



**Public Health Accreditation Board (PHAB)  
Accreditation Leadership Team (ALT) Meeting Minutes**

**Meeting Arrangements:**

Date: Thursday, January 28, 2016  
Scheduled Time: 10:00 – 11:30 AM  
Meeting Location: The RSA Tower, Training Room 980, Montgomery, AL

Attendance in Person:

Bob Hinds	Jim McVay
Brandi Pouncey	Karl Bryant
Brent Hatcher	Mary McIntyre
Brian Hale	Nancy Wright
Carol Heier	Viki Brant
Carrie Allison	Walter Geary
Cathy Caldwell	

Guests:

Teela Carmack  
Samarria Dunson  
Shila McKinney, Jefferson County Health Department

Meeting Chair: Carrie Allison  
Call to Order: 10:05 AM  
Adjournment: 11:25 PM

**Agenda Item 1: Approval of the Minutes of December 28, 2015 Meeting**

On January 15, 2016, Carol Heier distributed the draft version of the ALT meeting minutes of December 28, 2015 by email and posted them in the PHAB Documents section of the Employee Documentation Application (EDA) under PHAB Accreditation Leadership Team Meetings. They were made available as a Handout #3, also. Carol asked if there were any additions or corrections needed. None were noted. Jim McVay made a motion to approve the minutes as written and Brian Hale seconded the motion. By vote, the motion carried and the minutes were approved unanimously by the ALT members present.

Handouts:

- Handout #1 – Meeting Agenda

Conclusions:

- Meeting Minutes were approved

**Agenda Item 2: Jefferson County Health Department's Journey to Accreditation**

Shila McKinney presented on the Jefferson County journey to PHAB accreditation. Please reference the presentation file provided by Shila McKinney which will be distributed at the February 2016 ALT Meeting.

Key points made during the presentation:

- Jefferson County identified a Domain Leader for each of the 12 Domains and developed committees for each of the domains. Each domain committee was in charge of gathering the documentation.
- Any issues with identifying documentation were elevated to the JCDH executive management team. JCDH initiated an abbreviated documentation review where each domain reviewed another domain's documentation. This process enabled them to identify mistakes made along the way.
- Carol Heier asked what types of mistakes were identified. Shila noted that the mistakes included interpretation of the standards and measures, document descriptions did not clearly explain why the documentation was submitted for that measure, and situations where the document did not demonstrate that JCDH met the measure.
- The Completeness Review checks a few things such as having the correct number of examples, all signatures are present, hyperlinks are active, and that there are no draft documents.
- Note that if ePHAB malfunctions, notify PHAB because they may be able to provide additional time to allow documentation uploads.
- Thirteen days after the completeness review feedback was submitted, the Site Visit Team (SVT) was assigned. JCDH was given an opportunity to review the SVT list and provided verification that there was no conflict of interest. Two-three days later, the pre-site visit review was underway and the SVT received access to the documentation in ePHAB.
- During the time that the SVT was reviewing the documentation there was no interaction with PHAB. JCDH used this time to prepare Domains for the Site Visit.
- Once the pre-site visit report was made available, JCDH has 30 days to respond. Some of the report was clarification on documentation provided. Some required supporting documentation be uploaded into ePHAB.
- After JCDH has finished their response to the pre-site visit report, PHAB started working to schedule the Site Visit.
- Documents uploaded after the original submission had to have been created and dated prior to the date of the original documentation submission date.
- The SVT has two weeks to submit the Site Visit Report to the Accreditation Specialist (AS). The Site Visit Report was then sent to JCDH. (As of February 2016, the health department no longer has the opportunity to comment on the Site Visit Report because comments were not allowed on interpretation – just facts such as organization names.)
- The Site Visit Report is submitted to the PHAB Accreditation Committee's quarterly meeting.

- Usually the notification of the accreditation decision is within a couple of weeks; however, JCDH received theirs within three days.
- JCDH submitted about 420 documents.
- It is important to remember your “point of reference” (aka look-back date). Shila recommends keeping track of the origins of the documents so that you can verify that the documentation is representative of the entire document.
- Shila recommends using cover sheets for each document. They allow for more space to explain the documentation. Also, the document description in ePHAB was then downsized to wording that directed the SVT to the coversheet. If you choose to do this, be sure to correct or update your page numbers as they will change.
- Pay particular attention to the time frames. For example: annual reports indicates that at least one of those annual reports needed to have been created in the last 14 months.
- Hyperlinks needs to be active: Doing a screenshot is not enough if the hyperlink is no longer active. This applied when the requirement was to demonstrate dissemination and availability on the website was the demonstration of dissemination.
- Highlight the text that the SVT should pay particular attention to. The SVT is trained to spend no more than five minutes looking for an answer.
- Go through extra effort to “feed” the answers to the SVT.
- Contracts must be current at the time the documentation is submitted. If the documentation is submitted just after the beginning of a fiscal year, this may create issues with those that expired in September.
- The Accreditation Coordinator should check the dates on contracts and grants to ensure they are within the time frame and in effect.
- Stay within the scope of PHAB. The SVT will not consider documents that are outside of their scope. Examples that were considered unacceptable by PHAB for this reason were:
  - WIC Corrective Action Request
  - Adult and Pediatrics Services Consent Form
  - Chronic Disease Self Management Program
  - Journal article (clinical in nature)
  - QI project on dental services provided in the JCDH clinic (specifically, going paperless)
- Carol Heier asked if Dental Health was not an area that could be considered. Shila said not necessarily but it would have to be population based rather than clinical operations. PHAB released a document in January 2015 titled *Appropriate Examples for Programs and Activities* which contains this statement: “Documentation concerning population-based prevention of substance abuse including prescription drug abuse is appropriate for PHA. Documentation concerning treatment for drug abuse is not [appropriate].”
- The most beneficial JCDH process was having domains cross-review each others’ documents. JCDH also had each of the domain committees develop measure narratives and document descriptions. Because JCDH had provided detailed

descriptions on the cover sheets for each document, they were able to enter “Please see cover sheet” for the ePHAB document descriptions.

- Have the measure narratives developed by those who are familiar with the document prior to uploading into ePHAB.
- Every health department is assigned an AS who is able to answer general questions about acceptable documentation. She can be very valuable during the documentation selection and upload process.
- Houston County (TX) Department of Health has a documentation cheat sheet that was useful during the documentation selection process.
- JCDH had 14 measures reopened after the completeness review. Reasons were missing signatures, no date, draft versions, missing example, significant amount of text redacted, and inactive hyperlinks.
- During the pre-site visit review, JCDH provided training for all employees on the site visit process. They also met with domain committees to discuss the documentation submitted and identify three strengths and three weaknesses.
- The Pre-site visit report included requests for clarity and reopened measures. JCDH had 30 days to respond.
- The site visit was two days (agenda provided in the presentation file).
- Because some individuals had to be in two domain meetings, PHAB allowed two domain meetings to be combined to allow for scheduling ease.
- During the interviews, you cannot offer documentation that has not been requested by the SVT. You can only provide what is requested by the SVT.
- JCDH learned that you have until the last executive session to finalize any resubmissions; however, the SHO will be in the interview prior to the last executive session so you really have until before the SHO is in his last meeting because he will have to approve all resubmissions.
- Attendance per session is listed in the presentation file. There are no limits to how many people can attend each session.
- Two pieces of documentation will be requested during the site visit: organizational chart and budget. Prep these documents so that when those measures are open you will have it ready to upload.
- Domains were trained on documentation, what to expect, behavior during the site visit, and the basics as suggested by PHAB guidance.
- Each domain prepared three strengths and three weaknesses for each domain. These were used four times during the site visit.
- Many questions involved the plans and how they align. Cheat sheets were developed to help domain committee members answer these questions.
- Develop table tents with names, title, division, and identify Domain Leads.
- Because no recording is allowed, scribes were assigned to each room with these tasks:
  - Note taking
  - Note which measures were reopened
  - Manage table tents
  - Manage sign-in sheets
  - Restock refreshments

- Put a sign on the door
  - Domain X Session
  - Do Not Disturb
- JCDH recommends assigning one person to handle the logistics of the SVT
- SVT will tour the department but will not go into clinical areas or personal health services areas.
- Conduct a mock agency tour to identify areas of interest and opportunities for improvement. Certain measures require their observations to fully document.
  - 3.2.1 – Branding
  - 3.2.5 – ADA Requirements
  - 11.1.6 – Use of technology
  - 11.1.7 – Clean, safe, accessible, and secure facility
- The SVT did not ask questions random employees about PHAB during the tour.
- Limit partner invitations so that you have enough time for introductions and discussions.
- Make sure to have a sign-in sheet during the partner session so you can send thank you emails/letters after the site visit.
- Provide a tip-sheet to partners who are participating to help them prepare. (Example in the presentation file.) Email prior to and provide a copy that day.
- Provide a tip-sheet to the governing entity participants to help them prepare. (Example in the presentation file.) Email prior to and provide a copy that day.
- During the site visit, the Accreditation Coordinator and the SHO will be the only staff with upload capability into ePHAB. Each measure must be approved by the SHO individually.
- Identify individuals who will assist with documentation during the site visit. Arrange for these individuals to work late the first day of the site visit.
- Have multiple scribes for the exit conference to be sure all content is captured.
- Final determination on documentation:
  - 0 were “Not Demonstrated”
  - 10 were “Slightly Demonstrated”
  - All other were “Largely Demonstrated” and “Fully Demonstrated”
- JCDH did submit a piece of documentation for every measure even if it only partially met the measure. There is an exception made when an annual report is required for a project that was adopted less than one year prior.
- The three prerequisites were used for reference during the site visit. This could be an issue if the document has been updated since it was submitted.
- Accreditation is something that needs to be incorporated into every day practices. Look at where you have had challenges getting documentation together and adopt practices to improve those efforts in the future.
- Brent Hatcher asked if JCDH had seen monetary benefits to being PHAB accredited. Shila said they have not yet seen additional monetary benefits but noted that JCDH had only been accredited for four months so they expect to see benefits later. For JCDH, this process validated the work that was being done and assisted JCDH in identifying areas that needed to be improved.
- Some of the site visit questions heard:

- Talk about how the SP correlates with the CHIP?
- How does the SP link to the QI Plan?
- How does the SP affect the budget?
- How was the data collected used by the health department?
- The domain sessions were more of a conversation about overall concepts rather than specific documents.
- Documents were provided on a projector screen in each domain session rather than printed copies.

Handouts:

- None

Conclusions:

- None

### **Agenda Item 3: Next Meeting**

Date: February 25, 2016  
Scheduled Time: 10:00 - 11:30 AM  
Meeting Location: Training Room 980, 9th Floor, the RSA Tower



## Documentation

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## JCDH Documentation Submission

- Uploaded >420 documents
- Date of documentation submission is your "point of reference"
- Kept tally of documents to make sure submission was representative of all departments within JCDH
- Utilized Coversheets
  - Allow more characters to explain documentation.
  - Description: Just state "Please see Coversheet for description."
  - Coversheets alter page numbers

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## Recommendations for Documentation

- Pay attention to time frames
  - "annual"
- Hyperlinks have to be active.
- Referenced "PDF Page #s"
  - Prevent "scroll down" fatigue
- Highlight text that you want Site Visit Team to review.
  - Site Visitors are trained to spend only 5 minutes looking for an answer
- Contracts have to be current at the time of documentation submission.

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## Recommendations for Documentation-2

- Areas outside the scope of PHAB
  - WIC Corrective Action Request: "Review of individual services provided to clients"
  - Adult and Pediatrics Services Consent form
  - Chronic Disease Self Management Programs
    - "Self Management programs are outside PHAB's scope"
  - Journal article was considered clinical in nature
  - QI project from Dental
- Focus is on **population health**, not on personal health services.

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## Recommendations for Documentation-3

- ❑ Best process that was implemented:
  - After we completed the first round of documentation, individuals from other domains reviewed the documentation.
- ❑ Domains created descriptions and measure narratives
- ❑ Maintained descriptions and narratives in an Excel spreadsheet >1 person uploading documentation to ePHAB
- ❑ Recommend asking questions to your Accreditation Specialist

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## Version 1.5



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## Completeness Review and Pre-Site Visit Report Results

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## Accreditation By the Numbers

- ❑ 12 Domains
- ❑ 29 Standards
- ❑ 97 Measures
- ❑ 427 Documents
- ❑ **14/97** Measures Reopened

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## Completeness Review Results

D	S	M	R, D.	Questions Identified
1	1	3	1	At least one signature line is blank.
1	1	3	2	Links to videos are no longer active.
1	1	3	2	Links to videos are no longer active.
2	3	1	1	Draft
2	3	3	1	Draft
2	4	2	2	Cover Sheet only; Missing documentation.
3	2	4	2	Not dated.
5	2	1	1	Not dated.
5	2	1	1	Not dated.
5	3	3	1	Significant amount of text blacked out.
7	1	1	1	Not dated.
7	2	1	2	missing an example
10	2	2	1	Not dated.
11	1	1	3	Not dated.
11	1	7	2	Draft
12	3	2	1	Significant amount of text blacked out.
12	3	3	2	Blank Signature Line

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## What to do while Pre-Site Visit Review is being conducted?

- ☐ Training for all employees on Site Visit
  - PowerPoint on LMS
- ☐ Met with Domain Groups leading up to Site Visit
  - Reviewed documentation submitted. It's amazing how quickly you can forget what you submitted and why.
  - Be prepared to discuss WHY documentation was submitted.
  - For each Domain, we determined the 3 Strengths and 3 Weaknesses.

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## Pre-Site Visit Report Results

REVIEWED WITH QUESTIONS

- ☐ 16 Measures

REOPENED

- ☐ 16 Measures

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## Site Visit

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## Generic Site Visit Agenda

- ❑ An entrance conference
- ❑ A department walk through/tour
- ❑ Domain interviews with key staff
- ❑ Collection of additional information, requested by the Site Visit Team
- ❑ Interview with Community Partners
- ❑ Interview with governing entity
- ❑ An exit conference to review identified strengths and areas for improvement

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## JCDH Site Visit Agenda

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## JCDH Site Visit Agenda-2

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## Number of Attendees per Domain Session

- ❑ Entrance Conference: **8**
- ❑ CHA/CHIP: **16**
- ❑ Strategic Plan: **12**
- ❑ Domain 1: **18**
- ❑ Domain 2: **12**
- ❑ Domain 3: **18**
- ❑ Domain 4: **8**
- ❑ Domain 5: **10**
- ❑ Domain 6: **9**
- ❑ Domain 7: **11**
- ❑ Domain 8: **4**
- ❑ Domain 9: **8**
- ❑ Domain 10: **5**
- ❑ Domain 11: **15**
- ❑ Domain 12: **8**
- ❑ Community Partners: **12**
- ❑ Board of Health: **3**

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## Documentation Submitted During Site Visit

- You cannot offer to provide documentation. Only the Site Visit Team can request additional documentation.
  - If there was documentation that we thought might be requested during the Site Visit, we went ahead and prepped that documentation.
    - Organizational Chart
    - Budget

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## Domain Sessions

- The site review team process is to validate the implementation of the documentation submitted by a health department.
- The site review interview should not be a presentation but rather a discussion and dialogue about your program and the documents you submitted to support the standards and measures.
- When you are speaking, you are speaking for your organization.
- Only speak to what you know. If you are unsure about an area or don't have the answer, say so and we will help you find the right person who does.
- Interviewing with the site review team is an opportunity for you to shine a positive light on your program area.

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## Domain Cheat Sheets

- Strengths and Areas of Improvement of Domain
  - Able to identify-4 times this question was asked during our Site Visit
- Alignment of Documentation with Strategic Plan
  - How does Strategic Plan align with CHIP
  - Strategic plan links with QI processes?
  - How does Strategic Plan affect resource allocation/requests?
  - How does your performance management system tie into the CHIP?

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## Cheat Sheet

**JCDH Domain 8 Cheat Sheet**

Strengths/Areas JCDH Would Like to Improve/Both Strength and Improvement

Strengths:

Areas to Improve:

Alignment of Domain 8 Documentation with 2012-2016 Strategic Plan: (Full document on JCDH Intranet)

Standard	Standard	Standard	Area to Improve	Documentation	Alignment	Notes	Comments
8.1	8.2	8.3	8.4	8.5	8.6	8.7	8.8

8.1 program operational processes and accountability Strategic Plan Alignment: 8.2

8.2 program operational processes and accountability Strategic Plan Alignment: 8.3

8.3 program operational processes and accountability Strategic Plan Alignment: 8.4

8.4 program operational processes and accountability Strategic Plan Alignment: 8.5

8.5 program operational processes and accountability Strategic Plan Alignment: 8.6

8.6 program operational processes and accountability Strategic Plan Alignment: 8.7

8.7 program operational processes and accountability Strategic Plan Alignment: 8.8

8.8 program operational processes and accountability Strategic Plan Alignment: 8.9

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## Tips for the Domain Sessions

- ▣ Printed table tents for individuals in each session.
  - Good idea to readily identify the Lead for that Domain Session.
- ▣ Scribes:
  - You cannot record any part of the Site Visit.
    - Identified an individual whose sole responsibility was to take notes during the Domain Session. The scribe is not necessarily part of the Domain Session conversation.
- ▣ A scribe will be present in each interview
  - Will capture notes, guidance, and any opened measures
  - Short turn around time for new documentation.

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## Site Visit

- ▣ Logistics
  - **Recommend identifying someone to handle the logistics.**
    - Ordering/delivery of lunch for SVT
    - Scribes handled the logistics for the rooms they were assigned to.
      - Table Tents
      - Sign in Sheets
      - Refreshments
      - Signs on Doors
        - Domain X Session
        - Do not Disturb

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## Agency Tour

- ▣ The tour serves mainly to familiarize the site visitors with the layout of the facility, such as the location of particular offices and program areas.
- ▣ Usually 30 minutes long
- ▣ Will not tour clinical or personal health services area
- ▣ **Suggest conducting a mock agency tour to make sure you point out necessary areas of interests.**
- ▣ Will Site Visit Team ask questions on Site Visit tour?

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## Measures that Require Visual Observation

- ▣ 3.2.1: "Documentation of branding or communication of presence of health department"
  - The site visit team will make visual observations of branding/signage inside and outside the health department.
- ▣ 3.2.5: "Availability of assistive staff or technology devices to meet ADA requirements"
  - The site visit team will make visual observations of TTY or other assistive technology for visually and hearing impaired.

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## Measures that Require Visual Observation-2

- 11.1.6: “Demonstrate the use of technology to support public health functions.”
  - The site visit team will make visual observations of the use of technology.
- 11.1.7: “Maintain facilities that are clean, safe, accessible, and secure.”
  - The site visit team will make visual observations of the facilities
- Documentation organization stated would be available during Site Visit
  - For example, any documentation that JCDH stated is available on the JCDH intranet

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## Partner Session

- This is a time for ADPH to shine!!!
- Do not want to submit so many partners that there is only enough time for everyone to introduce themselves.
- Want to be able to have meaningful interaction.
- **Sign in Sheet for Partner Visit**
  - Will want to send them a thank you email/letter after the Site Visit.
- **Tip Sheet sent to Partner participants**

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## Partner Session Cheat Sheet



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## Governing Entity Session

- Tip Sheet sent to Governing Entity participants
- Provided a hardcopy the day of the Site visit
- **3** individuals participated during this session

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## Governing Entity



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## Re-Opened Measures

- ❑ You will have until the start of the final Executive Session on Day two of the site visit to respond to any Reopened Measures.
- ❑ The Accreditation Coordinator and Health Director are the only staff with upload capability at this point in the process.
- ❑ The Health Director must submit each reopened Measure individually. They are not submitted as a batch as was done for the Completeness Review and Pre-Site Visit Review.

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## Re-Opened Measures-2

- ❑ JCDH had **2** reopened measures.
- ❑ Identified individuals that would assist Accreditation Coordinator with documentation.
- ❑ Arranged to have individuals work late the first day of the Site Visit to assist with documentation.

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## Exit Conference

- ❑ We made the exit conference available to **ALL** JCDH employees.
- ❑ We could not record the Exit Conference but could stream live.
- ❑ **Important to have many individuals take notes for these session.**

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## Official Site Visit Report

- ▣ 0-Not Demonstrated
- ▣ 10-Slightly Demonstrated
- ▣ Remaining measures were combination of Largely Demonstrated and Fully Demonstrated

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## Moving forward

- ▣ Public Health Accreditation needs to be incorporated into our everyday work.
  - Sign in Sheets and Meeting minutes
  - Adopt "It is not written down, it didn't happen."
- ▣ Interpretation of Standards and Measures

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QUESTIONS?

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# Guidance on Appropriate Examples from Programs and Activities for Use as Documentation for PHAB Accreditation

January 2015

## PHAB's Public Health Population-based Focus

PHAB's public health department accreditation standards address the array of public health functions and services set forth in the ten Essential Public Health Services, including a range of core public health programs, services, and activities. Public health department accreditation gives reasonable assurance of capacity and capabilities of public health departments in these areas.

The focus of the **PHAB Standards and Measures** is population-based disease prevention, health protection, and health promotion.

- A population-based approach is an approach that targets a population as the subject instead of the individual. (*Scutchfield, FD, and CW Keck. Principles of Public Health Practice. Delmare CENGAGE Learning. 2009*)
- Population-based health are interventions aimed at disease prevention and health promotion that effect an entire population and extend beyond medical treatment by targeting underlying risks, such as tobacco; diet and sedentary lifestyles; and environmental factors. (*Turnock BJH. Public Health: What It Is and How It Works. Gaithersburg, MD: Aspen Publishers, Inc.; 1997*)

PHAB's scope of administrative authority to accredit health departments is also based on the fact that there is no other national organization offering accreditation for population-based programs, services and initiatives. PHAB uses the definition of public health program that is included in the PHAB Acronyms and Glossary of Terms. PHAB's accreditation does not overlap with other national or regulatory accreditation functions.

## For more information, contact:

Public Health Accreditation Board  
1600 Duke Street, Suite 200  
Alexandria, VA 22314  
Phone: 703-778-4549



Advancing  
public health  
performance

## Overarching Principles for Activities and Services Outside of PHAB's Scope

Overarching operating principles about what PHAB's accreditation does not cover include the following:

- 1. Individual patient care and associated interventions**, whether provided in the clinic, home, or other facility such as a school or correctional facility, or which have case management components are not included in PHAB's scope of authority.

PHAB's liability does not extend to assuring the capacity of a health department to provide individual patient care services. Even though PHAB recognizes that some health departments are the safety net providers in their communities, standards and measures that would assess patient care would look very different than the population-based standards and measures. Additionally, for health departments who also operate a Federally Qualified Health Center (FQHC), there is an accreditation available through the Joint Commission (JC). For individual services and interventions related to mental or behavioral health interventions, health departments can also consider those specialty accreditations.

- 2. Programs for the reimbursement for health care services**, such as Medicaid or other health care insurance programs are outside of the scope of PHAB accreditation.

These programs have oversight from either the Center for Medicaid and Medicare Services (CMS) or from state insurance commissions or authorities.

- 3. Social services and educational support programs**, such as those for the developmentally disabled, services for disabled adults, child welfare programs, child abuse intervention, domestic violence/intimate partner violence intervention and sheltering, low income housing assistance, child foster programs, adult protective services, and food stamps do not fall under PHAB's accreditation purview.

The distinction with these programs is between public health and social services. The definition of "social services" is "an activity designed to promote social well-being; specifically: organized philanthropic assistance (as of the disabled or disadvantaged)." (<http://www.merriam-webster.com/dictionary/social%20service>).

- 4. Individual professional and facilities licensure and certificate programs** are outside of the scope of PHAB accreditation.

Individual professional and facilities licensure and certificate programs are unique to state licensure laws and are overseen accordingly. Health facilities licensure and certification activities are not included in PHAB's accreditation standards since that oversight is often a combination of federal contracting, state law, and state or local rules and regulations. This also includes Certificate of Need (CON) functions.

- 5. Animal health** programs, such as animal shelters, catch-spay-release efforts, and rabies vaccination clinics, are outside of the scope of PHAB accreditation.

PHAB has no standards that relate to animal health or animal control in any capacity.

# Guidance on Appropriate Examples from Programs and Activities for Use as Documentation for PHAB Accreditation

January 2015

## Additional Guidance

PHAB's overarching principles for activities and services outside of PHAB's scope hold true for all of the Standards and Measures, programs, and activities.

**Quality Improvement:** Documentation concerning clinical/personal health client satisfaction surveys or clinic/personal health services wait times would not be an appropriate example of a quality improvement project for PHAB documentation.

**Policy, Planning, and Systems Development:** Documentation of advocacy for policies related to establishing systems of care and initiatives aimed at developing access to health care may be used as PHAB documentation for measures that describe the health department's capacity for policy, planning, and systems development.

## Program and Activity Examples

Some programs or program areas provide both population-based public health and also personal or one-on-one services. Documentation related to the program's population-based public health activities is appropriate for PHAB documentation, while documentation related to the individual, personal, or clinical services provided by the same program, is not appropriate for PHAB documentation. That is, irrespective of the program (e.g., WIC, Ryan White, dental health, healthy mothers/healthy babies), documentation of activities related to the provision of individual patient care, clinical services, or individual counseling is not appropriate to use for PHAB documentation. A few *examples* are:

- PHAB will accept and assess documentation from a public health education program that informs the public of the need for dental hygiene; PHAB will not accept and assess documentation from a dental clinic that provides individual dental services.
- Documentation of population health education about the use of condoms for disease prevention is appropriate for use as PHAB documentation; documentation on individual HIV testing, counseling, or treatment is not.
- Documentation concerning population education about the importance of prenatal care is appropriate for use as PHAB documentation; documentation about the provision of prenatal care or services provided at a well-baby clinic is not.
- Documentation concerning population-based prevention of substance abuse, including prescription drug abuse, is appropriate for use as PHAB documentation; documentation concerning treatment for drug addiction is not.
- Population-based suicide prevention is appropriate for use as PHAB documentation; documentation of suicide prevention hotline programs (the provision of individual counseling) is not appropriate for PHAB documentation purposes.
- Population-based activities for the prevention of child abuse, intimate partner violence, domestic violence, or elder abuse are appropriate for use as PHAB documentation: documentation concerning shelters, counseling, and other social service assistance is not appropriate for use as PHAB documentation.

## Technical Assistance

Applicants should first seek guidance from the version of the **PHAB Standards and Measures** under which they applied for accreditation. There is documentation Guidance for each measure. That resource serves as the primary source of information for health departments. Specific questions should be referred to PHAB Accreditation Specialists.

# 1. PUBLIC HEALTH ACCREDITATION BOARD (PHAB) ACCREDITATION LEADERSHIP TEAM CHARTER

<b>2. Team Name:</b> <b>PHAB Accreditation Leadership Team (ALT)</b>	<b>3. Version:</b> Version 1.3 (March 16, 2016)	<b>4. Subject:</b> <b>PHAB Accreditation</b>
<b>5. Problem / Opportunity Statement:</b> An opportunity exists for the Alabama Department of Public Health (ADPH) to achieve national accreditation through PHAB. The reorganized ALT began work on October 1, 2013. The membership and mission will be reevaluated once state level accreditation is awarded. The accreditation process will help lay the foundation for defining and strengthening the role of public health in a changing health care system. Accreditation provides a means for a department to identify performance improvement opportunities, improve management, develop leadership, and improve relationships with the community. ADPH is qualified and well positioned to attain national public health accreditation. It is important to work on achieving accreditation now to remain competitive and maximize the benefits of funding and technical assistance opportunities.		
<b>6. Strategic Alignment:</b> <i>PHAB Standards and Measures, Version 1.5</i> <i>Domain 5, Standard 5.3</i> <i>Domain 9, Standards 9.1 and 9.2</i>		<b>7. Team Leader:</b> Michele B. Jones, MS <i>Deputy Director for Program Operations</i>
<b>8. Team Sponsor:</b> Thomas M. Miller, M.D. <i>Acting State Health Officer</i>	<b>9. Team Facilitator:</b> Carrie Allison <i>Accreditation Coordinator</i>	
<b>10. Team Members:</b> Leads for 12 PHAB Domains, Document Review Panel, Accreditation Champions and Accreditation Coordinator ( <i>Refer to Attachment 1: Structure of Accreditation Leadership and Reporting</i> )	<b>Area of Expertise:</b> <i>(Refer to Attachment 2: PHAB Accreditation Leadership Roster)</i>	
<b>11. Performance Improvement AIM (Mission):</b> The ALT helps guide the accreditation process and leads evaluation of the department's readiness and the collection of documentation to apply for accreditation. The mission of the ALT is to submit the ADPH application and all supporting documentation for accreditation to PHAB by no later than August 24, 2016 and to fully participate in the Site Visit to achieve accreditation.		
<b>12. Scope (Boundaries):</b> <ul style="list-style-type: none"> <li>• August 24, 2016 – Submit all documentation to PHAB</li> <li>• Date TBA – Prepare for and participate in PHAB Site Visit</li> <li>• Date TBA – Respond to the Site Visit report, as indicated</li> </ul>		
<b>13. Objectives:- SMART - Specific, Measurable, Achievable, Realistic, Time Frame</b> <ul style="list-style-type: none"> <li>✓ Submit 100% of potential accreditation documentation to the Document Review Panel (DRP) by March 1, 2016.</li> <li>✓ Have all accreditation documentation approved by the DRP by May 1, 2016.</li> <li>✓ Fully participate as required in the Accreditation Site Visit when scheduled by PHAB and follow-up as indicated.</li> </ul>		

<b>14. Considerations (Assumptions / Constraints / Obstacles / Risks):</b>	
Assumptions: The ALT will fulfill their roles and responsibilities with regards to the accreditation process (Refer to Attachment 3: Accreditation Leadership Roles and Responsibilities)	
Constraints: Work on the accreditation process will be completed along with job responsibilities	
Obstacles: Opportunities for improvement related to the PHAB Standards and Measures – Version 1.5 will be addressed through procedure changes and/or quality improvement initiatives	
Risks: Financial investment. Resistance to change.	
<b>15. Available Resources:</b>	
Bureau of Professional and Support Services, Office of Performance Management – Coordination, Funding, Training, Technical Assistance	
Public Health Accreditation Board – Standards and Measures, Training, Reference Materials	
Public Health Foundation, Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Network of Public Health Institutes (NNPHI) – Accreditation Reference Materials	
Other health departments who achieve PHAB Accreditation	
<b>16. Communication Plan (Who, How, and When):</b>	
ALT meetings will be held during the morning of the fourth Thursday of each month. An alternate meeting day is the afternoon of the following Monday. The Office of Performance Management (OPM) will issue meeting agendas, sign-in sheets, handouts, and minutes and will post them in the Employee Documentation Application (EDA). OPM will post meeting minutes, agendas, and handouts on the ADPH Accreditation website.	
<b>17. Key Stakeholders:</b>	<b>Area of Concern (as it relates to the Charter):</b>
Governance	Leadership and Accountability
ADPH Employees	Workforce Development, Opportunity, Information and Involvement
Alabama Residents	Opportunities for Health and Quality Public Health Programs and Services
Partners, Stakeholders, and Funders	Accountability, Performance Management and Quality Improvement

*Attachment 1: Structure of Accreditation Leadership and Reporting-Updated 12-28-15*

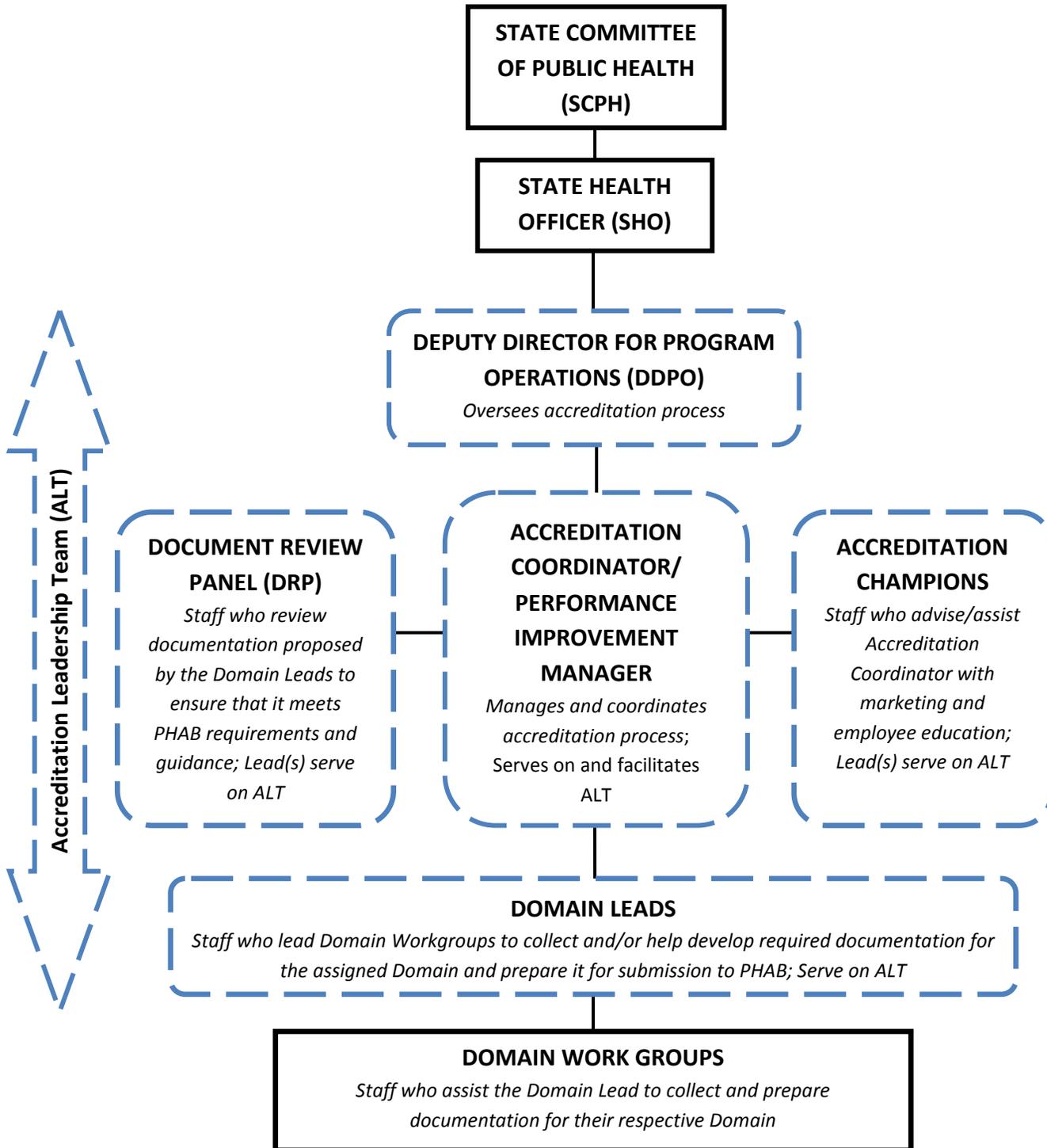
*Attachment 2: PHAB Accreditation Leadership Roster – Latest update*

*Attachment 3: Accreditation Leadership Roles and Responsibilities – Updated 12-28-15*

**ALABAMA DEPARTMENT OF PUBLIC HEALTH**

***Structure of Accreditation Leadership and Reporting***

*Adopted July 18, 2013; Reviewed September 25, 2014; Revised December 28, 2015*



**REPORTING:** The SHO engages and updates the SCPH regarding accreditation efforts and progress. The DDPO updates the SHO regarding accreditation efforts and progress and provides direction for the ALT. The Accreditation Coordinator monitors work of the ALT to meet agency target dates. Leads update their respective work groups/panel on accreditation efforts and progress.

**Alabama Department of Public Health**  
**Public Health Accreditation Board (PHAB)**  
**Accreditation Leadership Team Roster**  
March 16, 2016

**Acting State Health Officer:** Thomas M. Miller, M.D.  
**Deputy Director of Program Operations:** Michele Jones  
**Accreditation Coordinator:** Carrie Allison

**PHAB Accreditation Team (12 Domain Leads):**

Domain 1 Leads – Conduct Assessment Activities	Carrie Allison Michele Jones Dale Quinney
Domain 2 Leads – Investigate Health Problems	Sherry Bradley Mary McIntyre, MD
Domain 3 Leads – Inform and Educate about Public Health	Karl Bryant Jim McVay, DrPA
Domain 4 Leads – Engage with the Public to Solve Public Health Problems	Chris Haag Bob Hinds Jim McVay, DrPA
Domain 5 Leads – Develop Public Health Policies and Plans	Carolyn Bern Michele Jones Andy Mullins
Domain 6 Leads – Enforce Public Health Laws and Regulations	Walter Geary, MD Brian Hale
Domain 7 Leads – Promote Strategies to Improve Access	Viki Brant Cathy Caldwell Jamey Durham
Domain 8 Leads – Maintain a Competent Workforce	Jamey Durham Brent Hatcher
Domain 9 Leads – Evaluate and Continuously Improve	Carrie Allison Nancy Wright
Domain 10 Leads – Contribute to and Apply the Evidence Base for Public Health	Brandi Pouncey
Domain 11 Lead – Governance	Jeffrey Wright
Domain 12 Lead – Administration	Michele Jones

**Document Review Panel Leads:** Michele Jones

**Accreditation Champion Lead:** Carrie Allison



## Alabama Department of Public Health (ADPH) Accreditation Leadership Structure Roles and Responsibilities

### State Health Officer

- Complete Public Health Accreditation Board (PHAB) orientation
- Be knowledgeable regarding the steps and timeline to attain accreditation for ADPH
- Interact with the Governor's Office, State Committee of Health, Deputy Directors, Bureau Directors, Area Administrators, and state level public health partners in support of the department's accreditation process
- Help ensure that department staff understand the importance of PHAB accreditation
- Ensure that essential personnel and financial resources are available to support accreditation efforts

### Deputy Director for Program Operations

- Complete PHAB orientation
- Oversee membership and serve as an active member of the Accreditation Leadership Team (ALT)
- Be well versed regarding the steps, timeline, and progress made to attain accreditation for ADPH
- Interact with the State Health Officer, Bureau Directors, Area Administrators, ALT, Accreditation Coordinator and state level public health partners in support of the department's accreditation process
- Ensure that Bureau Directors are actively involved in the accreditation process, as needed
- Provide final approval of required documentation selected for submission to PHAB
- Help spread awareness of ADPH accreditation efforts when interacting routinely with staff, community partners, and governance

### Accreditation Coordinator

- Complete PHAB orientation and related training regarding the accreditation requirements and process
- Conduct assessments of the health department's readiness to seek accreditation
- Coordinate the development and implementation of the department's internal plan to educate and engage staff in the accreditation process; lead the Accreditation Champions
- Help to engage partner organizations and community partners in the accreditation process
- Serve as an active member of the ALT
- Facilitate the ALT meetings and activities and monitor/report progress made to attain accreditation for ADPH
- Provide support and maintain status information regarding the work plans of the Domain Leads and Workgroups

- Manage the selection process for documentation for the PHAB measures
- Develop and maintain a document management process for proposed and selected documentation for the PHAB measures
- Complete/submit required applications, documents, and applicable fees to PHAB
- Schedule, prepare for, and manage the PHAB Site Visit
- Coordinate the department's review and response to the Site Visit Report
- Manage the development and submission of required annual reports and fees to PHAB
- Interact with PHAB, CDC, and other consultants/partners regarding accreditation activities
- Explore and help access educational and technical assistance resources in support of accreditation activities
- Help spread awareness of ADPH accreditation efforts

### **Domain Leads**

- Complete PHAB orientation
- Serve as an active member of the ALT
- Participate in the development and completion of a timeline to attain accreditation for ADPH
- Manage membership of the respective Domain Workgroup
- Plan and direct activities of the respective Domain Workgroup
- Develop, facilitate, and monitor the work of the respective Domain Workgroup; periodically report progress
- Be well-informed regarding PHAB documentation guidance and requirements
- Serve as a subject matter expert for the respective Domain during the accreditation process and be knowledgeable regarding the related documentation
- Serve as the document provider for the respective Domain; collect documentation and/or develop and implement a creation strategy and submit the best potential documentation for review/selection per established procedure
- Identify opportunities for improvement within the respective Domain and participate in quality improvement initiatives to address them, when and as applicable
- Help spread awareness of ADPH accreditation efforts

### ***Domain Workgroup Members (One Workgroup for each Domain)***

- Participate in the planning and completion of the respective Domain responsibilities
- Be familiar with the PHAB accreditation process and PHAB documentation guidance and requirements
- Be well-versed in the required documentation for the respective Domain Standards and Measures
- Serve as the document finders for the respective Domain; determine the status of required documentation and help collect and/or develop the documentation for the respective Domain
- Participate in quality improvement initiatives to address opportunities for improvement within the respective Domain, when and as applicable
- Help spread awareness of ADPH accreditation efforts

### **Document Review Panel (DRP) Leads**

- Complete PHAB orientation
- Serve as an active member of the ALT
- Manage membership of the DRP
- Plan, direct, monitor, and maintain documentation regarding the activities of the DRP

- Serve as PHAB documentation expert for the accreditation process
- Function as a DRP Member for purposes of reviewing and selecting documentation for submission to the Deputy Director for Program Operations for final approval
- Work with applicable Domain Leads to resolve questions or concerns regarding documentation routed to the DRP for review and selection
- Assist with staff training regarding PHAB documentation guidance and requirements and the departmental review and selection process, when needed
- Assist Accreditation Coordinator to monitor ALT progress regarding documentation selection and adherence to the timeline to attain accreditation for ADPH
- Help spread awareness of ADPH accreditation efforts

#### ***DRP Members***

- Be well-informed regarding PHAB documentation guidance and requirements
- Review and rate potential documentation submitted to the DRP for content and completeness to ensure it satisfies the applicable PHAB standard/measure and complies with PHAB and departmental documentation requirements
- Help spread awareness of ADPH accreditation efforts

#### **Accreditation Champions (Led by the Accreditation Coordinator)**

- Be familiar with the PHAB accreditation process
- Serve as an active member of the ALT
- Assist the Accreditation Coordinator to develop and implement the Department's internal plan to educate and engage staff in the accreditation process
- Assist the Accreditation Coordinator to engage partner organizations and community partners in the accreditation process

#### **Meeting Structure**

##### ***Purpose of Meetings***

- To move through and stay informed regarding the accreditation process
- To stay up-to-date regarding PHAB guidance
- To progress through work objectives and stay updated on documentation status
- To collaborate with and provide support to other ALT/Work Group/Panel members

##### ***Attendance***

- ALT members are expected to attend ALT meetings. DRP Leads are encouraged to attend ALT meetings to provide updates, participate in discussions or accomplish related tasks.
- At least one Lead is required to be in attendance for each group meeting. When essential, Leads may designate someone to fulfill this requirement to avoid delaying the accreditation process.
- Meetings will be conducted and decisions will be made when a quorum is present. A quorum consists of at least fifty percent (50%) of the group members plus one (1) Lead/designee.

##### ***Decision-making***

- Majority rules for decision making
- Members must be present to vote
- The vote of the Accreditation Coordinator will be the tie breaker

## Documentation Submission

### *Submission and Approval Process*

- The Domain Leads and Workgroups will identify, collect, and/or work with others to develop the documentation required to support each measure within the respective Domain. Domain Leads will format and submit the best documentation to the DRP by way of the Document Management System (DMS).
- Domain Leads are responsible to ensure that all the selected documentation clearly satisfies the applicable PHAB standard and measure, the required elements of the documentation are complete, and all documents are formatted properly to meet DRP and PHAB guidelines.
- The DRP Leads and members will read submitted documentation for content to ensure the document clearly satisfies the PHAB standard and measure and is properly formatted for submission to PHAB. The DRP Leads or designees will work with Domain Leads to resolve any weaknesses or deficiencies identified.
- The Accreditation Coordinator will provide support and technical assistance to Domain Leads and DRP members, as needed.
- The Deputy Director for Program Operations will issue final approval on documentation selected for upload to PHAB

### *Documentation Management System (TeamRoom Application)*

- The Accreditation Coordinator will develop and maintain the system
- The ALT, Domain Workgroups, and DRP will be trained on use

### *Documents Structure*

- Domain Leads should submit 2 examples per measure requirement unless otherwise stated in the PHAB Standards and Measures, Version 1.5 guidance.
- Documentation must be dated within last 5 years from date of submission to PHAB, unless otherwise stated in the PHAB Standards and Measures, Version 1.5 guidance.
- Domain Workgroups are encouraged to have back-up documentation examples, when possible, in case they are needed
- Domain Workgroups will rank their documents and submit the best choice to the DRP through the DMS.

## Marketing and Promotion

- The Accreditation Coordinator and Accreditation Champions will lead efforts to spread awareness across ADPH staff, community partners, governance and residents regarding ADPH accreditation activities. Others involved in the process will also help with this effort.
- The vision of marketing is to have ADPH employees to understand the value of achieving accreditation and enthusiastically contribute to our department's successful application
- Marketing is done through means such as publications, one-on-one information exchanges, trainings, staff meetings, email alerts, and the department website and social media

Developed January 3, 2014. Updated September 25, 2014 and December 28, 2015.

## Domain Status Report 3/18/16

<u>Domains</u>	<u>Approved</u>	<u>In Process</u>	<u>Returned</u>	<u>No Submission</u>	<u>Total</u>
Domain 1	33	12	1	12	58
Domain 2	49	0	2	0	51
Domain 3	28	0	6	0	34
Domain 4	16	0	0	0	16
Domain 5	12	8	1	7	28
Domain 6	7	21	4	0	32
Domain 7	4	10	3	0	17
Domain 8	13	2	9	2	26
Domain 9	13	0	7	8	28
Domain 10	10	0	2	0	12
Domain 11	41	0	5	0	46
Domain 12	12	0	3	0	15
<b>Totals</b>	<b>238</b>	<b>53</b>	<b>43</b>	<b>29</b>	<b>363</b>

## Guidance from DRP on Unattainable Documentation

If you are confident that you have exhausted all options to obtain a viable document and have found that an example does not exist and cannot be developed, please follow these instructions.

### Best documentation has been identified and does not fully demonstrate:

1. Make as many of the suggested DRP revisions as possible (if applicable).
2. In the cover sheet, do not try to “sell” the documents as if they meet the measure.
3. Resubmit with best example with a statement similar to this:  
“The following documentation is the best example available to the department at this time. Please provide instructions on how to proceed.” (See example 1)

### Documentation cannot be located or developed:

1. Submit a statement similar to this via the Team Room:  
“This measure cannot be partially or completely demonstrated through existing documentation. I have also found that the department cannot develop this documentation within the allotted timeframe.”
2. Submit a document (pdf or word) with an explanation of where we are in the process of eventually meeting the standard/measure. (See example 2)

The DRP will provide information on how to proceed, if further action is needed.

<h3>Main Document</h3> <p>Carrie Allison/BPSS/ADPH 11/18 03:21 PM</p> <p><b>Keep this document active</b></p>	<b>Basics</b>			
	Document Type	<b>Action Item</b>		
	Subject	<b>1.2.2.2.2 - Training to Surveillance Sites - Childcare Facilities</b>		
Priority	<b>3</b>			
Category	1.2.2.2.2			
Associated Event	50% (07/01/2014)			
Associated Subteam(s)	Domain 1 Leads			
<b>Assignments</b>				
Due Date	<No due date>	Status	Open	
To change the status, click the Edit button				
Assignees				
Carrie Allison/BPSS/ADPH; Michele Jones/ADMIN/ADPH; Dale Quinney/BPSS/ADPH				

**Documents submitted 11/2015**

-  1.2.2.2.2 - Cover Sheet.docx
-  1.2.2.2.2 - Cancer Registry Training - ADPH Webpage.pdf
-  1.2.2.2.2 - Cancer Registry Training - Reporting Requirements Handout.pdf

**Document submitted 12/28/2015**

The following documentation is the best example available to the department at this time. Please provide instructions on how to proceed.

-  1.2.2.2.2 - Cover Sheet.docx
-  1.2.2.2.2 - Childcare Attendance Sheet and Evaluation Summary.pdf
-  1.2.2.2.2 - Notifiable Diseases in Childcare Presentation.pdf

<p><b>Main Document</b></p> <p>Carrie Allison/BPSS/ADPH Today 10:02 AM</p> <p><b>Keep this document active</b></p>	<p><b>Basics</b></p>			
	<p>Document Type</p> <p>Subject</p> <p>Category</p> <p>Associated Event</p> <p>Associated Subteam(s)</p>	<p><b>Discussion</b></p> <p><b>1.4.3.1.1 - Providing Data Analysis and Presentation Tools to Tribal HD</b></p> <p>1.4.3.1.1</p> <p>75% (10/01/2014)</p> <p>Domain 1 Leads</p>		
	<p><b>Reviewers (optional)</b></p>			
	<p>Review By Date</p>	<p>&lt;No due date&gt;</p>	<p>Status</p>	<p>Open</p> <p>To change the status, click the Edit button</p>
	<p>Reviewers</p> <p>Carrie Allison/BPSS/ADPH; Michele Jones/ADMIN/ADPH</p>			

This measure cannot be partially or completely demonstrated through existing documentation. I have also found that the department cannot develop this documentation within the allotted timeframe. The following Word document explains the current status of ADPH in the progress toward meeting this S/M.



1.4.3.1.1 - Current Process in lieu of Documentation.docx

## Example 2

### 1.4.3.1.1

#### Current Process in lieu of Documentation:

In Alabama, the tribe is concerned with the privacy of their data. Due to the small population of tribal members residing in Alabama, privacy could be an issue. ADPH is working with tribal representatives to establish a data sharing agreement.