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public health  
performance*

# Public Health Accreditation Board

# Site Visitor Guide

**VERSION 1.0**  
APPLICATION PERIOD 2011-2012  
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## Introduction

The **PHAB Site Visitor Guide Version 1.0** provides guidance to PHAB site visitors to address the preparation for the site visit, the conduct of the site visit, and the development of the Site Visit Report. The **Site Visitor Guide** not only reviews the steps in the overall health department review process, it also provides guidance and guidelines for completing those steps and fulfilling the responsibilities of a PHAB site visitor. The **Site Visitor Guide** addresses the key elements of the roles and responsibilities of site visitors, the PHAB information system (e-PHAB), site visitor training, conduct of the site visit, documentation review and assessment, the development of the Site Visit Report, and evaluation responsibilities. PHAB site visitors are encouraged to use and refer to the **Site Visitor Guide** throughout the implementation of their assigned site visitor responsibilities.

The site visitors' review of a health department consists of an assessment of the health department to determine if it is in conformity with the measures and meets the standards contained in the **PHAB Standards and Measures Version 1.0**. These are peer reviews conducted by a team of PHAB-trained site visitors. Site visitors will use their public health experience and expertise to make assessments of a health department's conformity with the **PHAB Standards and Measures Version 1.0**.

Site visitors are strongly encouraged to also be familiar with and utilize other PHAB documents and publications including the **PHAB Standards and Measures Version 1.0**; **Guide to National Public Health Department Accreditation Version 1.0**; **National Public Health Department Documentation Guidance Version 1.0**; and **PHAB Acronyms and Glossary of Terms Version 1.0**. These documents may be accessed on the PHAB website: [www.phaboard.org](http://www.phaboard.org).

## **I. Public Health Department Accreditation**

PHAB is the national accrediting organization for public health departments. A nonprofit organization, PHAB is 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 public health department accreditation. PHAB's vision is a high-performing governmental public health system contributing to a healthier nation.

Applicants eligible for PHAB accreditation are governmental entities that have the primary statutory or legal responsibility for public health in a Tribe, state, territory, or at the local level. To be eligible, such entities must operate in a manner consistent with applicable federal, Tribal, state, territorial, and local statutes.

The accreditation process and the PHAB standards and measures are intended to be flexible and inclusive, accommodating many different configurations of governmental public health departments at all levels - Tribal, state, local, and territorial. Applicants 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 health departments that share resources to fulfill particular functions.

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. The accreditation process will challenge the health department to think about its roles and responsibilities and how it fulfills them. The accreditation process will encourage and stimulate quality and performance improvement in the health department.

## **II. Purpose of the Site Visit**

The site visit of a health department is a key and critical phase of the accreditation process. The site visit provides a peer review by public health practitioners and other public health experts. The site visit process includes off-site preliminary reviews of documentation submitted by the health department to demonstrate conformity with each measure; on-site interviews and discussions with health department staff; and on-site meetings with partner organizations, community partners, and representatives of the health department's governing entity. Following the site visit, the site visitors develop the Site Visit Report based on the review of documentation and on-site interviews and meetings at the health department. The Site Visit Report is the basis for the accreditation status decision made by the PHAB Accreditation Committee.

The primary purpose of the site visit is to verify the information submitted to PHAB by the applicant health department as evidence that it meets the standards and measures. Site visitors will review this documentation to assess conformity with each measure. The site visit provides the on-site operational context of the documentation.

The site visit is an opportunity for site visitors to supplement paper documentation with face-to-face discussions and direct observations. Site visitors will ask questions about the documentation and the structure and operation of the health department. The health department will have an opportunity to describe its policies and procedures, relationships with the community, the role of its governing entity, and other qualitative information. These discussions will provide an opportunity for the Site Visit Team to understand the character and culture of the health department.

During the beta test of the PHAB process, site visitors commented that the site visit provided "a better understanding of the health department." A beta test health department said that the site visit was an opportunity for the Site Visit Team "to smell it and to taste it and to see how it works," rather than rely only on documentation to assess the health department. The site visit is the opportunity to experience the health department and learn how it implements the Essential Public Health Services.

### III. Site Visit Team

PHAB will establish and train a team of site visitors for each health department accreditation applicant. Most Site Visit Teams will consist of three members. However, PHAB may elect to assign more members where indicated by the size, breadth, or other particular characteristics of the health department being reviewed. PHAB will designate one of the team members to be the Site Visit Team Chair.

#### 1. Site Visit Team Roles and Responsibilities

##### a. Roles and Responsibilities of Site Visit Team Members

Site Visit Team members are responsible for the completion of the following activities:

- Attend PHAB's in-person Site Visitor Training.
- Review the health department's website to learn about the health department they will visit.
- Coordinate with the other Site Visit Team members for documentation review assignments. Each team member will be assigned Domains for in-depth review, questions, and writing the Site Visit Report.
- Log on to e-PHAB to review the health department's descriptive information provided by the health department in its e-PHAB application, review the health department's documentation, read the measure narratives submitted, and preliminarily determine whether the documentation conforms to the measure.
- Participate in a series of teleconferences with the Site Visit Team prior to the site visit.
- Conduct the site visit. Each of the members of the Site Visit Team will be responsible for working to reach consensus on the assessment and comments for each measure.
- Develop the Site Visit Report. Each of the site visitors will participate in the development of the report and write sections in accordance with Domain assignments.

Site visitors are expected to:

- Be present, attentive, and participatory in all training, team meetings, site visit activities, and site visit interviews;
- Arrive on time for training, conference calls, meetings, site visit sessions, and other agree on times and not leave early;
- Be prepared for all site visit activities; and
- Contribute to the completion of the team's charge including review of the health department's documentation, the development of site visit questions, the conduct of site visit interviews, and the writing of the Site Visit Report.

##### b. Roles and Responsibilities of the Site Visit Team Chair

One team member will be appointed by PHAB to be the Site Visit Team Chair. The Site Visit Team Chair is charged with leading, managing and organizing team members to facilitate completion of all Site Visit Team responsibilities. The Site Visit Team Chair has

the responsibility to facilitate group discussions, ensure that all team members are heard, and develop group consensus. The Site Visit Team Chair is expected to establish a professional, collegial, and comfortable atmosphere in all team meetings and during the site visit.

Specifically, the Site Visit Team Chair is responsible to:

- Work with the PHAB staff to schedule the pre-visit teleconference(s).
- Lead all pre-site visit teleconference reviews and discussions concerning documentation.
- Ensure that discussions and interviews are based solely on the accreditation subject.
- Make Domain assignments for the team members.
- Act as the spokesperson for the Site Visit Team.
- Lead the work of the team on-site and lead all meetings involving Site Visit Team members.
  - Facilitate on-site executive sessions.
  - Lead the entrance and exit conference and other sessions, as appropriate.
  - Convene the Site Visit Team to review the findings and to reach a consensus on the scoring, comments, and conclusions.
- Manage any conflicts that may arise between Site Visit Team members and/or with health department representatives or guests.
- Prepare the final Site Visit Report.
  - Assign each Site Visit Team member a portion of the Site Visit Report to develop.
  - Manage a consensus process to incorporate feedback from all Site Visit Team members into the Site Visit Report and coordinate the development of the final report.
  - Give final approval of the Site Visit Report and submit it to PHAB. The Site Visit Report is due to PHAB within two weeks of the conclusion of the site visit.
- Be available by phone to the PHAB Accreditation Committee during their review of the Site Visit Report in order to answer any questions the Committee may have.

## **2. Site Visit Team Composition**

Site Visit Teams will be multi-disciplinary with collective broad-based public health experience. PHAB will employ a peer review model in the assignment of Site Visit Team members.

- Site Visit Teams will include members with public health management experience (at least five years) and knowledge about the delivery of governmental public health services.



- PHAB will endeavor to include individuals with senior level, executive health department management experience on Site Visit Teams. PHAB will seek to assign senior level state health department managers (current or previous state health officials or senior deputies) to state health department site visits; senior level local health department managers (current or previous local health officials or senior deputies) to local health department site visits; and senior level Tribal public health department managers (current or previous Tribal public health officials or senior deputies) to Tribal public health department site visits.
- Site Visit Team members will be from the same geographic area (HHS Region) as the applicant, to the extent possible. However, to ensure objectivity, site visitors will not be from the same state as the applicant health department.
- PHAB will seek to include site visitors with experience in similar public health system structures as the health department being visited; i.e., centralized or decentralized, etc.
- PHAB will determine when Site Visit Teams should include individuals with specific experiences, including Tribal public health, environmental public health, public health laboratory, and governance.
- Site Visit Teams should include a member with Tribal experience when the site is a:
  - Tribal public health department,
  - State health department that has state and federally-recognized Tribes within the state, and/or a
  - Local health department that is included within the geographic composition of Contract Health Service Delivery Areas\*, as defined by the Indian Health Service.

*\*Contract Health Service Delivery Areas (CHSDAs) consist of a county which includes all or part of a reservation, and any county or counties which have a common boundary with the reservation.*

- When possible, a local health department representative may be assigned to a state health department Site Visit Team and a state representative may be assigned to a local Site Visit Team (from another state) to address communication and coordination of state and local functions.
- In addition to the appointed Site Visit Team, PHAB may enlist individuals with specific expertise to review particular portions of the documentation submitted by a health department. Examples of areas of expertise include emergency preparedness, environmental public health, governance, Tribal public health, or public health laboratory services. These volunteers will provide additional expert assessment and assist the Site Visit Team in formulating questions for the site visit.

### **3. Site Visitor Team Member Requirements**

Members of Site Visit Teams serve on a voluntary basis as PHAB's representatives. Site Visit Team members will not be compensated for their role as a site visitor. Travel expenses will be covered by PHAB in accordance with PHAB's Travel Policies. To become a Site Visit Team member, an individual must attend PHAB's in-person site visitor training session. In order to maintain the status as a site visitor, an individual must (1) participate on a Site Visitor Team at least one site visit a year, and (2) participate in an annual refresher training session. The purpose of the annual refresher training session is to keep site visitors up-to-date on recent changes and current practices related to PHAB accreditation. To accommodate site visitors' schedules, two or more training sessions will be offered each year. Training dates will be announced at least one month prior to the session. PHAB will offer the refresher training programs and updates online.

#### **a. Conflicts of Interest**

In their capacity as site visitors, volunteers must act at all times in the best interest of PHAB. PHAB has an obligation to ensure that the organization maintains a biasfree decision making process. All PHAB site visitors 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.

A conflict of interest is a transaction or relationship which presents or may present a conflict between an individual's obligations to PHAB and an individual's personal, business, or other interests. A conflict of interest may arise when an individual has some other interest that might suggest divided loyalty on the part of the individual between obligations to PHAB, on one hand, and to some other organization or cause, on the other. The "other interest" may arise from a transaction between PHAB and a third party, or an individual's volunteer or paid relationship with a third party, which may compromise his or her ability to provide unbiased and undivided loyalty to PHAB while serving in a site visitor role.

Site visitors, when selected for their qualifications, will be asked to disclose any potential conflicts of interest with any applicant health department. These conflicts may include, but are not limited to, previous or current employment with a site; previous or current consultation or other business arrangement with a site; family relationship with key employees at a site; or any other relationship with a site that would afford the site visitor access to information about that site other than that which is provided through the PHAB accreditation process. A site visitor could still be able to serve as a member of a Site Visit Team, but will not be assigned to review any site for which a conflict of interest exists.

Site visitors will be expected to review PHAB's Conflict of Interest (COI) Policy and submit a confidential COI Disclosure Form prior to being approved as a site visitor. COI form updates will be required annually thereafter. PHAB reserves the right to not select

or assign a site visitor if the conflict of interest is determined to create a barrier to administering PHAB's accreditation program.

#### **b. Professional and Ethical Behavior**

Site visitors serve as representatives of PHAB. As such, site visitors will conduct themselves in the highest professional and ethical manner at all times. Each team member has valuable perspectives and contributions to make to the process. All site visitors should be courteous and demonstrate respect and consideration for other team members as well as to the health department staff and community representatives. In the unlikely event that conflict arises during the site visit experience, the Site Visit Team Chair will be asked to work to resolve the conflict. Assistance may be requested from the PHAB staff as needed.

Site visitors are expected to never criticize any elements of the PHAB accreditation process or standards and measures in the presence of health department staff or members of the community. Site visitors are expected to never criticize health departments' operations, programs, or staff. Team discussions should be limited to conformity to measures.

Site visitors are expected to dress in business attire during the site visit. PHAB will issue each site visitor a "PHAB Official Site Visitor" badge to wear during the site visit to identify themselves as members of the Site Visit Team. Additionally, some health departments will require site visitors to wear a health department "visitor badge."

#### **c. Confidentiality**

The nature of the business and the purposes to be conducted and promoted by PHAB is as follows:

- To improve and protect the health of the public in the United States by establishing and maintaining a national accreditation program designed;
- To prepare and disseminate nationally accepted standards of quality and encourage voluntary compliance with such standards for the accreditation of Tribal, state, local, and territorial governmental public health departments;
- To promote high performance and continuous quality improvement and increase accountability among public health departments;
- To identify and publicly recognize those public health departments that have met nationally accepted standards of quality;
- To make charitable contributions and grants to nonprofit organizations exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as the same may be amended or supplemented (hereinafter referred to as the "IRC"), as well as governmental units and other nonprofit organizations, that promote and further the purposes described in Section 1 above; and

- To exercise any other powers conferred upon corporations organized pursuant to the provisions of the District of Columbia Nonprofit Corporation Act.

PHAB is organized exclusively for charitable, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations exempt from federal income tax under IRC Section 501(c)(3). The nature of the business that PHAB is engaged in and the laws that guide the work of nonprofit organizations suggest that PHAB have a policy related to confidentiality.

As with many nonprofit organizations, however, PHAB needs to find the right balance between transparency and confidentiality. Some information, such as Form 990 required by IRS, must be disclosed. Other information is shared with funders, stakeholders, and the general public in order to demonstrate the organization's positive impact on the community. On the other hand, like most nonprofit organizations, PHAB operates in a demanding and competitive environment.

Confidentiality is a basic element of the operation of PHAB. To protect the confidentiality of its applicants as well as its board members, employees and the organization itself, all information concerning these parties must be treated with extreme care. All members of the board of directors, the staff, committees, volunteers and firms engaged by PHAB are bound by this policy.

Except for confirming a successful completion of the accreditation process, information pertaining to any public health department involved in exploring, seeking, or restoring PHAB accreditation shall be kept strictly confidential. Only those authorized personnel directly involved with a specific accreditation process shall discuss or have access to this information. Information about PHAB finances, personnel issues, and discussions about strategic issues related to the organization's future should be treated as confidential and should not be disclosed except as required by law or by funding sources, or as authorized by the executive director. Care shall be exercised to ensure that unauthorized individuals do not overhear discussion of confidential information.

During their service or employment, information and documents of a confidential and/or privileged and proprietary nature may be obtained by PHAB board of director members, committee members, employees, and others engaged by the organization. They must understand and agree that such information must be kept confidential both during and after their term of employment or service. They must recognize that PHAB has a proprietary interest in any such information and/or documents and might be damaged as a result of any disclosure or dissemination thereof.

Any such person as described above who purposely, or through a failure to exercise reasonable care, divulges confidential or privileged information, whether during or after

his or her term of employment or service, is subject to appropriate discipline, including termination or removal and possibly the pursuit of legal action.

Site visitors will be asked to sign an agreement that contains their commitment to ensuring PHAB's confidentiality policy is upheld.

**d. Intellectual Property**

Individual members of the Site Visit Teams may participate in the review, development, modification and refinement of written documents and other forms of communication, whether in print, electronic, or other format. All such information belongs and will belong to PHAB. Site visitors are asked to completely, exclusively, and irrevocably assign to PHAB the ownership of all copyrights and whatever intellectual property to which they have contributed as a member of a PHAB site review team.

Site visitors will be asked to sign an agreement form that documents understanding and compliance with of PHAB's Intellectual Property policy.

**e. Interaction with Health Department Employees**

Site visitors should present themselves in a friendly, courteous, and professional manner as they interact with health department employees during the accreditation site visit. The atmosphere set by the site visitors will do much to allay the natural anxiety that a health department staff may have in being reviewed. However, site visitors should refrain from social interactions (such as evening meals, etc.) with health department employees while the review is being conducted. Site visitors should also not accept any gratuities from health department employees.

**f. Removal from the Site Visit Team**

Site visitors are expected to carry out their roles in a responsible, complete, and professional manner. Site visitors may be removed and replaced by an alternative volunteer if they fail to complete their assignments, are consistently late to or absent from activities, or fail to abide by PHAB's guidelines and policies. Site visitors will be removed if they engage in illegal or unethical behavior.

The decision to remove site visitors will be made by the President/CEO of PHAB after consultation with the applicant health department's Accreditation Coordinator and other members of the Site Visit Team. Removal of a site visitor could delay the accreditation process; this decision will not be made casually.

#### **IV. e-PHAB**

e-PHAB is the electronic information system used in all phases of PHAB's public health accreditation process. It is a system that has been designed specifically for PHAB and tracks all transactions in the accreditation process. e-PHAB allows for multiple users, each with a different view depending on their role: health departments, site visitors, PHAB staff, and PHAB Accreditation Committee members can all utilize different parts of e-PHAB to conduct their accreditation activities. Health departments use e-PHAB to submit their Statement of Intent, Application, and Documentation, and to receive their invoice(s). Site visitors use e-PHAB to review the health department's documentation and make initial assessments, develop the Site Visit Report, and submit the Site Visit Report to PHAB. Site visitors will receive hands-on training on the use of e-PHAB at the in-person training.

All pre- and post-site visit communications between the applicant health department and the Site Visit Team will occur inside of e-PHAB and be facilitated by a PHAB staff person.

## V. Site Visitor Training

All site visitors must attend PHAB's site visitor training. This training will be an in-person training session.

### 1. Purpose and Objectives

The purpose of the site visitor training is to prepare volunteer site visitors to:

- Conduct a professional and informative health department site visit;
- Implement PHAB's site visit, review, and Site Visit Report development process;
- Operate PHAB's e-PHAB information system;
- Accurately assess a health department's conformity with the PHAB standards and measures; and
- Write a comprehensive Site Visit Report that provides the PHAB Accreditation Committee with sufficient information for them to make an appropriate accreditation status decision.

Training objectives include:

- Orient site visitors to PHAB, the accreditation process, and PHAB standards and measures;
- Describe the process of the site visit;
- Describe, provide instruction, and demonstrate the use of e-PHAB in the review of documentation, conduct of the site visit, and development of the Site Visit Report;
- Define the roles and responsibilities of site visitors, Site Visit Team Chairs, the applicant health department, and PHAB staff;
- Provide an opportunity for dialogue with the PHAB Accreditation Specialists;
- Review legal issues including confidentiality and conflict of interest;
- Provide and review tools, guidance, and templates to be used by the Site Visit Team;
- Provide site visitors an opportunity to practice the skills necessary to be a successful site visitor; and
- Define the process that PHAB uses to monitor inter-rater reliability.

PHAB will cover the travel expenses for the site visitors to attend the training, in accordance with PHAB's Travel Policies and Procedures (Appendix G).

### 2. Topics to be Covered

Training for site visitors will provide an overview of PHAB, its processes, the standards and measures, and PHAB's commitment to quality and performance improvement. The entire accreditation process will be reviewed to provide the site visitors an understanding of how the site visit fits into the accreditation process and the importance of the site visit and the Site Visit Report that the Site Visit Team will develop for the PHAB Board appointed Accreditation Committee. The roles and responsibilities of the site visitor will be presented.

Training will include:

- Review of the accreditation process;

- Legal and communication issues;
- Review of the site visit process;
- Review of the standards, measures, and documentation requirements and guidance;
- Instruction on the use of e-PHAB;
- Guidance on evaluating the evidence provided by the applicant health department to show conformity with the measure;
- Instructions concerning the assignment of categories of demonstrated conformity for each measure (Fully Demonstrated, Largely Demonstrated, Slightly Demonstrated, and Not Demonstrated);
- Inter-rater reliability measurement;
- Instruction concerning the identification of areas of excellence and opportunities for improvement;
- Instructions on the development of the Site Visit Report; and
- Hands-on group case study exercise to evaluate documentation and use e-PHAB.



## **VI. Site Visit Preparation**

After a Site Visit Team has been appointed, the Site Visit Team Chair has been designated by PHAB, and the Site Visit Team members have completed site visitor training, the Site Visit Team will be ready to begin preparing for the site visit of the health department they have been assigned. In summary, each member of the Site Visit Team, and the team as a group, will prepare for the site visit by: (1) agreeing on assignments of Domains for each team member; (2) reviewing the documentation submitted by the health department; (3) preparing questions and/or requests for additional documentation; and (4) reviewing answers and/or additional documentation.

No member of the Site Visit Team will contact any staff or representative of the health department prior to the site visit. All communication with the applicant health department will occur through PHAB via e-PHAB.

The health department will submit its documentation to PHAB; these are the documents that the health department has uploaded for each measure to provide evidence that measures have been met. PHAB Accreditation Specialists will conduct a completeness review of the documentation. If the documentation is deemed to be incomplete, the health department will have an opportunity to upload additional documents.

The members of the Site Visit Team will begin their review when PHAB forwards to each site visitor the e-PHAB link and instructions to access the health department's documentation. Each uploaded document may be accompanied by a description that the health department has developed to provide context for the site visitor. Each measure may also contain Measure Narrative, or text the health department provides to explain how all the documents, taken together, provide evidence that the health department is in conformity with the measure. Documentation will be organized by the Required Documentation for each measure in the **PHAB Standards and Measures Version 1.0**.

### **1. Health Department Website**

Before beginning the review of documentation, each member of the Site Visit Team should individually review the health department's website. The website can provide a great deal of background information on the governmental and reporting relationships, organizational structure of the health department, population served, programs provided to the population, and public health priorities as communicated to the public. The website will provide each team member with a broad overview of the health department that they will be visiting.

### **2. Preliminary Review of the Health Department's Documentation**

The documentation the health department submits serves as the primary source of information about the health department and will be the basis for interviews and discussions conducted during the site visit. It will also be the basis for the Site Visit Report, on which the PHAB Accreditation Committee will base its accreditation determination.

### **a. Organizational Team Meeting**

PHAB staff will schedule a planning teleconference call for the team to discuss the process, make assignments, and clarify expectations of the process and roles of the Site Visit Team. During this call the Site Visit Team Chair will assign each of the team members a set of Domains for their review. Each Site Visit Team member will be responsible for reviewing and assessing the documentation that was submitted to demonstrate conformity with the measures in the Domains assigned to them. The Site Visit Team will consider the work assignments and agree on a general time frame for the next team call. The Site Visit Team will review the purpose of the next call, which will be to review all of the documentation as a group and discuss impressions and questions. During the next call they will also, as a group, identify any additional documentation they would like to request and articulate questions for the health department's response prior to the site visit.

### **b. First Review of Documentation**

Each site visitor will be given access to e-PHAB and the Domains they have been assigned. Each site visitor should review the health department's application for accreditation. The application provides an overview of the department including:

- A description of the jurisdiction (urban, rural, suburban, or frontier),
- The existence of Tribal government in the area served by the health department,
- The size of the department (population, budget, employees, and FTEs),
- A description of the governing entity structure,
- A list of public health programs,
- The identification of additional physical sites or facilities that the health department would like the Site Visit Team to consider visiting, and
- A narrative developed by the health department that describes unique characteristics such as structure, population served, governing entity, unique services provided, etc.

Each site visitor will individually review the documentation for each of the measures in the Domains they have been assigned. The site visitor will preliminarily gauge the conformity of each measure as "Fully Demonstrated," "Largely Demonstrated," "Slightly Demonstrated," or "Not Demonstrated". Each Site Visit Team member will make a judgment for each measure based on his or her review and careful consideration of the documentation and health department's notes, and on his or her professional expertise.

As the individual site visitors work through the measures in the Domains that they have been assigned, they will keep notes (using the e-PHAB note function) describing how conformity was or was not demonstrated, areas of strengths, and opportunities for improvement.

### **c. Team Review of Documentation**

PHAB staff will work with the members of the Site Visit Team to schedule a team teleconference. The purpose of this conference call will be to review the materials, determine potential areas of non-conformity, identify missing documentation, and formulate questions. More than one call may be needed, depending on the number and complexity of the issues identified for group discussion.

Each Site Visit Team member will identify measures that received a preliminary assessment of less than “Fully Demonstrated”. The Site Visit Team should discuss each of these and, as a group, determine a pre-site visit team assessment. This team assessment will be recorded in e-PHAB.

Based on these discussions, the Site Visit Team may develop a request for additional documentation and/or may generate questions to ask the health department, pre-site visit. These questions and/or requests will be forwarded to PHAB staff by the Site Visit Team Chair, via e-PHAB. The health department will be provided no fewer than four weeks to gather and submit additional documentation and to develop responses to questions.

Any additional documentation that is accepted must have been developed, finalized, and in use by the health department at or before the date of their original submission of documentation to PHAB. That is, the health department may not submit documentation that was developed or finalized between their original submission of documentation and the pre-site request for additional documentation.

### **d. Pre-Site Visit Conference Call**

Four weeks after the documentation request and/or questions were forwarded to the health department (or sooner, if possible, based on the health department’s response), the Site Visit Team will conduct a third teleconference to prepare for the site visit. This will be the final teleconference meeting of the Site Visit Team before the site visit.

In preparation for the call and for group discussion, each member will prepare and organize a list of questions or issues to be raised during on-site interviews specific to the documentation provided for the measures in the Domain they have been assigned.

Questions or issues may pertain to, for example:

- Adequacy of documentation;
- Appropriateness or relevance of documentation;
- Documentation that is similar to, but not the same as, required documentation;
- Timeliness of the documentation, based on the timelines in the **PHAB Standards and Measures Version 1.0**;
- Areas where clarification or explanation is required in order to understand the applicability of the documentation;

- Areas where clarification or explanation is required in order to understand how the health department operationally meets the standards and measures; and
- Documentation for which additional samples will be requested (additional program areas, additional examples, etc.).

In addition, the Site Visit Team will consider themes and trends in the pre-site visit assessment of the health department's conformity with the measures and prepare a list of general questions or issues to be raised during the on-site interviews. These questions or issues may be weaved into the Domain specific discussions as well as raised during interviews with the health department's leadership.

During this conference call the Site Visit Team will also review the site visit agenda and review each team member's roles and responsibilities. PHAB will provide an agenda that will be organized by Domain (See Appendix B for the Agenda template). In addition, final travel logistics and connections will be discussed during this call (see Section V, 3 below).

### **3. Scheduling and Logistical Arrangements**

PHAB staff will schedule the site visit at a time that is practical and agreeable for all parties involved. The schedule of the site visit will allow sufficient time for the completion of the steps described above.

PHAB staff will impress upon the health department's Accreditation Coordinator the importance of ensuring that all key staff involved in the accreditation application will be available for interviews and meetings in accordance with the site visit agenda. This will include key staff from any other agencies that provide public health services through agreements or contracts cited as evidence of conformity to specific standards. It will also include representatives of the governing entity and community partners.

PHAB staff will make all necessary travel arrangements and provide site visitors with travel details. Site visitors should plan to depart from their starting location the day prior to the first day of the site visit and arrive at the hotel for a team meeting that evening. Special travel needs or requests should be communicated to PHAB upon acceptance of a site visit assignment, including but not limited to dietary restriction or special travel or lodging needs. Members of Site Visit Teams will share cell phone numbers so that they can communicate as they travel to the site. PHAB will ask that each site visitor provide emergency contact information to be used if the need arises.

Site visitor travel expenses for the site visit will be reimbursed by PHAB, in accordance with PHAB's Travel Policies and Procedures (Appendix G).

#### **4. Health Department Preparations**

Health departments will be instructed by PHAB to prepare for the site visit. Health departments will be instructed to:

- Schedule a private meeting room to serve as “home base” for the Site Visit Team that will be available to them for the duration of the site visit.
- Ensure that the room that is provided to the Site Visit Team contains a table that is large enough for the team to sit with laptops and papers and to also conduct group interviews.
- Provide Wi-Fi internet access and appropriate passwords to the members of the Site Visit Team. If Wi-Fi is not available, then the health department should set up four laptops that are connected to the internet.
- Provide a working projector and screen in the meeting room so that the team may view e-PHAB page or documentation together, at the same time.
- Ensure that the appropriate health department staff and partners have been notified and will be available to the Site Visit Team.
- Ensure that interviews are scheduled to be held in private offices or rooms.
- Ensure that the health department director and Accreditation Coordinator will be available for the duration of the site visit.
- Notify the building receptionist to expect the Site Visit Team and know where to direct them.

Health departments will be cautioned that they may not offer additional or more recent documentation; they may only submit additional documentation in response to requests from the Site Visit Team.

## VII. Site Visit

### 1. Focus of Site Visit

The focus of the Site Visit Team is on gathering information to:

- Understand the documentation received through e-PHAB and how it is applicable to each measure,
- Identify where documentation is missing or insufficient,
- Learn about the operations of the health department,
- Understand the culture of the health department,
- Develop a sense of the health department's effectiveness in addressing the Essential Public Health Services,
- Identify exemplary practices, and
- Articulate department opportunities for improvement.

Validation of documentation is accomplished through interviews and discussions. Site Visit Team members will make observations and draw conclusions. Site Visit Team members will meet with a range of stakeholders, including various levels of health department staff, representatives of the health department governing entity, representatives of partner organizations, and representatives of community partners.

### 2. Site Visit Process

Site visits will typically last two to three days, depending upon the size and complexity of the health department, satellite sites, and the scope of the documentation. The site visit will consist of an entrance and exit conference, a series of interviews, a walk-through, and Site Visit Team executive sessions.

The Site Visit Team Chair will lead the work of the team on-site, act as spokesperson, and lead all meetings involving Site Visit Team members. The Site Visit Team Chair will manage a consensus process to incorporate all team members' feedback and opinions into the Site Visit Report. The Site Visit Team Chair will review and approve the Site Visit Report before it is submitted to PHAB.

Each site visitor should take notes on discussions concerning the Domains to which they have been assigned. They will be responsible for writing the portions of the site visit that relate to those Domains.

#### a. Other Site Visit Attendees

Health departments may invite observers or participants to the site visit. For example, they may wish to invite a community partner to a portion of the site visit to speak about how they work with the health department specific to a Domain or standard. They may invite a consultant with whom they have been working to prepare for accreditation.

PHAB Accreditation Specialists will attend site visits. They will provide consultation and any technical assistance as needed by the Site Visit Team concerning interpretation

and/or intent of standards, measures, and guidance for documentation; or concerning the site visit process. They will be available to coordinate logistical assistance with travel or other scheduling concerns.

### **3. Site Visit Agenda**

#### **a. Site Visit Agenda Development**

PHAB has developed a standard site visit agenda that will be the template for all site visit agendas. The order of the sessions and the times allotted for each of the interviews and discussions may be altered to accommodate the needs of the health department and the Site Visit Team. For example, a key health department staff person may have a major or leadership role in more than one Domain. PHAB will work with the health department to not schedule meetings on those Domains concurrently. PHAB will also work with the health department to accommodate representatives of the governing entity, partner organizations, or community partners.

PHAB will also work with the Site Visit Team to ensure that Domains requiring more review time are allotted more time on the agenda. Any concurrent meetings will take into account Domain assignments. There may be some Domains that the team determines should be reviewed by the whole team, due to the number or complexity of issues. The Team may consider visiting additional physical sites or facilities that the health department would like the Site Visit Team to visit.

In addition to interviews and discussions based on Domains, the agenda will include several general sessions: an entrance and exit conference and a walk through. The agenda will also include Executive Sessions which are private meetings of the Team without health department representation. (See description below.)

Site visitors should adhere to the site visit agenda and times as a means of respecting the time and ongoing responsibilities of health department staff, governance representatives, and any invited community stakeholders. Adhering to the PHAB approved agenda also contributes to a more standardized process for all health department applicants.

#### **b. Agenda Contents**

The agenda will include the following specific sessions:

- **Pre-Visit Team Meeting**

The Site Visit Team will hold a team in-person meeting the evening prior to the first day of the site visit. This meeting provides an opportunity for the team members to become acquainted with each other and the PHAB Accreditation Specialist, follow-up on review that has been completed and questions that have been articulated since the team's conference call, and raise any additional concerns identified during the pre-site visit review process. All documentation needs that have not been previously communicated to the Site Visit Team Chair

should be shared at this time. The Site Visit Team should review the site visit agenda and the Site Visit Team Chair will advise the team of how s/he intends to run the interviews and answer any questions posed by team members. Finally, the Site Visit Team should review the plans for the development of the Site Visit Report to ensure that each Site Visit Team member knows their responsibilities.

- **Entrance Conference**

The purpose the entrance conference is to make introductions, establish expectations, and establish a collegial tone. Specifically, the meeting should include the following items:

- Introductions of Site Visit Team Chair and members, the health department's Accreditation Coordinator, the PHAB Accreditation Specialist, and health department leadership (other health department staff also present, as appropriate);
- Review of the purpose of the site visit;
- Review of the site visit process, agenda, and schedule;
- Summary of the next steps (Site Visit Report, accreditation decision, and notification);
- Receive an overview of the health department; and
- Discuss recent changes that impact on the health department about which the Site Visit Team should be aware.

See Entrance Conference Talking Points (Appendix C).

- **Walk-through**

A health department staff member will guide the Site Visit Team on a walk-through of the physical facilities of the department. The walk-through may include introductions of various health department staff. The purpose of the walk-through is to provide the Site Visit Team with an overall picture of the health department's environment, atmosphere, and working conditions. Site Visit Team members should note the general lay-out of the health department, the space provisions, and records storage. If the health department operates a public health laboratory and it is located in close proximity the central office of the health department, the laboratory should be included in the walk-through. The Site Visit Team should pay particular attention to areas listed in PHAB's "Visual Observation Guidance" (Appendix E).

- **Interviews and Document Review**

The majority of the site visit will consist of interviews and discussions. The purpose of interviews is to confirm evidence provided by the documentation, gain a context for the documentation, and improve understanding of what process and procedures the documentation represents. The interviews provide the opportunity to ask questions and clarify how the documentation demonstrates



conformity with the measure. The Site Visit Team should review any areas that require clarification or explanation with the health department's staff. It is vitally important that the interviews and conversations stay on the subject matter related to accreditation.

The Site Visit Team members will individually interview health department staff concerning the documentation for the Domains that they have been assigned. There may be some Domains that the team determines would be reviewed by two or all members of the Site Visit Team due to the number or complexity of the questions or if there is overlap of issues across Domains. This will have been determined when the agenda was finalized with input from the Site Visit Team. During general sessions and group interviews, team members are encouraged to ask questions and participate in Site Visit Team dialogue across all standards, even though each site visitor will have specific Domains of standards assigned to them.

The Site Visit Team will interview a variety of individuals, including the senior level management of the health department, program managers, representatives of the governing entity, directors and/or staff of partner organizations, representatives of community partners, and others. If the health department operates a public health laboratory, the team should interview the director and/or the Quality Assurance Officer of the laboratory.

Site visitors should seek to have open and frank discussions that clarify and expand on information provided by the documentation. All interviews and discussions should be conducted in a professional and cordial manner. Interviews should be held in a private office or room so that the exchange of information can be confidential. Interviewers should not make comments about the information. They should not provide information about personal or professional experiences or about other health departments. They should not offer critiques or suggestions for improvements. These interviews are part of a fact-finding process. (See the Interview Guidance, Appendix F for more information.)

- **On-site Additional Documentation**

Members of the Site Visit Team may request additional documentation and additional examples. The Site Visit Team may want to see documentation from additional program areas to provide evidence of health department-wide conformity with measures. The Site Visit Team may request additional documentation to provide evidence of the measure being met as a standard way of operating.

When documentation does not demonstrate conformity with a measure, the Site Visit Team MAY NOT suggest specific types of documentation that might provide

stronger evidence of conformity with the measures. They may only ask for additional documentation.

The health department MAY NOT OFFER additional documentation, but may only respond to the Site Visit Team's request for additional documentation. There may be instances that a health department identifies more appropriate documentation for a measure after they submit their documentation to PHAB. However, PHAB will not accept additional documentation from a health department unless specifically requested by a site visitor.

Any additional documentation that is accepted during the site visit must have been developed, finalized, and in use by the health department at or before the date of their original submission of documentation to PHAB. That is, the health department may not submit documentation that was developed or finalized between their original submission of documentation and the site visit.

Additional documentation accepted by the Site Visit Team must be submitted by the health department electronically through e-PHAB. No paper documentation will be accepted.

All requests for additional documentation from the Site Visit Team must be communicated to the Accreditation Specialist on-site so they may re-open the appropriate measures in e-PHAB for the Health Department. Site visitor requests for additional documentation made during the site visit and the health department's responses must be submitted prior to the last executive session that is scheduled immediately before the exit conference. After this time, the health department's Documentation Submission section in e-PHAB will be locked.

- **Executive Sessions**

The agenda will include executive sessions throughout the visit. These sessions are included to provide the Site Visit Team with opportunities to discuss their observations and preliminary findings, and to evaluate its progress and make any necessary revisions to the agenda or requests for information. Executive sessions also provide opportunities to prepare clear and succinct comments for end of day and for the exit conferences. These meetings ultimately serve as the opportunity for the Site Visit Team to reach consensus on assessments for each of the measures.

The Site Visit Team should hold an executive session at the end of day one. The Site Visit Team should review the day's work and findings and make any changes to the agenda for day two that may be indicated. Additional questions may be generated and more documentation may be identified for requests.

The Site Visit Team should, during its executive sessions throughout the site visit, reach consensus and begin the development of the contents of the Site Visit Report. Before the exit conference, the Site Visit Team should come to agreement about the findings. If there are differences in perceptions or conclusions among the team, they should discuss them and reach a consensus on the statement of findings.

**The Site Visit Team may not make a recommendation regarding accreditation status during the visit, during the exit conference, or in the Site Visit Report.**

• **Exit Conference**

The Exit Conference is the final meeting of the site visit. The attendees will probably be the same individuals who attended the Entrance Conference, though the health department may wish to invite others. A health department may issue an open invitation to all of the department staff to attend the Exit Conference.

The purpose of the Exit Conference is to review identified strengths, areas of potential non-conformance and/or opportunities for improvement as known at the conclusion of the site visit. **The Site Visit Team will not make any recommendation regarding accreditation status during the site visit or during the exit conference.** The exit conference points should be consistent with the content of the Site Visit Report. The health department should not be surprised by any differences in observations. (See Appendix D for Exit Interview Talking Points.)

**SITE VISITOR TIPS**

- Be thoroughly prepared. Read PHAB's materials. Review the **PHAB Standards and Measures Version 1.0** and the **National Public Health Department Accreditation Documentation Guidance Version 1.0**.
- Always remember that the purpose of public health department accreditation is quality and performance improvement.
- Create a professional, cordial atmosphere during the site visit among the Site Visit Team members and with the health department.
- Go to the site visit with an open mind.
- Gather as much information as you can.
- Be as specific as possible in the Site Visit Report, so the PHAB Accreditation Committee can make a well informed determination of accreditation status.
- Be aware that health departments can have unique organizational structures, may require different operational approaches, and may meet the measures in various ways.
- Review the PHAB travel reimbursement policies before you travel. (Save all receipts!)

## VIII. Documentation Review Guidance

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 whether the documentation meets 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; and
- Check with the health department to determine whether missing documentation was intentional.

### 1. Documentation Assessment for Each Measure

Site Visit Team members will review the documentation several times through the site visit process:

- Each team member will individually review the documentation for each measure in the Domains they have been assigned. They will note all measures that are not clearly met.
- The Site Visit Team will meet on a conference call and review issues identified through the initial individual team members' review. The Team will form questions and requests for additional documentation that they will submit to PHAB. PHAB will contact the health department for additional information, which the Site Visit Team will review prior to the Site Visit.
- A final review of documentation will occur during the Site Visit. The Site Visit Team may request additional documentation during the Site Visit. The Site Visit Team may identify "Areas of Excellence" and "Opportunities for Improvement" for each measure. At the end of the site visit, a consensus assessment will be made by the Site Visit Team for the development of the Site Visit Report.

To develop the Site Visit Report, the Site Visit Team will assess the documentation for each measure and will assign one of four ratings, as described in Section 2 below. The Site Visit Report will include written descriptions of how the documentation meets the requirements. It will also note "Areas of Excellence" and "Opportunities for Improvement" for each measure. The Site Visit Team may identify opportunities for improvement, even when a measure is "Fully Demonstrated."

When assessing documentation, the Site Visit Team should review the measure, the "Purpose" of each measure, and the standard to ensure that the intent of the measure is being demonstrated by the documentation. While the Site Visit Team is expected to look for conformity with the specifics of the measures and required documentation, including the required number of examples and timeframes for dates of documents, the priority of the team should be to use their public health experience and expertise to ensure that the intent of the measure is met. Some requirements for the number of examples or the timeframes of the

documentation may be open to interpretation. Site visitors should be flexible when considering how the department demonstrates that it is in conformity with the requirements and the measure.

The review of documentation is a qualitative, not quantitative. Assessment of conformity with each measure will be based on the team members' review and careful consideration of the documentation and health department's notes, and their careful review of the requirements and guidance contained in the **PHAB Standards and Measures Version 1.0**. Assessment will be a judgment call of the Site Visit Team based on the team members' practical public health experience with how a health department effectively operates, their public health expertise, and their common sense interpretation of the intent of the requirements in the **PHAB Standards and Measures Version 1.0**. There will be no numerical score attached to the ratings. Numbers or percentage of measures met or not met will not be calculated.

In assessing the documentation, the Site Visit Team should keep in mind the notion of "the letter of the law versus the intent of the law." The Site Visit Team should keep in mind that the "intent of the law" of the **PHAB Standards and Measures Version 1.0** is continuous quality improvement. Accreditation through PHAB is not a regulatory process.

## **2. Assessment Categories**

The four categories of ratings for each measure are:

Fully Demonstrated: In the professional judgment of the Site Visit Team members, documentation is assessed to be complete, providing evidence of conformity with all of the required documentation and the measure is Fully Demonstrated.

Largely Demonstrated: In the professional judgment of the Site Visit Team members, documentation is assessed to be close to complete and conformity with the measure is Largely Demonstrated. For example:

- Documentation is missing from less than half of multiple requirements for a measure.
- Documentation is missing from less than half of the elements or specified characteristics of the required documentation.
- There is evidence that the health department does not meet the measure in one or more programs or sections of the department.

Slightly Demonstrated: In the professional judgment of the Site Visit Team members, documentation is assessed to be minimal and conformity with the measure is only Slightly Demonstrated. For example:

- Documentation is provided for fewer than half of multiple required documentation items for a measure.
- Documentation is provided for fewer than half of the elements or specified characteristics of the required documentation.

- There is evidence that the health department meets the measure in a small selection of programs or sections of the department.

Not Demonstrated: In the professional judgment of the Site Visit Team members, documentation is assessed as providing no evidence of conformity with the required documentation and conformity with the measure is Not Demonstrated.

When the Site Visit Team develops the Site Visit Report, the team will include comments on the documentation and how it meets the measure. The Site Visit Team may comment on any measure, but must comment on measures that are rated less than “Fully Demonstrated.”

There is no measure that can be determined to be “not applicable.” All health departments are to be assessed for all measures.

### **3. Quality and Performance Improvement**

The intent of the accreditation process is to encourage continuous quality improvement during all phases of working towards and demonstrating conformity with the PHAB standards and measures. Additionally, Domain 9 of the standards focuses on evaluation and continuous improvement of health department processes, programs, and interventions. Site visitors, therefore are charged with the identification of areas of excellence and opportunities for improvement as they assess documentation. The site visit process is not limited to the determination of conformity to the measures; it has been designed to also assist health departments identify areas of improvement (even for measures that are met) and support areas of excellence.

### **4. Standards and Measures**

The **PHAB Standards and Measures Version 1.0** provides guidance for Site Visit Teams as they review documentation submitted by applicant health departments, conduct discussions with health department staff during the site visit, and develop the Site Visit Report. Credibility in accreditation results from consistent interpretation and application of defined standards and measures.

The **PHAB Standards and Measures Version 1.0** sets forth the Domains, standards, measures, and required documentation adopted by the PHAB Board of Directors. The document also provides guidance on the meaning and purpose of a measure and the types and forms of documentation that are appropriate to demonstrate conformity with each measure. There is a “Purpose” statement for each standard and measure, a “Significance” statement for each measure, and narrative guidance specific to each required documentation item.

The **PHAB Standards and Measures Version 1.0** provides assistance to site visitors as they work to assess the documentation for conformity with the measures. PHAB site visitors must pay close attention to this document when assessing if documentation demonstrates conformity with a measure.

## **5. Applicability of Public Health Accreditation Standards**

PHAB's public health department accreditation standards address the array of public health functions set forth in the ten Essential Public Health Services. Health department accreditation standards address a range of core public health programs and activities including, for example, environmental public health, health education, health promotion, community health, chronic disease prevention and control, communicable disease, injury prevention, maternal and child health, public health emergency preparedness, access to clinical services, public health laboratory services, management/administration, and governance. Thus, public health department accreditation gives reasonable assurance of the range of public health services that a health department should provide.

While some public health departments provide mental health, substance abuse, primary care, human, and social services (including domestic violence), these activities are not considered core public health services under the ten Essential Public Health Services framework used for accreditation purposes. PHAB's scope of accreditation authority does not extend to these areas. Documentation from these program areas are not generally accepted for public health department accreditation. Similarly, documentation from health care facilities and professional licensing programs and the administration of health care financing systems (e.g., Medicaid) cannot be used for public health department accreditation purposes.

## **6. Types and Formats of Documentation**

Health departments vary in size, organizational structure, scope of authority, resources, population served, governance, and geographic region. PHAB does not intend to be prescriptive about how or what the health department does to meet the standards and measures. The focus of the standards, measures, and required documentation is on "what" the health department provides in services and activities, irrespective of the organizational structure.

Documents developed through a variety of methods are acceptable. Documentation may be, for example:

- Documents developed in-house by health department staff,
- State health department documents used by local health departments and local health department documents used by state health departments,
- Documents developed by community partnerships or collaborations of which the health department is a member,
- Partners such as non-profits and academic institutions with which health departments have working agreements, or
- Purchase-of-service providers with which the health department has contracted.

The purpose of documentation review is to confirm that materials exist and are in use in the health department being reviewed, regardless of who originated or developed the material.

Documentation should be representative of a variety of department programs. Both administrative and program activities are appropriate for documentation to meet various measures. Overall, documentation should demonstrate conformity in a variety of programs to

illustrate department-wide activity. Documentation should include programs that address chronic disease. Documentation should address the needs of the population in the jurisdiction that the health department has authority to serve.

Generally, types of documentation that are acceptable to demonstrate conformity include:

- *Examples of policies and processes:* policies, procedures, protocols, standing operating procedures, emergency response/business continuity plans, manuals, flowcharts, organization charts, and logic models.
- *Examples of documentation for reporting activities, data, decisions:* health data summaries, survey data summaries, data analyses, audit results, meeting agendas, committee minutes and packets, after-action evaluations, continuing education tracking reports, work plans, financial reports, and quality improvement reports.
- *Examples of materials to show distribution and other activities:* email, memoranda, letters, dated distribution lists, phone books, health alerts, faxes, case files, logs, attendance logs, position descriptions, performance evaluations, brochures, flyers, website screen prints, news releases, newsletters, posters, and contracts.

Site visitors should also be aware that:

- In many cases a single department document is required (for example, a department-wide policy or procedure). Where documentation requires examples, health departments must submit two examples, unless otherwise noted in the list of required documentation or guidance for each measure.
- Some measures require that “policies and procedures” or “protocols” be submitted. It should be acknowledged that many times “policies and procedures” or “protocols” are actually one document, a “policies and procedures manual.” Two examples may or may not be required, depending on the specifics in the guidance.
- Documentation submitted to demonstrate conformity to a measure does not have to be presented in a single document; several documents may support conformity to a single measure.
- A single document may be relevant for more than one measure and may be submitted multiple times.
- Documentation must directly address the measure. When reviewing documentation, the site visitor should carefully consider the standard and Domain in which the measure is located, as well as the measure itself.
- Centralized states and their local health department applicants may submit shared documentation (specific training on these submissions will be provided to site visitors as appropriate).

Further PHAB guidance concerning documentation can be found in the **National Public Health Department Documentation Guidance Version 1.0**.



## **7. Visual Observations of Documentation**

In a few cases, where a document is excessively large (for example, Measure 11.1.4 A, Required Documentation 1, a Human Resources Policies and Procedures Manual; Measure 2.1.5 A, Required Documentation 2, copy of laws), the health department may submit a table of contents or a description of the document in e-PHAB. In these cases, the site visitors will need to make a point of seeing the document during the site visit.

Visual observation may be needed to verify description of availability of documents to staff. For example, a health department may say that the human resources policy and procedures manual is accessible to staff in the reception area of the human resources department (Measure 11.1.1 A, Required Documentation 4, description of methods for staff access to department policies and procedures). The Site Visit Team should confirm that the manual or policies are in fact accessible to staff in that location.

On the other hand, the health department may say that a manual, policies, or position descriptions are available to staff via an intranet (For example, Measure 11.1.2A, Required Documentation 1, Confidentiality Policies Measure; 11.1.5 A, Required Documentation 3, Position Descriptions). Site visitors should verify that the documents are available through the intranet by being provided a demonstration during the site visit.

A few of the measures require direct visual observation.

- Measure 3.2.1 A, Required Documentation 2: “Documentation of branding or communication of presence of health department.”  
The Site Visit Team should supplement the submitted documentation with visual observations of signage inside and outside the health department.
- Measure 3.2.5 A, Required Documentation 3: “Availability of assistive staff or technology devices to meet ADA requirements.”  
The Site Visit Team should supplement the submitted documentation with their visual observations of TTY or other assistive technology.
- Measure 11.1.7: “Maintain facilities that are clean, safe, accessible, and secure.”  
The Site Visit Team should supplement the submitted documentation with their visual observations of the facilities.
- Measure 11.1.6 A, Required Documentation 1: “Demonstrate the use of technology to support public health functions.”  
The Site Visit team should supplement the documentation with their visual observations of the use of technology.

## **8. Additional Interviews and Discussions**

Site visitors are encouraged to speak with representatives of the governing entity, partner organizations, and community partners, as well as with health department staff. Some of these conversations may be informal discussions, for example, during a walk-through of the department. Other discussions will part of the formal site visit agenda.

### **a. Community Partners**

The site visit agenda will include a meeting with representatives of community partners. Community partners are the organizations, collaborations, partnerships, etc. with which the health department coordinates to improve the health of the jurisdiction it serves. Community partners may include for example, the school system, members of the faith community, representatives of local businesses, recreational organizations, or private citizens. This meeting will provide the site visitors with the opportunity to further assess the health department's conformity with measures that relate to, for example, involvement in a partnership to develop the community health assessment (Measure 1.1.1), provision of data reports to communities (Measure 1.3.2), and general engagement with the community (Domain 4). The health department will be responsible for selecting and inviting community partners to participate in appropriate portions of the site visit. The health department may choose to invite community representation to participate in other agenda items, such as the discussion that addresses the development of the community health assessment or the review of Domain 4.

### **b. Partner Organizations**

The site visit agenda will also include a meeting with representatives of partner organizations. Partner organizations are those organizations with which the health department has a formal relationship for the provision of public health activities. Partner organizations may include, for example, an academic institution with which the health department has a formal agreement (MOU, contract, etc.) to collect data and develop data reports. A partner organization may be a school system with the health department has a formal agreement for the provision of on-site immunization clinics or health education sessions.

Partner organizations specifically include other levels of health departments in the state: Tribal, state and local. That is, if the site visit is of a state health department, the site visitors will meet with representatives of local, district or regional health departments in the state. This will be required for both centralized and decentralized states. If health departments of Federally Recognized Tribes are located in the jurisdiction served by the health department being reviewed, then the Site Visit Team should meet with representatives of some or all of the Tribes. Likewise, if the site visit is of a local health department or Tribal health department, then the Site Visit Team should meet with representatives of the state health department. These meetings will provide the site visitors with the opportunity to further assess the health department's conformity with measures that relate to, for example, the distribution of health data profiles (Measure 1.4.2), the state's provision of consultation, technical assistance and information regarding disease outbreaks (State Measure 2.1.6), or collaboration for rapid detection, investigation, and containment/mitigation of public health problems and hazards (Measure 2.3.4). The health department will be responsible for inviting partner organizations, including other level health departments, to participate in the site visit.

**c. Representatives of the Governing Entity**

The site visit agenda will also include a meeting with representatives of the health department's governing entity, if appropriate. In some cases the governing entity may be a governor, mayor, or board of county commissioners, and they may or may not be available for a meeting with the Site Visit Team; in such cases, the health department should invite representatives of the governing entity. Meetings with representatives of the governance entity will provide the site visitors with the opportunity to further assess the health department's conformity with measures that relate to, for example, informing governing entities of the impact of policies (Measure 5.1.3), information to governance concerning needed updates/amendments to laws and/or proposed new laws (Measure 6.1.2), and maintenance of capacity to engage the governing entity (Domain 12).

## IX. Site Visit Report

### 1. Site Visit Report Contents

The Site Visit Report provides the information on which the PHAB Accreditation Committee will base its accreditation status decision. The Accreditation Committee will not review the health department's documentation. The Site Visit Report will be developed and submitted to PHAB in e-PHAB. The Site Visit Report, for the most part, will be developed during the executive sessions of the site visit.

The documentation submitted by the health department, along with site visit discussions, visual observations, and additional information gathered, is the basis for the Site Visit Report. The Site Visit Report should present a clear representation of the department, its areas of strength, and opportunities for improvement.

The Site Visit Team will develop an "assessment" of the department on its conformity with each measure. The Site Visit Team will indicate their consensus concerning whether the department has "Fully Demonstrated," "Largely Demonstrated," "Slightly Demonstrated," or "Not Demonstrated" conformity with each measure. The Site Visit Report will include comments concerning how the documentation meets the measure. The Site Visit Report may comments on any measure, but must provide an explanation for the rating of any measure less than "Fully Demonstrated."

The Site Visit Report will also recognize areas of excellence and identify opportunities for improvement for each measure. The Site Visit Report will include a summary statement concerning the health department's meeting of each standard, based on the conformity with the standard's measures and a summary statement of the health department's performance of the Domain, based on the meeting of the standards in that Domain.

Finally, the Site Visit Report will summarize its findings by providing their impression of the health department by stating (1) the health department's three greatest strengths, (2) the health department's three most serious challenges or opportunities for improvement, and (3) their overall impression of the department as a functioning health department.

**The Site Visit Team will not make any recommendation regarding accreditation status in the Site Visit Report.** Site Visit Reports will not be made available as part of the public record. They should be considered confidential.

### **SITE VISIT REPORT DEVELOPMENT TIPS**

- Focus your review and discussions around the measures and the documentation. Your assessment should address the provision of evidence of meeting the measure and not other aspects of the department or its operations.
- The narrative of the Site Visit Report should be concise and direct.
- The Site Visit Report should be fair, balanced, accurate and comprehensive.
- Your assessment and Site Visit Report will be the basis for the PHAB Accreditation Committee's accreditation status decision.

## **2. Process and Timeframes**

The Site Visit Team Chair is responsible for managing the development of the Site Visit Report. Each Site Visit Team member will be responsible for developing the sections of the Site Visit Report that pertain to the Domains they were assigned. The Site Visit Team Chair will review the entire Site Visit Report, ensure that summary narratives are complete, and submit it to PHAB (through e-PHAB).

The Site Visit Report must be submitted by the Site Visit Team Chair to PHAB within two weeks of the completion of the site visit. PHAB staff may edit the Site Visit Report and will confer with the Site Visit Team Chair, if significant edits are made.

The final edited Site Visit Report will be sent to the health department.

- The health department will have thirty days to review the Site Visit Report and cite any factual errors.
- Applicants cannot submit additional documentation of corrective action(s) after the written Site Visit Report is received, but before the accreditation decision is made. The only exception to this rule is if the submission of a document will correct a factual error in the Site Visit Report.
- Health department comments will become part of the official record that will be forwarded to the PHAB Accreditation Committee.

PHAB Staff will forward the final Site Visit Report to the Accreditation Committee of the PHAB Board.

## **X. Post-Site Visit**

### **1. PHAB Accreditation Committee Accreditation Status Decision**

The Site Visit Team Chair is expected to be available for participation (by phone) in the meeting of the PHAB Accreditation Committee at which the Site Visit Report will be reviewed. The Site Visit Team Chair will be notified of the date and time scheduled for discussion and should provide PHAB staff a phone number at which s/he can be reached. The Site Visit Team Chair should notify PHAB staff immediately if there are scheduling conflicts with the scheduled date and/or time. Another member of the Site Visit Team may be asked to be available to the Accreditation Committee, if the Site Visit Team Chair cannot be available.

### **2. Evaluation**

Approximately one week after the site visit, site visitors will receive an online evaluation. Site visitors are asked to evaluate other Site Visit Team members, PHAB staff support and coordination of the site visit process, and the site visit process itself. Evaluative feedback should be thoughtful and constructive in nature. PHAB uses evaluation feedback to make decisions about appointment of individuals to Site Visit Teams, to identify ways to better serve health departments seeking PHAB accreditation, and to modify PHAB policies and procedures. Site visitors may also be asked to participate in inter-rater reliability assessments as appropriate.

### **3. Travel Reimbursement**

**Site Visit Team members must submit signed Travel Reimbursement Forms (Appendix H) with corresponding receipts to PHAB within 15 days after the travel has been completed.**

PHAB will not reimburse vouchers received which are older than 60 days or those that occur after the end of a grant cycle. Travel is reimbursed in accordance with PHAB's Travel Policies and Procedures (Appendix G). Reimbursement must be requested using the PHAB Travel Reimbursement Form.

## **Appendices**

- A.** PHAB Site Visit Process
- B.** Site Visit Agenda Template
- C.** Entrance Conference Talking Points
- D.** Exit Conference Talking Points
- E.** PHAB Site Visitor Interview Guidance
- F.** PHAB Site Visitor Agreement Form
- G.** PHAB Travel Policies and Procedures
- H.** PHAB Travel Reimbursement Form

## Appendix A: PHAB Site Visit Process

| <b>PREPARATION AND TRAINING</b>                  |  |
|--|--|
| <b>Training and Health Department Assignment</b> |  |
| <b>Each Site Visitor</b>                         | <ul style="list-style-type: none"> <li>• Complete and submit the PHAB Conflict of Interest Form</li> <li>• Complete and submit the PHAB Site Visitor Agreement Form</li> <li>• Complete PHAB site visitor training</li> </ul>  |
| <b>PHAB</b>                                      | <ul style="list-style-type: none"> <li>• Select Site Visit Team members for health departments whose documentation has been deemed to be complete</li> <li>• Designate one of the team members as the Site Visit Team Chair</li> <li>• Notify team members of health department assignment</li> <li>• Notify health department of team members for conflict of interest review</li> </ul>  |
| <b>Preparation for Review</b>                    |  |
| <b>Each Site Visitor</b>                         | <ul style="list-style-type: none"> <li>• Review the health department's website</li> </ul>   |
| <b>PHAB</b>                                      | <ul style="list-style-type: none"> <li>• Give access to each team member to the health department's documentation</li> <li>• Work with Site Visit Team Chair and Team members to schedule conference call #1</li> </ul>  |
| <b>Site Visit Team</b>                           | <ul style="list-style-type: none"> <li>• Conduct organizational team meeting (conference call #1)</li> <li>• Site Visit Team Chair assigns Domains</li> <li>• Consider work assignments and agree on general time frame for next call</li> <li>• Review purpose of next call: review health department's documentation, discuss impressions and questions, and identify additional documentation to be requested</li> </ul>                                    |
| <b>DOCUMENTATION REVIEW</b>                      |  |
| <b>First Review – Individual Reviews</b>         |  |
| <b>Each Site Visitor</b>                         | <ul style="list-style-type: none"> <li>• Review the health department's application</li> <li>• Review documentation and narratives for measures in the Domains they have been assigned</li> <li>• Preliminarily assess conformity with each measure (Fully Demonstrated, Largely Demonstrated, Slightly Demonstrated, and Not Demonstrated)</li> <li>• Keep notes (using e-PHAB note function) on impressions, questions, and lacking documentation</li> </ul> |
| <b>Second Review – Team Review</b>               |  |
| <b>PHAB</b>                                      | <ul style="list-style-type: none"> <li>• Work with Site Visit Team Chair and team members to schedule conference call (more than one call may be needed)</li> </ul>  |
| <b>Site Visit Team</b>                           | <ul style="list-style-type: none"> <li>• Share with other team members the impressions, questions, and documentation that is lacking for the Domains they have been assigned.</li> <li>• Identify and discuss measures that received an assessment less</li> </ul>   |



## Appendix A: PHAB Site Visit Process

|  |  |
|--|--|
|  | <p>than “Fully Demonstrated”</p> <ul style="list-style-type: none"> <li>• Prepare a list of questions and requests for additional documentation (focus on measures that have been “Partially Demonstrated” and “Not Demonstrated”)</li> <li>• Recommend revisions to site visit agenda template, considering the focus of questions and areas for discussions with the health department</li> </ul>      |
| <b>Health Department</b>                                   | <ul style="list-style-type: none"> <li>• Within four weeks, reply to the Site Visit Team’s questions and requests for additional documentation</li> <li>• Work with PHAB to finalize site visit agenda</li> </ul>  |
| <b>PHAB</b>  | <ul style="list-style-type: none"> <li>• Finalize site visit agenda (taking into account Site Visit Team’s priority focus areas, team members’ Domain assignments, health department staff assignments, and community members’ and governing entity’s schedules.</li> <li>• Schedule site visit and make travel arrangements</li> </ul>  |
| <b>Third Review – Final Pre-Site Visit Review</b>          |  |
| <b>Site Visit Team</b>                                     | <ul style="list-style-type: none"> <li>• List questions/issues for site visit</li> <li>• Identify themes and trends</li> <li>• Discuss final travel logistics and connections</li> </ul>   |
| <b>SITE VISIT</b>  |  |
| <b>Pre-Visit Team Meeting (Evening before site visit )</b> |  |
| <b>Site Visit Team</b>                                     | <ul style="list-style-type: none"> <li>• Review site visit agenda</li> <li>• Raise any additional documentation needs or questions and concerns</li> <li>• Review roles and plans for conducting meetings</li> <li>• Review process for the development of the Site Visit Report</li> </ul>  |
| <b>Site Visit (Two days)</b>                               |  |
| <b>Site Visit Team</b>                                     | <p>Conduct:</p> <ul style="list-style-type: none"> <li>• Entrance Conference</li> <li>• Walk through</li> <li>• Interviews</li> <li>• Document review</li> <li>• Executive sessions</li> <li>• Exit Conference</li> </ul> <p>Complete:</p> <ul style="list-style-type: none"> <li>• Assessment of measures</li> <li>• Identification of areas of excellence and opportunities for improvement</li> </ul> |
| <b>SITE VISIT REPORT</b>                                   |  |
| <b>Develop Draft Site Visit Report</b>                     |  |
| <b>Each Site Visitor</b>                                   | <p>For the most part, during the site visit Executive Sessions:</p> <ul style="list-style-type: none"> <li>• Assess measures in assigned Domains</li> </ul>  |

## Appendix A: PHAB Site Visit Process

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>Note areas of excellence and opportunities for improvement</li> </ul>   |
| <b>Site Visit Team Chair</b>                                 | <ul style="list-style-type: none"> <li>Reach consensus on: three greatest strengths, three most serious challenges or opportunities for improvement, and the team's overall impression of the department as a functioning health department</li> <li>Complete Site Visit Report and submit to PHAB within two weeks of the completion of the site visit</li> </ul> |
| <b>Site Visit Report Review and Submission to PHAB Board</b> |  |
| <b>PHAB</b>  | <ul style="list-style-type: none"> <li>May edit the Site Visit Report and send it Site Visit Team Chair for review if recommended changes or questions substantial</li> </ul>  |
| <b>Site Visit Team Chair</b>                                 | <ul style="list-style-type: none"> <li>Review edited Site Visit Report to ensure content has not been altered</li> </ul>   |
| <b>PHAB</b>  | <ul style="list-style-type: none"> <li>Send edited Site Visit Report to health department</li> </ul>   |
| <b>Health Department</b>                                     | <ul style="list-style-type: none"> <li>Respond to PHAB within thirty days (citing any factual errors)</li> </ul>   |
| <b>PHAB</b>  | <ul style="list-style-type: none"> <li>Forward the final Site Visit Report to the Accreditation Committee</li> </ul>   |
| <b>Site Visit Team Chair</b>                                 | <ul style="list-style-type: none"> <li>Site Visit Team Chair is available by phone during the Accreditation Committee discussion, in case the Committee has questions or requires clarification</li> </ul>   |
| <b>POST-SITE VISIT</b>                                       |  |
| <b>Site Visitors</b>   | <ul style="list-style-type: none"> <li>Complete evaluation and submit to PHAB (within two weeks)</li> <li>Submit travel reimbursement form and receipts within fifteen days of the completion of the site visit</li> <li>Complete other evaluations and provide feedback, as requested by PHAB</li> </ul>  |

## Appendix B: Site Visit Agenda Template

This Site Visit Agenda Template is provided as a sample of a typical health department site visit. The template sets forth the agenda items that are to be included in every site visit.

The Site Visit Agenda Template is not intended to be the absolute, unalterable agenda for every site visit. It is intended to be flexible to meet the specific needs of the Site Visit Team based on their review of the documentation. For example, the Site Visit Team may wish to spend less time on one particular Domain and more time on another, based on the volume of questions they have. The order and grouping of concurrent sessions to review documentation by Domain will need to be revised to accommodate the assignments of Domains to members of the Site Visit Team, so that no member is expected to attend two different Domain sessions at the same time.

There are, however, a few agenda items that should never shift. Every site visit will begin with an entrance conference and end with an exit conference. After the entrance conference, the Site Visit Team will meet with health department staff to review the health department's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) and the standards and measures that relate to them. This will provide the site visitors an overview of the population served by the health department, plans to address the population's health needs, and the health departments collaborative relationship with the community in the development and implementation of the CHA and CHIP. Immediately after the meeting concerning the CHA and CHIP, the Site Visit Team will meet with health department staff to review the department's strategic plan and the standard and measures that relate to it. The health department staff may or may not be the same staff people that met with the Site Visit Team to review the CHA and CHIP. Review of the strategic plan will provide the Site Visit Team with an overview of the health department's strategies, objectives, and plans to address the implementation of the CHIP and other organizational issues. Also, every site visit will include a meeting with representatives of community partners, a meeting with representatives of the governing entity, and a meeting with the health department director. The placement of these three meetings on the agenda may be repositioned to accommodate the schedules of community partners, the governing entity, and the health department director. Every agenda will also include several Executive Sessions, during which the Site Visit Team will meet to discuss their findings and prepare their Site Visit Report.

The Site Visit Agenda Template is intended to be flexible to also meet the staffing and organizational structure of the health department. The order of the Domains may need to be shifted, based on a staff person's area of responsibility and expertise. The order of other agenda items may also be adjusted. Specifically, the meetings with representatives of community partners and governing entities may need to be scheduled at different times than those proposed on this template. The health department is responsible for selecting the department staff that will attend each session. Likewise, they will be responsible for inviting representatives of their governing body and community partners.

## Appendix B: Site Visit Agenda Template



### Public Health Accreditation Board Site Visit Agenda Template

Below is a template for a two day site visit. Site visits may be extended to two and one half days, if required to visit additional facilities.

#### DAY 1

|          |   |  |
|----------|---|--|
| 9:00 AM  | Entrance Conference   | Site Visit Team<br>Health Department Director<br>Accreditation Coordinator<br>Health Department Management Team  |
| 9:30 AM  | CHA and CHIP<br>(Standards 1.1 and 5.2)   | Site Visit Team<br>Department Staff (e.g., planning director, )  |
| 10:15 AM | Break   |  |
| 10:30 AM | Strategic Plan<br>(Standard 5.3)  | Site Visit Team<br>Department staff (e.g., planning director)<br>Representatives of Health Department<br>Management Team   |
| 11:00 AM | Concurrent Domain Sessions<br>Domain 1: ( <i>minus CHA</i> ) (9 measures)<br>Domain 4: (4 measures)<br>Domain 8: (4 measures) | Site Visit Team Member Assigned to Domain 1<br>Representative(s) of Health Department<br>Site Visit Team Member Assigned to Domain 4<br>Representative(s) of Health Department<br>Site Visit Team Member Assigned to Domain 8<br>Representative(s) of Health Department  |
| 11:30 AM | Lunch and Executive Session   | Site Visit Team  |
| 1:00 PM  | Meeting with Community Partners   | Site Visit Team<br>Representatives of Community Partners   |
| 2:00 PM  | Concurrent Domain Sessions<br>Domain 12 (7 measures)<br>Domain 3 (7 measures)<br>Domain 9 (8 measures)                        | Site Visit Team Member Assigned to Domain 12<br>Representative(s) of Health Department<br>Site Visit Team Member Assigned to Domain 3<br>Representative(s) of Health Department<br>Site Visit Team Member Assigned to Domain 9<br>Representative(s) of Health Department |
| 2:45 PM  | Break   |  |

## Appendix B: Site Visit Agenda Template

### SITE VISIT AGENDA TEMPLATE CONTINUED

|              |  |   |
|--------------|--|---|
| 3:00 PM      | Concurrent Domain Sessions<br>Domain 2 (17 Measures)<br>Domain 6 (10 Measures)<br>Domain 11 (11 Measures)                    | Site Visit Team Member Assigned to Domain 2 Representative(s) of Health Department<br>Site Visit Team Member Assigned to Domain 6 Representative(s) of Health Department<br>Site Visit Team Member Assigned to Domain 11 Representative(s) of Health Department |
| 4:00 PM      | Executive Session  | Site Visit Team   |
| 5:00 PM      | Adjourn  |   |
| <b>DAY 2</b> |  |   |
| 9:00 AM      | Executive Session  | Site Visit Team   |
| 9:30 AM      | Concurrent Sessions<br>Domain 7 (6 measures)<br>Domain 10 (6 measures)<br>Domain 5 ( <i>minus CHIP and SP</i> ) (6 measures) | Site Visit Team Member Assigned to Domain 7 Representative(s) of Health Department<br>Site Visit Team Member Assigned to Domain 10 Representative(s) of Health Department<br>Site Visit Team Member Assigned to Domain 5 Representative(s) of Health Department |
| 10:15 AM     | Break  |   |
| 10:30 AM     | Meeting with Representatives of Governing Entity   | Site Visit Team<br>Representative(s) of Governing Entity  |
| 11:30 AM     | Lunch and Executive Session  | Site Visit Team   |
| 1:30 PM      | Meeting with Director of Health Department   | Site Visit Team<br>Health Department Director   |
| 2:30 PM      | Executive Session and Site Visit Report Development  | Site Visit Team   |
| 3:30 PM      | Exit Interview   | Site Visit Team<br>Accreditation Coordinator<br>Health Department Management Team<br>Other Health Department Staff (invited by Health Department)   |
| 4:30 PM      | Adjourn  |   |

## Appendix C: Entrance Conference Talking Points

The purpose the entrance conference is to establish a collegial tone, review the objectives and schedule of the site visit, and discuss any recent changes in the department about which the site visit team should be aware. Below are topics that should be addressed during the entrance conference.

- **Thank the health department** for their support of public health department accreditation, the work that they have dedicated to the process, and their hospitality.
- **Conduct introductions** of the Site Visit Team Members, PHAB Accreditation Specialist, health department leadership and staff, Health Department Accreditation Specialist, and others (that may be invited by the health department).
- **Describe PHAB's conflicts of interest and confidentiality policies.**
  - Each PHAB site visitor has completed a Conflict of Interest Disclosure Form.
  - The health department has had an opportunity to review the names of their site visitors and to indicate to PHAB any real or perceived conflict of interest.
  - PHAB and its site visitors will not share any information about the health department, its application, and its documentation; the Site Visit Team's interviews, review of documentation, findings, or impressions; or the health department's accreditation status. When a health department receives full five-year accreditation, PHAB will notify the health department and then post the name of the health department on the PHAB website as public notice of the achievement. Site visitors have signed a confidentiality agreement with PHAB not to discuss their specific health department review with anyone other than PHAB staff, Accreditation Committee members (as requested) or their team members.
- **Review the purpose of the site visit.** It is an opportunity:
  - For the health department to be reviewed by peer public health practitioners.
  - For PHAB site visitors to verify the documentation submitted to PHAB by the health department.
  - For site visitors to request further and additional documentation. (Documentation that was created after the submission of the department's documentation to PHAB will not be considered by the site visit team.)
  - For discussion and explanation.
  - For the site visitors to supplement paper documentation with face-to-face discussions and direct observations.
- **Review the site visit process, agenda, and schedule.**
  - Verbally "walk through" the agenda and schedule.
  - State that the Accreditation Coordinator need not attend every interview, though they must be available to the Site Visit Team for the duration of the visit.
  - Review the accommodations for the meetings (private meetings, conference room for the Site Visit Team, rest rooms, soda and water vending machines, etc.)
- **Review the Site Visit Team's process and guidelines for documentation review.**
  - Note that the team may not have time to review documentation for all measures with the health department; they will focus on missing documentation, perceived deficiencies, and questions.

## Appendix C: Entrance Conference Talking Points

- Explain the four categories to be used for ranking each measure. Explain that numerical values will NOT be assigned to each ranking.
  - Explain that a primary purpose of the site visit is to identify opportunities for improvement for the health department's continuous quality improvement.
  - Explain that the Site Visit Team will not make suggestions of actions or activities to address opportunities for improvement. The Site Visit Report may identify opportunities for improvement.
  - Make it clear that the team will NOT recommend accreditation status at any time.
  - Explain that the site visit schedule includes an exit conference during which the team will provide their overall impressions; review strengths, areas of potential non-conformance, and opportunities for improvement; and highlight observed strengths.
  - The exit conference will be consistent with the final Site Visit Report findings.
- **Invite the health department leadership to provide an overview of** the health department, its programs, its structure, the population it serves, or any other pertinent information the health department would like the Site Visit Team to know.
  - **Ask if there have been any changes** or developments in the department since it submitted its application for accreditation to PHAB about which the site visitors should know.

## Appendix D: Exit Conference Talking Points

The exit conference is the last on-site session conducted by the Site Visit Team. The purpose of the exit conference is to provide the health department with a general summary and review of the site visit. It is an opportunity to provide feedback concerning the team's assessment of strengths and opportunities for improvement.

The health department director and the Accreditation Coordinator must attend the exit conference. The health department may invite others to attend the exit conference, if they wish including: department staff, representatives of their governing entity, representatives of community partners and partner organizations, and others.

- **Stress that the goal of the accreditation process is quality and performance improvement** and that a culture of continuous quality improvement is the ideal.
- **Provide the team's general impressions** of the department's conformity with the PHAB standards and measures.
  - Share identified strengths, exemplary practices, unique or innovative methods.
  - Share identified opportunities of improvement. (Do not share suggestions for ways to improve.)
- **Remind the health department of PHAB's confidentiality policy.**
- **Review the next steps** of the accreditation process.
  - The site visit team will submit its Site Visit Report to PHAB.
  - PHAB will share the Site Visit Report with the health department for a 30-day review for inaccuracies.
  - At its next quarterly meeting, the PHAB Accreditation Committee will review the Site Visit Report and determine the health department's accreditation status.
- **Remind the health department that the Site Visit Team will not make any recommendation regarding accreditation status during the site visit, during the exit conference, in the Site Visit Report, to staff of PHAB, to members of the PHAB Board of Directors, or the PHAB Accreditation Committee.**
- **Thank the members of the health department** for their hospitality, time, and efforts of all of their staff and partners. **Thank the Accreditation Coordinator specifically.**



## Appendix E: PHAB Site Visitor Interview Guidance

### I. INTRODUCTION

The site visit is an opportunity for the site visitors to ask specific questions and request further explanation in support of conducting the accreditation review. The health department will have an opportunity to present its structure and operation; describe its relationship with the community; explain the role and structure of its governing entity, and provide other qualitative information. This Guide presents general advice concerning the conduct of interviews during the site visit as well as provides sample questions for the Site Visit Team consideration.

The purpose of the site visit interviews is to verify evidence provided by the documentation and to provide the opportunity to ask questions, request additional information, and clarify how the documentation provides the required evidence. The site visitors should review with the department's staff any areas that require clarification or explanation.

Each Site Visit Team should develop a list of specific questions appropriate for the department based on their review of the documentation that the health department submitted and the team has reviewed. The Site Visit Team should develop questions for specific Domains and individual and group interviews (i.e., health director, representatives of the governing entity, community partners). Interview questions should not relate to any subject matter that is not covered in the **PHAB Standards and Measures Version 1.0**.

### II. GENERAL INTERVIEW GUIDANCE

Interviews should be conducted in a professional and cordial manner. While site visitors will have a list of questions that they have developed to ask or issues to be covered, they should attempt to conduct the interview in a relaxed, conversational manner. Interviews should be held in a private room so that exchange of information can be maintained as confidential.

Questions should be designed to gain information and understanding.

- Questions should be clear, concise, and nonthreatening.

- Questions should be open ended to provide opportunities for descriptions and explanations.

- Questions should not imply values or judgments.

Site visitors should be active listeners, be observant, and check for understanding.

- Site visitors should be aware of "clues" and attempt to follow up on what is not being said.

- Site visitors should be aware of body language and non-verbal feedback.

- Site visitors should allow time for the complete answer and not rush the person being interviewed.

  - Follow-up comments can often be revealing.

- Site visitors should encourage the person they are interviewing to provide additional information.

  - There are several methods that can be employed to encourage the provision of additional information:

    - Silent Probe*

      - An effective way to encourage someone to elaborate is to do nothing at all; just pause and wait. It suggests that you are waiting, listening for what they will say next.

## Appendix E: PHAB Site Visitor Interview Guidance

### *Overt Encouragement*

Overt encouragement could be as simple as saying "Uh-huh" or "OK" after the respondent completes a thought. Try to do so in a way that does not imply approval or disapproval of what they said.

### *Elaboration*

You can encourage more information by asking for elaboration. For instance, ask "Would you like to elaborate on that?" or "Is there anything else you would like to add?"

### *Ask for Clarification*

Sometimes, you can elicit greater detail by asking the respondent to clarify what they said.

### *Repetition*

Repeat what you heard. This may elicit additional information as well as confirm your understanding.

Site visitors should not make evaluation comments about the information provided during an interview. They should not offer information about personal experiences, other professional experiences, or other health departments. They should not offer suggestions for improvements during the interviews.

At the end of each interview, site visitors should always thank the person for their time, hospitality, and contributions to the site visit and accreditation process.

### **III. SAMPLE QUESTIONS**

The questions that the Site Visit Team poses during the site visit should be based on the Site Visit Team's review of the health department's documentation, the team's preliminary assessment of the documentation, and the team's need for additional information or clarification. The sample questions presented in this guide are suggestions for consideration by the Site Visit Team; they are not required.

#### **A. General Questions**

- a. What are the health department's (or program's) most significant contributions to the health of the community?
- b. What are the health department's (or program's) strengths?
- c. What are the biggest challenges that the health department (or program) faces?
- d. What is the department's (or program's) relationship with the community?

#### **B. Entrance Conference (See Appendix C, Entrance Conference Talking Points)**

- a. Have there been changes in the department since the department submitted your documentation?
- b. Describe the governmental public health system in your community/state.
- c. Describe the department's organizational structure.
- d. What significant public health services are provided by other organizations? How does the health department coordinate with those organizations?
- e. (Local) What other public health resources exist in your community? How does the health department coordinate with them?

## Appendix E: PHAB Site Visitor Interview Guidance

- f. What issues/topics/explanations should the Site Visit Team be aware of and/or keep in mind as they conduct the site visit?

### C. Meetings On the CHA/CHIP/SP

- a. Describe how the community health assessment (CHA) was developed.
  - i. What was the overall process?
  - ii. How was the community involved?
  - iii. Do you have indications that the community uses the CHA for planning, coordinating services and activities, sharing resources, funding applications, or other uses?
- b. How was the community health improvement plan (CHIP) developed?
  - i. What was the overall process?
  - ii. How was the community involved?
  - iii. How is the community involved in its implementation?
  - iv. Do you have indications that the community uses the CHIP for their program planning, coordinating services and activities, sharing resources, funding applications, or other uses?
  - v. Does the CHIP translate into the department's annual budget?
  - vi. Does the CHIP impact on resource requests or allocations? Is it considered in setting priorities for grant applications or funding requests?
- c. How was the department's strategic plan developed?
  - i. Who in the department was involved in its development?
  - ii. How was the governing entity involved in its development?
  - iii. How is it used by programs and leadership?
  - iv. Does the strategic plan translate into the annual budget?
  - v. Does the strategic plan impact on resource requests or allocations? Is it considered in setting priorities for grant applications or funding requests?

### D. Health Department Director

- a. Describe the public health system structure in your Tribe/state/community.
  - i. What is unique about the public health system and structure?
  - ii. Describe how your health department fits within the Tribal/state/local overall government structure.
  - iii. Describe your department's relationship with other public health departments (Tribal/state/local health department(s)).
- b. Describe the department's relationship with its governing entity.
  - i. Describe how the department and the governing entity work together on public health issues.
  - ii. Describe how does the department educate the governing entity about the mission and role of the department.
- c. Describe the department's relationship with the community.
  - i. What is the department's policy or process for working with the community? How do programs obtain community input?
  - ii. What examples are there of collaboration and partnership with the community?
- d. How is the community health assessment and community health improvement plan used?
  - i. How does the health department use these documents?
  - ii. Are there indications that the community uses the improvement plan for priority setting, resource allocation, or other purposes?

## Appendix E: PHAB Site Visitor Interview Guidance

- e. How is the department's strategic plan used?

### **E. Governing Entity Representatives**

- a. Describe the relationship of the governing entity with the health department.
  - i. Describe the process for information exchange.
  - ii. Describe the process for decision making.
- b. Describe the working relationship of the governing entity with the community.
  - i. How does the governing entity obtain community input?
- c. What was the governing entity's role in the development of the health department's strategic plan?
  - i. What is the governing entity's role in promoting and monitoring its implementation?

### **F. Community Partners**

- a. Describe the relationship of the health department with the community at large.
  - i. How well does the community understand the mission and role of the department?
  - ii. How does the department communicate with the community?
- b. Describe your organization's relationship with the health department.
  - i. In what areas does your organization partner and collaborate with the health department?



### **Public Health Accreditation Board Site Visitor Agreement Form 2011-2012**

#### **Site Visitor Responsibilities**

As a site visitor of health departments on behalf of the Public Health Accreditation Board (PHAB), I will:

- be present, attentive, and participatory in all training, team meetings, site visit activities, and site visit interviews;
- arrive on time for training, conference calls, and meetings, and not leave early;
- be prepared for all site visit activities;
- be responsive to requests for information, comments, and feedback from PHAB; and
- contribute to the completion of the team's charge including review of the department's documentation submitted, preparation for and conduct of the site visit, and the completion of the team's Site Visit Report.

#### **Professional Conduct**

As a volunteer site visitor for the public health department accreditation program, I represent PHAB during all portions of the site visit process. As a site visitor, I will conduct myself in the highest professional and ethical manner at all times. I will be courteous and demonstrate respect and consideration for other team members, the health department, and department governance and community representatives. As a site visitor, I will not criticize any elements of the PHAB accreditation process or standards and measures in the presence of health department staff or members of the community. I will not criticize health departments' operations, programs, or staff.

#### **Confidentiality**

I will respect the confidential nature of the accreditation process. I will treat all information obtained through the accreditation review process as confidential, including the name of any health department to which I am assigned. I will not discuss information about the health department site or any of its documentation with others not involved in the PHAB accreditation process.

#### **Travel Liability**

In consideration of my position as a site visitor, I, being 21 years of age or older, do hereby release, forever discharge and agree to hold harmless PHAB and the officers, directors, employees, members, subsidiaries, agents, successors and assigns thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred, directly or indirectly, now or in

## Appendix F: PHAB Site Visitor Agreement Form 2011-2012

the future, by reason of my participation and travel as a site visitor, including that caused solely or in part by the fault (including but not limited to negligence, gross negligence and/or recklessness) of the above- named parties. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities related to my participation and travel as a site visitor. Further, authorization and permission is given to PHAB to furnish and hereby release liability of transportation, food and lodging provided to me. This Release and Waiver of Liability shall be binding on my heirs, executors, administrators, successors, and assigns.

I hereby indemnify PHAB, its officers, directors, employees, members, subsidiaries, agents, successors and assigns, from and against all claims, liabilities and expenses, including reasonable attorney's fees, which may result from my acts, omissions or breach of this Agreement.

As a PHAB accreditation site visitor, I have read, understand and agree to the Site Visitor Agreement. I have been given information in the following PHAB policies and procedures and agree to abide by them in the conduct of my activities before, during and after the accreditation site visit.

- **PHAB Site Visitor Guide Version 1.0**
- PHAB Conflict of Interest Policy and Disclosure Form
- Content of this Site Visitor Agreement Form herein

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**Name (Please print)**

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**Signature**

---

**Date**

*Approved February 2012*

## Appendix G: PHAB Travel Policies and Procedures

*See separate document attached.*



## Public Health Accreditation Board Travel Policies and Procedures

As the national public health accrediting body, the Public Health Accreditation Board (PHAB) has a need for people from all over the country to travel for PHAB business. All travel being reimbursed by PHAB must have prior approval. PHAB cannot reimburse travel expenses paid by another party. The following set of policies and procedures are used to assist PHAB Board of Directors, work group, committee members, site visitors, advisory groups, and staff in obtaining reimbursement for travel expenses. Questions should be directed to the contact for the project for which the travel occurred. The phone number for PHAB is **703-778-4549**.

### Reimbursement Policy

#### *Transportation*

1. Air travel must be completed using the least expensive fare available. Flight arrangements must be made through Executive Travel Associates **and every attempt should be made to book travel at least 14 days in advance**. Our representative is Kathy Rosnick and she can be reached at [krosnick@exectravel.com](mailto:krosnick@exectravel.com) or 202-828-0102, Kathy will be given approval by PHAB to charge tickets to the PHAB account. You must obtain pre-approval from PHAB to purchase your ticket directly from another agency or from the airlines.
2. Travel by railway can also be used, using the most direct route, and should not exceed the least expensive air travel via the most direct economy air route.
3. Automobile mileage will be reimbursed at the current government rate per mile, not to exceed the cost by the most direct economy air route. The cost for the most direct (no more than one stops and/or flight change) economy air route includes any fees charged by airlines and the cost of ground transportation to and from the airport. Travelers should provide the actual mileage driven on the expense form and document departure and arrival locations.
4. Other ground transportation expenses, such as parking, taxi, bus, shuttles, etc. whether incurred at point of departure or upon return, will be reimbursed providing original receipts are submitted. Please note that car rental will not be allowed without prior approval by PHAB. PHAB will not reimburse for extra insurance purchased if the traveler's automobile insurance covers rental vehicles driven during business use.
5. The cost of checking the first piece of luggage will be reimbursed, but the traveler is responsible for the costs associated additional checked bags.



## *Lodging*

Reimbursement will be based on the actual amount paid for lodging. It is expected that the cost will be as close as possible to the federal daily maximum for that geographic area. Items such as personal telephone calls, non-meal room service items (e.g., movies, bar) and spa services are considered to be personal expenses and will not be reimbursed. If hotel reservations need to be cancelled, it is the traveler's responsibility to notify the hotel directly to avoid "no show" charges.

Travellers are expected to avoid overnight stays if morning travel (i.e., travel that begins at 6:00 a.m. or later) is feasible and reasonable.

## *Meals and Incidental Expenses*

Reimbursement will be made up to a maximum per Diem of \$100, including tax and gratuities. This is designed to cover the cost of purchasing meals while traveling and to cover small incidental expenses such as non-meal tips. The \$100 will be reduced by the cost of the meals which the traveler does not have to purchase while traveling. This restriction includes both meals which are furnished by PHAB and meals that do not need to be purchased because the traveler is not traveling at a time that a meal would occur. Gratuities are expected to be in the 15-20% range. Should the travel schedule need to be broken down to separate individual meals, the meal per diem guidelines are:

|             |         |
|-------------|---------|
| Breakfast:  | \$15.00 |
| Lunch:      | \$20.00 |
| Dinner:     | \$60.00 |
| Incidentals | \$ 5.00 |

Please do not exceed the maximum **total** meal per Diem of \$100 for the meals you purchased while on travel. PHAB will not reimburse for meals outside the dates and times of the approved travel. Meal receipts are required regardless of the amount.

## **How to Obtain Reimbursement**

1. Complete the PHAB Travel Expense Voucher. See **Instructions** below for more information on how to complete the form.
2. Attach **ORIGINAL** receipts for lodging, air, ground, meals, and other related expenses for which reimbursement is being requested. These receipts should be **taped to an 8½" by 11" sheet of paper (using multiple sheets if necessary)**. All purchases must be documented with an original receipt.

3. Submit Travel Expense Vouchers with corresponding receipts to PHAB within **15 days** after the travel has been completed. PHAB will not reimburse vouchers received which are older than **60 days** or those that occur after the end of a grant cycle. The Vouchers should be sent to the PHAB Chief Administrative Officer for payment. Payments will be made by the on a biweekly basis. Please note that following the above procedures will expedite the reimbursement process.

### Instructions for Completing the Travel Expense Voucher

PHAB staff will complete the "Please return to:" and "no later than:" sections of the form prior to distributing the form to travelers.

#### *Traveler Information Section*

Enter the name, phone and fax numbers, email, and mailing address for the traveler. This is the address to which reimbursement checks will be sent.

#### *Name of Meeting*

Enter the name of the meeting attended with enough descriptive information to provide audit detail, i.e. "Standards Development Workgroup Meeting" or "PHAB Board Meeting," not just "PHAB Meeting." Site visitors should note the name of the accreditation site visit, i.e. "Millet County Health Department Site Visit".

#### *Dates of Trip*

Enter the dates of the trip, from the beginning of the travel to the return. This is the duration of the travel being reimbursed by PHAB.

#### *Time of Departure and Time of Return*

Indicate when the traveler departed for the trip and when the traveler returned from the trip. These times are used to calculate per diem expenses.

#### *Description of Expenses Section*

- Air/Rail: Enter the amount of air or rail tickets if purchased directly by the individual traveler. These expenses must be pre-approved for reimbursement by PHAB staff prior to the trip. Include any service fee charged in this section.
- Taxi/Bus/Ground transportation: Enter the amount of ground transportation expenses. PHAB encourages the use of shared-ride vans and shuttles to reduce travel expenses whenever possible. This includes subway fares and other public transport expenses.
- Garage Parking/Tolls: Enter amount of parking expenses and tolls.
- Personal Car Mileage: In the box marked "Personal car mileage" enter the total number of miles driven using personal vehicles. PHAB will reimburse for these miles at the current allowable rate (*Refer to the IRS website for the current mileage rate*). In the "From/To" box, indicate where the personal miles were accumulated (i.e., "Washington DC to BWI airport, BWI airport to PHAB Office")

or other description of departure and arrival points). Document of actual mileage is desirable (i.e., Yahoo! or MapQuest mileage totals) but not required.

- Hotel/Motel expenses: Enter allowable hotel or motel costs, or other costs of lodging.
- Phone/Telegrams/Fax: Enter expenses for allowed, business-related fax and phone costs.
- Per diem section: Enter the actual dollar amount claimed for each meal that was not provided to you during the trip. Incidentals may be claimed for gratuities paid and other incidental expenses during your travel. RECEIPTS are REQUIRED.
- Rental cars. Enter rental car expenses if approved prior to the trip by PHAB staff.
- Other expenses: Enter the amount of other reimbursable expenses incurred and describe these expenses in the box provided on the form. If additional space is necessary, attach another sheet of paper.

### ***Total Expenses***

Enter the total expenses for each row and column in the appropriate spaces provided. Double check the Total Expenses prior to submission.

### ***Balance Due***

Enter the amount due to the traveler.

### ***Traveler Signature***

The traveler must sign and date the voucher to obtain reimbursement.

### ***PHAB***

The PHAB Chief Administrative Officer will sign the voucher after checking for allowable expenses, checking the totals and assigning the voucher the appropriate code.

### ***Project Charge Instructions***

This box is for PHAB staff use only.

Note: Interpretation or expansion of these policies and procedures will be conducted by referring to the Robert Wood Johnson Foundation or Centers for Disease Control Travel Guidelines, depending on the source of the reimbursement funds.

*Policy Effective September 15, 2009  
Updated February 2012*

## Appendix H: PHAB Travel Reimbursement Form

*See separate document attached.*



Please return to: Chief Administrative Officer

no later than: \_\_\_\_\_

## Travel Reimbursement Form

**TRAVELER INFORMATION**

Name of Traveler/Payee: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Name of Meeting: \_\_\_\_\_  
 Dates of Trip: \_\_\_\_\_  
 Time of Departure: \_\_\_\_\_ Time of Return: \_\_\_\_\_

| Description of Expense  | SUN | MON | TUES | WED | THURS | FRI | SAT | TOTAL |
|---|-----|-----|------|-----|-------|-----|-----|-------|
| 1. Air/Rail <i>(REQUIRES PRE-APPROVAL IF PURCHASED INDIVIDUALLY)</i>  |     |     |      |     |       |     |     |       |
| 2. Taxi/Bus/Ground Transportation                                     |     |     |      |     |       |     |     |       |
| 3a. Personal Mileage <i>(ENTER TOTAL MILES TRAVELED)</i>              |     |     |      |     |       |     |     | -     |
| 3b. Enter Dollar Amount Claimed for Mileage <i>(\$0.55 x MILEAGE)</i> |     |     |      |     |       |     |     |       |
| 4. Garage Parking/Tolls   |     |     |      |     |       |     |     |       |
| 5. Hotel Expenses   |     |     |      |     |       |     |     |       |
| 6. Phone/Telegrams/Fax/Internet                                       |     |     |      |     |       |     |     |       |
| 7a. Breakfast <i>(Max \$15)</i>                                       |     |     |      |     |       |     |     |       |
| 7b. Lunch <i>(Max \$20)</i>   |     |     |      |     |       |     |     |       |
| 7c. Dinner <i>(Max \$60)</i>  |     |     |      |     |       |     |     |       |
| 7d. Incidental per diem <i>(Max \$5)</i>                              |     |     |      |     |       |     |     |       |
| 8. Rental car <i>(REQUIRES PRE-APPROVAL)</i>                          |     |     |      |     |       |     |     |       |
| 9. Rapid Transit/Metro  |     |     |      |     |       |     |     |       |
| 10. Registration  |     |     |      |     |       |     |     |       |
| 11. Other Expenses <i>(PLEASE EXPLAIN BELOW)</i>                      |     |     |      |     |       |     |     |       |
| <b>TOTAL EXPENSES</b>   |     |     |      |     |       |     |     |       |

INSERT  
TOTAL  
↓

Personal Car Mileage

Total Miles =

From/To?

|                                     |
|-------------------------------------|
| 11. Other Expenses (DESCRIBE BELOW) |
|                                     |

| PROJECT CHARGE INSTRUCTIONS |              |        |
|-----------------------------|--------------|--------|
| G/L Code                    | Project Code | Amount |
|                             |              |        |
|                             |              |        |
|                             |              |        |

|                            |  |
|----------------------------|--|
| <b>Total Expenses</b>      |  |
| Advance amount (if issued) |  |
| Date advance issued:       |  |
| <b>Balance Due</b>         |  |

SIGN HERE →

|                                     |      |
|-------------------------------------|------|
| Traveler Signature                  | Date |
| Budget Manager Approval             | Date |
| Second Staff Approval (if required) | Date |

Please complete this form, attach all receipts, sign it, and return it to the Chief Administrative Officer, PHAB, 1600 Duke Street, Suite 440 Alexandria, VA 22314 within 15 days of completing the travel.

Note: Failure to submit travel reimbursement in time specified may result in forfeiting your claim for reimbursement.



PUBLIC HEALTH ACCREDITATION BOARD

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Alexandria, VA 22314

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

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