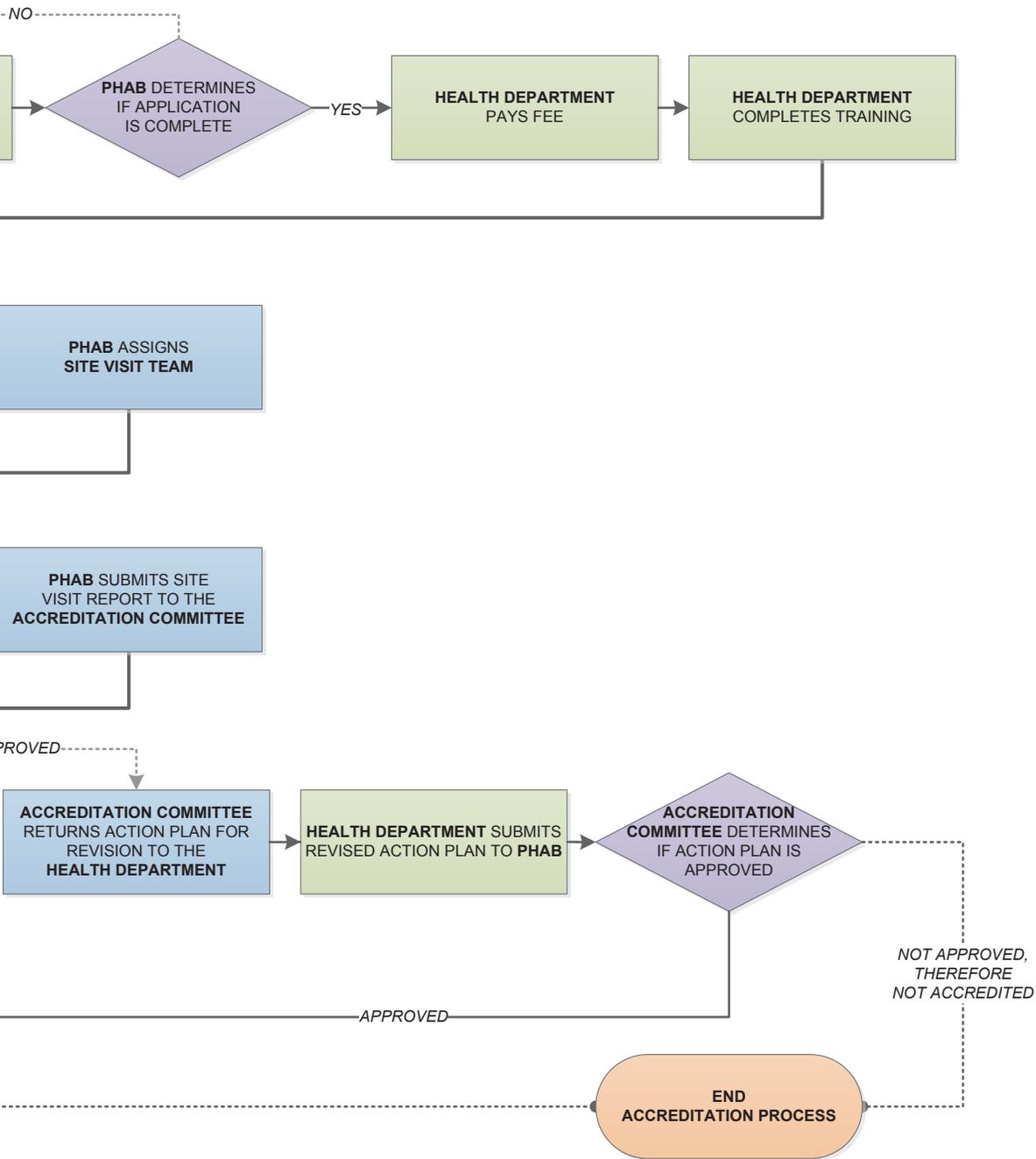
6. REPORTS



7. REACCREDITATION



Appendix 2 ACCREDITATION PROCESS MAP



Appendix 3

ACCREDITATION PROCESS DEADLINES AND MAXIMUM EXTENSIONS

PHAB Accreditation Process Step	Required Timeframe/Deadline	Maximum Extension (Maximum Additional Time Provided)
Registration on e-PHAB	90 days after beginning the registration process	None: the health department must begin its registration over.
Application Submission	6 months from acceptance of registration by PHAB	None: the health department must begin its registration over.
Accreditation Coordinator Training	Health department Accreditation Coordinators are scheduled to attend the next quarterly training after their fee is received by PHAB.	PHAB will delay training for 3 scheduled trainings.
Documentation Submission	12 months	6 months
Respond to the Completeness Review	30 calendar days	30 calendar days
Respond to the Pre-site Visit Review	30 calendar days	30 calendar days
Action Plan	90 calendar days from notification that an Action Plan is required	60 calendar days
Action Plan Report	12 months from notification of acceptance of Action Plan	6 months
Annual Report Section 1	Health departments have access to the Annual Report Tab in e-PHAB starting on the first day of the quarter of the year in which they were accredited. They have three months to submit Section 1 of the Annual Report. It is due last day of the quarter of the year in which accreditation was conferred.	3 months
Annual Report Section 2	Due 30 days from notification of approval of Section 1	The health department does not receive feedback from PHAB on its Section 2 of the Annual Report.

Appendix 4

PUBLIC HEALTH ACCREDITATION BOARD ACCREDITATION APPEALS PROCEDURE

Overview

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

Initiating the Appeal

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

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

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

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

PHAB Procedures

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

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

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

- names and bios of the Panel members;
 - an invitation for the identification of any conflicts of interest;
 - the written appeals and hearing procedures;
 - inquiry as to the health department's intent to be present for the hearing;
 - inquiry as to the names of the health department's staff to be present at the hearing;
 - inquiry as to the health department's intent to be represented by legal counsel at the hearing;
- identification of fees associated with the appeals process; and

seeking confirmation within ten (10) business days acknowledging the arrangements for the hearing.

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

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

Conducting the Appeal Process

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

1. The health department shall be notified of the composition of the Appeals Panel as soon as it is constituted and shall be afforded the opportunity to present objections to the selection of any member of the Panel based on conflicts of interest. The health department has the right to be represented by counsel during the appeal process.
2. The hearing shall occur no later than ninety (90) days from the Appeals Panel's final composition, after conflicts of interest have been addressed. Notification of the hearing date will be made to all parties concerned at least forty-five (45) days prior to the date of the hearing. The appellant health department shall be required to submit a detailed written statement setting forth its position on appeal, along with any relevant materials supporting its position. This statement must be provided to the Appeals Panel at least fifteen (15) business days prior to the appeal hearing. In addition, the health department may, in its notice of appeal, request that the record considered by the Accreditation Committee in reaching its decision be made available. The record shall include, but is not necessarily limited to:
 - a. Accreditation Process Manual applicable at the time the negative decision was made by the Accreditation Committee;
 - b. Guide to Standards and Measures applicable at the time the negative decision was made by the Accreditation Committee;
 - c. Relevant self-assessment documents of the health department;
 - d. Relevant accreditation reports and responses to those reports by the health department; and

- e. Relevant written communications to and from the health department regarding the Accreditation Committee's review, including any prior decision letters as applicable.
3. Rules of conduct for the hearing will be established by the Appeals Panel Chair and shall be provided to the health department and its counsel at least fifteen (15) business days prior to the appeal hearing.
 4. Opportunity to appear before the Appeals Panel will be extended to three representatives of the health department and its counsel. The health department will have sixty (60) minutes to orally present its position. Thereafter, the Appeals Panel will direct questions to and hear responses from the health department. The health department will also be permitted to make a closing statement. A written transcript will be made of the hearing.
 5. All sessions in which the Appeals Panel meets to organize its work, as well as all deliberations of the Appeals Panel, will be conducted in executive session. The Appeals Panel Chair may have access to the Site Visit Team Chair, any PHAB staff, or members of the Accreditation Committee, as they may deem appropriate.
 6. In reaching its decision, the Appeals Panel will consider the record before the Accreditation Committee at the time it made its decision to deny or revoke accredited status as applicable, the health department's written appeal statement, any presentation made by the health department at the hearing, and the health department's responses to questions from the Panel members. The Appeals Panel will base its decision on conditions as they existed at the time of the Accreditation Committee's decision to deny or revoke accredited status and will not consider new evidence not before the Accreditation Committee at the time of such decision. Consistent with the standard for review on appeal, the Appeals Panel considers whether: the decision was the result of the misapplication of PHAB's accreditation procedures or standards and such misapplication prejudiced the appealing health department; or the negative decision was not supported by or is contrary to substantial evidence that existed in the record at the time of the Accreditation Committee's negative decision.
 7. The Appeals Panel, on a majority vote, either affirms, amends, reverses, or remands the decision being appealed. The Appeals Panel must issue a written decision including: the outcome and resolution of the appeal; a summary of relevant portions of the Accreditation Committee's decision; a summary of any relevant procedural or factual findings made by the Appeals Panel; the Appeals Panel's rulings and decisions with respect to the matters under appeal; and any final disciplinary action or sanction issued by the Appeals Panel. Copies of this written decision will be provided to all parties. If the Appeals Panel affirms the decision, the decision becomes final at that time. If the Appeals Panel amends, reverses, or remands the decision, it must provide a detailed written explanation of its recommendations for further action. PHAB will implement the Appeals Panel's decision in a manner consistent with any directive of the Appeals Panel and the accreditation procedures.

Implementation includes the ability to define the length of an accreditation term and any required reporting or other conditions. The accreditation term, required reporting, and any other conditions must be consistent with the Appeals Panel's written report, as well as with the accreditation procedures.

8. The health department has the right to stop the appeals process at any point in the appeals process, by notifying PHAB in writing. In this event, appeals fees will not be refunded.

PHAB Procedures Post Appeals

1. The Chair of the Appeals Panel will send notification, including the written decision, of the Panel's decision to PHAB within twenty (20) business days of the hearing. PHAB will notify the health department of the Appeal Panel's decision within three (3) business days of its receipt.

2. If the Appeals Panel upholds denial or revocation of accreditation, the name of the health department will be removed from the list of accredited health departments and notification of the removal will appear on PHAB's website.

3. PHAB will not release the details of the appeals hearing and relevant documentation to any entity other than the appellate health department, unless legally required.

PUBLIC HEALTH ACCREDITATION BOARD COMPLAINT POLICY AND PROCEDURES

Policy

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

Procedures

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

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

1. PHAB staff will acknowledge receipt of the complaint within 10 business days and provide information about subsequent steps to be taken.
2. Copies of all materials received will be sent to the health department within 15 days of receipt of the complaint, along with a request for verification that administrative remedies have been exhausted.
3. If the accredited health department verifies that the complainant has exhausted the administrative remedies at the institution, PHAB will request that a written response to the complaint be submitted by the health department director within 30 days of receiving copies of the complaint materials from PHAB.

4. Three representatives of PHAB's Executive Committee, appointed by the Chair of the Executive Committee, will convene a special teleconference meeting within 15 days of receiving the response of the health department for purposes of reviewing a complaint, will review the materials submitted by the complainant and the responses submitted by the health department and will determine whether there is sufficient evidence to believe the health department may be in violation of PHAB's accreditation standards and measures. Their assessment will be forwarded to the President/CEO and to the Chair of the Executive Committee.

5. If the Executive Committee determines that the complaint lacks sufficient evidence to proceed with an investigation, the complainant and the health department will be notified in writing within 15 days of the Committee's decision. No further action will be taken.

6. If the Executive Committee determines that the complaint contains sufficient evidence to proceed with an investigation, one of the following actions will be taken depending on the nature and timing of the complaint:

— If the health department has received accreditation in the last twelve months, the complaint may be forwarded to the site visitor team for review in light of the overall review of the health department.

— If the health department is scheduled for re-accreditation within the year, the complaint may be included in the review of relevant standards and measures during that review.

— The Chair of the Executive Committee may appoint a three-member investigative panel, which may be composed of board members and non-board members, based on the Chair's discretion and the nature of the complaint. The investigation shall begin within 30 days of the establishment of the panel. It is expected that the panel's deliberations will be handled by teleconference meetings. Both the complainant and the health department will be offered an opportunity to speak to the panel. The panel will have access to any and all information that is pertinent to the investigation.

— In rare cases, the Executive Committee or the investigative panel's review of the complaint may lead to a site visit to the accredited health department.

7. Reports from site visitors or from the investigative panel will be provided to the Accreditation Committee at its next regularly scheduled meeting. The Accreditation Committee shall be the final decision-making body. Based on the Accreditation Committee's deliberations, or in the event a health department fails to permit an investigation on a timely basis, PHAB's decisions may include any of the following:

— Continue the accreditation status of the health department without change;

— Continue the accreditation status of the health department, but require reporting on the issues noted within the panel's report in the next annual report (s);

— Place an accredited health department on probation for a period not to exceed twelve months during which time appropriate follow-up such as regular reporting or a repeat site visitor review (if done as part of the initial investigation) may be requested by the Accreditation Committee;

— Revoke the health department's accreditation.

8. The accredited health department and the complainant will be advised of the Accreditation Committee's decision and the reasons for the decision within 30 days. No other materials related to the complaint will be provided to the complainant.

9. Complaints, and their associated investigations, will be reported to the full Board of Directors quarterly.

10. Complaints, and their resolution, will be maintained on file in the PHAB office for the remainder of that health department's accreditation cycle, or no longer than five years.

11. PHAB will not publically release the complaints received nor the results of the complaint assessments. PHAB reserves the right to incorporate the complaint details in the quality improvement data base in order to track trends in quality issues.



*Advancing
public health
performance*

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