



Practical Application of the Updated PHAB Guide Webinar  
Presented on August 17, 2016  
Webinar Question and Answer Session

## Questions and Answers About Initial Public Health Department Accreditation

***What is the time frame for hearing from the Public Health Accreditation Board (PHAB) after you register?***

Once you submit your registration in e-PHAB, approval and access to the application is usually completed within 5 to 7 business days.

***What timeframes have changed in the new Guide to National Public Health Department Initial Accreditation (Guide)?***

There was no change in the time provided to upload documentation; it is still one year. In addition, a six-month extension can be granted during this step.

The completion of the registration – 90 days – is a new activity, replacing the Statement of Intent.

There was a change in the time allowed to complete the application. Under the old *Guide*, applicants had up to one year to complete it; under the new *Guide*, applicants have 6 months to complete and submit the application.

The process timelines/deadlines can be found in Appendix 3 of the new *Guide*.

***What is considered “substantially developed” in terms of the plans/systems required by PHAB (strategic, performance management, quality improvement (QI), etc.)?***

The terms and conditions that the department agrees to when applying for accreditation states the following: “That the Applicant has an adopted and current (dated within the last five years) community health assessment, community health improvement plan, and department strategic plan. That the Applicant has in place a current (dated within the last five years) or has substantially developed and is near completion of the following plans: a workforce development plan, a public health emergency operations plan, and a quality improvement plan. That the Applicant has in place or has substantially developed a performance management policy/system and an organizational branding strategy, and agrees to provide copies of any documents evidencing or describing such policy, system and strategy.”

This means that the department’s plans and systems must be complete and in place or nearing completion. That is, they are in the last stages of adding final content, being edited and being adopted. These plans and systems take a considerable amount of time and effort to develop.

Therefore, if they are not completed or very near completion, the health department is not ready to apply for accreditation.

This requirement ensures that the Applicant develops plans and systems in a coordinated fashion that fosters strong performance. In the initial years of accreditation, PHAB noticed that some health departments arrived at training unfamiliar with some requirements and key documents (e.g., a performance management policy/system, a workforce development plan, a QI plan). Developing these items requires significant time and effort; health departments that waited until the middle of the accreditation process to begin creating these documents often did not have sufficient time to complete them in conformity with the requirements of the Standards and Measures. The “substantially developed” requirement noted above was adopted in an effort to encourage health departments to be ready to successfully complete the process when they apply for accreditation. They also encourage health departments to develop plans and other documents simultaneously so that they are mutually reinforcing and well-aligned.

***Does PHAB have a list of all required policies?***

No. While some measures specify a policy as documentation, others ask for a group of policies (e.g., 11.1.1 – operations policies). Also, a health department will likely have policies that are not used as documentation. In some instances, a policy may be appropriate documentation though not required. Use of policies for measures’ documentation should be determined on a case by case basis, per measure, without checking against an overall list of policies.

***How does PHAB training differ from the PHAB orientation?***

The PHAB orientation is online at <http://www.ccentral.com/phab>. It consists of four modules introducing a potential applicant to accreditation, the PHAB process, the Standards and Measures, and Accreditation Coordinator roles.

The in-person learning event has a focus on documentation assessment and the site visit. Participants work within the e-PHAB environment and complete several case studies on assessment and using the documentation upload tab in e-PHAB.

***Will the changes to the Guide affect organizations that are currently in the documentation collecting phase of the accreditation process?***

The new *Guide* now applies to all – new applicants and those already in process. If you are in the “Documentation Selection and Upload” step, the new *Guide* still applies even if you applied under the old *Guide*. For example, you are also now eligible to request an extension or inactive status.

***It is my understanding that documents must be dated within 5 years in order to be used as evidence, but from what exact date do you count backwards 5 years? Is it 5 years prior to date of application?***

Each measure states the timeline for the dating of documentation; consult each measure to ensure the document is dated within the required timeframe. The timeline is calculated from your documentation submission date to PHAB. That is the date when you submit your full body of documentation in e-PHAB. For example, if you submit your documentation on September 1, 2016, and the timeline for the document is 5 years, your document can be dated back to September 1, 2011.

***On average, how long is it between the Completeness Report and Site Visit?***

The average is 6-8 months, based on the amount of time needed for the health department to address the requests in the completeness review, the time needed by site visitors to review and discuss documentation, and when the site visit can be scheduled. If the documentation has problems, both the completeness review and the site visit team's review will take longer.

***How long after the PHAB committee meets will there be a decision on Accreditation Status, and how is the health department notified of that decision?***

The Guide states that "PHAB will email, through e-PHAB, a letter stating the official accreditation decision to the director of the health department with a copy to the Accreditation Coordinator within two weeks of the conclusion of the Accreditation Committee meeting." (page 24)

***What is the purpose of Part II of the Annual Report and its bearing on continuing accreditation?***

**Note: This answer has been clarified and expanded since the live webinar**

Part II of the Annual Report is NOT optional. The Guide states that "The submission of an Annual Report is required of all accredited health departments." (page 29). The Annual Report consists of two parts and both parts are required.

However, Part II of the annual report is not used for determining if accreditation status is maintained or lost. During the webinar it was said that Part II is not required for continued accreditation status. This means that the content of Part II will not impact accreditation status. However, if neither Parts I and II are submitted, the health department could potentially lose its accreditation status, as both parts of the Annual Report are required of all accredited health departments. The distinction is that the content of Part I could affect the accreditation status, while the content of Part II does not. Status is not measured against what is submitted by the department in Part II. QI related to continued accreditation status could come into play if QI/Performance measures are required under Section I of the annual report – where the HD must report on specific measures required by the Accreditation Committee.

Part II is a support to the health department and is intended to help build the culture of quality and position the department for the reaccreditation process – which will have more of a focus on what's been done since initial accreditation. If it is not submitted, the health department will not receive feedback on their quality improvement/performance work. This is important because Part II will come into play with reaccreditation. Also, if Part II is not submitted, the health department's accreditation status will be referred to the Accreditation Committee for consideration and possible revocation of accreditation.

In building the culture of quality, the intent is for the health department to report on what they are doing and how they can move forward within a quality framework. It is included in the annual report because the intent of the full accreditation process is the advancement of a quality improvement mindset. The feedback is a benefit from PHAB on helping to shape the QI/Performance work of the department. You will be asked to provide documentation on this during reaccreditation and that is when the work will be assessed. The annual reports help you develop QI leading to reaccreditation.

***How long does it take between application review and invitation to in-person training?***

The in-person learning event is held quarterly. Generally, it is scheduled 6 weeks after the quarter in which you apply. If you apply during the first quarter of the year (January through March), you would be invited to the May learning event. The PHAB Education Calendar can be found at <http://www.phaboard.org/education-center/learning-event-calendar/>.

***How can small health departments can achieve accreditation when they have small teams and relatively small, dispersed populations?***

There are some small health departments that have achieved accreditation. PHAB has learned from them that long-range planning (3 -4 years) helps small health departments spread out the work and stay on track. Of course, significant partnering with other community resources enables them to develop the documentation that is required.

***With all of the changes going on with the overall health system whereby providers are now encouraged to do some of the work that was done by public health departments, how does this effect accreditation?***

Generally, the work that health systems are being called on to provide relates to primary and preventive medical care. PHAB accreditation has never looked at medical care, so this will not affect public health department accreditation. The changes in health systems and their increased attention to population health should encourage health departments and health care systems to partner with each other so that each party performs the functions that they do best and duplication of services is decreased. PHAB standards and measures have always encouraged partnerships. Documentation that shows that the health department has partnered with others has always been accepted. PHAB's new Public Health National Center for Innovations will be looking at public health and health care integration. This has the potential to inform best practice in this area and accreditation.

## **Questions and Answers About Reaccreditation**

***What is the timeline for information about reaccreditation to be released?***

- Reaccreditation Standards and Measures, the Guide to Reaccreditation, and the reaccreditation fees will be approved by PHAB's Board – December 2016
- Release of the final Standards and Measures, the Guide to Reaccreditation, and the fees – January 2017
- Development of the reaccreditation module of e-PHAB to be completed by the end of the first half of 2017.
- Webinars/training on reaccreditation – Spring & Summer 2017
- First accredited health departments applying for reaccreditation – Second Quarter 2018 (PHAB is proposing that the reaccreditation applications that are due in the first quarter of the year will be given an extension to the second quarter to give them appropriate time to prepare.)

***How do the changes in the Guide impact reaccreditation?***

The process and Standards and Measures for reaccreditation will apply to everyone – to health departments that were accredited under the old *Guide* as well as applicants who are in process now. It should be noted however, that the process and the Standards and Measures may very well be revised in the future. That is, health departments that receive accreditation this year can expect there to be revisions in the process and the Standards and Measures before they are up for reaccreditation in five years.

***What are the motivations for health departments to continue to be reaccredited?***

Initial accreditation, though a tremendous accomplishment, is not meant to be an end in and of itself. Rather, it is an acknowledgment that a health department has met standards that the public health community views as essential to protecting the public's health, and is endeavoring to continue doing so as new challenges emerge. PHAB is developing the reaccreditation process to be more demanding than initial accreditation and to continue to challenge health departments to work towards positive transformation of public health. Reaccreditation signifies that in an evolving context, the health department continues to use performance improvement principles to ensure that local needs are addressed. Thus, reaccreditation will represent accomplishment at a higher level of aspiration.

The goal is that over time, accreditation status will come to signify a level of performance that health departments aspire to. In that context, not being accredited could be a disadvantage, and a health department may have to explain why it is not accredited, or why it was accredited at one time but is no longer accredited.

***How can we measure the effectiveness of our performance management system?***

Like any other programmatic or administrative aspect of a health department, performance management systems evolve over time, and hopefully improve in response to data and experience. Most health departments are already doing some activities that are part of performance management (e.g., setting standards and targets, measuring progress, monitoring and reporting progress); shifting these activities to an integrated system that also includes self-correction (via quality improvement) is the evolutionary step that many departments are facing as they prepare for accreditation. This is a large endeavor that will hold lessons and opportunities for improvement. It may feel like “trial and error” but it is exactly the type of fine-tuning that must happen to ensure that the system is meeting the department's needs. Just as the department will select measures to track the performance of its strategic initiatives in the community, it should select measures to monitor the effectiveness of the performance management system itself – measures that will inform improvements to the system over time.

***Will there be in-person training for those applying for reaccreditation?***

There will be training, but not in-person training. It will be provided through webinars and online modules.

***What specifically needs to be completed for reaccreditation (e.g., the site visit, the documentation submission)?***

Health departments will be notified of their accreditation expiration date and must have their application for reaccreditation accepted by PHAB by the end of the quarter in which they were accredited five years earlier. All documentation should be complete when the application is

submitted because once the application is accepted, the health department will have a very short time to upload documentation for reaccreditation; reaccreditation will not provide a year for documentation upload.