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**Public Health Accreditation Board**

**Guide to  
National Voluntary  
Accreditation**

DRAFT 10-26-09

*(Process approved by PHAB Board for use during beta test.)*

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ATTACHMENT: Accreditation Process Flowchart

**SUPPORTING FORMS AND TEMPLATES**

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

- 1: Readiness Checklist
- 2: Statement of Intent
- 3: Application
- 4: Preparation for a Site Visit (to be developed)
- 5: Sample Site Visit Agenda (to be developed)
- 6. Sample Entrance and Exit Conference Agendas (to be developed)
- 7: Site Visit Report Template (to be developed)
- 8: Interim Report Template (to be developed)

**COMPANION DOCUMENTS:**

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

- PHAB Acronyms and Glossary of Terms
- PHAB Guide to Standards & Measures Interpretation
- PHAB Self-Assessment Tools – State, Local and Tribal
- Scoring Methodology (to be developed)

## **I. INTRODUCTION**

Public health accreditation is here. With the groundwork of the Exploring Accreditation Project (EAP) to the creation of the Public Health Accreditation Board (PHAB), accreditation in public health has been brought to fruition. If you are looking at this guide, that means you are interested in accreditation for your public health department to improve your performance, be accountable to your stakeholders, and provide your constituents with the best services possible.

This guide is intended for you. Whether you are a health director, an Accreditation Coordinator, an employee of a public health department, or an individual interested in accreditation –this guide is to help you understand the process and be successful in seeking accreditation. It has been developed to provide all the information necessary for a public health department to understand the accreditation process.

## **II. BACKGROUND**

PHAB is dedicated to advancing public health performance. With support from the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation (RWJF), PHAB has worked with leading public health experts from the field to develop a national voluntary accreditation program that will help public health departments assess their current capacity and guide them to become even better providers of quality service, thus promoting a healthier public.

The beginnings of PHAB can be traced back to the Exploring Accreditation Project. Launched in 2005, the EAP was supported in partnership by CDC and RWJF as a fourteen-month exploration process to determine if it was feasible and desirable to implement a national voluntary public health accreditation program. The EAP Steering Committee and four workgroups were made up of public health practitioners from all three levels of government (national, state & local) and members of academia. Subject matter experts were also consulted.

In the winter of 2006-07, the EAP released its final recommendation that it was feasible and desirable to move forward with establishing a voluntary national public health accreditation program for state, territorial, local, and tribal public health departments. The report provided a detailed model for the development of the program. The full report can be found on the PHAB website at <http://www.phaboard.org/assets/documents/FullReport.pdf>.

PHAB was incorporated in May 2007. PHAB is made possible through support from the CDC and the RWJF. In addition to these partners, PHAB works closely with several organizations to represent the wide variety of public health departments and structures

across the country. Organizations include the Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), the National Indian Health Board (NIHB), the National Association of Local Boards of Health (NALBOH) and the American Public Health Association (APHA).

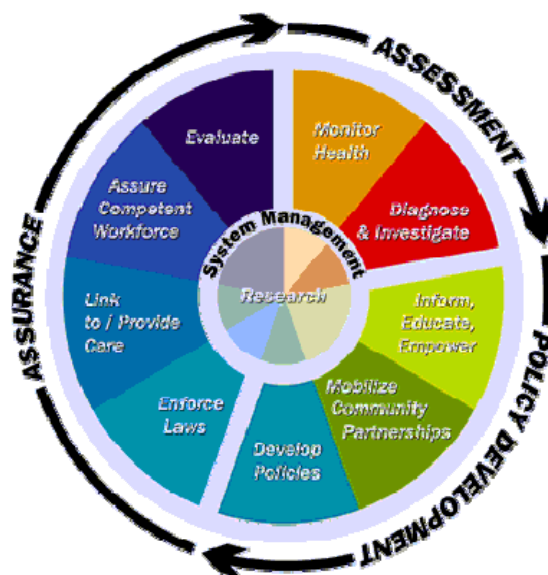
### III. PURPOSE OF ACCREDITATION

Accreditation is defined as the development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards. This definition comes from the Exploring Accreditation Workgroup and is the basis for the national voluntary accreditation process.

Accreditation seeks to develop standards that advance quality and performance within the public health department. Accreditation standards define the expectations for all public health agencies that seek to become accredited. A national voluntary accreditation system has been developed because of the desire to improve service, value and accountability to stakeholders.

Accreditation provides a means for a department to identify performance improvement opportunities, to improve management, develop leadership, and improve relationships with the community. The process is one that will challenge the department to think about what business it does and how it does that business. It will encourage and stimulate quality and performance improvement in the department.

Accreditation documents the capacity of the public health department to deliver the three core functions and the ten essential services of public health as represented in the graphic below. Thus, accreditation gives reasonable assurance of the range of public health services a department should provide. Accreditation declares that the health department has an appropriate mission and purpose and can demonstrate that it will continue to accomplish its mission and purpose.



Source: Public Health Functions Steering Committee, Members (July 1995):

## IV. BENEFITS OF ACCREDITATION

The goal of PHAB is an accreditation program that provides an avenue whereby public health agencies can engage in continuous quality improvement. Thus the purpose of accreditation is its benefit. Other benefits include:

### **High Performance and Quality Improvement**

A successful accreditation system will provide a transforming process that supports improvement of the health department. The accreditation process will highlighting the strengths of the department and also allow a department to identify performance improvement needs. This improvement through the accreditation process lays the groundwork for improved health outcomes.

### **Recognition and Validation of the Public Health Department's Work**

Accreditation provides a strong “stamp of approval” that is recognized by the general public as validating the services provided by the department, thus raising the visibility of public health to the citizens who are served. Accreditation provides accountability to the public, to funders, and to governing entities at all levels.

Within a department, accreditation improves the understanding of the functions and roles of the health department staff. It promotes staff understanding of how one’s job contributes to the health department’s mission and the delivery of essential services.

### **Potential Increased Access to Resources**

Accreditation will highlight the value of the public health department. This may result in increased opportunities for resources. These resources might include:

- Access to funding to support quality and performance improvement;
- Access to funding to address gaps in infrastructure identified in the accreditation process;
- Opportunities to pilot new programs and processes;
- Streamlined application processes for grants and programs;
- Acceptance of accreditation in lieu of additional accountability processes.

As the public health accreditation movement grows and as the system develops, other benefits may be made available.

## V. ASSESSMENT PROCESS

### **Pre-application**

Before submitting an application, there are several steps a health department should take to prepare for the rigorous accreditation process. There is an orientation and readiness check to assist the department in understanding the accreditation process and to provide an early assessment of the necessary steps to prepare for the accreditation process and site visit. A statement of intent (SOI) must also be submitted prior to applying.

### ***Orientation***

PHAB will provide an on-line accreditation orientation, available to anyone with an interest in public health accreditation or who has interest in applying to become an accredited department. The orientation will provide the participant with an overview of the application process and timeline, completion of the application, standards and measures, documentation guidance, and scoring and weighing.

Orientation will consist of a free, web-based course that will be accessible at the participant's convenience. There is no fee to view the orientation. The orientation is suitable to be completed by a single user at a computer or can be used in a group setting. It can be accessed at this link – (to be developed). Upon completion of the orientation, the program will verify completion by name and organization. This information will be retained by PHAB for future reference and planning purposes.

Completion of the orientation is mandatory before a department may submit a statement of intent to PHAB. The orientation must be completed by the health department staff member who is designated as the accreditation coordinator (the person responsible for coordinating the application and accreditation process within the health department). It is strongly recommended that the health director also complete the orientation. Health Departments that are planning to apply for accreditation or that will be submitting a statement of intent are encouraged to have several staff members, especially those in leadership positions, as well as members of the governing entity, participate in the orientation.

### ***Readiness Checklist***

The Readiness Checklist is a document to help applicants determine whether they are ready to move forward in the application process. The Readiness Checklist prompts the health department to survey some key areas within the department that will be evaluated during the accreditation process. The checklist will address political support, staff support, and required resources.

Besides the information in this Guide to Accreditation and the Readiness Checklist, additional documents to assess readiness include:

- Standards and Measures – State or Local
- PHAB Acronyms & Glossary of Terms
- Self-Assessment Tools – State or Local
- PHAB Guide to Interpretation

These documents can be obtained at [www.phaboard.org](http://www.phaboard.org)

### ***Statement of Intent (SOI)***

All agencies planning to apply for accreditation will be required to submit a Statement of Intent, after completing the online orientation. The purpose of the SOI is to state the department's intention to submit an application at a designated point in the future. It is non-binding and does not commit a department to submitting an application.

The SOI must indicate who in the department has completed the online orientation. Although others are encouraged to participate, at a minimum, the Accreditation Coordinator must have completed the orientation. Submission of a SOI is not tied to the completion of any specific readiness activities, other than completing an online orientation. Potential applicants are encouraged to engage in some readiness review prior to making a decision about submitting an SOI. Agencies who are contemplating application to PHAB are encouraged to review the Readiness Checklist prior to submission of a SOI.

An SOI may be submitted to PHAB at any time throughout the year. The statement should be in the format provided by PHAB and submitted to (email to be developed). Once received by PHAB, the SOI will be logged as received and will be valid for a period of no longer than 12 months. If a department does not apply during that 12 month period, the SOI becomes invalid. The department must then submit another SOI prior to starting the application process.

Receipt of a SOI will place the department in the queue for required training. PHAB will assign the applicant a place in a review cycle, if limits are placed on the number of applicants reviewed in a specific period of time. The applicant will be notified of their place in the queue in order to inform their planning and decision over whether to move forward in the application process.

The SOI is a form that asks for required information that must be submitted to PHAB. The information includes contact information and basic background information on the department. The SOI must include the name of the person designated by the health department as the accreditation coordinator. The coordinator will be the single point of contact for PHAB accreditation. If the applicant is submitting a multi-jurisdictional



application, the SOI will indicate the partners in the application. The SOI must be signed by the director of the health department to be accepted by PHAB.

By knowing who is planning to apply for accreditation, PHAB will be able to identify training needs, schedule training sessions, and determine the site visit workload. It will also allow PHAB to identify a department as a potential accreditation candidate prior to receipt of the application. PHAB will send information and updates to agencies that have submitted an SOI. Updates will include training scheduled for the applicant and status in the application queue. During the time between the submission of the SOI and the application, PHAB recommends that applicants consider the use of available technical assistance as preparation for accreditation begins and continues. See the Technical Assistance section on page 22 for more information.

The Statement of Intent template can be obtained at [www.phaboard.org](http://www.phaboard.org).

### ***Accreditation Process Training***

Applicants will be required to participate in Accreditation Process Training (APT) prior to receiving access to the on-line Self-Assessment Tool that will be submitted to PHAB by the applicant. Training will emphasize a detailed understanding of the accreditation process and critical success factors for completing the accreditation process. Content of the training will build upon the orientation and will include a thorough review of the accreditation process including the site review and board hearing, review of the standards and measures including guidelines for interpretation, submission of the self-assessment and other documentation, evaluation of the process, and department preparation for the site visit.

At a minimum, one person from the applicant department must attend the APT. If only one person is able to attend, the training must be received by the person designated as the accreditation coordinator. PHAB recommends that an individual who would serve as an alternate to the accreditation coordinator also attend and encourages the director of health to attend. APT will be a two-day face-to-face training session. Training will consist of both didactic and discussion methods. There is a fee for participation in this training.

Note: The required training will not teach applicants how to comply with specific standards or measures. This type of technical assistance will be provided by PHAB's partner organizations and other consulting organizations.

### **Application**

The application is formal notification of a health department's official intent to proceed with the accreditation process. The application is a quasi-contract whereby the applicant agrees to abide by the current and future rules of the accreditation program

to maintain accreditation status. The accreditation process begins once the applicant submits a completed application form with the required non-refundable fee and supporting documentation required by the application. The application process is completed and submitted on-line. After the application has been accepted by PHAB, the applicant has one year to submit the Self-Assessment Tool (SAT) and supporting documentation. The application can be accessed at [www.phaboard.org](http://www.phaboard.org).

## ***Eligibility***

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

### **State and Territorial Health Department**

The governmental body recognized in the state's or territory's constitution, statutes, or regulations or established by Executive Order, which has primary statutory authority to promote and protect the public's health and prevent disease in humans, is eligible to apply. Umbrella organizations and collaborations among state or territorial agencies may apply for accreditation if the primary entity is a part of the organization or collaboration. Where the state or territorial health department operates local and/or regional health departments, a single applicant or a number of individual applicants may choose to apply. Compliance with local-level standards must be demonstrated for each local and/or regional unit.

### **Local Health Department**

The governmental body serving a jurisdiction or group of jurisdictions geographically smaller than a state, which is recognized in the state's constitution, statute, or regulations or established by local ordinance or through formal local cooperative agreement or mutual aid, and which has primary statutory authority to promote and protect the public's health and prevent disease in humans, is eligible to apply. The entity may be a locally governed health department, a local entity of a centralized state health department, or a regional, county or district health department.

### **Tribal Health Department**

The health department serving a recognized tribe that has primary statutory authority to promote and protect the public's health and prevent disease in humans is eligible to apply.

### **Multi-Jurisdictional**

Entities that meet the definition of a local or tribal health department may apply jointly for accreditation if some essential services are provided by formally sharing

resources and the manner in which this occurs is clearly demonstrated. See the **Multi-jurisdictional Applications** section on page 11 for more information.

A decision to deny eligibility may be appealed by an applicant. See the appeals section on page 19.

## ***Application Form***

The application is a web-based form with the ability to include an electronic signature. The information that is provided on the application provides PHAB with the knowledge needed to proceed with the accreditation process.

In addition to the demographic and profile information, the application will include formal verification of eligibility for accreditation, whereby applicants demonstrate that they are governmental public health departments. The application will require a signature from the health department director and from the governing authority who serves as the appointing authority of the health department director.

The application will also have a statement listing principles that the department will abide by including agreement to follow the guidelines of the PHAB accreditation program and verification of the accuracy of all information submitted.

The application contains a privacy notice which states what PHAB will or will not do with the information provided in the application. The applicant signatures will confirm their understanding of the application and the notices contained within.

There are three documents that must be submitted by a health department as attachments to the application. They are the most current versions of the department's:

- strategic plan,
- community or state health assessment (CHA/SHA),and
- community or state health improvement plan (CHIP/SHIP).

## **Completeness Review**

Once an application has been submitted, PHAB staff will review the application and required attachments for completeness. This review is to determine that the applicant is eligible to apply, that the required documentation has been included, that the attached documents meet PHAB criteria, and that the required fee is paid.

PHAB staff will respond to the applicant within 2 weeks indicating whether the application has been accepted or not. If not, the applicant will be told of what additional information is required to complete the application. If the applicant is not eligible, they will be notified. A decision to deny eligibility may be appealed by an applicant. See the

appeals section on page 19. If complete, the applicant will be scheduled to receive training and be provided with information on technical assistance.

### **Joint Multi-jurisdictional Applications**

For multi-jurisdictional applications, the partnering agencies, which could be two or more agencies, will apply as a single entity. The partnering agencies must select one department to apply on behalf of all partners. The partners must submit a memorandum of understanding (MOU) or similar documentation describing in detail the multi-agency relationship. The relationship must be one of agencies working together to deliver services and/or perform functions over the combined jurisdiction. It cannot be simply an ‘of convenience’ or paper-only relationship to apply for accreditation. PHAB will determine what documentation will be acceptable in determining that a business relationship exists between the partners. The business relationship of multi-jurisdictional applicants must be well established and well defined.

## **Fees**

### **Future Development**

Potential fees include:

- Accreditation Process Training Fee
- Application Fee
- Site Visit Fee
- Corrective Action Plan On-Site Review Fee
- Appeal of Decision Fee

## **Self Assessment Tool**

The self-assessment process is one of the most important components of any accreditation process. This is the stage of the process where the applicant, based on its own review and determination, demonstrates conformity with all of the standards and measures through the provision of required documentation and examples of documentation needed to determine a pre-site visit status of accreditation. The Self-Assessment Tool (SAT) is a guide for a department to gain a greater understanding of its own capability and scope of work and gauges the readiness for a site visit. The SAT submitted by the department is the base document that the site visit team will use to measure conformity for the standards and measures.

## ***Process***

After the department has submitted an SOI, attended the required Accreditation Process Training (APT), submitted an application, has been deemed eligible and the application has been deemed to be complete, the SAT will be provided to the applicant in an online web-based format allowing applicants to work on various stages of the documentation on and off over a period of time. An off-line version (PDF) is available at [www.phaboard.org](http://www.phaboard.org) for a department to use in assessing department readiness and in preparing to apply.

The department is free to use consultants and is encouraged to use the technical assistance in completing the self-assessment process. PHAB staff will be available to provide technical assistance concerning the process; the forms; the meaning of terms used; the interpretation of the standards, measures and documentation guidance; and access of PHAB materials and form. PHAB will not provide technical assistance concerning activities in which departments should engage in order to meet the standards and measures.

**Timeframe:** Applicants must submit a completed SAT within twelve months of the date of PHAB notification that its application has been accepted. If a department is not able to submit the SAT by the deadline, the application becomes void and the applicant must begin the process over by submitting a new application and another fee. Based on extenuating circumstances and for cause, PHAB reserves the right to extend the 12 month self-assessment submission requirement.

Completion of the self-assessment process includes agreement that the applicant will be available to participate in a site visit one to six months after acceptance of the self-assessment materials by PHAB.

**Completeness Review:** Once the applicant completes the SAT and submits documentation, PHAB staff will conduct a completeness review of the self-assessment materials to determine that a sufficient type and volume of documentation has been submitted to proceed with the review and that the applicant is ready for review by a site visit team. The completeness review will generally be complete within two weeks of the SAT submission date. The PHAB staff review does not include the review of the SAT for conformity with the standards and measures, only for completeness of information and submitted documentation. The site visit team will make the final determination as to whether any given measure is demonstrated or not based on the submitted documentation.

## ***Content***

The content of the SAT mirrors that of the Standards and Measures. The SAT includes the language of the standards and measures, the required or examples of documentation, a self-scoring section and space to list additional documents being offered as evidence of conforming to the standards and measures. The applicant should list the documentation that is being submitted and then score the measure based on the

internal assessment of how the documentation demonstrates meeting the measure. The documentation will be attached (uploaded) to the on-line SAT for submission. For documentation that cannot be made available in an electronic format, note in the SAT that it will be available on site for the site visit team to review.

There is required documentation that the applicant must submit to demonstrate conformity with the measure. Some measures also list examples of documentation that could be submitted. An applicant may submit documentation that meets the examples defined. However, the applicant may list other evidence to demonstrate how their particular processes or approaches to meeting a measure may differ from those provided as examples, but still meet the intent of the standard or measures. The accreditation process is intended to be flexible in allowing a richness of documentation to show how a department demonstrates conformity to a measure.

PHAB's Guide to Interpretation is available to help agencies as they work to select the best evidence to serve as documentation and to aid in the completion of this phase of the accreditation process. The Guide to Interpretation is available at [www.phaboard.org](http://www.phaboard.org).

## **Site Visit**

The purpose of the site visit is to verify the accuracy of materials submitted with the SAT and to seek answers to any questions raised during the review of the materials prior to the onsite visit regarding conformity with the standards and measures. Trained site visitors are a key element of the accreditation process.

### ***Site Visitor Training***

All PHAB site visitors must receive PHAB's site visitor training. Any individual who wishes to be a site visitor must complete the training program prior to assignment on a site visit team. Trainings are scheduled and facilitated by PHAB staff.

Components of the training program will include:

- An initial two day face-to-face training that includes classroom training and hands-on work exercises;
- Annual refresher trainings;
- Training guides and other materials with which all site visitors must be well versed;
- Possible observation of a site visit and practice scoring.

PHAB will cover the costs of training site visitors. Site visitors will be encouraged to be available for and participate in one or more visits per year to stay current in the

process. If it has been longer than a year since an individual served on a site visit team, the initial training may have to be repeated.

## ***Site Visitor Team***

### **Appointment of Team**

PHAB staff will appoint a site visit team and a site visit team chair for a health department after acceptance of the SAT based on the assessment of the completeness of the applicant's final self-assessment documentation. PHAB staff will also select alternate site team members that can replace the primary team, in the case of an emergency or unforeseen conflict. The site visit team chair will be responsible for managing the site visit and preparing a report of the site visit team findings.

### **Team Membership**

Site visit teams will generally have a makeup of three or four members, depending on the size of the department. To the extent possible, PHAB staff will select team members with the experience and professional backgrounds appropriate for the department undergoing review. Geographic factors will be considered in the selection process. PHAB staff will attempt to select team members from the same geographic region if possible while avoiding team member selections from within the same state. Depending on the available pool of site visitors, the composition of the site visit team will ideally represent peers of the applicant. It is likely that there will be at least one local health department member on state health department site visits, and at least one state health department member on local health department site visits. The site visit team may also include a tribal representative on the team when there are tribal lands within a local or state jurisdiction. Tribal site visits will include visitors from other tribes and from states in which tribes are located.

PHAB may rely on a combination of volunteer peer reviewers and contract reviewers to comprise site visit teams. The composition of the typical site visit team will include:

- A member with management expertise at the program or higher level.
  - This team member will have at least 5 years of public health experience and a BA or higher degree. It is desired that this individual have practical experience with accreditation, if possible.
- A member of the team with a public health background.
  - This background could include expertise in any number of areas including Community Health, Health Education, Epidemiology, Medicine, Public Health Nursing, Public Health Administration/Leadership, Registered Environmental Health Specialist/Sanitarian, Social Work, Tribal Health, Veterinary Medicine
- A public health department governing entity or board member (if applicable to the department under review).
  - PHAB staff will make the determination as to whether it is appropriate to include a governing entity or board member on any particular site visit.

PHAB Board members and staff may attend a portion or all of a site visit as observers.

### **Conflict of Interest**

PHAB staff will explore potential conflicts of interest in the site visit team selection process. The applicant will also have an opportunity to challenge any appointed site visit team member for cause. All site visit team candidates will be required to disclose any potential/perceived conflicts of interest to PHAB staff during the site visit team selection process.

Potential conflicts of interest include, but are not limited to:

- Current or previous employment with the department under review,
- Current or previous contract or financial relationships with the department under review,
- Personal ties/friendship with applicant staff or accreditation leadership, and
- Possession of insider information.

Once selected as a site visitor, no team member may serve as a consultant to any department they review for a period of twelve months following the conclusion of the site visit. This is to prevent someone becoming a site visitor for the purpose of seeking future business clients.

## ***Site Visit***

### **Pre-site Visit**

In preparation of the site visit, each member of the site visitor team will review all materials submitted by the health department with its SAT. They will review and score each measure. The team will conduct a teleconference to review the materials, determine potential areas of non-conformity, identify missing documentation, and formulate questions. The chair of the site visit team will be responsible for scheduling this pre-visit meeting.

### **Site Visit Scheduling**

PHAB staff will schedule a site visit at a time that is practical and agreeable for all parties involved in the process. The process used for site visit scheduling will allow PHAB staff and site visit team members sufficient time to conduct a thorough desk review of the self-assessment materials prior to the actual visit.

Travel arrangements (flights, hotels etc.) and site visit logistics will be handled by PHAB staff and/or a designated travel agent.

PHAB staff will work with the health department's Accreditation Coordinator to ensure that all key staff involved in the accreditation application will be available for interviews and meetings during the site visit. This will include key staff from any other



agencies providing public health services involved in agreements or contracts cited as evidence of conformity to specific standards.

### **Site Visit Agenda**

Site visits will typically be two to three days, depending upon the scope of the application and documentation. 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 agenda includes the following:

- Welcome meeting and introductions with site team and health department leadership present (other department staff may be present as appropriate);
- Review of the site visit schedule and purpose of the site visit;
- Walk-through or tour of the health department facilities;
- Interviews with key staff;
- Sampling and collection of additional information regarding conformity to standards and measures;
- Review of any new materials submitted on site; and
- Exit conference 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 possible accreditation status during the visit or exit conference.

### **Documentation Review**

During the site visit, the applicant is permitted to produce additional existing evidence of conformity with the standards and measures, but may not create new evidence or change/revise the documentation that was submitted with the self-assessment.

Site visit teams will be trained in and encouraged to utilize co-scoring to measure and improve inter-rater reliability (i.e., two people looking at the same documentation and scoring separately). PHAB staff will review scoring to ensure consistency across visits. Review audits will be conducted during a site visit cycle.

PHAB staff will be available by telephone for consultation during site visits.

### ***Site Visit Follow-up***

Following the site visit, the following process will take place:

- The written 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 report and send it back to the chair for review.
- The agreed upon edited report will be sent to the applicant for review.
- The applicant may provide comment to PHAB on the report.

- The applicant will have thirty days to respond to this report in writing indicating areas of agreement, disagreement or citing any potential factual errors.
- Applicants cannot submit additional documentation of corrective action(s) after the written site visit team report is received, but before the accreditation decision is made. The only exception to this rule is if the submission of evidence will correct a factual error in the site visit team report.
- Site visit reports will not be made available as part of the public record.

## **VI. Accreditation Decisions**

The PHAB Board will determine criteria for awarding accreditation status and will make final decisions on accreditation status.

Decisions will be made by reviewing the applicant's self assessment, site visit reports, applicant responses to site visit team reports (if available), and testimony from PHAB staff involved in the review/site visit. PHAB staff input will address conformity issues or compliance with the process, policy or rules to avoid lack of uniformity and avoid arbitrary decisions.

Applicants are not permitted to attend board or review committee meetings to present their case or answer questions, though PHAB may disclose when the board will review the application.

The site visit team chair should always be available by telephone or in person during PHAB Board/review committee deliberations on health department applications.

Written documentation of official PHAB decision will be sent to the Accreditation Coordinator (as specified in the application) via email within two weeks of the conclusion of the Board meeting where such decisions are rendered, with a follow-up written letter sent by US mail. If the accreditation is conditional, the email will state that more information will be provided to the applicant in the written letter.

No verbal feedback will be provided to applicants before the official written decision letters are sent to applicants.

### **Review Committee**

A Review Committee or more, as dictated by need, may be established to recommend accreditation decisions to the Board. This will be considered when the volume of applications exceeds the capability of the Board to conduct the decision making process as a full board in a timely manner. The Review Committee(s) will always be chaired by a PHAB Board member. If multiple review committees are utilized, the review process

will be coordinated and facilitated to ensure an acceptable level of inter rater reliability in the decision making process.

### **Accreditation Status**

Accreditation may be awarded for up to five years. The range of decisions includes:

- Full accreditation (5 years)
- Conditional accreditation (up to 2 years) with conditions to be resolved within a specified period of time for full accreditation
- Non-accreditation

### **Conditional Accreditation**

Conditional Accreditation will require a corrective action plan from the applicant. This plan must be submitted to PHAB within 90 days of notification of the accreditation decision. The corrective action plan must specify the amount of time required to implement the action to reach conformity. If the review for conformity after the corrective action has been taken is a desk review, the applicant will not be charged an additional fee. If the review requires a site visit, appropriate fees will apply.

## **VII. Appeals**

### **Appeals**

PHAB has a process that must be followed for any appeal. Applicants requesting an appeal will be required to submit the request in writing within 30 days of the receipt of the written PHAB accreditation findings or any other decision which can be appealed. PHAB will determine if an issue may be appealed and the decision of PHAB is final. The issues that currently may be appealed are:

- accreditation eligibility decision,
- accreditation status as determined by the board
- deficiencies as defined in a conditional accreditation status letter

The burden of proof is on the applicant in any appeal process.

If a department appeals a conditional status ruling, the corrective action plan timeline is suspended until the appeal is resolved.

### **Levels of Review**

There will be two levels of review in an appeal. The first level of review will be by a panel of PHAB Board members. The second level of review will be by an external group appointed by the PHAB Board. At this second level of review the applicant is appealing the decision of the first level of review. At the second level, no new information may be submitted and attorneys are permitted at this level of appeal. To appeal, there may be a fee charged to cover some portion of PHAB costs.

## **Complaints**

PHAB will accept complaints related to standards and measures or the accreditation process. The complaint is to be submitted to PHAB staff and must be in writing and signed. PHAB staff will initially work to resolve or answer the complaint. If the resolution is not accepted, the complainant may ask for a higher level review. The complaint and associated documentation is then forwarded to the Board, who may or may not choose to hear the complaint.

## **VIII. Reports**

### ***Site Visit Reports***

A written report will be prepared summarizing the site visit and describing in detail the strengths of the applicant, suggested opportunities for improvement, and any non-conformities (measures that were determined by the site visit team to not be demonstrated). Site visit reports will include as much detail as possible addressing each standard/measure to improve the learning experience from the accreditation process and the identification of areas of improvement. The site visit report will include the collective score for each measure. Site visit reports will not include a specific recommendation for accreditation. Accreditation decisions will be made solely by the Board.

The site visit team chair is responsible for preparing the written report and including the collective input of the other site visit team members. All team members should agree that the final report represents their collective thoughts and decisions. Site visit reports will be prepared in accordance with a template provided by PHAB.

### ***Corrective Action Plan***

If a department is given the status of conditional, a corrective action plan will be required of the department. The department will receive information in the written letter from the Board that awarded this status describing areas needing correction for receipt of full accreditation. Within 90 days after the notice – either after the board hearing or resolution of an appeal – the corrective action plan is due to the PHAB staff. There is no format for the plan; however the plan must address all deficiencies noted by the Board. PHAB staff will review the plan and may involve the site visit team or team chair in the review. A desk review may be sufficient

### ***Mid-term Reports***

The submission of a mid-term report will be required of all accredited agencies. For example, a department awarded a full 5 year accreditation will have a mid-term report due at the 2 ½ year point. Reports will include a statement that the department continues to comply with all original standards and measures. The department may be

required to provide documentation to demonstrate conformity for any new standards or measures implemented since the time of initial accreditation.

Mid-Term Reports will describe how the department has implemented its performance improvement plans, addressed all opportunities for improvement that were identified in its PHAB accreditation letter, and addressed quality and performance improvement.

Accredited departments will be asked to sign a document that no substantive change in the department has taken place since accreditation was conferred or they must describe any substantive changes that have occurred. Accredited departments should report substantive changes as they occur. Contact information should be updated at least annually by accredited departments. PHAB staff will conduct periodic or random field monitoring to assess substantive changes in accredited agencies.

Failure to submit any required report will result in revocation of accreditation.

## **IX. Reaccreditation**

PHAB will send a notice to accredited health departments that their accreditation is expiring one year before it is due to expire. Accredited health departments will be required to submit a new application to continue the reaccreditation process. If a re-application has not been received within six months of the date of the first notice, PHAB will send a second notice.

The applicant for reaccreditation will only be required to submit information that has changed since the Mid-Term Report and need not resubmit material submitted for the previous accreditation application if the material has not changed. Applicants may reuse their originally submitted material with appropriate changes and additions. The burden will be on the applicant to verify all updates, changes, and provide new information on any standards/measures changed since the original application.

An applicant for reaccreditation must participate in a site visit. Applicants will be required to submit application materials in a time frame sufficient to allow PHAB to conduct the site visit and finish their deliberations on the application during the final year of the applicant's accreditation cycle.

Applicants will retain their accreditation status after their application for re-accreditation has been submitted but before the site visit. Departments will not retain accreditation status after their expiration date if they have received PHAB notice of the expiration of their status and have not submitted an application and paid required fees. An extension of accreditation status may be granted in extraordinary circumstances by the Board.

## **X. Program Evaluation**

An evaluation system will be utilized at the conclusion of each site visit permitting the applicant to rate the entire site visit team and review the process, the Chair to rate other team members, and team members to rate the performance of the Chair. PHAB will use these findings to make future decisions regarding all components of the accreditation process, including documentation, technical assistance, the site visit, and the assignments of individuals to site visit teams.

All applicant health departments, accreditation coordinators, and site visit team members are expected to participate in the evaluation process.

## **XI. Technical Assistance**

Training and preparation for all levels of the accreditation process – from application to self-assessment to the site visit - is an important component of the overall success of the PHAB accreditation process. Accordingly, multiple organizations will be involved in the development and provision of training and technical assistance for potential applicants.

PHAB will be responsible for orienting and training future applicants on the application process and the standards and measures. All questions on the application process should be directed to PHAB staff. PHAB will maintain technical assistance documents, related to the accreditation process, on the PHAB website.

PHAB has developed detailed written interpretation on the standards, measures and documentation. This interpretation will be updated and expanded on a regular basis. While PHAB has developed the interpretation for the standards and measures, PHAB will not evaluate specific pieces of evidence to determine if it will meet the documentation requirements of a particular measure. Technical assistance through consultants and organizations will be available to assist an applicant with such questions and guidance.

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**ATTACHMENT**

Accreditation Process Flowchart