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public health  
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Public Health  
Accreditation Board

# Accreditation Coordinator Handbook

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## I. Introduction

The Public Health Accreditation Board (PHAB) is the national accrediting organization for public health departments. PHAB is a nonprofit organization dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing 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 system leading to a healthier nation.

Accreditation provides a means for public health departments to identify performance improvement opportunities, enhance management, develop leadership and team work, and strengthen relationships with their community. The accreditation process will challenge a 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. Accreditation demonstrates the capacity of the public health department to deliver the three core functions and the ten Essential Services of Public Health.

Health departments pursuing PHAB accreditation will rely heavily on one staff member who will lead the health department's accreditation efforts throughout the process; this individual will be assigned the role of the health department's Accreditation Coordinator. Health departments pursuing PHAB accreditation are required to appoint one person as an Accreditation Coordinator. The health department director cannot be designated as the Accreditation Coordinator.

The selection of a competent Accreditation Coordinator is a critical decision of the leadership of any health department intent on pursuing accreditation. The Accreditation Coordinator, taking full advantage of accreditation resources provided by PHAB, will guide the health department through the accreditation process and toward continuous quality and performance improvement.

This **Accreditation Coordinator Handbook** provides an overview of responsibilities and needed skills for a health department's Accreditation Coordinator. This handbook will describe the accreditation process and the roles of the Accreditation Coordinator and the Accreditation Team. This handbook also provides suggestions about department processes and information about resources to supplement the Accreditation Coordinator's knowledge and skills on specific elements of the accreditation process.

## II. Accreditation Coordinator Responsibilities

One of the first steps that a health department should take, as soon as the health department decides that it will begin work toward accreditation and quality improvement, is to designate a health department staff person as the Accreditation Coordinator. The Accreditation Coordinator is responsible for managing and coordinating the accreditation process within the health department from early preparation for accreditation, through the accreditation decision, and the post-accreditation annual reports to PHAB. The Accreditation Coordinator is the primary and single point of contact for communication between the health department and PHAB staff throughout the entire accreditation process. The Accreditation Coordinator plays a central role: effectiveness in fulfilling that role is critical to the health department's success in seeking accreditation.

Responsibilities of Accreditation Coordinator include:

- Conducting assessments of the health department's readiness to seek accreditation;
- Completing PHAB's Online Orientation,
- Coordinating the development and implementation of the health department's internal plan to engage staff in the accreditation process,
- Engaging partner organizations and community partners in the accreditation process,
- Completing the Statement of Intent (SOI) and application through PHAB's electronic information system, e-PHAB,
- Facilitating the health department's Accreditation Team,
- Maintaining a documents management approach for proposed and selected documentation,
- Managing the process for selecting documentation for the PHAB measures;
- Preparing for and managing the site visit,
- Coordinating the health department's review of the Site Visit Report,
- Organizing the development of any required accreditation action plans in response to the Site Visit Report, and
- Managing the development and submission of required annual reports and fees to PHAB.

Accreditation Coordinators should:

- Be prepared to spend a substantial percentage of their time on accreditation related duties;
- Be prepared to spend 100 percent of their time during certain phases of the process, for example, during the site visit;
- Have an overall understanding of the operations of the health department;
- Have an overall comprehension of the ten Essential Services of Public Health;
- Have the authority to make assignments to co-workers and set deadlines;
- Have access to the director of the department of health;
- Have strong organizational and project management skills;
- Have the ability to facilitate meetings, discussions, and consensus processes;
- Be detail oriented;
- Have the patience needed to lead an ongoing, comprehensive, and detailed process; and
- Have the required computer skills to manage an internal data base of proposed and selected documentation.

The Accreditation Coordinator should become very familiar with:

- The PHAB Online Orientation
- The **Guide to National Public Health Department Accreditation Version 1.0**;
- The **PHAB Standards and Measures Version 1.0**;
- The **National Public Health Department Accreditation Documentation Guidance Version 1.0**;
- The **National Public Health Department Accreditation Readiness Checklists Version 1.0**;
- The **PHAB Acronyms and Glossary of Terms Version 1.0**;
- Other PHAB materials on the PHAB website ([www.phaboard.org](http://www.phaboard.org)); and
- Resources provided by national organizations, such as 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 Public Health Foundation (PHF), and the National Network of Public Health Institutes (NNPHI).

It is recommended that the Accreditation Coordinator review the PHAB website ([www.phaboard.org](http://www.phaboard.org)). The PHAB documents referenced in this Handbook may be accessed from the website.

The Accreditation Coordinator will work with PHAB's electronic information system, e-PHAB, in all phases of PHAB's public health accreditation process. The e-PHAB system has been designed specifically for PHAB and tracks all transactions in the accreditation process. Health departments log on to e-PHAB to create an account and submit their SOI. Accreditation Coordinators submit the accreditation application and receive invoices through e-PHAB. Importantly, Accreditation Coordinators will upload the documentation for all of the measures and submit it to PHAB on e-PHAB. Accreditation Coordinators will receive hands-on training on the use of e-PHAB during the in-person training provided by PHAB.

The Accreditation Coordinator will need to take the lead in working with the health department's information technology staff or contractors to ensure that the department's system and capacity is compatible for use with the e-PHAB system. For optimal use, individuals working with e-PHAB must meet the minimum Internet Browser requirements:

- Microsoft Internet Explorer 8.0 or higher,
- Firefox 4.0 or higher,
- Safari 5.1 or higher, or
- Chrome 10.0 or higher.

Additional requirements include:

- JavaScript must be enabled;
- Cookies must be enabled;
- Pop-up windows are used, so pop-up blockers must be disabled;
- Computer monitor resolution of at least 800x600 is required but 1024x768 or larger is preferred; and
- Adobe Acrobat Reader 9.0 or higher.

### III. Seeking Technical Assistance on Accreditation and Quality Improvement

Depending on the health department's readiness to begin the discussions about accreditation preparation, the Accreditation Coordinator may have to determine the health department staff's familiarity with the core functions of public health, the Ten Essential Services of Public Health, and general principles of quality and performance improvement. This information is essential knowledge for health departments to be successful in designing their approaches to accreditation preparation. Resources for reviewing these principles and concepts with the health department staff can be found on the websites of national organizations ([www.astho.org](http://www.astho.org), [www.naccho.org](http://www.naccho.org), [www.phf.org](http://www.phf.org), etc.). Information can also be found on the websites of the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)) and the Robert Wood Johnson Foundation ([www.rwjf.org](http://www.rwjf.org)).

PHAB encourages Accreditation Coordinators to attend webinars, in-person sessions, and teleconferences on accreditation and quality improvement in order to keep abreast of the latest information and to network with other Accreditation Coordinators around the country. The Accreditation Coordinator is also encouraged to contact other health departments who might be farther along on their accreditation journey in order to dialogue with them about various approaches to preparing for accreditation.

There may be some confusion about which questions to direct to the PHAB staff and which questions are best directed to other national organizations. A general rule of thumb is:

- Questions about the accreditation process, standards and measures interpretation, e-PHAB, and accreditation requirements should be directed to PHAB; and
- Questions about the preparation of processes, programs, interventions, policies, materials, and documents should be directed to other national organizations.

The reason for the division of responsibilities is the need for a firewall between PHAB (the accrediting organization that will be making the accreditation decision) and national organizations (the organizations that assist health departments in preparing documentation that will be assessed through the accreditation process). The term firewall in the context of accreditation is used to connote ethical principles for separating the preparation of materials/documents/processes from the accreditation review and decision making processes.

The operational application of an accreditation firewall also means that PHAB, as the official accrediting organization, will not participate in rendering technical assistance to health departments in the development of required materials, documents, and processes which might later be submitted for review to determine accreditation status. If PHAB did participate in this type of technical assistance, PHAB would essentially be "grading its own work." Likewise, it means that national organizations that provide technical assistance to health departments for accreditation readiness will not be involved in any discussions with PHAB related to individual applications, review of materials submitted for accreditation determination, site visits in any official accreditation capacity, or discussions or deliberations concerning accreditation status.

## IV. The Health Department Accreditation Team

Achieving accreditation will require the knowledge, skills, experience, and perspectives of a number of health department staff and stakeholders working together. The health department's establishment of an Accreditation Team is not required by PHAB, but is strongly recommended. A productive Accreditation Team can assist the Accreditation Coordinator throughout the accreditation process and can organize staff and stakeholders to help manage each step. Health departments who engage as many staff as possible in the accreditation preparation work will find that communication across the department improves, team work is strengthened, and a culture of quality improvement is enhanced.

While the Accreditation Team can assist in all phases of the process, a primary role will be to identify, consider, and assist in the selection of the most appropriate documentation for each of the PHAB measures. The documentation that is submitted to PHAB must comply with the documentation requirements set forth in the **PHAB Standards and Measures Version 1.0**. The health department's documentation provides evidence that the department is in conformity with the measure and, ultimately, meets the standard. The health department should select documentation carefully to ensure that it accurately reflects the health department's performance.

Accreditation Team size and composition will vary according to the size and organizational structure of the health department. Typically, productive teams have five to ten members. The health department may wish to assign the Accreditation Team the management of the overall process and appoint sub-teams to manage specific aspects of the accreditation process, such as Domain Teams for selecting documentation by Domain.

Members of the Accreditation Team should represent various divisions and programs across the department. Health departments are encouraged to utilize documentation from a variety of public health programs. Public health program examples should collectively demonstrate the variety of programs that are administered by the health department in order to demonstrate the organization-wide conformity with the standards and measures.

Additional considerations in the appointment of an Accreditation Team may include:

- An individual's experiences with a specific topic, Domain, or aspect of accreditation;
- An individual's interest in the accreditation process;
- An individual's willingness to share knowledge and expertise and to listen to others;
- An individual's ability to carry out assignments and to communicate effectively with other team members;
- An individual's problem-solving skills; and
- Levels of the organization that need to be represented. Appointing a combination of levels (high level managers, middle managers, and staff members) can be an effective way to improve communication and involve members who have specific essential knowledge.

The Accreditation Team can achieve a high level of productivity when provided with<sup>1</sup>:

- Clearly defined purposes and goals,
- Clearly defined responsibilities and timeframes,
- Clearly defined boundaries,

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<sup>1</sup> Scholtes, Peter R. *The Team Handbook, Third Edition, Revised*. Madison, WI: Joiner Associates. 2003.

- Access to knowledgeable people, and
- Access to resources.



## V. Productive Accreditation Team Meetings<sup>2</sup>

Keeping the Accreditation Team meetings focused and on-task will be one of the critical roles for the Accreditation Coordinator. Accreditation Coordinators should always:

- Prepare for each meeting:
  - Communicate the purpose of the meeting;
  - Communicate what should be accomplished during the meeting; and
  - If regular meetings are required, schedule meetings in advance so that team members can be prepared (e.g., first Monday of the month, every other Thursday, etc.).
- Develop an agenda for each meeting that includes:
  - The purpose or objective of the meeting,
  - Topics that will be discussed,
  - A designated lead person for each topic, and
  - Time estimate for each agenda item.
- Start and end the meeting on time.
- Facilitate the meeting:
  - Make sure someone is taking notes and keeping track of time,
  - Keep the team focused,
  - Manage participation and curtail conversational detours, and
  - Help the team evaluate each meeting (What works? What should be changed?).

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<sup>2</sup> *Ibid.*

## VI. Managing the Accreditation Process

The accreditation process will involve the review of a variety of programs, projects, policies and procedures, tasks, and day-to-day operations of the health department. The process will involve staff from across the health department as well as community partners and members of the governing entity. It is recommended that project management or action planning tools be employed to assist the Accreditation Team track and manage accreditation tasks and work assignments that will be conducted concurrently.

PHAB does not recommend or endorse any specific project management or planning tool. A variety of project management tools can be downloaded electronically from sources other than PHAB. Most products are a variation of the Gantt chart which is a simple tool that shows the simultaneous tasks and deadlines that exist over the life of a project. Below is a very simplified version of a project management or action planning tool that can be created by the Accreditation Coordinator in Microsoft Word or as an Excel spreadsheet. The layout of the tool is less important than its use in capturing the status of work and specific tasks, the task owner or responsible staff member, and the projected completion date. With this information, the Accreditation Coordinator can touch base with the “task owner” at agreed intervals in order to keep the accreditation process on track. Below is a sample:

<b>Task Name</b>	<b>Task Owner</b>	<b>Start Date</b>	<b>Projected Completion Date</b>	<b>Reporting Timeframe</b>	<b>Comments</b>
Review and revise XYZ Policy	Ms. Smith	3/30/2012	10/15/2012	Every 30 Days	March 30 report submitted; first policy review done; projected completion date on target

## VII. The Accreditation Coordinator's Role in the Seven Steps of Accreditation

The PHAB accreditation process consists of seven major steps. Accreditation Coordinators have roles and responsibilities in leading and managing each of the steps.

### 1. Pre-application

Pre-application is the time during which the health department considers seeking accreditation, gathers information, begins to develop support for seeking accreditation, and ensures that the health department is ready to begin to engage in the process. The Accreditation Coordinator will:

- Learn about the accreditation process;
- Study the **PHAB Standards and Measures Version 1.0**;
- Learn about other PHAB materials;
- Confirm that the health department is eligible to apply;
- Learn about the fee structure and review this with the health department director;
- Guide the health department through the completion of the **National Public Health Department Accreditation Readiness Checklists Version 1.0** (PHAB strongly recommends that health departments preparing for accreditation complete all of the **Readiness Checklists**, including the completion of an initial “self-study”);
- Work with the director of the health department to ensure that the members of the governing entity and the appointing authority are supportive of the department seeking accreditation;
- Work with the director of the health department to appoint an Accreditation Team;
- Work with the director of the health department and others to ensure that the three accreditation prerequisites (community health assessment, community health improvement plan, and health department strategic plan) were adopted within the last five years;
- Work with the director of the health department and others to ensure that the department has a current organizational chart;
- Complete the PHAB Online Orientation and ensure that the director of the health department has completed the Orientation;
- Review the seven steps of accreditation as outlined in the **Guide to National Public Health Department Accreditation Version 1.0** and begin the development of a health department work plan and timeframes;
- Introduce the Accreditation Team members to the seven steps of PHAB accreditation and encourage or require that members of the Accreditation Team complete the Online Orientation;
- Explore technical assistance resources provided by national organizations, such as 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 Public Health Foundation (PHF), and the National Network of Public Health Institutes (NNPHI); and
- Ensure that the health department has the required information technology to work through PHAB's information system, e-PHAB.

After this preparation, the Accreditation Coordinator will, in consultation with the Accreditation Team, discuss with the director of the health department a time frame for the health

department's application for accreditation. At that time, the Accreditation Coordinator may be ready to register on e-PHAB and submit a Statement of Intent (SOI) to PHAB.

The SOI informs PHAB of the health department's intention to submit an application and registers the health department on e-PHAB. The SOI asks for general information about the department of health (see **e-PHAB Statement of Intent Information 2011-2012**). The SOI is nonbinding and does not commit a health department to submit an application. The SOI is valid for one year from the time it is approved by PHAB.

The health department director and the Accreditation Coordinator are required to complete the PHAB Online Orientation before an SOI will be accepted by PHAB. The certificate number of the Online Orientation Certificate of Completion must be submitted with the SOI to document that the health department director and Accreditation Coordinator have completed the Online Orientation. Access to the PHAB Online Orientation is located on the PHAB website ([www.phaboard.org](http://www.phaboard.org)).

## **2. Application**

When the SOI is submitted by the health department and approved by PHAB, PHAB will give the health department access to the accreditation application in e-PHAB. 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 health department 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 application process is as follows:

### **a. Application Preparation and Submission**

The Accreditation Coordinator will log on to e-PHAB and complete the steps listed.

- Confirm that the pre-populated information (from the SOI) in the Application Profile is free from errors.
- With the health department director or other staff as appropriate, complete the Fee Calculation and select a fee payment option.
- Complete the Health Department Overview.
- With the Accreditation Team or others, complete the Public Health Program section of the application, identifying if various programs are provided directly by the health department, provided by non-governmental organization through health department formal partnerships/contracts, provided by another governmental agency, or are not offered to the population of the jurisdiction that the health department is authorized to serve.
- If the health department has additional sites or facilities (a laboratory, for example) that it recommends that the Site Visit Team visit, list each (up to 4 additional sites).
- Complete the Health Department Unique Characteristics section, using the space to describe characteristics such as health department organizational structure, population served, governance, or unique services provided.
- Upload all required documents, including:
  - Community Health Assessment (adopted or updated within last 5 years);
  - Community Health Improvement Plan (adopted or updated within last 5 years);

- Health Department Strategic Plan (adopted or updated within last 5 years);
- Health Department Organizational Chart (dated within last 2 years); and
- Letter of Support from Appointing Authority.
- Submit the application for the review and approval by the health department director and submit to PHAB.

#### **b. PHAB Approval**

PHAB staff will review the application and notify the Accreditation Coordinator through e-PHAB if (1) the application is accepted, (2) changes are requested, or (3) the application is denied.

When PHAB deems the application to be complete, an invoice will be sent to the health department director with a copy to the Accreditation Coordinator. Payment is due within 30 days and must be received by PHAB for the application to be approved and for the Accreditation Coordinator to be scheduled for the in-person Accreditation Coordinator training.

If PHAB requests changes to the application, an email identifying the specific change(s) needed will be sent to the director of the health department with a copy to the Accreditation Coordinator. This will un-lock the application, allowing necessary changes to be made and the application resubmitted. If the application is denied, an email identifying the specific reason for not accepting the application will be sent to the director of the health department with a copy to the Accreditation Coordinator.

When PHAB receives payment, the status of the application will be “Approved.” PHAB will provide the Accreditation Coordinator with information about the in-person Accreditation Coordinator training.

#### **c. Accreditation Coordinator In-person Training**

The Accreditation Coordinator is required to participate in PHAB’s in-person Accreditation Coordinator training. When the training has been completed, the health department will be given access to the e-PHAB module to upload documentation. Training will be provided for groups of applicants; PHAB will not provide individual training. PHAB will forward information regarding the arrangements for the accreditation training to the Accreditation Coordinator after the application has been approved. Accreditation Coordinator training will be available quarterly. This training provides the opportunity to learn about using e-PHAB, learn about specifics of the process, and ask questions related to the accreditation process.

The cost to train the Accreditation Coordinator is covered in the health department’s application fee. The health department may choose to send one additional individual to the Accreditation Coordinators’ training. There will be a registration fee for the second individual to cover the costs of meeting materials, hotel, and meeting meals. The health department must cover all other expenses of the second person attending the training.

After completing the accreditation training and a training evaluation form, the “Documentation Selection and Submission” section of e-PHAB will be unlocked and the health department may begin to upload documentation.

### 3. Documentation Selection and Submission

The process of identifying, selecting, and uploading documents is the central task for the health department seeking accreditation and is an extremely important activity for the accreditation process. The documentation submitted by the health department to PHAB is what the Site Visit Team will review and use to assess the health department's conformity with the standards and measures.

#### a. Documentation Selection Considerations

The Accreditation Team will adopt a process to identify policies, procedures, plans, memos, reports, meeting agendas, and other documents in order to select documentation for each measure. The final document submitted to PHAB for any measure may be different than the document that was first proposed by the team for submission: the Accreditation Team and the Accreditation Coordinator should assess the available documents and select the documentation that best demonstrates conformity with the measure and best reflects the health department. Changes and revisions to documentation can continue to be made until the final submission is made to PHAB through e-PHAB.

The Accreditation Coordinator should become familiar with the introduction section of the **PHAB Standards and Measures Version 1.0**. The introduction section includes guidance concerning documentation, timeframes, and the applicability of standards to public health functions and programs. Additionally, the Accreditation Coordinator should be familiar with the documentation policies that are provided in the **National Public Health Department Accreditation Documentation Guidance Version 1.0**.

The Accreditation Coordinator and their Accreditation Team should keep in mind that the site visitors' review of documentation will be primarily qualitative. In selecting the documentation, the intent of the standard and the measure should always be considered. The Accreditation Team should review the measure's Required Documentation and its Guidance within the context of the measure and the "Purpose" statement of the measure. The measure should be considered in the context of the standard and the Domain to ensure that the intent of the measure is being demonstrated by the selected documentation.

The health department should ensure that documents demonstrate conformity with the specifics of the Required Documentation and Guidance for each measure. Consideration should be given to the quantity of documents that the site visitors will be reviewing and so, the selected documentation should be very specific to the requirements; more is not better. Some measures require that "policies and procedures" or "protocols" be submitted. Many times "policies and procedures" or "protocols" are actually one document, i.e., a "policies and procedures manual." Two examples of "policies and procedures" may or may not be required, depending on the specifics in the Required Documentation Guidance and the specifics of the selected documentation. The guidance in the **PHAB Standards and Measures Version 1.0** should be carefully reviewed.

Documents must be signed, but that does not necessarily require the presence of a written signature. Each piece of documentation must include evidence that it has been adopted by the health department. In some cases, documentation will be a written policy and will include the signature of a governor, mayor, or health department director. In

other cases, documentation may be an email; the "To" and "From" and the email addresses will serve as evidence that the document is "official" health department business. In other cases, a department logo will provide the evidence that the document is an official health department document. For example, a brochure will not have the health department or program director's signature, but it will include the department's logo. A health department logo will be acceptable. Further, a document developed by a partnership or coalition of which the health department is a member, may or may not include the health department's logo. In this case, evidence of the health department's membership or participation in the partnership or coalition will suffice.

All documents must be dated. The date on the documentation serves two purposes: (1) it allows the PHAB Site Visit Team to ascertain if the documentation is in conformity with the timeframe requirements in the **PHAB Standards and Measures Version 1.0**, and (2) it provides information to the health department concerning how current the document is and if there is a need for review and/or revision. The specificity of the date depends on the document: a memo or an email will have a specific day; a report may indicate a month and year; and a brochure may show only a year.

#### **b. Selection of Documentation Process**

The Accreditation Coordinator should (with assistance from members of the Accreditation Team) educate health department staff across the department about the internal process of selecting documentation. Staff across the department's program areas should be encouraged to contribute potential documentation for consideration by the Accreditation Team.

The Accreditation Coordinator should develop a process for accessing, reviewing and considering, and selecting documentation (e.g., Gantt chart). Documentation identification and review should include several processes:

- Assignments, by Domains or other grouping of standards, should be made to individual members or sub-teams of the Accreditation Team. Responsibilities of the Accreditation Team members or sub-teams will be to identify potential documentation for the Team to consider.
- There should be a process for health department staff to propose documentation to Accreditation Team members or sub-team members.
- A process to ensure that documents are signed and dated is critical.
- A process is needed for evaluating potential documentation to determine the most appropriate document to demonstrate that the health department is in conformity with the measure.
- A process should be in place for developing and organizing notes concerning which specific parts of documents address the documentation requirement. Health departments will have the opportunity to include notes for each piece of documentation uploaded on to e-PHAB.
- A process should be in place for developing and approving contextual notes that describe how a specific document demonstrates conformity with a specific measure.

PHAB has developed a Documentation Selection Spreadsheet that can be downloaded from the PHAB website. It is a tool designed to assist health departments track the process of selection of documentation in preparing for health department accreditation. This spreadsheet is not designed as a document management tool or document



organization tool; it is provided to be customized as a process management tool. Health departments can modify this spreadsheet to suit their needs. Modifications may include deleting measures that are not specific to their health department type (Tribal, state, or local), or re-naming, deleting, or adding columns to more closely match their specific internal documentation review and selection method. The use of this spreadsheet is optional and will not be submitted to PHAB. Below is an example of a Documentation Selection Spreadsheet.

DOMAIN 4	Measure	Required Documents	Assigned to:	EXAMPLE 1			
				Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
Standard 4.1	4.1.1 A						
		1					
		2					
		3					
	4.1.2 T/L						
		1					
	4.1.2 S						
	1						
Standard 4.2	4.2.1 A						
		1					
	4.2.2 A						
	1						

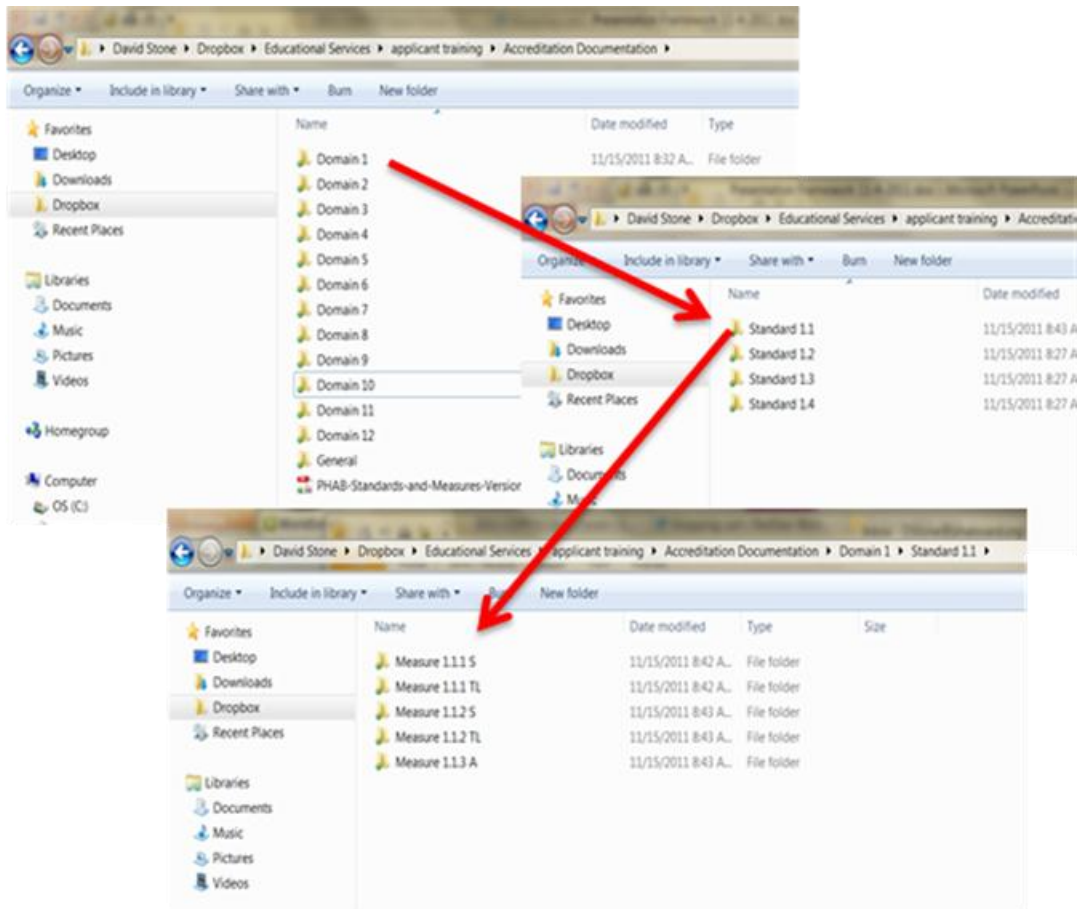
The Accreditation Coordinator will also need to develop an internal system for organizing and storing documentation electronically before they are uploaded into e-PHAB:

- A process to manage paper or hard copy documents that need to be scanned and stored electronically will help prepare documentation for submission.
- There should be a central location to store all documents related to accreditation (e.g., designated information systems drive).
- A consistent file labeling process (i.e., label files with the Standard Number, Document Name, date of the most recent version, and responsible party name) will help to organize and identify documentation.

PHAB is not recommending any particular process for health departments to identify, organize, or store their electronic documentation. PHAB neither requires nor endorses any product for use in accreditation preparation. The use of a specific software product will not guarantee “accredited” status.

The health department will want a system that will allow the user to know what is in a file and the measure and requirement to which it relates. The Accreditation Coordinator may choose to set up shared file folders and sub-files (by Domain, standard, measure and required documentation) that members of the Accreditation Team can access. That way, documents can be saved in the appropriate location for submission to PHAB, without having to rename all the documents with full PHAB Measure numbering. For example:





It is most important that the health department uses a system that makes sense for the Accreditation Team and health department's organizational structure.

### c. e-PHAB Documentation Submission Process

When the Accreditation Coordinator has access to the e-PHAB Documentation Selection and Submission module, the Accreditation Coordinator may assign role-based permissions to members of the Accreditation Team and any other individuals who will be involved in the process. The permissions will be based on the assignment of responsibility for each Domain. While e-PHAB accommodates multiple users, the Accreditation Coordinator is the only individual who can assign access to the Domains. Accreditation Coordinators will need to provide training to any staff assigned to use the Documentation Selection and Submission module of e-PHAB.

Using the PHAB guidance documents, the Accreditation Coordinator and Accreditation Team will upload the documentation that the health department will use to demonstrate that the health department is in conformity with the PHAB standards and measures in to the e-PHAB system. The e-PHAB documentation upload system follows the format of the PHAB Standards and Measures; it lists the Domain, standard, measure, Required Documentation, and the Guidance for each Required Documentation. There is an upload button for each Required Documentation that functions much like choosing a document for an email attachment, with the added features of allowing the user to enter a Title for the document, and a short description of what the document is. The process is a series of uploads that follow the structure of the **PHAB Standards and Measures Version 1.0**.

Acceptable file formats for uploaded documentation to e-PHAB are the following:

File Type	Extension
Audio	mp3, mpeg4
Image	bmp, gif, jpeg, jpg, tif, tiff
MS Excel	xls, xlsx, xlsm, xlsx, xlt, xltm, xltx, xlw
MS PowerPoint	pps, ppsm, ppsx, ppt, pptm, pptx
MS Word	doc, docm, docx, rtf
Portable Document Format	pdf
Text	htm, html, mht, rtx, txt
Video	mpeg, mpg, mpv, mp4

Once all of the documents have been uploaded and the Accreditation Team is satisfied with the materials provided, the Accreditation Coordinator should work with the health department director to authorize the final submission of the documentation to PHAB. Once final submission has occurred, the files are locked pending the site visitors' review.

Before the health department's documentation is provided to site visitors for their review, a PHAB Accreditation Specialist will review the health department's documentation for completeness. PHAB Accreditation Specialists will NOT assess the documentation for conformity with the measure or its documentation requirements. Accreditation Specialists will:

- Determine if documents are dated; they will not assess the documentation as being within the required timeframe.
- Review the documentation for required signatures, department logos, or other evidence of authenticity.
- Determine if the required number of examples is submitted.
- Determine that uploads are in a correct file format.
- Determine that uploads are not draft documents.
- Check with the health department if it appears upload errors were made.

#### 4. Site Visit

The Site Visit consists of a team of public health practitioners and experts reviewing the documentation submitted by the health department and conducting an on-site assessment of the health department. The accreditation site visit serves several purposes:

- Verify the accuracy of documentation submitted by the health department,
- Seek answers to questions regarding conformity with the standards and measures, and
- Provide an opportunity for discussion and further explanation.

The Accreditation Coordinator plays a critical role in preparation for the site visit. The Accreditation Coordinator remains the single point of contact between the health department and PHAB in managing the accreditation site visit.

**a. Site Visit Team**

PHAB will appoint a Site Visit Team and Team Chair for a health department. All Site Visit Team members will have received PHAB Site Visitor training. The health department will have an opportunity to review the appointed Site Visit Team members for any conflict of interest and may request that a change be made based on that conflict. The Accreditation Coordinator should facilitate the health department's conflict of interest review process once PHAB notifies them of the Site Visit Team members' names and affiliations.

**b. Pre-site Visit**

PHAB site visitors will review the documentation that is submitted to determine the adequacy of it as evidence that the health department is in conformity with each measure. The site visitors may request additional documentation prior to a site visit or ask questions about the submitted documentation. PHAB staff will be the intermediary for all communications between the site visitors and the health department prior to the site visit and will notify the Accreditation Coordinator if additional documentation is requested by the Site Visit Team or if the Team has specific questions. The Accreditation Coordinator is the point of contact for responding to all additional documentation requests and should work with the health department director to authorize submission of additional documentation to PHAB. All requests and responses will be through e-PHAB. The applicant health department will not have independent contact with the PHAB appointed site visitors.

**c. Site Visit Scheduling**

The site visit will be scheduled by PHAB in consultation with the Accreditation Coordinator and the Site Visit Team. The Accreditation Coordinator will be asked to assist PHAB by providing information needed to plan the logistics, such as the nearest airport, hotel recommendation, and driving directions.

The Accreditation Coordinator must ensure that all staff involved in the accreditation process will be available for meetings during the site visit. This will include key staff from other departments or agencies that provide public health services through agreements or contracts cited as evidence of conformity to specific standards. Additionally, the health department director and Accreditation Coordinator must be on site and available for the entirety of the site visit.

PHAB will provide a site visit agenda to the Accreditation Coordinator prior to the site visit. PHAB will work with the Accreditation Coordinator to schedule any concurrent sessions to ensure that department staff are not scheduled to be in more than one place at a time. PHAB staff will work with the Accreditation Coordinator to also accommodate the schedules of representatives of partners and the governing entity, to the extent possible.

**d. Site Visit**

The Accreditation Coordinator and Accreditation Team should prepare health department staff for the site visit. All health department staff should know the date of and

understand the purpose of the visit. Everyone should know generally what to expect. The building receptionist should know to expect the Site Visit Team and know where to direct them.

Department staff should be aware that the site visit will include:

- An Entrance Conference,
- A department walk through,
- Interviews with key staff,
- Sampling and collection of additional information, if requested by the Site Visit Team, and
- An Exit Conference to review identified strengths and areas for improvement.

The Accreditation Coordinator should reserve a room to serve as a “home base” for Site Visit Team during the duration of the visit. This room should be secured so that materials may be left overnight. The room should also have Wi-Fi capabilities (if available) and the Site Visit Team should be provided the appropriate passwords. If Wi-Fi is not available, the health department should set up four laptops that are connected to the Internet. The room should be set up with a screen and projector so that site visitors may view documents together. Additional meeting rooms should be reserved for concurrent interviews. Meetings accommodations should be private.

The Site Visit Team may request additional documentation while they are conducting the visit. The Accreditation Coordinator should ensure that all additional documentation is submitted electronically through e-PHAB, and work with the health department director to authorize submission of additional documentation to PHAB. The health department may not suggest additional documentation, but only respond to such requests by the Site Visit Team.

For PHAB’s continuous quality improvement of the accreditation process and supporting guides and documents, all applicant health departments, Accreditation Coordinators, and Site Visit Team members are expected to participate in an evaluation process. PHAB will provide surveys to gather quality improvement information on the conduct of the site visit and the overall review process.

#### **e. Site Visit Report**

Within two weeks of the close of the site visit, the Site Visit Team will develop and submit a Site Visit Report to PHAB. PHAB may edit the brief narratives contained in the Site Visit Report and may send proposed changes to the Site Visit Team chair for review.

PHAB will provide the applicant health department access to review the report for factual accuracy only. The health department will have 30 days to respond to PHAB through e-PHAB to correct factual errors. Applicants cannot submit additional documentation of corrective action(s) at this time. The only additional documentation that may be accepted is evidence that will correct a factual error in the Site Visit Team report.

Once the final Site Visit report has been completed in e-PHAB, no changes may be made. It is this report that will be submitted to the Accreditation Committee.

## 5. Accreditation Decision

The accreditation decision is made when the PHAB Accreditation Committee determines the accreditation status of a health department based on the Site Visit Report. Applicants will be notified of the date of the Accreditation Committee meeting but are not permitted to attend any Accreditation Committee meetings.

Within two weeks of the conclusion of the Accreditation Committee meeting, PHAB will notify the health department director of the accreditation decision via email and copy the Accreditation Coordinator. A follow-up written letter will be sent by United States Postal Service. No feedback will be provided to applicants before the official written decision letters are sent to applicants.

The health department will receive specific language they are to use to communicate their accreditation status with the public. Health departments must use the PHAB approved language when describing their accreditation status to the general public. Template press releases will also be provided.

When the health department receives a status of “accredited,” the Accreditation Committee will provide the health department with a list of opportunities for improvement from the Site Visit Report. This will support the department’s continuous quality improvement efforts and will be the basis for annual reports to be submitted by the accredited health department to PHAB.

If the health department does not receive a status of “accredited,” a list of opportunities for improvement will support the department’s development of an accreditation action plan. The Accreditation Coordinator will manage the development of an accreditation action plan and its submission to PHAB within 90 days of notification that the health department did not receive the status of “accredited.” The action plan must:

- Specify the actions and improvements that the health department will implement in order to achieve “accredited” status, and
- Specify the amount of time required to implement each action to reach conformity (no more than one year from the date of PHAB’s approval of the action plan).

If the action plan is approved by PHAB, the health department must submit documentation and description of the completion of the action plan by the date agreed on. If the action plan is not implemented satisfactorily per the Accreditation Committee and accreditation is not achieved within one year from the date of the original accreditation status notification letter from PHAB, the status of the health department will be “not accredited.” The department must then begin the accreditation process again in order to become accredited.

## 6. Reports

Submission of annual reports is required for the health department to maintain their accreditation status for the five year period. The purpose of the annual reports is to describe progress made towards addressing areas of improvement identified by the Accreditation Committee. Annual reports to PHAB will include a description of the improvements made to areas identified as needing improvement and other efforts toward continuous quality improvement. Reports must:

- Include a statement that the health department continues to be in conformity with all standards and measures contained in the version under which accreditation was received,
- Include leadership changes and other changes that may affect the health department’s ability to be in conformity with the standards and measures,

- Describe how the health department has addressed areas of improvement noted by the Accreditation Committee,
- Describe how the health department will continue to address areas of improvement identified by the Accreditation Committee and/or by the health department in their accreditation action plan, and
- Be signed (authorized through e-PHAB) by the director of the health department.

PHAB staff will determine if the annual report includes changes that are significant enough to be referred to the Accreditation Committee for their review and approval.

## **7. Reaccreditation**

Accreditation is conferred for a five year period. PHAB will send advanced notice to accredited health departments that their accreditation is expiring. Accreditation Coordinators will lead the submission of a new SOI and Application in the reaccreditation process, and may be required to receive additional training. Procedures for reaccreditation will be developed and published in the future by PHAB.

The version of the standards and measures that was used to award accreditation to a health department will stay in effect for a health department's five year accreditation period. However, over that period of time, new standards and measures may be adopted by PHAB. In such instances, PHAB will notify all accredited health departments of these changes. It is highly recommended that the Accreditation Coordinators plan how they will address conformity with the standards and measures that will be used in the re-accreditation process.

## VIII. Accreditation Communications

Department communication should begin early in the accreditation process so that everyone understands what accreditation is, what the benefits of accreditation will be, what their role in the accreditation process is, and how accreditation related activities are to be coordinated with their day-to-day responsibilities. A communications plan or strategy can help manage communications to those involved and those interested in the accreditation process.

PHAB does not recommend, however, that the health department communicate with the media until accreditation has been achieved. PHAB will provide samples of appropriate communication at the time accreditation is awarded.

The Accreditation Coordinator plays a vital role in communicating the importance of public health accreditation to staff, members of the governing entity, department leadership, partners, and the community. It will be important to build and maintain health department enthusiasm and staff involvement. Staff should be engaged throughout the process. Others will want to know the status of the process.

As appropriate and needed, the health department may want to develop presentations, events, and opportunities for involvement in order to demonstrate how the accreditation process is being conducted and to engage staff and stakeholders. PHAB has developed a set of basic power point slides that describe the accreditation process and summarize the structure and contents of the standards and measures. The slide set can be located on the PHAB web page under "Accreditation Materials," under "Accreditation Process." These slides can be adapted by a health department for presentations to any group: staff, governing entity, partners, and stakeholders. PHAB will continue to develop communications and educational materials that Accreditation Coordinators may use in the implementation of their communications plan or strategy. If the health department develops its own communications materials, any references to the PHAB copyrighted documents must be cited exactly as they are provided in the respective PHAB document. Copyright violations are legal violations.

Ongoing communication will be needed as the health department progresses through the accreditation process. All involved parties will need to understand their roles, track progress toward goals, and engage in a process for updating work plans. Levels of detail provided in these communications should be consistent with the involvement of the stakeholder (i.e. health department employees may need specific detail regarding their responsibilities and stakeholders may need only progress reports). The Accreditation Coordinator can manage, lead, and/or assign communication efforts.



## IX. Resources

### 1. Teams

Scholtes, Peter R. *The Team Handbook, Third Edition, Revised*. Joiner Associates. Madison, WI. 2003.

Scholtes, Peter R, *The Leader's Handbook: Making Things Happen, Getting Things Done*. McGraw-Hill. 1998. ISBN 0070580286.

Orsburn, Jack D. *The New Self-Directed Work Teams: Mastering the Challenge*. McGraw-Hill. New York. 1999. ISBN 007043414X.

Parker, Glenn M. *Cross Functional Teams Tool Kit*. Jossey-Bass. 1997. ISBN 0787908568

### 2. Meetings

Scholtes, Peter R. *The Team Handbook, Third Edition, Revised*. Joiner Associates. Madison, WI. 2003.

Public Health Memory Jogger: [www.goalqpc.com](http://www.goalqpc.com)

Lencioni, Patrick. *Death by Meeting: A Leadership Fable...About Solving the Most Painful Problem in Business*. Jossey-Bass. March 2004. ISBN 0787968056

### 3. Public Health Services

Institute of Medicine. *The Future of the Public's Health*. Washington, DC. National Academies Press. 1988.

Institute of Medicine. *The Future of the Public's Health in the 21st Century*. Washington, DC. National Academies Press. 2003.

Lenihan P, Welter, C, Chang, C, and Gorenflo, G. *The Operational Definition of a Functional Local Public Health Agency: The Next Strategic Step in the Quest for Identity and Relevance*. Journal of Public Health Management and Practice. 2007. 13(4), 357-3

Public Health Functions Steering Committee. Public Health in America. Fall 1994. [www.health.gov/phfunctions/public.htm](http://www.health.gov/phfunctions/public.htm). Accessed 26 November 2010.

Riley, W., Beitsch, L., Parsons, H., Moran, J. Quality Improvement in Public Health: Where Are We Now? *Journal of Public Health Management Practice* 2010. 16(1): 1-2.

### 4. Public Health Accreditation Board Documents

Public Health Accreditation Board. *Acronyms and Glossary of Terms, Version 1.0*. Alexandria, VA. May 2011

Public Health Accreditation Board. *Generic Presentation for Health Departments, Version 1.0*. Alexandria, VA. September 2011

Public Health Accreditation Board. *Guide to National Public Health Department Accreditation, Version 1.0*. Alexandria, VA. May 2011



Public Health Accreditation Board. *National Public Health Department Accreditation Documentation Guidance, Version 1.0*. Alexandria, VA. May 2011

Public Health Accreditation Board. *National Public Health Department Accreditation Readiness Checklists, Version 1.0*. Alexandria, VA. May 2011

Public Health Accreditation Board. *Standards and Measures, Version 1.0*. Alexandria, VA. May 2011

Public Health Accreditation Board. *Standards and Measures Documentation Selection Spreadsheet, Version 1.0*. Alexandria, VA. September 2011

## **X. Summary**

Accreditation through PHAB provides a means for a health department to identify performance improvement opportunities, improve management, develop leadership, and improve relationships with the community. The process is one that will challenge the health department to think about what business it does and how it does that business. It will encourage and stimulate quality and performance improvement in the health department. It will also stimulate greater accountability and transparency. National public health department accreditation has been developed because of the desire to improve service, value, and accountability.

The Accreditation Coordinator has a central responsibility in the ongoing process of a health department's efforts to achieve and maintain public health accreditation. As evidenced by the contents of this Accreditation Coordinator Handbook, there are many pieces in the process that are both varied in nature and are conducted currently. The Accreditation Coordinator's role exists to guide the health department throughout the steps of the accreditation process. The importance of the Accreditation Coordinator is so central to the process that PHAB requires that each health department designate an Accreditation Coordinator and requires that each Accreditation Coordinator of an applicant health department attend PHAB in-person training. This person's commitment and effectiveness is essential for the health department's success in seeking accreditation.

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