

As You Get Settled, Please:

- Log into the Internet
 - Network - PHABGuest
 - Password - Welcome2PHAB!
- Open a window in your browser and type “www.PollEv.com/davidstone372” in the address bar (Enter) **Keep this window or tab open**
- Load your flash drive and check to see that it works

We'll be glad to assist!



LEADING THE WAY TO ACCREDITATION

August, 2014
PHAB Learning Center
Alexandria, Virginia

Robin Wilcox

WELCOME AND INTRODUCTIONS



Welcome & Introductions

- Purpose of training
- QI throughout
- Who are you?

Welcome!
BIENVENIDOS
Chào Mừng
BIENVENUE
Willkommen
Benvenuti
Aloha
Bem-vinda
Välkommen
Hoşgeldin
Karibu
Qsibingelelo
Tervetuloa

Accreditation Specialists

- **Marita Chilton**
- **Jennifer Jimenez**
- **Cathy Vogel**
- **Brittan Wood**

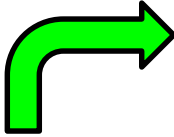
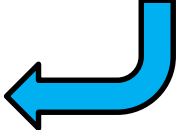


- You'll have dedicated time tomorrow to meet with a Accreditation Specialist



Blue

Jennifer Jimenez

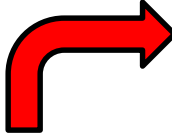
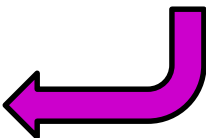


Brittan Wood



Green

Marita Chilton



Purple

Red

Cathy Vogel



David Stone

COURSE OVERVIEW




Course Overview

- Review the Agenda
- Learning Objectives
- Review the Seven Steps
- Review of PHAB materials

The Agenda

- Free Flowing
- Sequence



Public Health Accreditation Board
Applicant Training | August 13 & 14, 2013
PHAB Learning Center
1600 Duke Street, Suite 200
Alexandria, VA 22314

DAY 1: Tuesday, August 13, 2013

8:00 am	Registration and Breakfast	
9:00 am	Welcome and Introductions <ul style="list-style-type: none">• Introduction of Accreditation Coordinators• Introduction of PHAB Staff• Accreditation Specialists Assignments	Robin Wilcox Chief Program Officer
	Course Overview <ul style="list-style-type: none">• Review Agenda• The Seven Steps of the Accreditation Process• PHAB Accreditation Materials (Acronyms and Glossary of Terms, Documentation Guidance, Accreditation Coordinator Handbook) <p><i>Purpose:</i> to go over the training plan for the two days and base the training on the steps of the accreditation process.</p>	David Stone Education Specialist
	PHAB Online Accreditation System <p><i>Purpose:</i> to introduce e-PHAB components (accreditation steps 3 and beyond, including fees & payments), conduct a live demonstration of each step and to answer questions about the system.</p>	David Stone Marita Chilton Accreditation Specialist
	PHAB Challenges	

Learning Objectives

- Be able to select and submit documentation to PHAB
- Describe how to prepare for and host the site visit
- Define the legal issues surrounding Accreditation

The Seven Steps

(1) Pre-application

(2) Application

(3) Documentation Selection & Submission

(4) Site Visit

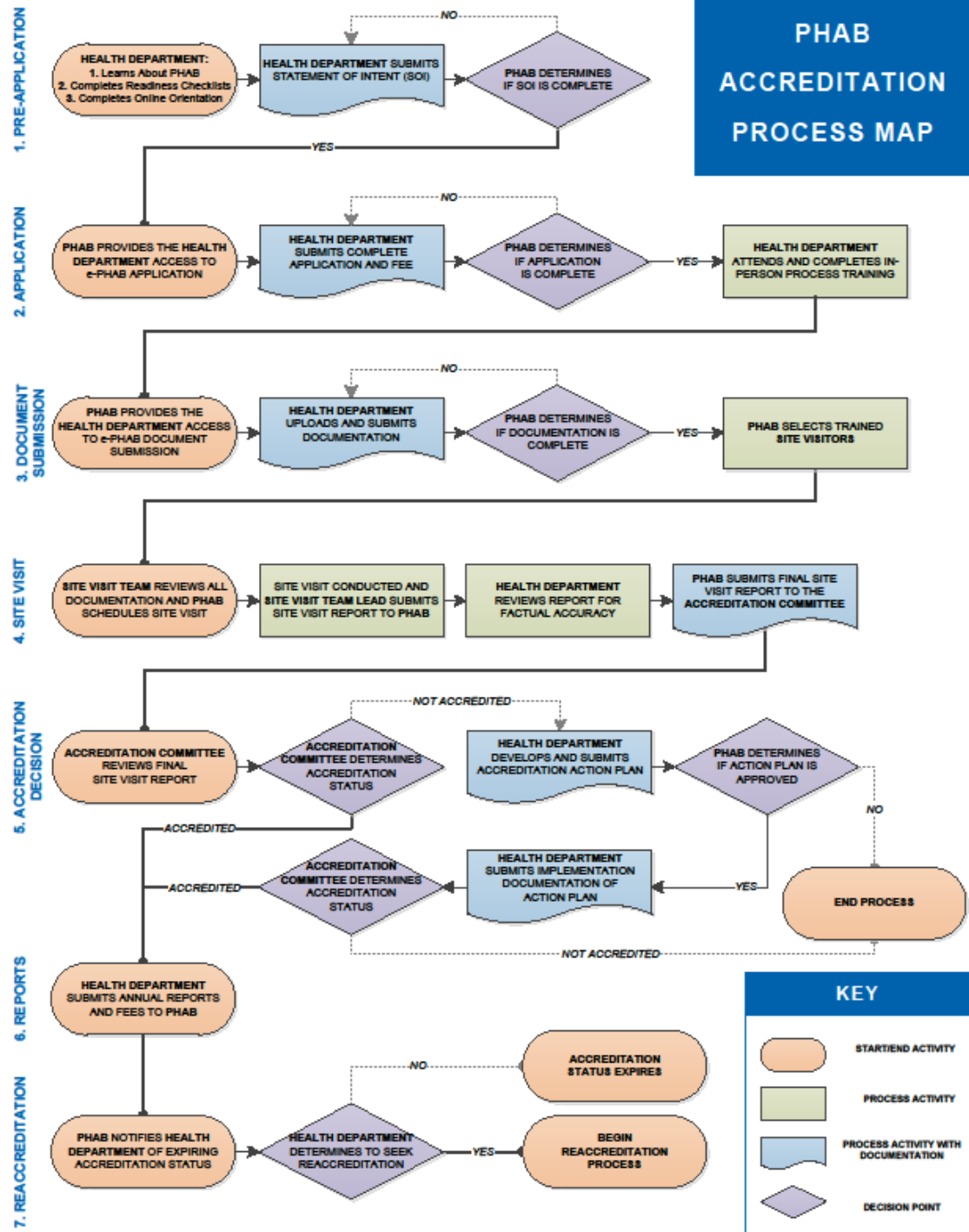
(5) Accreditation Decision

(6) Reports

(7) Reaccreditation

Process Map

PHAB ACCREDITATION PROCESS MAP



Course Overview

- Review of PHAB materials
 - Printed
 - Flash Drive
 - Handouts/Exercises

Ground Rules



- Time for Learning & Sharing
- Open Discussion
- All Questions Welcome
- Respect All Opinions
- Minimize Technological Distractions
- Grab Drinks/Snacks as Needed
- Break as Needed

Cathy Vogel

e-PHAB ONLINE INFORMATION SYSTEM



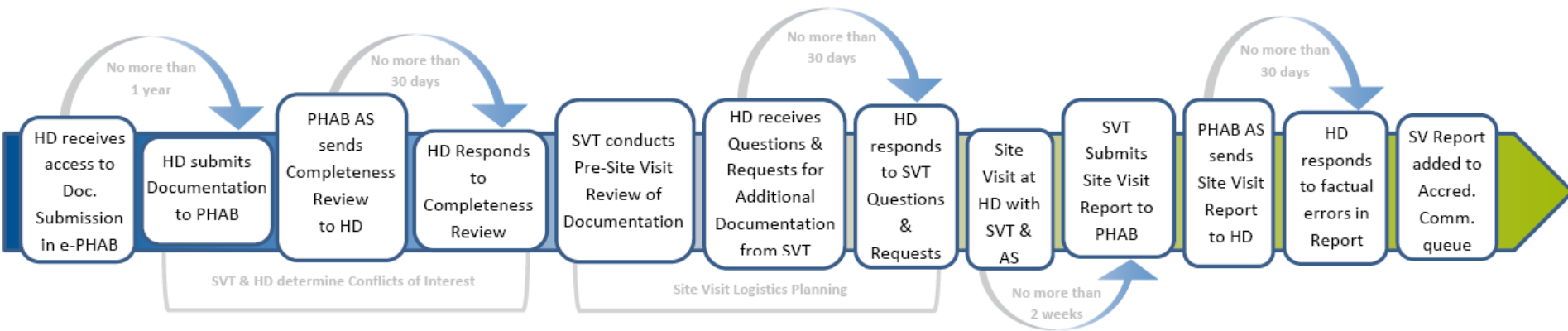
e-PHAB Interactive

-  e-PHAB Video Homework
- Sandbox: everyone can play in and learn the elements of  e-PHAB
- National e-PHAB Challenge

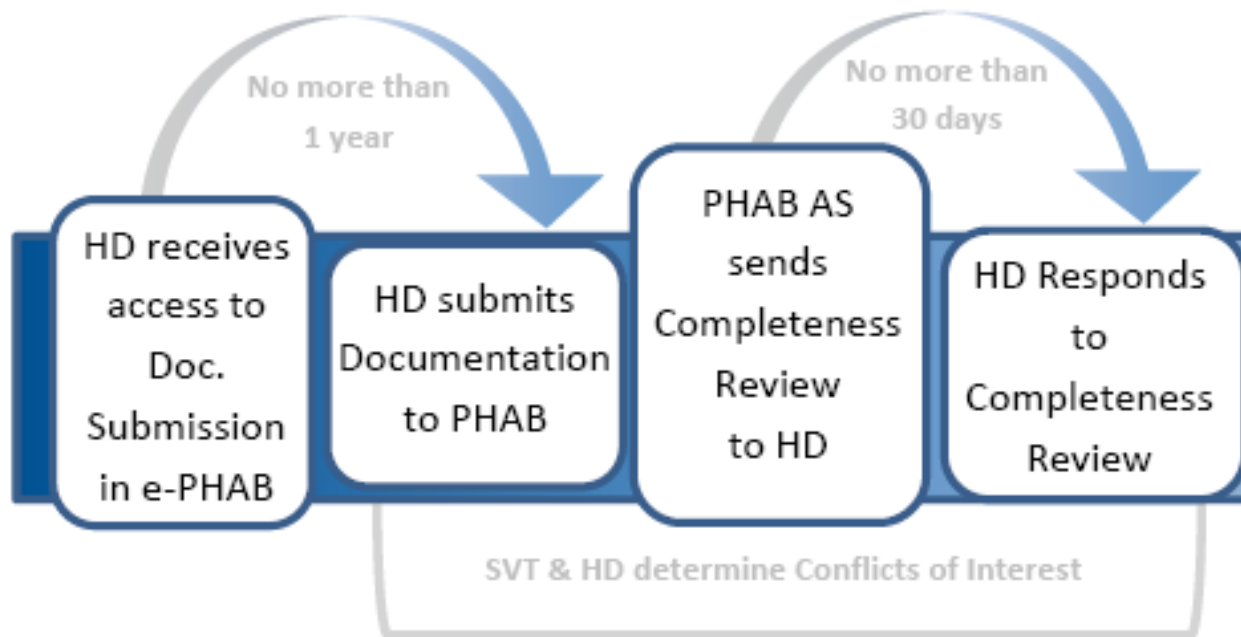
Login & Log in

1. You have already been working in e-PHAB
 - Same website as the SOI and Application
2. Your login is the same:
 - Your username is your email address
3. There is a link on the log in page to reset your password if you forget it

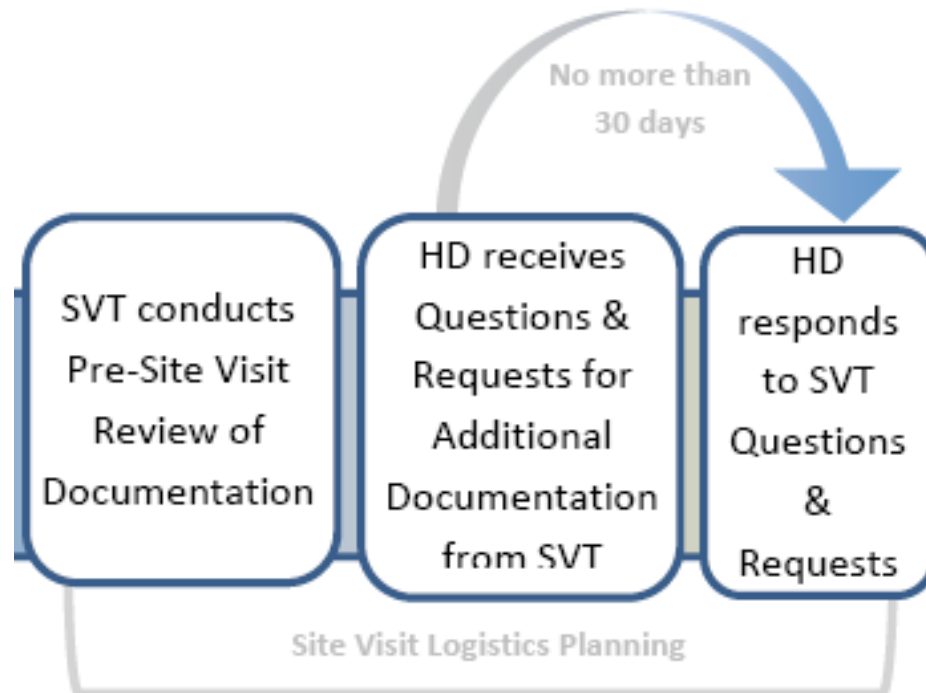
How long will it be from when our department submits documentation to when we have our site visit?



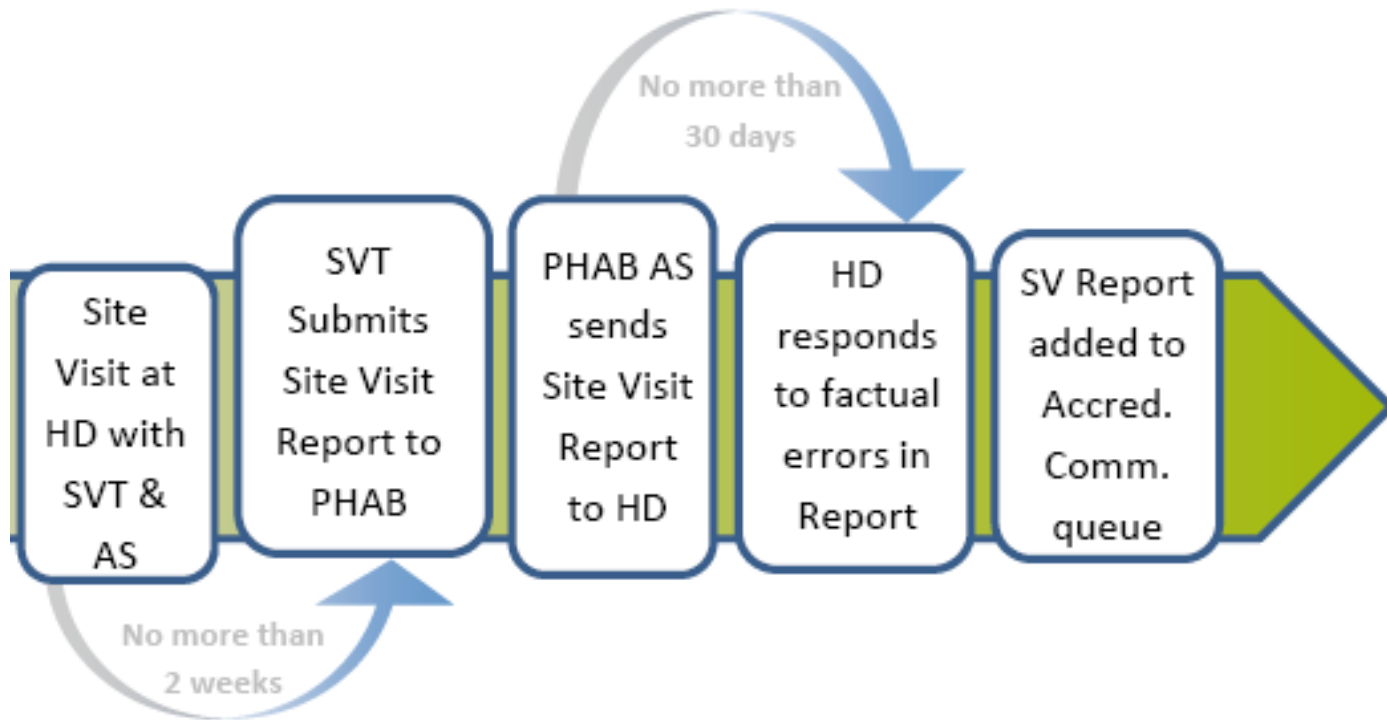
How long will it be from when our department submits documentation to when we have our site visit?



How long will it be from when our department submits documentation to when we have our site visit?




How long will it be from when our department submits documentation to when we have our site visit?



PHAB Interactive

GO LIVE!

Sandbox – 10 minutes

- Assign roles (AC, HDD)
- Navigate to Demo Server
 - demo.phab.eaccreditation.org/login
- Log in using your login
- Explore  PHAB
- **DO NOT DELETE UPLOADS**



The National

e-PHAB Challenge

demo.phab.eaccreditation.org/login





ONLINE

INFORMATION SYSTEM
Questions & Discussion

PHAB Staff

Robin & David

STEP 3: DOCUMENTATION SELECTION AND SUBMISSION



Standards and Measures Version 1.0



Robin Wilcox

Standard 1.1: Participate in or conduct a collaborative process resulting in a comprehensive community health assessment.

Measure	Purpose	Significance
<p>1.1.3 A Ensure that the community health assessment is accessible to agencies, organizations, and the general public</p>	<p>The purpose of this measure is to assess the Tribal, state, or local health department's efforts to share the community health assessment with other agencies and organizations and to make the assessment results available to the general public.</p>	<p>The community health assessment is a resource for all members of the public health system and the population at large. It is a basis for collaborations in priority setting, planning, program development, funding applications, coordination of resources, and new ways to collaboratively use assets to improve the health of the population. Other governmental units and non-profits will use the community health assessment in their planning, program development, and development of funding applications.</p>
Required Documentation	Guidance	
<ol style="list-style-type: none"> Documentation that the community health assessment has been distributed to partner organizations Documentation that the community health assessment and/or its findings have been made available to the population of the jurisdiction served by the health department 	<ol style="list-style-type: none"> Health departments must provide two examples of how the community health assessment is distributed to partners, stakeholders, other agencies, entities, and organizations. Samples of emails to partners and stakeholders providing information of how to access the assessment could be provided. Health departments must provide two examples of how they communicated the community health assessment results to the public. Documentation of distribution to libraries could provide evidence, as could the publication of the community health assessment on the department's websites. Summaries of the findings could also be published in newspapers. 	

Documentation: General Considerations

Robin Wilcox

Documentation Selection

- Accreditation Team effort
 - Assign lead responsibilities
 - Assess options
- Organize options and selection
 - PHAB is not recommending a specific product or process for documentation organization
- Changes can be made in e-PHAB until submitted to PHAB

Documentation Selection

Consider selection options and programs:

- Best reflects health department operation
- Meets specifics of the Required Documentation
- Demonstrates conformity with measure (Context and intent of M & S & D)
- A variety of programs

General Guidance

- Current & in use when submitted
- Draft documents not accepted
- No confidential information
- Within past 5 years unless otherwise required
- Paperless process
 - “hard copy” submitted electronically in e-PHAB
- Submit in acceptable file formats

More General Stuff

- Use PDF's when possible
- Open uploaded documents to check for readability
 - No sideways or upside down PDF documents
- No blank signature lines

Remember to make the job of the Site Visitors as easy as possible!

Acceptable File Formats



FILE TYPE	EXTENSION
Audio	mp3, wav
Image	The following should be pasted into a MS Word or PDF; they should not be uploaded as a separate file. bmp, gif, jpeg, jpg, tif, tiff
MS Excel	xlsx, xls
MS PowerPoint	pps, ppsm, ppsx, ppt, pptm, pptx
MS Word	doc, docm, docx, rtf
Portable Document Format	PDF
Text	htm, html, txt
Video	wmv, mpeg, mpg, mpv, mp4

Documentation Guidance

- Documents may be used for more than one measure
 - i.e., Can use same document more than once
- Continuity versus across department
- Several documents may be needed to demonstrate conformity
- Don't confuse # of examples with # of documents

Not Prescriptive

“What” is in place, not “How” it got there or “Who” developed it

Documentation may be developed, e.g.,

- By the health department
- By another level of government (an umbrella agency, the state or local HD)
- By another governmental agency
- By a community partner, non-profit org
- By a contractor (e.g., consultant, academic)
- By a partnership (evidence of membership)

Dates and Signatures

Review your HD's:

- Policies
- Procedures
- Plans
- Directives
- Public Information
- Protocols

For -

Dates:

Created date
Revised date
Reviewed date
Amended date
Effective period

Signatures:

(“Evidence of authenticity”)

HD logo
HD Director signature
HD Abbreviation
HD e-mail address
Membership list

Core Public Health Programs

- access to clinical services
- chronic disease prevention and control
- communicable disease
- community health
- environmental public health
- governance
- health education
- health promotion
- injury prevention
- management /administration
- maternal and child health
- public health emergency preparedness
- public health laboratory services

NOT used for PHAB Accreditation

- mental health
- substance abuse
- primary care and other health care
- human services
- social services (including domestic violence)
- health care facilities
- professional licensing programs
- health care financing systems (e.g., Medicaid)

PHAB's scope of accreditation authority does not extend to these areas. Documentation from these program areas will generally not be accepted for public health department accreditation.

Population Based PH

- PHAB accredits public health department
- PHAB does not accredit individual or personal health services, for example:
 - Primary Care
 - Dental Clinics
 - Home Health
 - Mental Health Services
 - Substance Abuse
 - Domestic Violence

The Joint Commission (TJC), Accreditation Association for Ambulatory Health Care (AAAHC), and Council on Accreditation (COA), Accreditation Commission for Health Care (ACHC), for Commission on Accreditation of Rehabilitation Facilities (CARF) accredit these services.

Number of Examples

Default is 2 examples

- Different program areas
- Often two examples are specified
- Some RD requires 1 document (e.g., 1.1.2 - 1, a community health assessment; 2.3.1 -2 a call down list)
- “Policies and procedures” are often one document
- Not sure? Ask your Accreditation Specialist

Specific Issues

- 5.2.4 - Monitor progress of implementation of CHIP
- 7.1.1 - collaborative process to assess the availability of health care services
- Chronic disease
 - Persistent and lasting medical condition that may be controlled rather than cured (Scutchfield & Keck)
 - e.g., asthma, heart disease, HIV/AIDS

Details, Details, Details

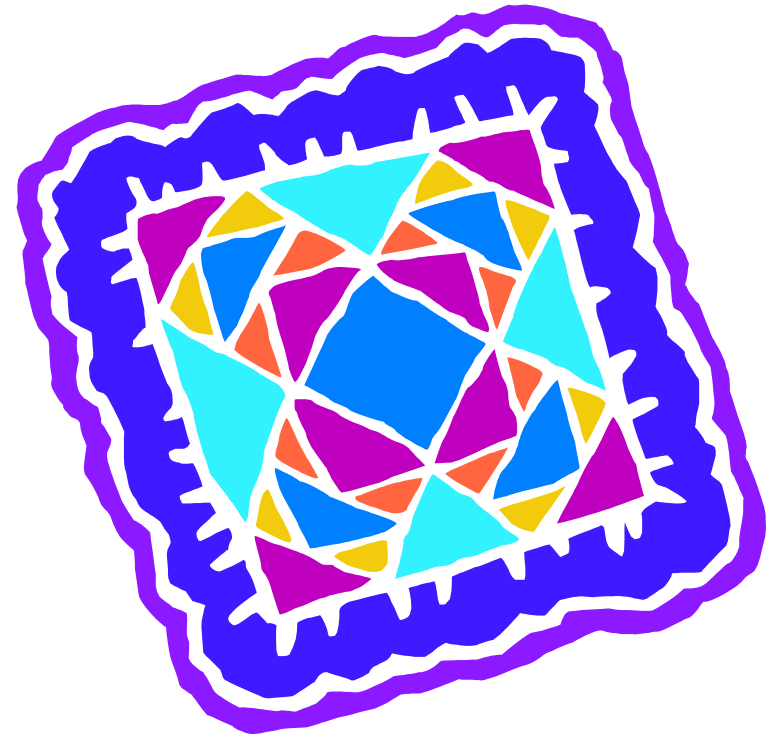
MUST versus COULD, MAY, EXAMPLES, CAN BE SHOWN

- 1.3.1 A RD - 2. Documentation of meetings to review and discuss selected data reports
Guidance: The health department must provide documentation of review of data analysis reports. **Minutes or documentation of meetings must be provided to show the presentation, review and discussion of data reports.** The meetings may be internal, with governing entities, with community groups, with other health or social service organizations, or provided to elected bodies.
- 4.2.2 A RD 1. Engagement of the governing entity, advisory board, and/or elected officials about policies and/or strategies that will promote the public's health
Guidance: The health department **must provide two examples of educating and/or working with the governing entity, an advisory boards, and/or elected officials on public health policy or about policies or strategy.** The two examples must be policies or strategies that address two separate public health issues. The examples must have occurred in the previous two years.

Prepare Document Narratives

- **Document Title**
 - Identify documents
 - 250 characters limit
- **Document description**
 - Describe document: what it is, what is in it, where the relevant section is
 - 150 words limit
- **Measure narrative**
 - Explain how documents demonstrate the measure
 - 10,000 character limit (including spaces, punctuations)

Your Documentation Tells Your Story





Selecting The Right Documents for Accreditation

David Stone

Guidance in the Standards & Measures

- Relevant to Domain, Standard & Measure
- Give context
- Specific to what is being requested
- Spreadsheet
- How to read the Standards & Measures
 - Let's look at an example standard



Organizing Documentation

- Electronic files
- Set up one set of files
- Paper files (dump file)
- Shared drive vs. single computer



Electronic Folders

Main Folder - Accreditation

Subdirectory - Domains

Subdirectory - Standards

Subdirectory - Measures

Use full numbering!



Assessing Documentation

Domain

Standard

Measure

Required Documentation

Guidance

Purpose

Significance



Assessing Documentation

Domain 5

Develop public health policies and plans

Domain 8

Maintain a competent public health workforce



Assessing Documentation

- Information to Evidence
- Four Questions
 - What do I have?
 - How does it demonstrate conformity?
 - What do I want this to say?
 - How would it be assessed?




Principles of Documentation

- Comprehensive
- Mutually Reinforces
- Verifiable
- Representative



Selecting Documentation

- Reflects the work of the health department
- Representative of the entire range of programs and services (note limits)
- Most applicable to what the measure requires
- Email PHAB with intent or interpretation or message thru  e-PHAB
- Talk with peers or TA when stuck



Documents

```
graph TD; A[Documents] --> B[Information]; B --> C[Evidence]; C --> D[Site Visit];
```

Information

Evidence

Site Visit

Naming Files

- Use a system that makes sense to you
- Use a system so that you will know what is in a file and what it is for
- Use a system so that anyone in your department who looks that the name will know what the file contains
- Titles and descriptions



e-PHAB Title Box



Use the title boxes to provide a concise name for the document so the Site Visitors know what they are about to read

- Character Limit: 250 characters
- Required
- Letters, numbers and spaces

File Titles



- Obesity Coalition Minutes
- Administrative QI Project
- Healthy Heart Task Force Members
- New Employee Orientation Policy
- Board of Health Presentation

Description Boxes



Use the description boxes to help provide the link between the Measure and the uploaded document for the Site Visitors

- Character Limit: 150 words
- Optional
 - Describe how document demonstrates conformity
 - Identify specific location within the document
 - Provide context if upload is part of a larger document
 - Describe the author, if not a health department document

File Description

The Coalition minutes are provided by the Hospital Representative. See page 2 for the strategies of the coalition. See the highlighted sections on pages 3 & 4 for Health Department involvement.

(Measure 4.2.1 A)



File Description



Policies are not individually signed and dated. The manual is revised and approved as a single unit. If a new policy is added, it is noted on the signature page (page 4 of the Policies Manual)

(Measure 11.1.1 A)

Measure Narratives



Use the measure narrative to explain to the Site Visitors the reason for selecting ALL documents submitted for the measure.

- Size Limit: 10,000 Characters
- Optional
 - Give context to the evidence
 - Describe how all evidence demonstrates conformity
 - Explain why the HD is using the documents

Measure Narrative



Our previous purchasing process was cumbersome and uncontrolled. The resulting changes created a purchase order system that requires leadership approval, tracks budget and financial allowances and reduces duplicate orders.

Our overhaul of the turn around time in Environmental Health (EH), based on a LEAN process, resulted in better customer service, praise from the County Commissioners, and improved staff morale. The full EH staff was involved in the process of improvement.

(Measure 9.2.2 A)

Measure Narrative



Our effort with houses of faith, targeting African-Americans for diabetes, high blood pressure and stroke, has grown to include 17 churches and shows the positive results of an education program that includes radio ads, bulletin inserts and email alerts.

The worksite wellness program was developed with the chamber of commerce and business owners and leaders. It was created to provide a means for improving the health of workers and increasing productivity and reducing absenteeism.

(Measure 3.1.1 A)

Submitting Documentation

- Can revise and edit documentation until final submission in **e-PHAB**
- Including prerequisites



After You Submit...

Completeness Review by your Accreditation Specialist

- Dated and signed?
- Documents are in the correct location?
- If change request is needed, AS will unlock measure and provide instructions to AC



Completeness Review

Accreditation Specialists will NOT assess the uploaded documents' demonstration of conformity with the Standards & Measures



Robin

TOOELE COUNTY HEALTH DEPARTMENT STEP 4: SITE VISIT



Site Visit Process

1. Pre-Site Visit

- Review department web site
- Review domain documentation
 - Assess each measure (in assigned domain)
- SV Team Conference Calls
 - Share impressions, questions, areas of concern
 - Prepare questions & requests for documentation
 - Revise SV agenda
 - Identify themes and trends
- Request additional documentation or develop questions

2. Site Visit

- Conduct meetings and interviews
- Reach consensus

3. Site Visit Report

- Team assesses measures and inputs comments
- Team Chair develops overall comments
- Team Chair submits report

4. Post Site Visit

- Team Chair available to Accreditation Committee

Who are Site Visitors?

- 3 or 4 team members
- One designated as Team Chair
- Matched to type of HD
- Conflicts of interest identified
- Trained by PHAB
- Confidentiality
- Evaluation



Pre-Site Visit Review

- Site Visitors will review the documentation:
 - Adequacy of documentation
 - Meet requirements for documentation
 - Assess conformity to measures
- Site Visitors forward to PHAB:
 - Any requests additional documentation
 - In use at the time of the documentation submission
 - Questions

Site Visit - Purpose

(1) Assess documentation for conformity

(2) Develop **Site Visit Report**

- Expert peer review
- Verify documentation
- Onsite review
 - Visual observations
 - Interview staff
 - Meet with governing entity
 - Meet with partner organizations & community partners
- Request additional documentation



Site Visit

- 2 days (usual)
- PHAB will schedule with HD and SVs
- PHAB will set and provide Site Visit agenda to health department prior to visit
 - Organized by Domain
 - Health department selects staff for participation
 - Include specific sessions to meet with:
 - Members of governance entity
 - Community partners
 - Health department director

Site Visit Agenda Template

- Entrance Conference
- CHA and CHIP
- Strategic Plan
- Concurrent domain interviews
- Community partners
- Governing entity representatives
- HD director (near end of visit)
- Exit Conference

Customized Agenda

SV Team Chair will approve final agenda


Accommodations for:

- HD staff specific to Domains
- Single interview or whole-team interviews
- Schedules of community and governing entity members

Making the Most of Site Visit Domain and Partner Interviews

- Explain to staff what to expect
- Remind staff they are speaking for the agency
- Select the best staff (just like the best documentation)
- Instruct staff on do's and don'ts
- Identify cross cutting issues and coordinate in advance for consistent messaging
- Let staff know the schedule and get contact information in case of last minute changes
- Let partners know they don't have to make presentations, just participate in the conversation

Additional Documentation

- Site visitors may ask for additional documentation during the site visit
- Health departments may not offer additional documentation
- Additional documentation must:
 - Have been current when the health department submitted its documentation through
 - Must be electronic 

Preparing for Your Site Visit

- Work with PHAB Program Specialist on schedule of visit
- Work with your Accreditation Specialist on the SV Agenda
- Review site visit agenda with:
 - Health department director
 - Accreditation Team
 - Governing entity
 - Partner organizations & community partners

Your Site Visit Preparations

- Review AC Handbook
- SV dates on the HD Director's calendar
- HD staff, community partners, partner organizations, governance representatives:
 - notified, informed, scheduled, and available.
- Keep a list of arrangements and detailed schedule

Preparing for Your Site Visit

Watch PHAB webinar:

“Preparing for Your Site Visit”

<http://www.cecentral.com/node/541>

Site Visit Report

- **Assess Each Measure**
 - Not Demonstrated
 - Slightly Demonstrated
 - Largely Demonstrated
 - Fully Demonstrated
- **Comment on Assessment/Documentation**
- **Areas of Excellence**
- **Opportunities for Improvement**
- **Overall comments on each standard and domain**
- **Overall comments**
 - (1) three greatest strengths;
 - (2) three most serious challenges or opportunities for improvement;
 - (3) overall impressions of the department as a functioning health department.

Site Visit Report

- Due to PHAB 2 weeks after completion of site visit
- Health department will review (30 days) and may identify any factual error

(All through -PHAB)

What we Tell Site Visitors

- Site Visit, like the rest of the Accreditation process, is about quality improvement
- Do your best to put the health department at ease
- Don't look more than 5 minutes for evidence of conformity
- Compare documentation present with what is required in the standards and measures
- Stop reading when you have seen enough to assess a measure as fully demonstrated
- Never make any statement about accreditation status
- Two audiences for the Site Visit Report

Robin

STEP 5:

ACCREDITATION DECISION



Accreditation Decision

- Accreditation Committee
 - Appointed by the PHAB Board
 - Committee has board and non-board members
 - Role is to review the site visit reports and make a determination of accreditation status
 - Decision is based on the site visit team assessments and the descriptive information

Accreditation Decision

- Committee will hold meetings
- Applicants may not attend the meetings but may know when their application is scheduled for review
- Committee decisions hold the weight of the Board
- Official notification of the committee decision will be given to the health department

Accreditation Decision

- Two categories of decision possibilities:
 - Accredited
 - Action Plan Required
- If Accredited, the health department will receive a list of opportunities for improvement. These will support QI and will form the basis for the annual reports required by PHAB over the next 5 years.

Accreditation Decision

- If “Action Plan Required,” the health department will be given a list of opportunities for improvement to support the development of an accreditation action plan.
 - Submitted to PHAB within 90 days
 - Specific actions to achieve accreditation
 - Reviewed by staff and the Accreditation Committee

Accreditation Decision

- Inaction or non-achievement of the strategies in the accreditation plan within one year requires that the health department start over.
- Until that time, the health department will officially be listed as “Not Accredited”.

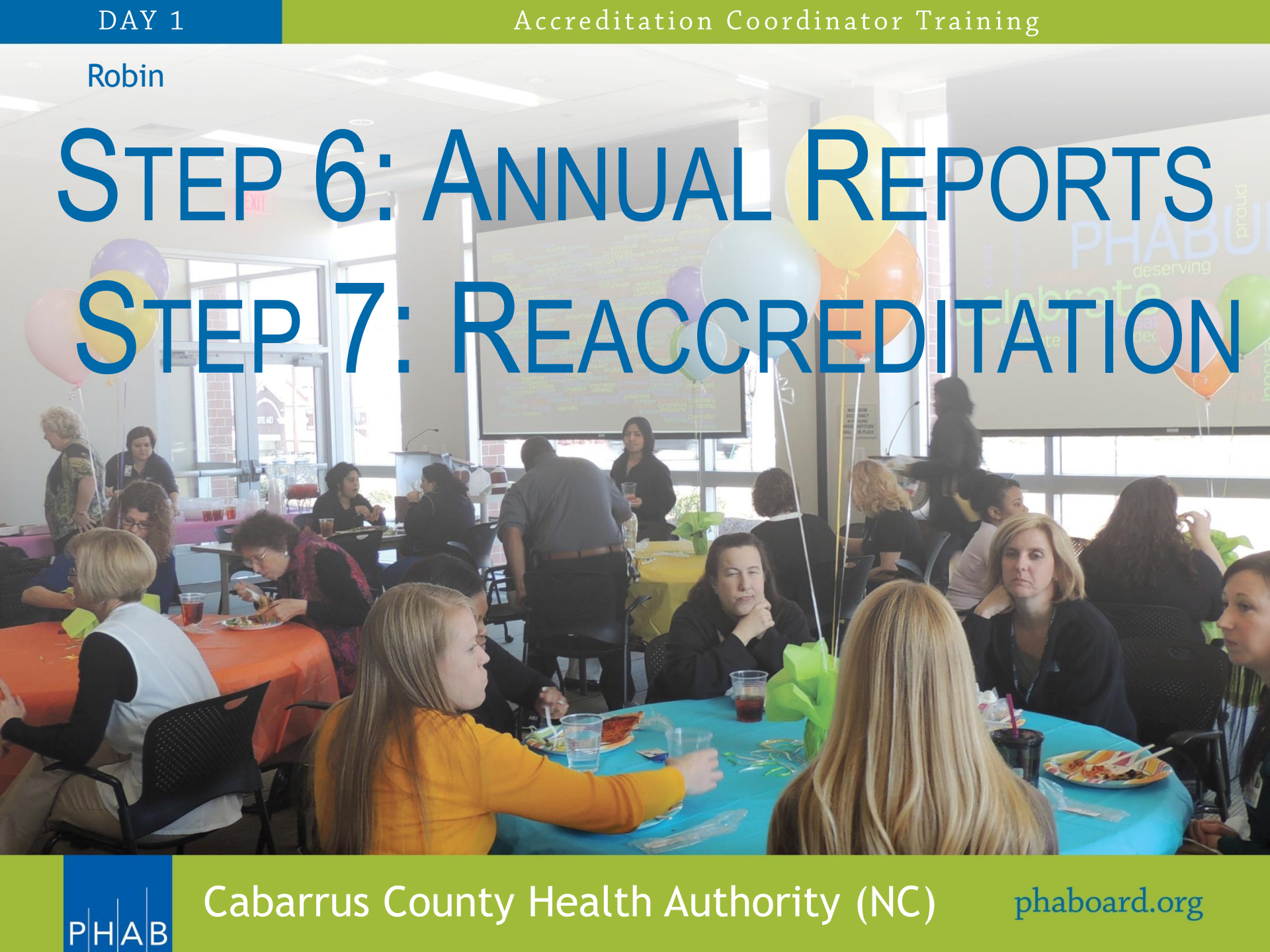
Appeals

- Health departments may appeal the final decision of the Accreditation Committee on the following grounds:
 - Arbitrary, capricious, or otherwise in disregard of PHAB's standards
 - Decision was not based on PHAB's accreditation procedures
 - Decision was not supported by evidence in the record
- Health departments wishing to appeal the final decision of the Accreditation Committee should follow the process in Appendix 3 of The Guide to National Public Health Department Accreditation, Version 1.0.


Robin

STEP 6: ANNUAL REPORTS

STEP 7: REACCREDITATION



Annual Report

- Submitted in two parts through 
- Part 1: Accreditation Committee
 - What has changed in department
 - What has been accomplished to address measures identified by the Accreditation Committee
- Part 2: EQI Committee Through
 - What QI has been accomplished
 - What QI is being planned for the next year

Reaccreditation

- Process to be developed
- Revised standards and measures (Version 1.5 effective date of July 1, 2014)
- Revised fee schedule

Q & A

Wrap-up of the Steps



Kaye Bender | President & CEO

LEGAL ISSUES AND CONSIDERATIONS



Legal Issues

What questions do you have?

[Click Here!](#)
for the webinar

Robin

REVIEW OF THE DAY





**Have a
Great
Evening!**



Good Morning

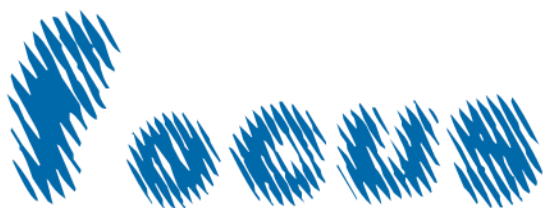
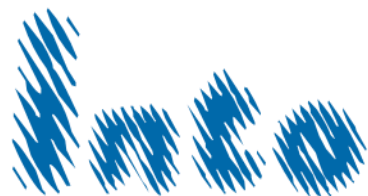
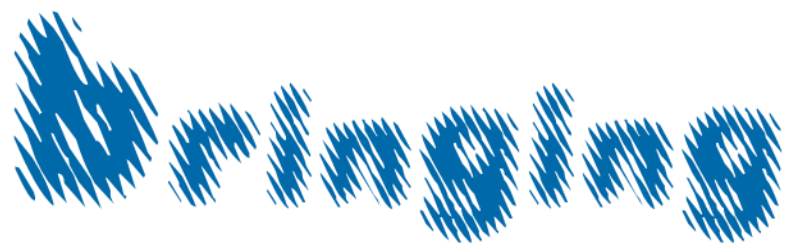
Welcome Back &

Enjoy Breakfast



Touching Base

- What reflections do you have about yesterday?
- Have any new questions popped up that you would like to have answered?



Assessing Documentation

Case Studies



David Stone

Assessing Documentation

- 3 Case Studies
 - Using the Flash Drive & e-PHAB
- Springfield Department of Health
- Acme County Health Department
- Measures 1.2.1 A & 8.2.1 A
- Measures 6.3.5 A., 9.2.1 A & 12.1.2 A (ACHC)

Case Study 1 – 1.2.1

- Read through the Measure and the Required Documentation
- Refer to the Guidance and the Guide to Documentation
- Review the document(s)
- Select the best & upload
- Write descriptions and narratives

Case Study 1 Report Out

- Group Discussion & Reports
- What did you find?

Case Study 2 – 8.2.1

- Read through the Measure and the Required Documentation
- Refer to the Guidance and the Guide to Documentation
- Review the document(s)
- Highlight & upload
- Write descriptions and narratives

Case Study 2 Report Out

- Group Discussion & Reports
- What did you find?

Case Study 3 – e-PHAB

- Measures 9.2.1 A & 12.1.2 A - based on role
- Read through the Measure and the Required Documentation
- Refer to the Guidance and the Guide to Documentation
- Review the uploaded document(s)
- Assess their readiness for submission
- Write/revise descriptions and narratives

Case Study 3 Report Out

- Group Discussion & Reports
- What did you find?

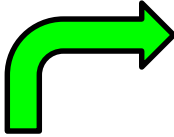
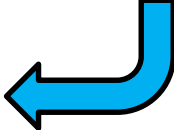
Meet an Accreditation Specialist





Blue

Jennifer Jimenez

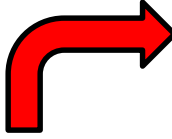
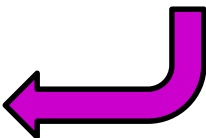


Brittan Wood



Green

Marita Chilton



Cathy Vogel

Red



Purple

Open Forum



Open Forum

- Your chance to ask us anything!
- Any questions about:
 - This training
 - The process
 - The issues needing clarification

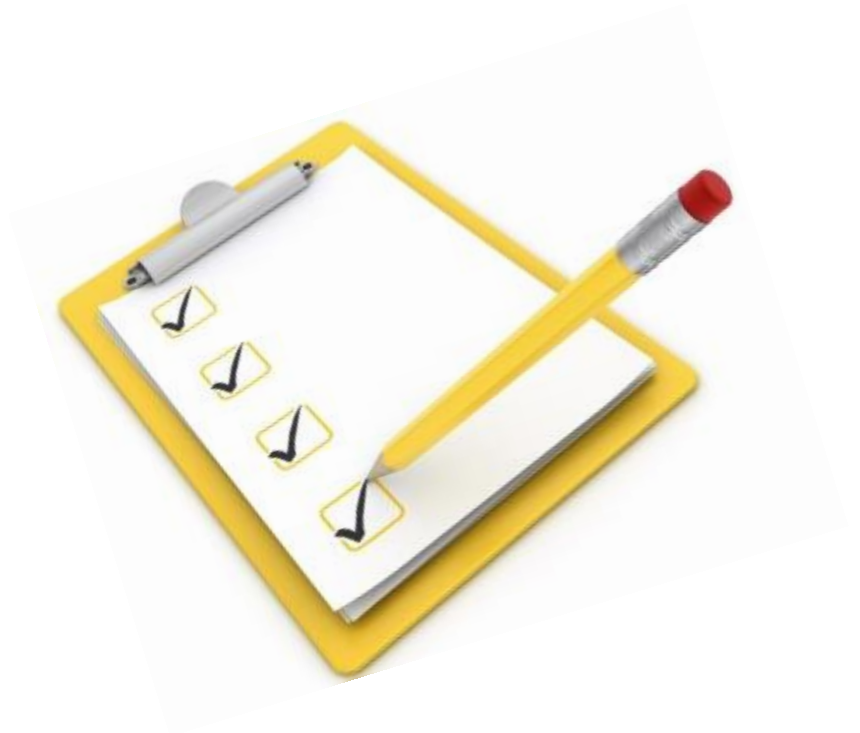


Wrap-up and Next Steps



Kaye Bender

Complete Your Evaluations



[Click Here](#)



Safe
Travels
Home!!

From all of us at PHAB