

The Cat's Out of the Bag: PHAB Beta Test Sites Share their Stories

11.02.10 Webinar Questions Follow-Up

On November 2nd, NACCHO hosted a webinar featuring Gina Frack from Norton County Health Department in Kansas and Joy Harris from the Iowa Department of Public Health, both sites that are involved in the beta test of the voluntary national accreditation program for public health agencies. The Public Health Accreditation Board ([PHAB](#)) launched the beta test with 30 health departments to test their standards, measures and processes.

These two health departments shared their stories. Answers to frequently asked questions are below.

1. What was the process for the site visit exit conference? Are there specific findings that you can share?

The site visit and exit conference were not organized like federal audits or other agency visits; they are less formal and participants can relax. The initial exit conference was verbal and reviewers went over areas of strength and areas of improvement. About two or three weeks later, the formal written report from the visit was provided to the health departments, along with a document containing more “nitty gritty” specifics for the standards and measures.

The PHAB beta test is a way to test the accreditation standards, measures, assessment process and written support documents by having a variety of public health departments implement them and report on their review and evaluation of the process. Through the test, PHAB is working to identify improvements that should be made in order to ensure that accreditation program is logical, practical, and promotes continuous quality improvement in health departments. Therefore, the process for reporting and providing feedback to sites seeking accreditation may change. Additional information is available online at www.phaboard.org. Also, you can contact Robin Wilcox, PHAB’s Chief Program Officer at rwilcox@phaboard.org.

2. How can websites be used as documentation for meeting PHAB standards?

Websites and online documents can be submitted to PHAB as documentation. During the webinar, the presenters noted that rather than submitting a URL for the website, it is important to capture ‘screenshots’ of the website, as web content could change between the health department’s submission and review by the site visitors. For all documentation, it is important to show the site visitors exactly what you want them to see in the documentation that they have questions or comments about.

3. Does PHAB plan on posting examples of documentation used to meet prerequisites or standards and measures?

Through its website, NACCHO continues to post examples of Community Health Assessments (CHA), Community Health Improvement Plans (CHIP), and strategic plans, the three prerequisites for national accreditation. These are available at www.naccho.org/accreditation and in the [accreditation preparation toolkit](#). NACCHO also plans to offer examples of documentation that LHDs involved in the beta test used to document meeting accreditation standards and measures. Examples will not serve as templates that LHDs can simply reuse; rather LHDs will be able to use these to assist in compiling their own documentation or as reference when developing documents to meet accreditation standards and measures. Further, NACCHO offers technical assistance around the development of the prerequisite documents as well as otherwise meeting PHAB standards and measures.

PHAB will provide technical assistance around the accreditation process, but will not be sharing specific examples. Additional information is available online at www.phaboard.org. Also, you can contact Robin Wilcox, PHAB’s Chief Program Officer at rwilcox@phaboard.org.

4. When it comes to documentation, how much is too much?

According to PHAB and the webinar presenters, more is not always better. The presenters noted that they used careful consideration when deciding which examples to submit as part of their documentation. When PHAB requested a limited number of examples, it was sometimes difficult to select only that number, especially for Iowa's Department of Public Health. Joy indicated that her team had a limit for the number of documents that could be submitted and as Accreditation Coordinator, she had final say when it came to prioritization. Joy also mentioned that potential documentation was reviewed by staff from different departments, so that "fresh eyes" could determine if it was clear and appropriate. Gina's approach included determining which examples were the "best" and were available the quickest – her LHD, being small, did not always have an excess of options.

Overall, it is important for LHDs to remember that PHAB requires documentation that the organization meets the standard/measure. This does not mean that every page of every manual relating to a topic should be included. Relevant sections of a document should be highlighted and easily accessible to reviewers.

5. Did either agency identify a "deputy coordinator" or a co-coordinator?

Neither of the presenting agencies identified a co-coordinator. Norton County is a small health department, so Gina Frack fills many roles including Accreditation Coordinator. The Iowa Department of Public Health set up an accreditation team, of which Joy Harris was the lead. There are many options for organizing as an agency begins to consider accreditation preparation. There is not a one-size-fits-all way to approach the process. NACCHO has developed an [Accreditation Coordinator sample position description](#) that could give you some ideas of the roles and responsibilities typically associated with serving as a designated Accreditation Coordinator.

Also, NACCHO has developed an [organizational self assessment guide](#) which contains a "Forming the Team" section that could help your health department decide where to begin the process. This document can also assist in deciding whether to have one or more staff in the Coordinator position.

6. Are there QI tools or frameworks that are recommended?

There are many options when it comes to using quality improvement (QI) while addressing a process within a health department. Based on guidance from the national organizations that funded their QI efforts, all beta test sites conducted QI processes using the Plan-Do-Check-Act (PDCA) model, for the sake of consistency. PDCA was embraced for this effort because it is a relatively simple framework. That stated, NACCHO and the other national partners recognize that there are a host of effective models for QI, and we do not endorse any single model as the best one to use.

Information about PDCA, and other QI models, is available on NACCHO's accreditation preparation and quality improvement website www.naccho.org/accreditation. Specific guidance on PDCA is available as well through:

- NACCHO archived webinar: [ABC's of PDCA](#)
- NACCHO ready-made training: [Introduction to QI for LHD staff](#)
- Sharing results: Information on developing [storyboards](#) around PDCA QI projects

7. Can an LHD achieve accreditation if it does not provide a set of services within the department?

Gina Frack noted that it was important for her LHD to show that the standard/measure was being done, who it was being done by, and how NCHD was involved. She additionally pointed out that Kansas is working on addressing this issue in general due to the large number of very small LHDs across the state. Joy Harris indicated that she supplied documentation of agreements between system partners and the health department and laws or arrangements giving control over a certain standards/measures to a different agency.

The intent of national public health accreditation is to improve and protect the health of every community by advancing the quality and performance of public health departments. PHAB is not, however, prescriptive when it comes to *how* a department meets the standards and measures. A health department does not have to directly provide every service, but does need to ensure that the work is being done. In other words, many health departments work with and rely on partners to serve communities. It is permissible to submit documentation that demonstrates how the measure is met, even if the health department did not develop it, so long as the role that the health department plays in the provision of the service is clear.

8. How should LHDs begin preparing for accreditation?

PHAB answered this question in a recent e-newsletter:

For health departments who are anticipating applying for accreditation in the future, PHAB recommends working diligently on the following, at a minimum:

- Appoint an Accreditation Coordinator and department-wide team for review of the standards, measures and documentation guidance, and the identification of documents.
- Review the documentation requirements for the measures and note the areas where the health department needs to be sure that documentation potentially used in accreditation is "up to speed". That means dating agendas, communications, and policies as they are developed; signing and dating contracts; keeping sign-in sheets for various trainings; and creating an electronic filing system to store information so that it can be easily found for future reference during the self- assessment.
- Begin/refine work on the pre-requisites: Community Health Assessment, Community Health Improvement Plan and Agency Strategic Plan.
- Prepare documentation according to the concepts in the current measures and guidance, but not according to the specific measure numbers. All of the elements of the PHAB accreditation documents are subject to change once the comments from the Beta Test, the website feedback, and the Think Tanks have been considered. PHAB does not recommend that future applicants gather their documentation specifically according to the existing measures (e.g., 1.1.2). However, PHAB does not expect changes in the following:
 - The framework for the domains and the link to the Essential Public Health Services;
 - The public health concepts and processes the documentation represents; and
 - The underlying philosophy that accreditation is based on performance and quality improvement.

NACCHO recommends signing up for the monthly [PHAB newsletter](#) if you wish to stay informed as PHAB updates their standards and measures.

The questions below were also asked during the webinar, but are more appropriately directed to PHAB. NACCHO forwarded these questions to staff at PHAB and their answers are below. PHAB's monthly newsletter provides answers to questions from the field. You can sign up by visiting their website (www.phaboard.org).

9. *With regard to the areas noted during the visit to make improvement: do the visitors come back for another site visit or do you submit updates to PHAB?*

The plan right now is that, once a health department receives accreditation, they would submit an annual report to PHAB (1) communicating any changes that might impact on their accreditation status and (2) describing quality improvements that have been made in response to the site visit report. They would not be visited again until they reapply, five years later, unless of course something major changes in the health department that would warrant another site visit. In short, if all goes well, they would receive a site visit ever five years.

10. *How much should a LHD plan to spend to cover the various fees of the accreditation process (training, application, site visit, etc.)?*

We do not have an answer to that question yet. NORC is collecting information about the staff time that health departments dedicated to accreditation activities in the beta test. PHAB has a Fees Committee that is working on a fee schedule, but we do not even have a ballpark number yet.

11. *How are PHAB site visitors selected and could there be conflicts of interest?*

Yes, there could be conflicts of interest but PHAB plans to address that in two ways. (1) Site visitors will be asked if they have a conflict of interest and if they do, they will be assigned to another site. We will ask every site visitor to sign a conflict of interest disclosure. (2) When site visitors are assigned to a health department, the health department will be informed of the names of the visitors and PHAB will ask them if there are any known conflicts of interest. If there are, the visitor will be reassigned. We reassigned one site visitor in the beta test because a health department saw a conflict of interest.

12. *How will accreditation work for centralized states?*

PHAB has a Centralized States Think Tank that is addressing issues concerning how accreditation will work in those states. The Think Tank has held one meeting and will meet again in the next few months. In other words, we do not have answers yet, but we are working on them.