

Working in Teams: Accreditation Preparation Tips From Those Who Know

NACCHO's Accreditation Preparation & Performance Improvement (PI) Webinar Series
Monday, February 24, 2014

In February 2014, NACCHO hosted a webinar entitled "Working in Teams: Accreditation Preparation Tips From Those Who Know." This webinar featured Dana Webb-Randall, Accreditation Coordinator for the accredited Comanche County Health Department (OK) and Mary Kushion, former Director of the Central Michigan District Health Department and three-time PHAB site visitor. The presenters talked about accreditation from both of their valuable perspectives. The archived recording is available online at www.naccho.org/accreditation/webinars.

The questions below were posed during the webinar.

Accreditation Coordinator and Team Duties

Did you require all the accreditation team members to watch the PHAB online orientation? If so, was it worth their time or could it have been skipped?

Dana Webb-Randall and the LHD director watched the entire PHAB online orientation, but Comanche County's accreditation team members only watched the first segment. Dana feels this was sufficient for her group.

Did you as the accreditation coordinator write the measure narratives or did your team assist you?

Dana Webb-Randall asked her team members to write the document descriptions explaining each piece of documentation, and also to write the whole-measure narratives. However, she, a key staff member, and the director typically ended up writing the measure narratives to sum up all the information about the required documentation in a measure because her team didn't feel comfortable providing that overarching view.

As the accreditation coordinator, is your position completely dedicated to accreditation?

Oklahoma is a centralized state for public health and Dana Webb-Randall is the accreditation coordinator for four counties including Comanche County which was accredited in February 2013. Her duties also include conducting and facilitating quality improvement (QI) initiatives and developing strategic plans. Her background is in community development, so she also works with community coalitions and coordinates the Community Health Improvement Planning (CHIP) process for all four of the counties.

About how many hours per week would you say the team members spent working on the process?

This answer varies based on the time in the process. Before an application is submitted, team members can choose to meet as often as needed – some health departments, like Comanche County, choose to have nearly all their documentation ready to upload before applying to PHAB, while others collect and upload during the one-year period granted by PHAB. After the in-person training, when applicants can upload documentation to ePHAB, the amount of time required by each team member varies based on their duties. Some accreditation coordinators do all the uploading themselves, while others enlist team members to help. Some team members have to create/edit documentation, while others need to find it. Once the documentation has been submitted, team members can be needed for duties such as addressing re-opened measures, answering site visitor questions, preparing staff for the site visit, addressing the site visit report, etc.

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How do you suggest that we adjust accordingly in teams due to staff turnover or changing responsibilities with LHD staff?

Mary Kushion indicated that the answer to this question goes back to preparation and staff communication. If staff know about PHAB and are aware of the timelines, then hopefully the remaining staff can continue the work. Realistically, there might be a hiccup that requires regrouping and using more time than originally planned. She advised that if possible, it is valuable to have a second individual attend PHAB's in-person training, so that if the accreditation coordinator is no longer able to conduct his/her duties, then that other person can provide support.

Dana Webb-Randall expressed that as an accreditation coordinator, it is very important to share information and keep your team looped in, so that if turnover occurs, the process can continue smoothly. She also explained that it is important to let the accreditation team know to share their information with the entire team or others in their departments so that if they change roles or leave the agency, their work can be picked up.

Where do you recommend starting with re-accreditation if you are a newly-appointed accreditation coordinator?

Dana Webb-Randall suggested learning which pieces of documentation were submitted and what system is being used to track the updates/processes related to those documents. She indicated that it would make her feel comfortable to know when those documents had to be adjusted and that it would give her a good sense of the whole process.

Other Accreditation Process-Related Questions

How did you deal with any staff members that do not see the importance of this process and were resistant?

For Dana Webb-Randall, the key to this issue is forming one-on-one relationships with staff. Staff need to be reminded of their value in the process – as the accreditation coordinator, you are asking staff for guidance on which documentation to choose and their input is valuable. Forming these relationships with staff is a long-term endeavor, and it takes a lot of effort to maintain them.

How long did Comanche County Health Department have to pull all of their documentation together?

Comanche County took about five months to gather and upload documentation. They had been a Beta Test site in 2009, but had to redo a lot of the documentation due to timelines and new processes.

To what degree was your Board of Health involved with the accreditation Team and gathering documentation?

Comanche County's Board of Health was very supportive of the accreditation process and participated in the site visit actively. Regarding documentation, members were not actively involved, but their input was sought for domain 12.

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Do you have any advice for a small health department (ten or less employees) as it pursues accreditation?

If all staff have to be involved in the accreditation site visit, it is likely that all staff have been involved throughout the entire process. Mary Kushion indicated that there is a benefit for small LHDs in that most, if not all, of their staff are already engaged in the process, so there are not staff who have no idea what is going on. Otherwise, her advice is to rely on your staff – no matter the size – to contribute valuable documentation and share their experiences.

Any idea of how much it cost to go through the accreditation process--not including the fee?

This question is difficult to answer because the answer varies so much from agency to agency. Costs to consider include personnel, materials, travel, etc. Additionally, if the prerequisites are not yet completed, then the costs associated with those could be included as well. There are also costs of “doing business” in a way that supports a high-functioning agency that can get accredited, but these are not necessarily only paid by LHDs seeking accreditation.

Did you make paper binders for all the paperwork you submitted, in addition to the electronic versions available to reviewers over ePHAB?

All documentation needs to be submitted into the ePHAB system. Dana Webb-Randall indicated that her LHD created the “supplemental documentation” binders so that if site visitors asked questions (while measures were reopened or during the site visit), she and her team would be able to find additional documentation easily to share with site visitors. She expressed that this is not required by PHAB, but it made her team feel more comfortable with the process. She also created binders with hard copies of all documentation submitted into ePHAB. This was also not required, but it was helpful for domain team members to have easy access to documentation submitted electronically.

The Accreditation Site Visit

Can you give us an example of one of the PHAB site visit questions that required you to check the supplemental binders you created?

For communications examples, Dana Webb-Randall had uploaded press-releases and the media coverage those releases received, but the site visitors wanted to see the process for how those press releases were selected and addressed by the media. During the site visit, Dana was able to pull from her supplemental documentation folders to share with site visitors.

If we need to load another example, can this be done afterwards or does it need to be done when site visitors are there?

Measures can be re-opened prior to and during the site visit. Procedures for the site visit are explained to health departments well in advance (see the resources shared in the “questions for PHAB” section below for more information). Specific questions related to the site visit can be directed to PHAB.

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Site Visitor Insights

What is the difference between a "cover sheet", the department narrative and description feature?

Each piece of documentation requires a "document description" that is a short explanation of the uploaded file. Optional measure narratives explain how all the documentation included in that measure fits together. Some health departments choose to include coversheets on each piece of documentation they upload that includes information about the document and where to look for the required information.

Can you tell us the best way to upload excerpts from large documents (or how to direct site visitors to just those excerpts): would you suggest having the coversheet, table of contents and then the actual pages of the documents? Or just to upload the excerpt?

Mary Kushion appreciated cover sheets during her service as a site visitor. She found them useful when they contained information about the document and guidance on which pages to look at. She also suggested adding highlighting on the marked pages as an extra way to make sure the site visitor is looking in the right place. Mary also acknowledged that there are several acceptable ways to deal with uploading excerpts of large documents, and that site visitor preference does not mean certain behaviors are mandated by PHAB. If the site visitors need to see more, they will ask the accreditation coordinator to provide it.

How strict are site visitors in applicants using some of the same documents in different domains?

Mary Kushion indicated that from a site visitor perspective, it is perfectly reasonable and acceptable to refer to the same document to address different measures. According to [PHAB's National Public Health Department Documentation Guidance](#), "a single document may be relevant for more than one measure and may be used multiple times. Or a single page or chapter of a document used for a measure could be used for another measure. The specific section(s) of the document that addresses the measure must be identified."

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Questions for PHAB

NACCHO provides technical assistance to LHDs as they prepare for accreditation. The Public Health Accreditation Board (PHAB) provides technical assistance to LHDs related to interpretation of the standards and measures, the PHAB process, and ePHAB. The questions below are more appropriate for PHAB. Wherever possible, exact PHAB language from official documents is used to answer questions below.

PHAB has developed a variety of resources that may be useful in answering the questions below:

[PHAB's Accreditation Coordinator Handbook version 1.0](#)

[PHAB's National Public Health Department Accreditation Documentation Guidance](#)

[PHAB Newsletters](#)

Additionally, a complete staff list for PHAB, which includes information for who to contact with certain questions, is available in every newsletter they release.

How long is a typical PHAB site visit? Are the site visitors from similar-sized health departments or agencies with similar demographics? How many concurrent interviews usually occur at once during a site visit? How many site visitors should we expect?

Can you describe "signing" forms/minutes? Is a physical signature required? Does an electronic signature count? Who needs to sign them?

Can track changes be used to show comments?

For those city-based departments that have to use government-generated strategic plans or other policy documents, what do we have to show PHAB?

Can we use the description to detail who attended the meeting? It seems like a lot to always add the agency organization. Also, we often have persons who wear different hats who are attending the meeting.

If you apply and fail, do you incur other charges for the re-visit?

Does PHAB have a documentation tracking spreadsheet that has been updated for version 1.5?



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