

**Detailed Description of Process for Identifying and Reviewing Documentation for PHAB**

**Stratford Health Department – NACCHO ASI Grant**

 The Stratford Health Department (SHD) began their journey towards accreditation in the summer of 2012. The process began with an overview of Public Health Accreditation and each of the ten SHD staff members were assigned one or two domains for which they were responsible for completing. To begin the process for identifying proper documentation for each measure, staff members completed individualized work plans that included a gap analysis of what measures could be fulfilled immediately with appropriate documentation, as well as documentation deficits. For each of the deficits listed on the work plan staff listed the following: key action steps to complete the measure; timeline for completion; partners needed; expected outcomes; and person(s) responsible. The SHD staff began to meet monthly to present progress made towards Accreditation. Each month staff would be responsible for choosing one measure to complete and write a narrative for and then present to the rest of the staff. Because access to the online PHAB system is not granted until an application is received and the Accreditation Coordinator has attended a training, the SHD Accreditation Coordinator developed an excel spreadsheet to track each measure and status of completion. A system for storing and naming documentation in a shared computer folder for all staff was also created.

 While the SHD staff continued to meet monthly to review updates to measure completion several exciting activities were occurring within the department. SHD leadership collaborated with local Directors of Health, Hospitals, Community Health Centers, and other partners and stakeholders to complete a comprehensive Community Health Assessment and Community Health Improvement Plan for the Greater Bridgeport Region in Connecticut. The SHD also completed a Strategic Plan, Work Force Development Plan, and Quality Improvement Plan. These were just some of the largest accomplishments that have taken place over the past two years.

 In January 2014, the SHD received a NACCHO ASI grant to assist with identifying and reviewing draft documentation. The grant supported additional staff time to devote to this process. The first step was to discuss with staff what was needed for the Accreditation Coordinator and staff support person to review documentation properly. Staff was asked to update the naming and labeling of their Domain documentation to ensure it was correct and edit narratives so that the reviewers could easily identify why the staff person chose a particular set of documentation to meet the intent of the Measure. A timeline for review was then completed. The Accreditation Coordinator and staff support person projected to each review one Standard per week from January through June. The Accreditation Coordinator and staff support person brainstormed the most efficient process to track the review of documentation. Much detail and organization was needed to review and record edits properly. An excel spreadsheet was created to track not only each Standard and Measure, but sometimes multiple examples needed or additional parts of a measure. For example, some measure may require two examples be submitted or have parts one to three or a through f. Other categories tracked on the spreadsheet included: corrections needed in order to meet the intent of the measure; the document selected so that one document was not used too many times throughout the PHAB process; timeline for revisions to be completed; and the date of the document to ensure it was within the timeframes allowed by PHAB reviewers.

 Each week the Accreditation Coordinator and staff support met to discuss their review of the Standards. A form provided by PHAB was completed to properly review the measures for each set of criteria and mark if the measure was demonstrated fully or not at all. After an entire Domain was reviewed a meeting was scheduled with the staff person responsible for that Domain to discuss edits needed and develop a timeline for revisions. Together this small group brainstormed ways to make documentation stronger and the Accreditation Coordinator suggested more appropriate documentation in some instances. The staff person was provided with a copy of the revisions needed and access to the excel spreadsheet that tracks progress made.

 The next step in the process is to meet with each staff member again to ensure that they are making appropriate edits based on their individualized timeline for Domain revision. Some edits are simply placing signatures or logos on documentation, other require a complete overhaul of the documentation. Some staff simple need to revise their narratives. The SHD plans to begin uploading documentation in January 2015 with a completion date for submission of May 2014.