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Public Health Accreditation Board

**GUIDE** to National  
Public Health Department  
**Accreditation**

**VERSION 1.0**

APPLICATION PERIOD 2011-2012

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## I. INTRODUCTION

This Guide to National Public Health Department Accreditation presents the process for seeking and successfully obtaining public health department accreditation through the Public Health Accreditation Board (PHAB). You can refer to this resource throughout the PHAB process. Whether you are a director of a health department, a health department's Accreditation Coordinator, an employee of a public health department, or an individual generally interested in accreditation, this guide will help you understand the steps and time commitment required for the national public health department accreditation process.

Public health departments work to protect the health of people and communities across the country through efforts such as ensuring access to clean air and water, encouraging healthful behaviors, and working to provide a healthy start for mothers and babies. Despite public health's critical roles, there has previously not been a national accreditation program to ensure public health departments' quality of service. Accreditation is based on standards that health departments can put into practice to ensure that they are continuously improving services to keep their communities healthy. Accreditation will drive public health departments to continuously improve the quality of their services and their performance.

PHAB is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national accreditation. Its vision is a high-performing governmental public health system that will make us a healthier nation.

The accreditation process and standards are intended to be flexible and inclusive, accommodating many different configurations of governmental public health departments at all levels – Tribal, state, local, and territorial. Participants may include: centralized and decentralized state health departments; health departments that are part of a larger governmental agency; health departments that may have environmental public health responsibility; regional and district health departments; and health departments that share resources to fulfill particular functions.

The PHAB accreditation process consists of seven steps: (1) Pre-application, (2) Application, (3) Documentation Selection and Submission, (4) Site Visit, (5) Accreditation Decision, (6) Reports, and (7) Reaccreditation. This Guide provides an overview of each of those steps.



## II. BACKGROUND

PHAB is dedicated to advancing public health department performance. With support from the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation (RWJF), PHAB has worked with leading experts from the public health field to develop a national accreditation program. Its goal: Help public health departments assess their current capacity and guide them to continuously improve the quality of their services, thus promoting a healthier public.

Incorporated in May 2007, PHAB works closely with several organizations that represent the wide variety of public health departments and structures across the country. These partners include: the American Public Health Association (APHA), the Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), the National Association of Local Boards of Health (NALBOH), the National Indian Health Board (NIHB), the National Network of Public Health Institutes (NNPHI), and the Public Health Foundation (PHF).

All these partner organizations share the common objective of assuring that health departments meet a set of standards and measures to continuously improve their performance. National partner organizations provide technical assistance as a body of work or as specific consultations to health departments, depending on the needs and requests of their constituents.

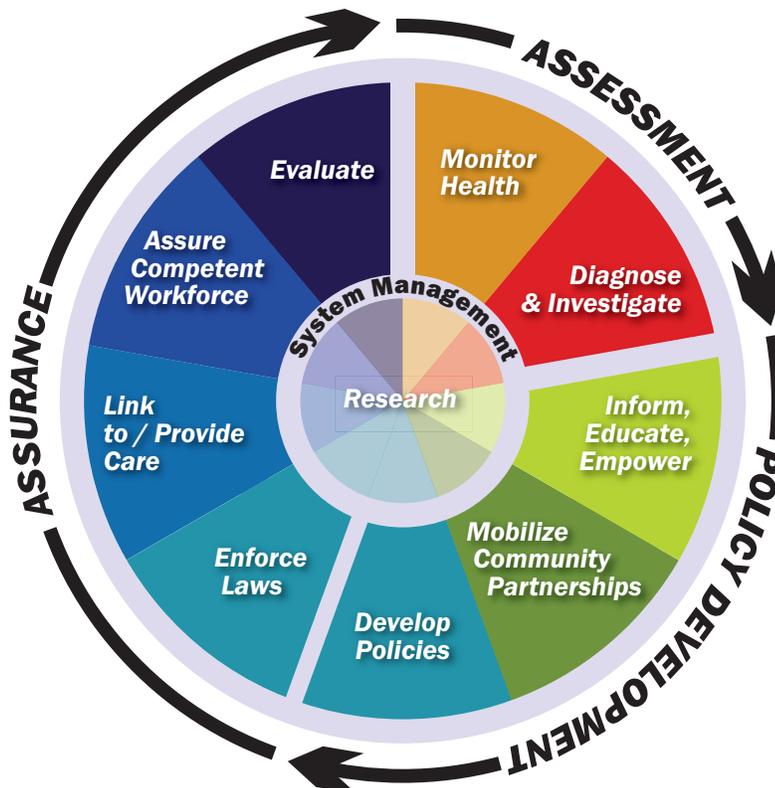
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### III. PURPOSE OF ACCREDITATION

National public health department accreditation consists of adoption of a set of standards, a process to measure health department performance against those standards, and recognition for those departments that meet the standards. Public health accreditation standards define the expectations for all public health departments that seek to become accredited. Public health department accreditation aims to improve the quality of practice and performance within public health departments. A national public health department accreditation system has been developed because of the desire to continuously improve the quality of service and accountability of health departments to their stakeholders.

Accreditation provides a means for a public health department to identify performance improvement opportunities, enhance management, develop leadership, and strengthen relationships with members of the community. The accreditation process will challenge the health department to think about its roles and responsibilities and how it fulfills them. It will encourage and stimulate quality and performance improvement in the health department.

Accreditation demonstrates the capacity of the public health department to deliver the three core functions and the ten essential services of public health as represented in the graphic below.



The Essential Public Health Services and Core Functions  
Source: Core Public Health Functions Steering Committee, Fall 1994



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The Essential Public Health Services provide a fundamental framework for describing public health activities. The three Core Functions of public health and the ten Essential Public Health Services describe the functions and responsibilities that all health departments should provide.

Public health department accreditation standards address a range of core public health programs and activities including, for example, environmental public health, health education, health promotion, community health, chronic disease prevention and control, communicable disease, injury prevention, maternal and child health, public health emergency preparedness, access to clinical services, public health laboratory services, management /administration, and governance. Thus, public health department accreditation gives reasonable assurance across the range of public health services that a health department should provide.

PHAB standards grew from, and are organized by, this framework of the Essential Public Health Services. They were developed with input from a comprehensive group of public health practitioners, including: a Standards Development Workgroup made up of representatives of state and local health departments; a Tribal Standards Workgroup made up of representatives of Tribal, state, and local health departments; various Think Tanks; and expert panels on such topics as governance and community health assessments. The standards, measures, and required documentation were tested through an alpha test (desk review by eight state and local health departments), vetting (three months of public comment), and a beta test where feedback was collected from 30 beta site health departments and 97 beta test site visitors. Finally, Version 1.0 of the standards, measures, and required documentation was adopted by the PHAB Board of Directors in May, 2011.

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## IV. BENEFITS OF PUBLIC HEALTH ACCREDITATION

### 1. High Performance and Quality Improvement

The accreditation process will highlight strengths and also allow health departments to identify and address areas for quality and performance improvement. Improvements to achieve and maintain public health department accreditation will lay the groundwork for improved health outcomes for the jurisdiction that the health department serves. Once a health department has begun the process of preparing for accreditation, it will gain immediate benefits in the form of identified strengths and weaknesses and opportunities for quality improvement.

### 2. Recognition, Validation, and Accountability

Accreditation verifies the meeting of nationally adopted standards that are recognized as validating the services provided by health departments. Public health department accreditation raises the visibility of public health to the citizens who are served by the health department. It also provides accountability to the public, funders, and governing entities at all levels.

### 3. Improved Communication and Collaboration

Within a health department, accreditation improves the understanding of the functions and roles of health department staff. It promotes staff understanding of how one's job contributes to the health department's mission and the delivery of essential services. It encourages better communication and collaboration among staff, governing entities, partners, community members, and other external stakeholders.

### 4. Potential Increased Access to Resources

Accreditation highlights the capacity and capability of the health department. This may result in increased opportunities for resources. These resources might include:

- Access to funding to support quality and performance improvement;
- Funding to address infrastructure gaps identified in the accreditation process;
- Opportunities to pilot new programs and processes;
- Streamlined application processes for grants and programs; and
- Acceptance of accreditation in lieu of other accountability processes.

As the public health department accreditation movement grows and as PHAB's accreditation system develops, other benefits may be available.



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## V. ACCREDITATION PROCESS

The PHAB accreditation process consists of seven steps: (1) Pre-application, (2) Application, (3) Documentation Selection and Submission, (4) Site Visit, (5) Accreditation Decision, (6) Reports, and (7) Reaccreditation.

### 1. Pre-application

Before submitting an application, there are several activities a health department should take to prepare for the public health department accreditation process.

#### a. Accreditation Readiness Checklists

The *Accreditation Readiness Checklists* help health departments determine if they are ready to move forward in the public health department accreditation application process. Checklists address eligibility, completion of prerequisites, internal processes, and initial preparation tasks. PHAB provides Readiness Checklists to assist health departments in preparing for accreditation; health departments do not submit Readiness Checklists to PHAB.

One of the items in the checklists is the completion of an initial “self-study” or review of the standards, measures, and required documentation to determine areas of strength and opportunities for improvement. PHAB strongly recommends that health departments preparing for accreditation complete a “self-study” and seek technical assistance where indicated by opportunities for improvement. This should be completed well before the health department initiates the accreditation process by submitting a statement of intent to PHAB.

#### b. Online Orientation

PHAB provides an online Orientation, available to anyone with an interest in public health department accreditation. The Orientation provides an overview of the application process, timeline, and standards and measures. The Orientation is a free, web-based course that is accessible at the participant’s convenience. You can also access the Orientation from the PHAB website.

Completion of the Orientation is mandatory for the health department director and the staff person who is designated as the health department’s Accreditation Coordinator (the person responsible for overseeing the application and accreditation process within the health department) before the health department may advance in the accreditation process. Health departments that are planning to apply for accreditation are encouraged to have several staff members participate in the Orientation, especially those in leadership positions, as well as members of the governing entity. The health department will need to have the staff accreditation team work through the application process. All members of the health department’s accreditation team should participate in the Orientation.

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Each person who completes the Orientation will receive a PHAB Certificate of Completion with a unique certificate number. The health department director and the Accreditation Coordinator will use these numbers to document that they have completed the required Orientation.

### c. Statement of Intent

All health departments that are planning to apply for accreditation are required to submit a Statement of Intent (SOI) to PHAB. The SOI must be submitted no less than six months but not more than twelve months prior to the submission of an application for public health department accreditation. The purpose of the SOI is to inform PHAB of the health department's intention to submit an application. It is non-binding and does not commit a health department to submit an application.

The SOI is an online form that collects contact and other basic information about the health department. With the SOI, the health department will submit the name of the person designated as the health department's Accreditation Coordinator. The Accreditation Coordinator will be the primary point of contact for PHAB throughout the accreditation process.

The health department director and the Accreditation Coordinator must complete the online Accreditation Orientation before an SOI will be accepted by PHAB. The certificate number of the online Orientation Certificate of Completion will be submitted with the Statement of Intent to document that the health department director and Accreditation Coordinator have completed the required Orientation. A final component of the SOI is a required digital signature of the health department director. If the application is multi-jurisdictional, the SOI will list the health departments included in the application and provide the signatures of the directors of all those health departments.

While health departments are strongly encouraged to complete the *Accreditation Readiness Checklists* before they complete and submit the SOI, they are not required to do so. Submission of a SOI is not related to the completion of any specific readiness activities, other than the online Orientation.

The SOI may be submitted at any time after the completion of the online Orientation. On receipt of the SOI, PHAB will notify the health department that the statement has been received and is complete. PHAB will also notify the health department of the PHAB application fee and annual fees.

Six months after receipt of the SOI, PHAB will forward to the health department the link to the PHAB application form. Health departments may then complete and submit the application to PHAB, but are not immediately obligated to do so. The SOI is valid for a period of no longer than 12 months from the time it is submitted. If a health department does not apply for accreditation during that 12 month period, the SOI becomes invalid. The health department must then submit another SOI prior to starting the application process.



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The SOI identifies the health department as a potential applicant for public health department accreditation prior to receipt of the application and prompts PHAB to send information and updates. During the period of time between the submission of the SOI and the application, PHAB recommends that health departments consider the use of technical assistance to prepare for public health department accreditation. See the Technical Assistance section on page 27 for more information.

## 2. Application

Six months after PHAB receives the SOI, PHAB will notify the health department of the information system link where staff can access the online application for accreditation. If the health department determines that it is going to proceed and seek accreditation, the health department will complete and submit the application. The application must be submitted to PHAB within six months of receipt of online access to the document. If the health department does not submit the application within six months, an SOI must be resubmitted in order to pursue public health department accreditation.

The application process begins once a health department submits a completed application form and required supporting material. This material includes, but is not limited to, a letter of support by the health department's appointing authority and three prerequisite documents, updated in the last 5 years:

- a community health assessment,
- a community health improvement plan, and
- a department strategic plan.

The application is formal notification to PHAB of a health department's official commitment to initiate the public health department accreditation process. The application is an agreement that the applicant will abide by the current and future rules of PHAB's accreditation process to achieve and maintain accreditation status for the five year accreditation period. Health departments must comply with the requirements listed in the Orientation and Statement of Intent to be qualified to apply.

### a. Eligibility

Upon receipt of the application, PHAB will determine the applicant's eligibility to apply for public health department accreditation. The governmental entity that has the primary statutory or legal responsibility for public health in a Tribe, state, territory, or at the local level is eligible to apply for accreditation. To be eligible, such entities must operate in a manner consistent with applicable federal, Tribal state, territorial, and local statutes. A health department must meet one of the following definitions to apply for PHAB accreditation:

#### **State and Territorial Health Department**

For the purposes of PHAB accreditation, a state or territorial health department is defined as the governing entity with primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by state or territorial constitution, statutes or

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regulations, or established by Executive Order.

State or territorial health departments may also apply if they are part of an umbrella organization, super public health agency, or super agency that oversees public health functions as well as other government functions. However, PHAB will review and accredit only the public health function of the health department.

### **Centralized States**

A centralized health department is defined, for the purposes of PHAB accreditation, as a state public health organizational structure that operates all or most of the local health departments. Centralized health departments have a central office that provides administrative, policy, managerial direction, and support. The local health departments in centralized states are organizationally a part of the state health department. Employees are state employees, except for those in independent local public health departments, usually in one or more major city or county in the state.

Where the state or territorial health department operates local and/or regional health department(s), a single local or regional applicant or a number of individual applicants may choose to apply together. Conformity with local-level standards must be demonstrated for each local and/or regional unit.

Categories of centralized state PHAB accreditation applications are:

1. State health department application
2. Local health department application
3. State health department application for some or all local health departments in the state
4. District or regional application as a local health department

### **Local Health Department**

A local health department is defined, for the purposes of PHAB accreditation, as the governmental body serving a jurisdiction or group of jurisdictions geographically smaller than a state and recognized as having the primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by the state's constitution, statute, or regulations or established by local ordinance or through formal local cooperative agreement or mutual aid. The entity may be a locally governed health department, a local entity of a centralized state health department, or a city, city-county, county, district, or regional health department.

### **Local Health Departments in Centralized States**

A local health department in a centralized state, including district, regional, or area entities, may apply for PHAB accreditation, but it must have approval of the state health officer or designee. In some centralized states, the application for accreditation for the local health department would be submitted by the state health department.



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PHAB will not dictate the order of applications (state vs. local), but if PHAB receives a state application and local applications during the same time frame, PHAB will conduct the accreditation review of the state first.

### **Multi-jurisdictional Applications**

Entities that meet the definition of a Tribal or local health department may apply jointly for PHAB accreditation if some essential services are provided by formally sharing resources and the sharing of resources can be clearly demonstrated. See the Multi-jurisdictional Applications section on page 13 for more information.

### **Tribal Health Department**

A Tribal health department is defined, for the purposes of PHAB accreditation, as a federally recognized Tribal government<sup>1</sup>, Tribal organization or inter-Tribal consortium, as defined in the Indian Self-Determination and Education Assistance Act, as amended. Such departments have jurisdictional authority to provide public health services, as evidenced by constitution, resolution, ordinance, executive order or other legal means, intended to promote and protect the Tribe's overall health, wellness and safety; prevent disease; and respond to issues and events.

Federally recognized Tribal governments may carry out the above public health functions in a cooperative manner through formal agreement, formal partnership or formal collaboration.

<sup>1</sup>As evidenced by inclusion on the list of recognized Tribes mandated under 25 U.S.C. § 479a-1. Publication of List of Recognized Tribes.

### **Prerequisites**

To be eligible for accreditation, a health department must have three documents that have been updated in the last 5 years:

- community health assessment,
- community health improvement plan, and
- department strategic plan.

### **b. Application Form**

The application is an online form. Information provided on the application provides PHAB with the knowledge needed to proceed with the accreditation process.

In addition to basic information, the application includes formal verification of eligibility for accreditation, whereby applicants demonstrate that they are governmental public health departments. The application will require an electronic signature from the health department director and a letter of support from the appointing authority of the health department director.

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The application also includes a statement listing principles by which the health department will abide, including: agreement to follow the guidelines of the PHAB accreditation program and verification of the accuracy of all information submitted. The health department director must commit to being available to attend any or all sessions of the site visit.

The application contains a privacy notice stating what PHAB will or will not do with the information provided in the application. The applicant signatures will confirm their understanding of the application and the notices contained within.

Three documents must be submitted by a health department as part of the application. They are the most current (updated within the last 5 years) versions of the health department's:

- community health assessment,
- community health improvement plan, and
- department strategic plan.

The PHAB-determined application fee must be submitted to PHAB at the time that the application is submitted.

#### **Multi-jurisdictional Applications**

For multi-jurisdictional applications, the partnering health departments, which could be two or more health departments, will apply as a single entity. The partnering health departments must select one lead health department to apply on behalf of all the partners. The partnering health departments must submit a memorandum of understanding (MOU) or similar documentation describing in detail the multi-department relationship. The relationship must be that of the health departments working together to deliver services and/or perform functions over the combined jurisdiction. It cannot be simply an 'of convenience' or paper-only relationship to apply for accreditation. The business and working relationship of multi-jurisdictional applicants must be well established and well defined.

#### **c. Completeness Review**

PHAB staff will review submitted applications and required attachments for completeness. This review determines that the applicant is eligible to apply, that the required materials have been included, that the attached documents meet the definition in the Glossary of Terms, and that the required fee is paid.

It is important to note that, even though PHAB staff have accepted the community health assessment, health improvement plan, and strategic plan as meeting the prerequisites and have designated the application as complete, it does not necessarily mean that the health department will meet the PHAB standards and measures that pertain to these three documents. Conformity with the standards and measures will be determined by the site visitors during the review process.



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PHAB will respond to the applicant, indicating whether the application has been accepted or not. If the application is not accepted, the applicant will be told what additional information is required to complete the application or if the applicant is not eligible. If accepted, applicant in-person training for the Accreditation Coordinator will be scheduled.

#### d. Accreditation Training

Health departments will be required to participate in accreditation training before they can begin to submit documentation of conformity with the PHAB standards and measures. When the application is deemed to be complete and acceptable, PHAB will notify the health department and schedule the in-person training. Training will be provided to groups of applicants; PHAB will not provide individual training.

One person from the health department must attend the accreditation training: the person designated as the Accreditation Coordinator. In addition, PHAB recommends this training for an individual who would serve as an alternate to the Accreditation Coordinator. The health department director is also encouraged to attend. PHAB will not charge the health department a separate fee to train the Accreditation Coordinator. An additional fee, aside from the health department's application fee, will be charged to cover the costs of training health department representatives beyond the Accreditation Coordinator.

Accreditation training will provide a detailed description of the accreditation process and critical factors for successful completion. The content of the training will build on the Orientation and include a thorough review of the accreditation process, including: standards and measures, selection and submission of documentation, preparation for and participation in the site visit, accreditation decision, annual reports, evaluation, and appeals.

This in-person training will last two days and will consist of both didactic and discussion methods. Additional modules of training will be available from time to time and may be provided through a variety of media (in person, webinars, conference calls, self-study, etc.).

The required in-person accreditation training will not teach applicants how to comply with specific standards or measures. That type of technical assistance will be provided by PHAB's partner organizations and other consultants and consulting organizations. (See Technical Assistance, page 27)

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### 3. Documentation Selection and Submission

The process of identifying and uploading documents that demonstrate the health department's conformity with the standards and measures is one of the most important components of any accreditation process. The documentation submitted by the health department to PHAB is what the site visit team will review and use to measure the health department's conformity with the standards and measures.

#### a. Process

After the health department has submitted a Statement of Intent, submitted an application, had the application approved as eligible and complete, and attended the required PHAB accreditation training, PHAB will provide the applicant access to PHAB's online accreditation system to upload the required documentation for each measure. The system, which accommodates multiple users, allows the health department to work on various parts of documentation submission over a period of time.

Timeframe: Applicants must complete uploading of their supporting documentation and submit it to PHAB within 12 months of the date that PHAB provides access to the electronic system for submission of documentation. If a health department can't submit its documentation within 12 months, the application becomes void, and the applicant must begin the process again by submitting a new SOI. PHAB reserves the right to extend the 12 month documentation submission requirement based on extenuating circumstances with just cause.

Completeness Review: Once the applicant submits its documentation, PHAB staff will conduct a completeness review of the materials to determine that a sufficient type and volume of documentation has been submitted to proceed to the next step of the accreditation process--review by a site visit team. The completeness review will include confirmation that documents are dated and signed as required. PHAB's completeness review is a staff review, and therefore does not include the review of the documentation for conformity with the standards and measures; the review will be for only completeness of information and documentation. The site visit team will make the final determination as to whether any given measure is demonstrated, based on the submitted documentation.

#### b. Content

The PHAB Standards and Measures document sets forth what documentation is required to demonstrate conformity with each measure. The Standards and Measures document is available to assist health departments as they work to select the best evidence to serve as documentation. The document includes a "Purpose" statement for each standard and measure, a "Significance" statement for each measure, and narrative guidance specific to each required documentation item. It is strongly recommended that the health department



pay close attention to the Standards and Measures document when selecting the most appropriate documentation to meet a measure.

PHAB's online accreditation information system, where the health department's documentation is uploaded, includes the language of the standards and measures, and the required documentation. The applicant will upload the documentation that is being submitted and select a self-score for each measure based on their internal assessment of how the documentation demonstrates meeting the measure. The health department will also provide a short narrative for each document as a means to explain why the health department believes the documentation demonstrates conformance with the measure. The narrative will also describe any larger document from which the documentation is derived. In addition, the narrative will direct the site visit team to the exact part of the uploaded documentation that demonstrates conformity.

The health department should not upload more documentation than is required to demonstrate conformity with the measure. Site visitors should be able to readily ascertain the relevance of the selected documentation to the measure.

#### 4. Site Visit

After the health department submits its selected documentation for all measures and PHAB deems the accreditation application to be complete, a site visit will be scheduled. The visit serves several purposes: verify the accuracy of documentation submitted by the health department, seek answers to questions regarding conformity with the standards and measures, and provide opportunity for discussion and further explanation.

Site visits will be conducted by a peer team trained and selected by PHAB. Visitors will ask questions about the documentation and operation of the health department. Further documentation or examples from other program areas may be requested by the site visitors before the site visit or, at their discretion, during the site visit. Some of the measures' documentation requires direct observation, such as viewing health department facilities and observing program implementation. The health department will have an opportunity to describe its operations, its relationship with the community, the role of its governing entity, and provide other qualitative information.

PHAB will make every effort to ensure inter-rater reliability. PHAB staff will review scoring to ensure consistency across site visits. Audits of reviews may be conducted from time to time as part of PHAB's internal quality improvement process.

##### **Health Department Site Visit Participants**

The health department director and Accreditation Coordinator must be on site and available for the entirety of the site visit. All members of the health

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department's accreditation team must also be available throughout the site visit. If the health department has designated domain team leaders, they must also be available for the site visit. The health department must invite community partners to meet with the site visitors. Governance representatives will also be involved in a meeting with the site visit team. Among others that should be available during the visit: key staff from any other departments or agencies that provide public health services and are involved in agreements or contracts with the health department. Site visitors will schedule time to speak with selected health department staff, governance representatives, and partners of the health department.

#### a. Site Visitor Team

##### **Site Visitor Training**

Trained peer site visitors are a key element of the accreditation process. All PHAB site visitors will receive PHAB's site visitor training. Training will cover all parts of the site visit, including: standards and measures, interview processes, entrance and exit conferences, review of documentation, site visit agenda, and development of a site visit report. Training will also include practice case studies.

##### **Appointment of Site Visit Team**

PHAB will appoint a site visit team and team chair for a health department after the health department's documentation has been accepted by PHAB as complete. Site visit teams will generally have three or four members, depending on the size of the health department. PHAB will also select alternate site team members that can replace the primary team, in case of an emergency or unforeseen conflict. The site visit team chair will be responsible for managing the site visit and preparing a report of the site visit team findings.

##### **Site Visit Team Membership**

PHAB will employ a peer review model in the assignment of team members. Site visit teams will include members with public health management experience and knowledge of the delivery of governmental public health services. PHAB will endeavor to always include site visitors with senior-level, executive health department management experience on teams that will visit health departments. Whenever possible, team members will come from the same geographic area (HHS Region) as the applicant. However, to ensure objectivity, site visitors will not be from the same state as the applicant health department. PHAB will also attempt to include site visitors experienced in similar public health system structures as the department being visited, such as centralized or decentralized operations. PHAB will determine when site visitor teams should include individuals with specific experiences, including Tribal health, environmental public health, and governance, for example.



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### **Conflict of Interest**

PHAB has an obligation to ensure that a bias-free decision process is maintained. All PHAB site visitors have an obligation to identify and disclose actual, potential, and perceived conflicts of interest. The goal is to prevent any negative impact that such conflicts of interest may cause to the accreditation process.

Site visitors will be asked to disclose any potential conflicts of interest with the applicant health department to which they are assigned. These conflicts may include but are not limited to:

- previous or current employment with a site;
- previous or current consultation or other business arrangement with a site;
- family relationship with key employees at a site;
- any other relationship with a site that would afford the site visitor access to information about that site other than that which is provided through the PHAB accreditation process.

A site visitor could still be able to serve as a site visitor, but will not be assigned to review any site for which a conflict of interest exists. The applicant health department will also have an opportunity to review any appointed site visit team member for conflict of interest and request that a change be made based on that conflict.

No site visitor team member may serve as a consultant to any health department they review for a period of 12 months following the conclusion of the site visit.

### **Confidentiality**

Confidentiality is a critical aspect of the accreditation process. To promote open and honest participation by site visit team members and by health department representatives, it is important that the confidential nature of the site visit process is respected. The team may be reviewing, for example, personnel records, results of investigations, and minutes of staff meetings. It is imperative that confidentiality of information and observations be maintained.

Confidential information includes:

- The health department's documentation;
- Team pre-visit discussions, site visit, and post-visit discussions;
- Contents of the site visit report;
- Opinions expressed to the team during interviews and site visit discussions;
- Documents viewed as part of the onsite visit.

Site visitors are instructed not to discuss the applicant site or any of its documentation with others not involved in the PHAB accreditation process. Site visitors are also instructed not to comment on the accreditation status of the applicant site.

# accreditation

## b. Site Visit

### **Pre-site Visit**

To prepare for the site visit, each member of the site visit team will individually review all materials submitted by the health department. They will review and score each measure (Not Demonstrated, Slightly Demonstrated, Largely Demonstrated, or Fully Demonstrated). The site visit team will conduct a teleconference to review the materials, determine potential areas of non-conformity, identify missing documentation, and formulate questions.

### **Site Visit Scheduling**

PHAB will schedule a site visit at a time that is practical and agreeable for all parties involved in the process. The timing of the site visit will allow PHAB and members of the site visit team sufficient time to conduct a thorough desk review of the documentation prior to the actual visit.

PHAB will work with the health department's Accreditation Coordinator to ensure that all staff involved in the accreditation application will be available for interviews and meetings during the site visit. This will include key staff from any other departments or agencies providing public health services involved in agreements or contracts cited as evidence of conformity to specific standards.

### **Site Visit**

Site visits will typically last two to three days, depending upon the scope of the application and documentation. The site visit team chair will lead the work of the site visit team on-site, act as spokesperson, and lead all meetings involving site visit team members. PHAB staff may attend the site visit for technical assistance and help with logistics. If not, PHAB staff will be available by telephone for consultation during site visits.

A site visit agenda will be provided to the health department prior to the site visit so that the health department can ensure that the necessary staff members and others are present. The agenda will include: a welcome meeting and entrance conference; a walk through; interviews with key staff; sampling and collection of additional information, if requested by the site visit team, regarding conformity to standards and measures; and an exit conference to review identified strengths, areas of potential non-conformance and/or opportunities for improvement.

During the visit, site visitors will focus on gathering information to: (1) validate the findings presented in the documentation that was submitted to PHAB; and (2) ask for additional documentation, at their discretion, to supplement what they received prior to the site visit. Any additional documentation must be submitted by the health department electronically. Information will also be gathered through on-site interviews and may include reviews of the onsite materials or files. Site visitors will have the opportunity to meet with a range of



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stakeholders, including all levels of health department staff, health department governance representatives, and community partners. Although each site visitor may have certain standards assigned for review and for development of the site visit report, all team members may ask questions and participate in dialogue across all standards during the onsite interviews. During the site visit, the applicant may not create or submit new evidence or change/revise the documentation that was submitted online.

The site visit team will not make any comment regarding possible accreditation status during the visit or exit conference or in the site visit report.

### **Site Visit Report**

Following the site visit, the site visit team will develop a site visit report and will follow the five steps outlined below.

1. The site visit report will be developed and submitted to PHAB online, within two weeks of the completion of the site visit. The report will be in a format similar to the documentation review format. The online format will be pre-populated with the Domain, Standard, Measure, and Required Documentation. The site visit team will provide narrative that: (1) describes how conformity with the measure was demonstrated, or details what was missing; (2) describes areas of excellence or unique promising practices; and (3) describes opportunities for improvement. Opportunities for improvement identified by the team will be noted, even if the measure is met. The site visit team will also provide narrative that will summarize the health department's performance and opportunities for improvement by each standard and each domain. An overall summary will provide the team's assessment of (1) the health department's three greatest strengths, (2) the three most serious/challenging opportunities for improvement, and (3) the department as a functioning health department.
2. PHAB staff may edit narrative in the site visit report and may send changes to the site visit team chair for review.
3. The agreed-upon edited site visit report will be sent to the applicant health department for review for factual accuracy only.
4. The applicant health department will have 30 days to respond to PHAB in writing to correct factual errors. Applicants cannot submit additional documentation of corrective action(s) at this time. The only exception to this rule is evidence that will correct a factual error in the site visit team report.
5. PHAB will not make site visit reports available to anyone other than the health department director and Accreditation Coordinator, PHAB staff, PHAB Accreditation Committee, and PHAB Board of Directors. The health department may share their site visit report, at their discretion.

# accreditation

**Site Visit Evaluation**

For PHAB's continuous quality improvement of the accreditation process and supporting guides and documents, PHAB will provide various assessment tools, including evaluations and surveys throughout the accreditation process, including training. A more formal evaluation process will be used at the conclusion of each site visit, permitting the applicant to rate the entire site visit team and review the process. The site visit team chair will rate the team members, and team members will rate the performance of each other and the chair. PHAB will use these findings to make future decisions regarding all components of the accreditation process, including documentation, technical assistance, the site visit, and the assignments of individuals to site visit teams. All applicant health departments, Accreditation Coordinators, and site visit team members are expected to participate in the evaluation process.



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## VI. ACCREDITATION DECISIONS

### 1. Accreditation Committee

The PHAB appointed Accreditation Committee will review and determine the accreditation status of applicant health departments after receipt of the site visit report. Members of the PHAB Board of Directors comprise the majority of the Accreditation Committee. Additionally, at least 50 percent of the membership must have recent local, state, or Tribal health department experience. One member of the Accreditation Committee represents consumers (without public health background or experience). The Committee is chaired by a member of the PHAB Board, appointed by the Chair of the PHAB Board.

### 2. Accreditation Decision Process

The Accreditation Committee will review the health department's site visit report and determine accreditation status. The Accreditation Committee will make accreditation decisions based on the site visit report, including the site visit team's scores and descriptive information.

Applicants are not permitted to attend Accreditation Committee meetings, though PHAB may disclose when the Committee will review the application. The site visit team chair may be requested to be available by telephone or in person during the committee deliberations. PHAB staff input will be available to address conformity issues or compliance with the process, policy, or rules to avoid lack of uniformity and avoid arbitrary decisions.

PHAB will email written documentation of the official PHAB accreditation decision to the director of the health department with a copy to the Accreditation Coordinator (as specified in the health department's application) within two weeks of the conclusion of the Accreditation Committee meeting. A follow-up written letter will be sent by US postal mail. No verbal feedback will be provided to applicants before the official written decision letters are sent to applicants.

### 3. Accreditation Status

There are two accreditation status decision categories:

Accredited (5 years)

Not Accredited

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### a. Continuous Quality Improvement

The Accreditation Committee will prepare a list of opportunities for improvement for each application that they review. The items on this list will be based on the site visit report.

If the health department receives a status of “accredited,” the Accreditation Committee will provide the health department with a list of opportunities for improvement. This will support the department’s continuous quality improvement efforts and will be the basis for annual reports to be submitted by the accredited health department to PHAB.

If the health department does not receive a status of “accredited,” a list of opportunities for improvement will support the department’s development of an accreditation action plan.

The health department will be required to submit an accreditation action plan to PHAB within 90 days of notification that the department did not receive the status of “accredited.” If the accreditation action plan is not received within that period, the status of the health department will be “not accredited” and the health department must begin the accreditation process again in order to become accredited.

The action plan must specify the actions and improvements that the health department will implement in order to achieve “accredited” status. It must also specify the amount of time required to implement each action to reach conformity (no more than one year from the date of the accreditation status letter from PHAB). There is no standard format prescribed for the plan. PHAB staff will review and approve the action plan and may consult with the site visit team, team chair, or members of the Accreditation Committee in the review of the plan.

If the action plan is approved, the health department must submit documentation and description of the completion of the action plan by the date agreed on. Review of conformity after the action has been taken may be a desk review, or PHAB staff may determine that an on-site review is necessary before re-submitting the information to the Accreditation Committee.

If the action plan is not implemented satisfactorily per the Accreditation Committee and accreditation is not achieved within one year from the date of the original accreditation status notification letter from PHAB, the status of the health department will be “not accredited.” The department must then begin the accreditation process again to become accredited.



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## VII. APPEALS AND COMPLAINTS

### 1. Appeals

A health department may appeal denial of initial accreditation status or revocation of accredited status as a result of a decision by the PHAB Board of Directors. Grounds for appeals may be the following: (a) the negative decision was arbitrary, capricious, or otherwise in disregard of PHAB's accreditation standards; (b) the negative decision was arrived at in disregard of PHAB's accreditation procedures; or (c) the negative decision was not supported by evidence in the record on which the decision of the Board of Directors was based. The Appeals Procedures (see Appendix 3), adopted by the PHAB Board of Directors, describe the steps for initiating an appeal, as well as PHAB's review and decision procedures, and post appeal procedures.

### 2. Complaints

PHAB will accept complaints related to standards and measures or the accreditation process. Complaints must be submitted to the PHAB President/CEO in writing and must be dated and signed. The complaint can be submitted electronically, with an electronic signature. PHAB staff will initially work to resolve the complaint. If the resolution is not accepted, the complainant may ask for a higher level review. The complaint and associated documentation would then be forwarded to the PHAB Board of Directors for their review.

# accreditation

## VIII. REPORTS

The submission of annual reports is required of all accredited health departments, in an on-line format provided by PHAB. Reports must:

- Include a statement that the health department continues to be in conformity with all the standards and measures of the version under which accreditation was received.

- Include leadership changes and other changes that may affect the health department's ability to be in conformity with the standards and measures.

- Describe how the health department has addressed areas of improvement noted in the site visit report.

- Describe how the health department will continue to address areas of improvement identified in the site visit report and/or by the health department in their accreditation action plan.

- Be signed by the director of the health department.

PHAB staff will determine if the annual report includes changes that are significant enough to be referred to the Accreditation Committee.

The version of the Standards and Measures that was used to award accreditation to a health department will stay in effect for a health department's five year accreditation period. However, over that period of time new standards and measures may be adopted by PHAB. In such instances, PHAB will notify all accredited health department of these changes. It is highly recommended that health departments plan how they will address conformity with the Standards and Measures that will be used in the re-accreditation process.



## IX. REACCREDITATION

PHAB will send advanced notice to accredited health departments that their accreditation is expiring. Accredited health departments will be required to submit a new application in the reaccreditation process, and may be required to receive additional training. A health department applying for reaccreditation must participate in the entire accreditation process, including the application and site visit.

Reaccreditation applicants may use their originally submitted material with appropriate changes, updates, and additions. The applicant will need to verify all updates, changes, and provide new information on any standards/measures changed since the original application.

Health departments will not retain accreditation status after their expiration date if they have received PHAB notice of the expiration of their status and have not submitted an application. PHAB reserves the right to announce the change in accreditation status on the PHAB website and other PHAB public documents. The PHAB Board may grant an extension of accreditation status in extraordinary circumstances.

Additional procedures for reaccreditation will be developed and published in a separate document.

# accreditation

## X. TECHNICAL ASSISTANCE

Training and preparation for all levels of the accreditation process – from application to documentation submission to the site visit - are important components of the overall success of the PHAB accreditation process. Accordingly, many organizations will be involved in the development and provision of training and technical assistance for potential applicants.

### 1. PHAB Training and Technical Assistance

Please direct all questions on the application process and the standards and measures to PHAB. The PHAB staff will be available to provide technical assistance on issues involving: the accreditation process; required forms; meaning of terms used; interpretation of the standards, measures and documentation guidance; and access to PHAB materials and forms. PHAB will also be responsible for orienting and training future applicants on the application process and the standards and measures.

PHAB has developed detailed written guidance on the accreditation process and the standards, measures and documentation. This guidance will be updated and expanded on a regular basis. PHAB will provide additional technical assistance documents and guides related to the accreditation process as they are developed.

PHAB will also provide education to applicants on the following topics:

- Pre-Application Information
  - Online Orientation about the accreditation process
  - Statement of Intent
- Application Process
  - How to Apply, Fees to Expect, General Application Procedures
  - How to Select and Create Documentation
- Guidance on types of documentation (e.g., timeframes, documentation developed by others, program selection, etc.)
  - How to Upload and Submit Documentation
  - How to Organize the Process
- Accreditation Coordinator
- Accreditation Team
- Role of the Health Department Director and Board/Governance
  - PHAB Information System
- Site Visit Process
  - How to Prepare for the Official Site Visit
  - What to Expect during the Official Site Visit
  - Who to Include in the Official Site Visit
  - How to Handle Contingencies Related to the Official Site Visit
  - Site Visitor Training



Site Visit Report and Accreditation Decisions  
Next Steps, after the Official Site Visit  
Information on the Accreditation Decision Process  
Annual Reporting to PHAB  
Appeals of the Accreditation Decision  
Reaccreditation Process

The above training will be the same for every accreditation applicant. PHAB will not provide customized training for individual applicants. PHAB will not provide training to individual health departments on pre-application procedures to prepare for accreditation (such as how to complete the pre-requisites; how to conduct any early “self-assessment” work to prepare for accreditation; how to develop a quality improvement plan, etc.).

## 2. Other Technical Assistance

While PHAB has developed the Standards and Measures, it will not evaluate specific pieces of evidence to determine if that information will meet the documentation requirements of a particular measure. PHAB will not provide technical assistance concerning activities in which health departments should engage to meet the standards and measures. Applicants needing technical assistance or guidance on such questions should seek help from consultants and membership organizations. Health departments are free to consult such sources and are encouraged to use outside technical assistance in completing the development of documentation.

PHAB’s national partner organizations (ASTHO, NACCHO, NALBOH, and NIHB) and other sources may provide the following types of technical assistance:

- Development and presentation of the accreditation pre-requisites:
  - Community health assessment,
  - Community health improvement plan, and
  - Department strategic plan;
- Development and presentation of a quality improvement plan;
- Assessment of technical assistance needs by its constituent members;
- Specific addressing of trends in accreditation readiness needs as identified by PHAB; and
- General advice on accreditation readiness preparation, such as timeline planning and selection of documents to address standards and measures.

# accreditation

## XI. SUPPORTING DOCUMENTS, FORMS, AND TEMPLATES

Supporting documents available from PHAB include:

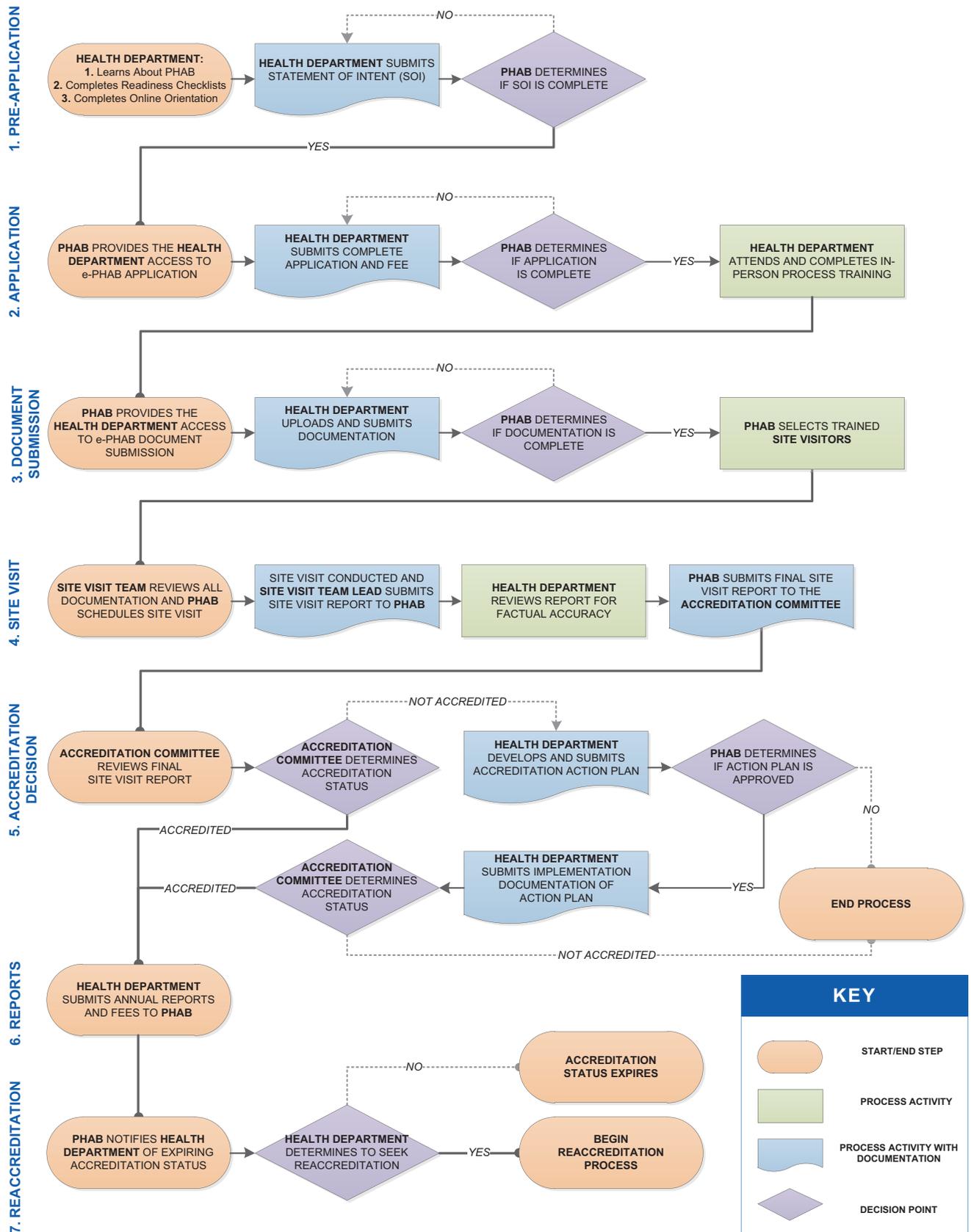
1. PHAB Standards and Measures
2. Readiness Checklists
3. Statement of Intent Information
4. Accreditation Application Information
5. PHAB Acronyms and Glossary of Terms

# Appendix 1

## PHAB SEVEN STEP ACCREDITATION PROCESS SUMMARY

Seven Steps	Responsible Party	Activity	Time Frame
<b>1. Pre-application</b>	Health Department (HD)	<ul style="list-style-type: none"> <li>Learns about PHAB through PHAB website, documents, e-newsletter, etc. (recommended)</li> <li>Conducts self-assessment against PHAB standards and measures (recommended)</li> <li>Identifies strengths and weaknesses (recommended)</li> <li>Addresses weaknesses (recommended)</li> </ul>	HD determined
	HD Accreditation Coordinator	<ul style="list-style-type: none"> <li>Completes Readiness Checklists (recommended)</li> </ul>	HD determined
	HD Director HD Accreditation Coordinator	<ul style="list-style-type: none"> <li>Completes PHAB Orientation</li> </ul>	HD determined
	HD	<ul style="list-style-type: none"> <li>Submits PHAB Statement of Intent (SOI)</li> </ul>	HD determined
	PHAB	<ul style="list-style-type: none"> <li>Notifies HD that SOI is complete and accepted</li> <li>Notifies HD of fee</li> </ul>	PHAB determined
<b>2. Application</b>	PHAB	<ul style="list-style-type: none"> <li>Provides HD access to PHAB online application</li> </ul>	6 months after SOI is accepted
	HD Accreditation Coordinator	<ul style="list-style-type: none"> <li>Completes and submits application</li> <li>Sends fee to PHAB</li> </ul>	No more than 6 months from receipt of access to application
	PHAB	<ul style="list-style-type: none"> <li>Notifies HD that application is complete and fee has been received</li> </ul>	PHAB determined
	PHAB HD Accreditation Coordinator	<ul style="list-style-type: none"> <li>AC in-person training is scheduled and completed</li> </ul>	PHAB/HD determined
<b>3. Documentation Selection and Submission</b>	PHAB	<ul style="list-style-type: none"> <li>Provides access to the online system for submitting documentation</li> </ul>	PHAB determined
	HD Accreditation Coordinator	<ul style="list-style-type: none"> <li>Manages the selection and uploading of documentation</li> <li>Submits documentation to PHAB</li> </ul>	Within 12 months of receipt of access to online system where documentation is uploaded
	PHAB	<ul style="list-style-type: none"> <li>Reviews documentation for completeness and notifies HD of acceptance of documentation</li> </ul>	PHAB determined
<b>4. Site Visit</b>	PHAB	<ul style="list-style-type: none"> <li>Selects trained peer site visitors</li> </ul>	PHAB determined
	HD	<ul style="list-style-type: none"> <li>Reviews names of site visitors for potential conflicts of interest</li> </ul>	PHAB determined
	PHAB HD Accreditation Coordinator	<ul style="list-style-type: none"> <li>Schedules site visit</li> </ul>	PHAB/HD/SV team determined
	Site Visit Team	<ul style="list-style-type: none"> <li>Reviews all documentaiton</li> </ul>	PHAB determined
	Site Visit Team HD	<ul style="list-style-type: none"> <li>Conducts site visit</li> </ul>	PHAB/HD determined
	Site Visit Team	<ul style="list-style-type: none"> <li>Writes site visit report (online)</li> <li>Submits report to PHAB</li> </ul>	2 weeks after conclusion of visit
	PHAB	<ul style="list-style-type: none"> <li>Reviews and (if needed) edits report</li> <li>Forwards report to HD</li> </ul>	PHAB determined
	HD	<ul style="list-style-type: none"> <li>Reviews report for factual accuracy only</li> <li>Forward corrections, if any, to PHAB</li> </ul>	30 days from receipt of report
	PHAB	<ul style="list-style-type: none"> <li>Forwards report and corrections, if any, to the Accreditation Committee</li> </ul>	PHAB determined
<b>5. Accreditation Decision</b>	Accreditation Committee	<ul style="list-style-type: none"> <li>Sub-committee of PHAB Accreditation Committee appointed for review</li> <li>Meeting of full PHAB Accrediation Committee</li> <li>Determines accreditation status</li> </ul>	PHAB determined
	HD	<ul style="list-style-type: none"> <li>If status is "not accredited," HD develops and submits an "accreditation action plan"</li> </ul>	90 days from receipt of accreditation decision notification
	PHAB	<ul style="list-style-type: none"> <li>Reviews and approves "accreditation action plan"</li> </ul>	PHAB determined
<b>6. Reports</b>	HD	<ul style="list-style-type: none"> <li>Submits annual report to PHAB</li> <li>Submits annual fee to PHAB</li> </ul>	Annually, for 5 years
<b>7. Reaccreditation</b>	PHAB	<ul style="list-style-type: none"> <li>Sends HD notice of expiring accreditation status</li> </ul>	• PHAB determined
	HD	<ul style="list-style-type: none"> <li>Submits SOI</li> </ul>	At least one year before expiration of accreditation status

# Appendix 2 PHAB ACCREDITATION PROCESS MAP





## Appendix 3

# PUBLIC HEALTH ACCREDITATION BOARD ACCREDITATION APPEALS PROCEDURES

### Overview

These procedures are designed to reflect the appeals process available to health departments once an accreditation decision has been made as well as the manner in which a determination is made to revoke accreditation. A health department may appeal only the following accreditation decisions: (1) denial of initial accreditation as a result of a decision by the PHAB Accreditation Committee; or (2) revocation of accredited status as a result of a decision by the PHAB Accreditation Committee. Accredited status may be revoked by the PHAB Accreditation Committee if an accredited health department fails to maintain compliance with PHAB standards. The accreditation status of the health department shall remain unchanged pending the outcome of a timely, formally filed appeal of a negative accreditation decision; however, the appeal procedures specified herein are the exclusive remedy for a health department that believes a negative decision was unwarranted. These procedures are not a formal legal process; therefore, many legal rules and practices are not observed, and the procedures are designed to operate without the assistance of attorneys. However, any party may be represented by an attorney with respect to an appeals procedure.

### Initiating the Appeal

When a denial or revocation of accreditation is communicated to the health department, the letter of transmittal advises the health department that this is an appealable decision and puts the health department on notice that it has thirty (30) days in which to advise PHAB in writing that it intends to exercise the right to appeal. Such notice is mailed “receipt requested” and the thirty-day timeline for responding begins on the date the letter of transmittal is received by the health department. If the health department fails to file a written notice of its intent to appeal within thirty (30) days, the negative decision becomes final and public. If the health department initiates the appeal by notifying PHAB that it will exercise its right to appeal within the prescribed thirty (30) days, there is no change in accreditation status, pending disposition of the appeal and the action is not made public.

A negative accreditation decision may be reversed or otherwise modified by the Appeals Panel, as defined below. However, the grounds for appeal are limited to the following: (a) the negative decision was the result of the misapplication of PHAB's accreditation procedures or standards and such misapplication prejudiced the appealing health department; or (b) the negative decision was not supported by, and is contrary to, the evidence in the record on which the decision of the Accreditation Committee was based.

# accreditation

In submitting its notice of intent to appeal, the health department must detail the grounds upon which it bases its appeal, and provide copies of relevant information and materials supporting the appeal. The health department shall provide PHAB one original and three copies of its grounds for appeal, along with the reference information upon which it intends to rely in support of the grounds for appeal. The health department may not rely on any information or documentation unless that information and documentation was submitted to PHAB as part of its initial accreditation review or revocation review, as applicable. The health department should include a specific reference to where the information or documentation was previously provided in the accreditation process or revocation review.

### Revocation of Accreditation

The Accreditation Committee will be responsible for all determinations regarding whether a health department's accredited status should be revoked. Revocation reviews may be initiated by PHAB or by the filing of a complaint by a third party. Complaints must be submitted to the Accreditation Committee and must relate to one or more specific PHAB requirements for accreditation. A complaint must include detailed information describing the complaint and the specific PHAB accreditation requirement(s) with which the health department is no longer in compliance. All complaints must be accompanied with relevant documentation, if any.

All submitted complaints are reviewed by the Accreditation Committee to determine whether the complaint adequately describes and substantiates the alleged violation, whether there is reasonable cause to believe the complaint is justified, and whether it addresses a material violation of PHAB requirements. If it is determined that additional information is needed to clarify or substantiate a potentially actionable complaint, the Accreditation Committee will request additional details from the party that submitted the complaint. If there is no response within thirty (30) days, the complaint will be dismissed and may not be resubmitted.

If a complaint is rejected, the Accreditation Committee will provide written notice of the rejection of the complaint and the basis of the rejection. If a complaint is accepted for review, the Accreditation Committee will forward a copy of the complaint and all submitted documentation to the respective health department, along with a request to respond within thirty (30) days. If the health department fails to respond, such failure will be construed as an admission of all facts set forth in the complaint. If the complaint is not adequately refuted by the health department, the Accreditation Committee will proceed to conduct a revocation review.

The Accreditation Committee is authorized to conduct a review into specific facts or circumstances to whatever extent is necessary in order to clarify, expand or corroborate the information provided in the relevant complaint. Both the party that submitted the complaint and the health department that is the subject of the complaint may be contacted by the Accreditation Committee for additional information with respect to the



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complaint. All reviews and deliberations of the Accreditation Committee are to be conducted in strict confidence to the extent possible, except that the Accreditation Committee shall be permitted to disclose any relevant information when compelled by law. A review may be directed toward any aspect of a complaint that is relevant or potentially relevant.

Upon completion of its review, the Accreditation Committee will determine whether the health department has materially violated a PHAB requirement and whether revocation of accreditation is appropriate and necessary. The Accreditation Committee may determine that revocation of accreditation is not necessary and, if applicable, instead issue an order for corrective action by the health department to remedy the issue that was the subject of the complaint, including any appropriate conditions or directives. The health department will be provided with the Accreditation Committee's decision in writing within ten (10) days of the final decision.

### PHAB Procedures

Upon receipt of the written notice of appeal, PHAB will notify the Chair of the Board of Directors of the notice of appeal. The Chair of the Board of Directors will then appoint three members of the Board, as well as two non-Board members, to serve as the Appeals Panel for this specific appeal. Any member of the Appeals Panel with a potential conflict of interest, as defined by the PHAB Conflict of Interest Policy, must disclose the potential conflict and, if it is determined that a conflict exists, that individual must not participate in the decision-making process. The PHAB Board of Directors may replace the vacant seat on the Appeals Panel with an individual that does not have a conflict with respect to the health department being reviewed. In the event that the appellant health department has a relationship with the Chair of the PHAB Board of Directors that might constitute a real or perceived conflict of interest, then the Vice Chair of the PHAB Board of Directors will appoint the Appeals Panel.

PHAB will send a letter to each panel member, notifying them of their appointment, and soliciting any conflict of interest information, with conflict of interest defined pursuant to the PHAB Site Visit Conflict of Interest Policy. PHAB will also arrange a telephone conference for the Appeals Panel to review the appeals process, to elect a chair of the Appeals Panel, and to set a time and date for the hearing.

PHAB will send a written notice to the appellant health department which includes:

- names and bios of the Panel members;
- an invitation for the identification of any conflicts of interest;
- the written appeals and hearing procedures;
- inquiry as to the health department's intent to be present for the hearing;
- inquiry as to the names of the health department's staff to be present at the hearing;
- inquiry as to the health department's intent to be represented by legal counsel at the hearing;

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identification of fees associated with the appeals process; and seeking confirmation within ten (10) business days acknowledging the arrangements for the hearing.

In the event that a conflict of interest is identified by either a member of the Appeals Panel or by the appellant health department, the member of the Appeals Panel so identified will not participate in the appeal process, and a new Appeals Panel member will be selected by the Chair of the PHAB Board of Directors.

The appellant health department is responsible for paying an appeals fee that covers all reasonable PHAB costs and expenses for processing the appeal. Payment of half of the projected costs is expected at the time the hearing is set, with final payment occurring at the close of the hearing process. PHAB will consider full or partial refund of such costs if the appeal is successful.

### Conducting the Appeal Process

The appeals process is conducted as an administrative hearing and not as a legal proceeding. General rules of conduct are as follows:

1. The health department shall be notified of the composition of the Appeals Panel as soon as it is constituted and shall be afforded the opportunity to present objections to the selection of any member of the Panel based on conflicts of interest. The health department has the right to be represented by counsel during the appeal process.
2. The hearing shall occur no later than ninety (90) days from the Appeals Panel's final composition, after conflicts of interest have been addressed. Notification of the hearing date will be made to all parties concerned at least forty-five (45) days prior to the date of the hearing. The appellant health department shall be required to submit a detailed written statement setting forth its position on appeal, along with any relevant materials supporting its position. This statement must be provided to the Appeals Panel at least fifteen (15) business days prior to the appeal hearing. In addition, the health department may, in its notice of appeal, request that the record considered by the Accreditation Committee in reaching its decision be made available. The record shall include, but is not necessarily limited to:
  - a. Accreditation Process Manual applicable at the time the negative decision was made by the Accreditation Committee;
  - b. Guide to Standards and Measures applicable at the time the negative decision was made by the Accreditation Committee;
  - c. Relevant self-assessment documents of the health department;
  - d. Relevant accreditation reports and responses to those reports by the health department; and
  - e. Relevant written communications to and from the health department regarding the Accreditation Committee's review, including any prior decision letters as applicable.



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3. Rules of conduct for the hearing will be established by the Appeals Panel Chair and shall be provided to the health department and its counsel at least fifteen (15) business days prior to the appeal hearing.
4. Opportunity to appear before the Appeals Panel will be extended to three representatives of the health department and its counsel. The health department will have sixty (60) minutes to orally present its position. Thereafter, the Appeals Panel will direct questions to and hear responses from the health department. The health department will also be permitted to make a closing statement. A written transcript will be made of the hearing.
5. All sessions in which the Appeals Panel meets to organize its work, as well as all deliberations of the Appeals Panel, will be conducted in executive session. The Appeals Panel Chair may have access to the Site Visit Team Chair, any PHAB staff, or members of the Accreditation Committee, as they may deem appropriate.
6. In reaching its decision, the Appeals Panel will consider the record before the Accreditation Committee at the time it made its decision to deny or revoke accredited status as applicable, the health department's written appeal statement, any presentation made by the health department at the hearing, and the health department's responses to questions from the Panel members. The Appeals Panel will base its decision on conditions as they existed at the time of the Accreditation Committee's decision to deny or revoke accredited status and will not consider new evidence not before the Accreditation Committee at the time of such decision. Consistent with the standard for review on appeal, the Appeals Panel considers whether: the decision was the result of the misapplication of PHAB's accreditation procedures or standards and such misapplication prejudiced the appealing health department; or the negative decision was not supported by or is contrary to substantial evidence that existed in the record at the time of the Accreditation Committee's negative decision.
7. The Appeals Panel, on a majority vote, either affirms, amends, reverses, or remands the decision being appealed. The Appeals Panel must issue a written decision including: the outcome and resolution of the appeal; a summary of relevant portions of the Accreditation Committee's decision; a summary of any relevant procedural or factual findings made by the Appeals Panel; the Appeals Panel's rulings and decisions with respect to the matters under appeal; and any final disciplinary action or sanction issued by the Appeals Panel. Copies of this written decision will be provided to all parties. If the Appeals Panel affirms the decision, the decision becomes final at that time. If the Appeals Panel amends, reverses, or remands the decision, it must provide a detailed written explanation of its recommendations for further action. PHAB will implement the Appeals Panel's decision in a manner consistent with any directive of the Appeals Panel and the accreditation procedures. Implementation includes the ability to define the length of an accreditation term and any required reporting or other conditions. The accreditation term, required reporting, and any other conditions must be consistent with the Appeals Panel's written report, as well as with the

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accreditation procedures.

8. The health department has the right to stop the appeals process at any point in the appeals process, by notifying PHAB in writing. In this event, appeals fees will not be refunded.

### PHAB Procedures Post Appeals

1. The Chair of the Appeals Panel will send notification, including the written decision, of the Panel's decision to PHAB within twenty (20) business days of the hearing. PHAB will notify the health department of the Appeal Panel's decision within three (3) business days of its receipt.
2. If the Appeals Panel upholds denial or revocation of accreditation, the name of the health department will be removed from the list of accredited health departments and notification of the removal will appear on PHAB's website.
3. PHAB will not release the details of the appeals hearing and relevant documentation to any entity other than the appellate health department, unless legally required.



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