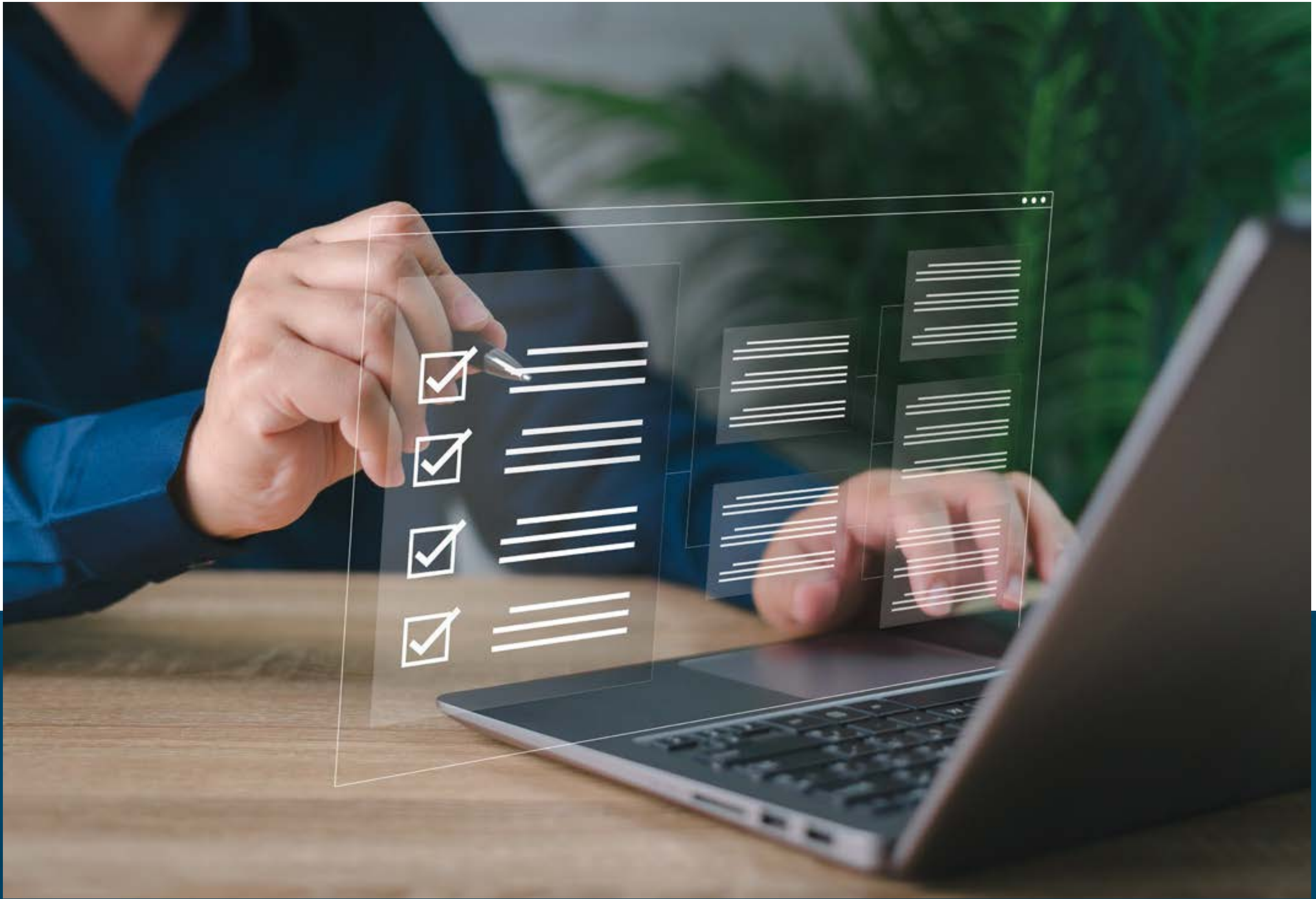

A Guide for Sustainable Public Health Accreditation

February 2025

astho™

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Revisions and Updates

This guide is for your department to customize to meet your accreditation needs. Note here any revisions or updates to this resource that are important to your sustainability process. This could include changes in responsibility, organizational mission, other milestones, or edits based on how you use the guide.

Date	Revision	By Whom?

Purpose

This sustainability guide is a planning document that health departments can use to support accreditation and reaccreditation efforts. It provides guidance, along with examples and templates, and is intended for you to modify, add information, and guide decision making.

The goal of this document is to help build stability and continuity in a health department's accreditation program and help ensure the continuation of accreditation activities through public health emergencies and staff or leadership changes. Each health department will determine how to best use the guide. It is intended to be a reference document that is reviewed and revised on a consistent basis. After completing the guide, it can be used for accreditation team meetings, quarterly check-ins, after submitting annual reports, and when major changes occur, such as the onboarding of new staff or leadership. It is recommended that the guide be reviewed and updated at least annually.

This document uses Boundary Spanning Leadership (BSL) as a practice in completing the guide. BSL provides a framework to develop a theory of change that depends on human-centered relationships and processes to achieve a higher goal or vision for public health. One intent is using BSL to create a common purpose and shared identity in maintaining accreditation. It includes three capacities that will be examined with each topic in the plan— direction, alignment, and commitment.

- ***Direction*** is about the department having a shared understanding about why accreditation is being pursued.
  - Direction refers to the 'why' of accreditation. This is about the value, benefits, and performance improvements the department wants from being awarded accreditation.
- ***Alignment*** is about the coordination of resources, time, capacities and staff in maintaining accreditation.
  - Alignment refers to the resources needed for accreditation. The department must determine if fees and other associated costs are available and budgeted. It must also decide who will take on key roles and the allocation of time to work on accreditation maintenance and reaccreditation preparation.
- ***Commitment*** is about leadership and staff joining together to benefit the department through accreditation efforts, plan development, and implementation, and by building a culture that integrates performance.
  - Commitment is about having support for accreditation. This includes governance, leadership, supervisors and staff. All staff have the potential of being involved in some way, whether as a member of the accreditation team or in creating documentation.

These three capacities should be created and used across the boundaries described below. This is related to three concepts that will determine whether you are successful in your accreditation journey—the why, resources, and support. The three capacities are considered during all phases of accreditation—maintenance, documentation updates and revisions (including plans), annual reporting, and reaccreditation.

There are boundaries that must be considered for accreditation and organizational success.

Vertical boundaries are about including all levels of staffing, from the director and leadership team to managers to front-line staff.

Horizontal boundaries are about working across the silos in public health—programs, funding streams, ownership, and working with peers.

Stakeholder boundaries are about working with partners, coalitions, impacted communities, and community members.

Demographic boundaries are about belonging and diversity in the organization—being appreciated, feeling like everyone is a part of the department, and opportunities for education and growth.

Geographic boundaries are about different locations and population groups—the variety of cultures and mindsets that can be found in the department's jurisdiction.

The boundaries come into play in two ways:

- How the department works together to achieve and maintain accreditation.
- How they are needed or reflected in the work, measure requirements, and documentation of the department as it prepares for reaccreditation.

As appropriate, these capacities and boundaries will be considered or noted in each section of the plan. Look for one or more icons of the boundaries that apply along with their application.

At times, maintaining accreditation and preparing for reaccreditation may overlap. This document defines these two concepts as:

Accreditation Maintenance refers to the actions taken by a health department during the five years of accreditation. It includes records from the previous accreditation cycle, completing annual reports and other required documents that must be submitted to the Public Health Accreditation Board (PHAB), along with reviews and updates of plans and policies. These actions are taken to maintain your status—that is, not losing accreditation.

Reaccreditation Preparation refers to the actions taken by the department during the process to become reaccredited. It includes selecting documentation that will be submitted as evidence for the standards of accreditation and preparing for the site visit.

Organizational and Infrastructure Planning

Benefits of Public Health Accreditation

Accreditation is the process of gathering documentation to demonstrate how a health department is assessed against a set of standards. The documentation is reviewed and a site visit occurs to assess and clarify the evidence. Why is accreditation important? It provides assurance to your customers and partners that you meet a national set of criteria that is based on organizational improvement and goals of improving health status. Accreditation, and the work needed to sustain it, is a mindset, not just a set of tasks to be completed or documents to be collected. It should become a part of the department's culture along with a focus on quality and performance. Accreditation requirements should be integrated in the day-to-day work of every staff member. While all staff may not be directly involved in accreditation, all staff should understand how their work helps the department achieve and maintain accreditation. Maintaining the work of accreditation during the five-year cycle will help prepare for reaccreditation.

Reflect on and write out the benefits received by becoming an accredited health department using the questions below. Sharing how the department's hard work has resulted in improvements can grow support for continued accreditation efforts.

The questions below and your reflections relate to why you decided to pursue accreditation and if those expectations were met.

How does public health accreditation…

- Help the department fulfill its mission and vision?
- Prepare the department to be the public health expert for populations served?
- Help identify strengths and areas for improvement?
- Strengthen internal and external partnerships to improve health?
- Encourage the health department to prioritize and address long-standing concerns?
- Stimulate quality and performance improvement opportunities?
- Encourage a culture of performance and continuous quality improvement?
- Improve department and program performance?
- Increase communication between the governing entity and the health department?
- Prepare staff to build skills and improve job performance?
- Improve your utilization of resources?
- Prepare to respond to public health threats and hazards?
- Strengthened employee pride?

PHAB posts its latest research and results on the benefits of accreditation. See the PHAB website for more information.

What are the benefits our health department experienced by achieving accreditation?	

The Foundational Public Health Services and Accreditation

The Foundational Public Health Services (FPHS) is a framework that defines the minimum of public health services and programs that a governmental public health department should deliver to their population. There are two broad components to the framework. One is the Foundational Capabilities, representing eight cross-cutting skills that should be implemented throughout departmental functions. The Foundational Capabilities are:

- Assessment and Surveillance
- Community Partnership Development
- Equity
- Organizational Competencies
- Policy Development and Support
- Accountability and Performance Management
- Emergency Preparedness and Response
- Communications

The other is the Foundational Areas, representing the program areas provided by the department. As you maintain accreditation and prepare for reaccreditation, consider using your efforts to also build your capacity in the FPHS. PHAB accreditation uses the FPHS by designating certain activities as Foundational Capabilities measures.

Communication

Communicate early and frequently about the department's efforts to achieve and maintain accreditation. Share with staff what is being done and why to build relationships within the department. Communicate with governance and stakeholders as needed to share how accreditation improves the department and why it is important to maintain.

Communication is also important as leadership, managers, and staff change. New staff may not be familiar with accreditation, the process, or the work that goes into maintaining it. This guide, when completed, can be used to orient new staff, leadership, or new members of the department's governing body about the importance of accreditation. Communication tools and methods can help integrate accreditation into the department's culture of quality and performance.

Boundary Spanning Leadership and Communication

Communication is one of the eight Foundational Capabilities in the Foundational Public Health Services Framework. The ability to communicate with staff, partners, and the community is vital in all aspects of public health.

Communication by accreditation leaders keeps staff involved, shares successes, and acknowledges how accreditation is creating a better department. It also lets partners and community members understand how being accredited is improving the health of the community.

The following table can be used to develop the strategy that will be followed for communications related to accreditation.

What methods will be used to communicate to staff, leadership, and stakeholders? (i.e., town halls, strategic planning meetings, presentations, direct conversations)	
Who are the different audiences for the communication?	
What should the communication include? (e.g., updates, reports, achievements) What is the message the department wants to share?	
How frequently should communication be done?	
What products will be used? (e.g., newsletters, emails, blogs, social media, website)	
Who needs to be included in developing, approving, and distributing the communication?	

A table to develop your internal communications plan and record your communication activities is in Appendix 2.

Communication Strategy from the Maine Center for Disease Control and Prevention

At the Maine Center for Disease Control and Prevention, the Accreditation and Performance Improvement manager met monthly with the senior leadership team. During the final months of selecting documentation to submit for reaccreditation, the manager provided weekly status reports to leadership. Emails were sent to the Maine Accreditation Champions and to the domain teams. Accreditation updates were provided in two virtual town hall meetings with all staff. Accreditation updates were also included in some of the biweekly updates sent to all staff by the director.

Funding and Staffing

When achieving and maintaining accreditation, it's important to know what resources are needed and available to support the work. Usually, the bulk of those resources will be accreditation fees and staff time. Other financial needs may be identified as the department prepares and goes through the accreditation process.

Funding

What are the funding sources that will be used to pay for annual fees? • What past sources were used? • Was funding allocated in the department's annual budget?	
Have funds been allocated and included in the current department budget?	
How will funding requests be supported?	
Other?	

Staffing

Are staff allowed to conduct accreditation activities as a part of their job role?	
Do any staff have accreditation responsibilities as a part of their job description?	
How will staff be engaged in the accreditation process? (e.g., contests, tracking progress, celebrations, t-shirts)	
Are full-time accreditation positions in place and funded?	
Other?	

If allowed by the department, accreditation responsibilities should be woven into job descriptions as a best practice to encourage everyone to "see themselves" in accreditation.

For more about staffing and who is in accreditation roles, see Appendix 6.

Boundary Spanning Leadership and Funding and Staffing

A key element with this boundary is working throughout the department to allocate the resources and staffing needed to lead and direct accreditation activities. Authority and responsibility must be assigned and supported by leadership.

Summarizing Boundary Spanning Leadership and Organizational Planning

As you develop and maintain your organizational structure, for accreditation or reaccreditation, use the three BSL capacities to guide your work.

For example:

Direction (How do we achieve agreement on direction?)
We have developed a common vision for our accreditation efforts, knowing what we want to achieve. We have listed the benefits for our health department and that inspires our work.

Alignment (How do we coordinate our work so that we are all driving in the same direction?)
We are involving all health department divisions in supporting the funding and staffing needs to ensure our organization is prepared for achieving and maintaining accreditation.

Commitment (How do we ensure or maintain commitment to our goal?)
Leadership and staff at all levels are committed to our accreditation vision and work together as we maintain accreditation and plan our reaccreditation efforts.

Funding Strategy from the Missouri Department of Health and Senior Services

The Missouri Department of Health and Senior Services uses a variety of funding sources for accreditation and for plans and systems that improve performance. Epidemiology and Laboratory Capacity funds support the performance improvement system. Public health infrastructure funds and technical assistance supported the development of strategic and workforce plans, along with assistance to local health departments for accreditation. Funding for accreditation staff comes from federal block grants. The use of multiple funding sources supports accreditation and accomplishes the intent of the funding source.

Accreditation Maintenance

This section highlights important historical context and knowledge that would be helpful for accreditation maintenance and reaccreditation. Once initial accreditation has been awarded, it is natural to want to take a break from accreditation activities and efforts. While the work will have ebbs and flows, do not wait for your reaccreditation submission dates to start the work of preparing or gathering documentation. It can take a year or more to gather and prepare the necessary documents. Do not wait until the last minute. Begin right away to put your processes and systems in place to maintain accreditation status.

During this phase, and as you prepare for reaccreditation, build peer connections with other health departments and accreditation coordinators. Join peer groups and learning communities to receive accreditation updates, discuss topics of concern, learn how others are approaching measure documentation, or share lessons learned. You can also share documents, templates, and past experiences with peers.

The elements discussed in this section can be incorporated into the health department's strategic plan or division workplans. Priorities or plan objectives related to strengthening infrastructure, performance improvement, and quality improvement could be included, improving operations while maintaining accreditation. Elements in department plans can be defined by domain, especially for areas that need improvement for reaccreditation or based on feedback from annual reports. Having accreditation related objectives in plans also keeps accreditation visible to leadership, staff, and governance, and demonstrates that accreditation is ongoing, not a one-time effort.

Boundary Spanning Leadership and Accreditation Maintenance

While all boundaries will come into play as you maintain your accreditation status, a key focus will be on relationships and the staff and partners involved. Staff and leadership will help with documents and reports that need to be submitted, along with keeping plans updated and implemented. Partners and community members will continue to help with strategy implementation for plans and programs.

History of Health Department's Accreditation Process

During your five-year cycle, keep your accreditation maintenance ongoing. Consider the following.

- What was the driving force behind the initial accreditation?
- Who collected and submitted the documentation?
  - Where was the documentation stored?
  - How was the documentation stored?
  - Who approved the final documentation?
  - What was the reporting structure?
- Did the department use a "domain teams" approach?
  - If so, what departments were represented on the domain teams?
- Did the department receive an action plan?
  - If so, how was the plan developed?
  - How was the documentation developed?
- What worked well?
- What challenges were encountered?
  - How were they solved?
- What lessons were learned?

What are the elements we want to remember from our initial accreditation experience?	
What were processes, contacts, or dates that are important? Where was the documentation stored?	
What were challenges or obstacles and how did we overcome them?	
What are successes we would share with other departments?	

Boundary Spanning Leadership and Process History

Having a central depository of accreditation documentation provides a location that any staff member can access and allows for a continuous record of accreditation activities and files. This is especially important for new accreditation coordinators and teams to provide continuity when there is staff turnover. It can feel unsettling for a new accreditation coordinator to start and feel like they are starting the process all over again.

Using PHAB Reports

The PHAB Site Visit Report and your PHAB Annual Reports are valuable for maintaining accreditation status. They provide valuable insights into the health department's strengths and opportunities for growth as the department prepares for reaccreditation. These documents are available in the health department's ePHAB account.

What did we learn from the site visit report? What were the department's strengths cited in the report?	
What areas of improvement were cited?	
What measures do we need to work on? See Appendix 3 for a worksheet.	
Summarize what is in our annual reports. See Appendix 7 for a worksheet.	
How have we implemented the feedback from PHAB?	

Boundary Spanning Leadership and Annual Reports

Annual reports are a means to track progress during the five years of initial accreditation and are designed to be another tool to prepare the health department for reaccreditation. Annual reports demonstrate your continued improvement to PHAB, can be used to inform and update staff, and provide a foundation for reaccreditation preparation by showing prior efforts and developing next steps.

Updating Accreditation Plans

There are seven foundational plans or systems that are required by accreditation. These plans are what the work of the health department is based upon. Programs and services are guided by what has been identified as priorities and strategies for a healthy community. The measures listed are from the Standards and Measures for Reaccreditation, Version 2022.

Plan	Measure
Community Health Assessment	Measure 1.1.1 A
Emergency Operations Plan	Measure 2.2.1 A
Continuity of Operations Plan	Measure 2.2.2 A
Risk Communication Plan	Measure 2.2.5A
Community Health Improvement Plan	Measure 5.2.1 A
Workforce Development Plan	Measure 8.2.1 A
Performance Management System	Measure 9.1.1 A
Quality Improvement Plan	Measure 9.1.2 A
Strategic Plan	Measure 10.1.1 A

Consider the following questions as you develop, implement, and monitor your plans.

- How were the plans developed and who was involved?
  - Do we have a process for saving meeting minutes or materials?
  - Do we have a list of people/organizations involved?
- When were the plans approved and/or adopted?
  - Did any need to be approved by governing bodies?
- How are the plans being implemented and monitored?
  - Are records or examples demonstrating implementation being kept?
  - How are staff and the community informed or involved?
  - How is progress being tracked and communicated?
  - Who is responsible for maintaining the plan or for implementing components of the plan?
- How are the plans being revised and updated?

Boundary Spanning Leadership and Planning

Planning activities—including implementation, revisions, and evaluation—involves all boundaries. Staff and leadership will be involved in creating and carrying out strategies and action steps in all plans. Community and partner input may be needed, or they may serve on workgroups and committees. The department's mission and vision should be reflected in any plan and all staff should be able to see themselves, or their work, as a part of department-wide plans.

As you finalize any plans for submission to PHAB, be sure that the documentation falls within the appropriate timeframes that are specified in the Standards and Measures guidance. Generally, plans should be adopted and in place when submitted. There is a worksheet in Appendix 1 that can be used to record your plan review and revisions.

Strategies for Maintaining Accreditation from the Kentucky Department for Public Health

The Accreditation Coordinator at the Kentucky Department for Public Health is building a structure to help them maintain their accreditation efforts as they work toward reaccreditation. A storage and tracking system using OneDrive and Monday.com, a project management tool, was created to provide accreditation staff and the health department with a means to build support and engagement. This dashboard will provide a high-level overview along with boards for each domain that show the current status at any time. While the dashboard is being developed and piloted, the department has high hopes that this tool will give all staff the opportunity to see the status of accreditation activities.

Summarizing Boundary Spanning Leadership and Accreditation Maintenance

As you maintain your accreditation status, use the three BSL capacities to guide your work.

For example:

Direction (How do we achieve agreement on direction?)
We are continuing to improve performance at all levels of the health department by demonstrating how accreditation efforts are being integrated into our daily work. The implementation of our plans and processes also support accreditation maintenance.

Alignment (How do we coordinate our work so that we are all driving in the same direction?)
We are continuing to build engagement and support for accreditation among staff. We seek financial resources for accreditation fees, areas of improvement, and continue to support staff roles and responsibilities in accreditation.

Commitment (How do we ensure or maintain commitment to our goal?)
Leadership and staff at all levels are committed to maintaining accreditation, including annual plans, department plans and processes, to implement improvements and better serve the community.

Reaccreditation Planning

Reaccreditation planning should be integrated into the health department's regular operations. The process begin once you've achieved initial accreditation and as you complete your annual reports. This guide can be used to maintain your accreditation during your five-year cycle and be the planning document as you work on reaccreditation.

Change and staff turnover are issues that can plague sustainability. Suppose that previous accreditation team members and leaders have left. Leadership may have changed. Documentation might have been lost or has not been maintained or revised. What do you do if you feel like you are starting from square one? First, determine who your team will be for the reaccreditation process. There are three key elements to start with:

- Become familiar with the PHAB Standards and Measures and Policy for Reaccreditation.
- Determine the necessary education for staff involved in accreditation activities.
- Begin to compile and update documentation, including plans and systems.

Consider conducting a gap analysis of your starting point and where you need to be to apply, submit documentation, and prepare for the site visit. As you conduct the analysis, include how you would identify potential problems in your reaccreditation efforts and how you would address those barriers. Prevent any obstacles from causing your efforts to collapse.

As you conduct your analysis, note any of the gaps that need more attention. This could mean that you need to revise or create a process that supports your accreditation efforts. Then you can identify what is wrong, what could go wrong, and how to eliminate the obstacle to improve your success. One such area to watch is staffing. What's the process if your lead accreditation staff has departed? How would this slow down or stop your maintenance of accreditation? Anticipating what barriers may arise will help your efforts stay on track.

Do not wait until one year prior to reaccreditation to begin work. You should be preparing for reaccreditation during your five year cycle. As you begin, do not make your processes overly complicated or create new ones when what already exists will work. Contact your peers and join learning communities. Work with PHAB and ask questions about the process and interpretation of the measures. Questions may be directed to askPHAB@phaboard.org. Once the department submits its reaccreditation documentation, an accreditation specialist will be assigned to the department.

Using a project management approach can be helpful in your reaccreditation preparation. This can include developing a project charter with the accreditation team, using Gantt charts to keep activities on time and record progress, and using tools to track the many activities that will be underway up to the site visit.

As you prepare for reaccreditation, ask the following questions.

What roles do we need to identify and/or fill?

- What are the responsibilities of each role?
  - Health Department Director
  - Accreditation Coordinator
  - Accreditation Team
  - Domain Leads
  - Appointing Authority

As the department fills these roles, remember that it is the work of the entire staff to support reaccreditation activities.

Staffing Strategies from the Pennsylvania Department of Health

Pennsylvania's accreditation team is located in the Department's Office of Operational Excellence. The team includes the Accreditation Coordinator, Director of Health Plans Development, Director of Quality Improvement/Performance Management, and the Director of the Office of Operational Excellence. There are 10 Domain Teams who work to identify, create, and draft the required documents to represent each measure. The Accreditation Coordinator and the Operational Excellence team support the Domain Teams with training, guidance, and the collection/organization of the required documents. The team designed a SharePoint workflow for reviewing the documents before uploading into ePHAB. The review process included the Domain Lead as the first reviewer, the Accreditation Coordinator as the second reviewer, and the Secretary of Health as the final reviewer. Legal counsel reviewed documents when it was appropriate. With this staffing structure, documents were revised or replaced as needed throughout the review period.

What documents do we need to read, study, and learn?

- Policy for National Public Health Department Reaccreditation: Use this document in tandem with this sustainability plan.
- Standards and Measures for Reaccreditation.
- Review resources on the PHAB website.
- Initial Accreditation Report found in ePHAB under the documents tab.
- All annual reports for the current cycle, also located in ePHAB.

What infrastructure will we need?

- Be thinking about this during the preparation step.
- File maintenance, or how files will be stored and where.
- Collecting, maintaining, and updating documents.
    - Documentation and narrative tracking.
- Determine the schedule for team meetings and completion of documentation.
- Look over key departmental documents, such as policy manuals and plans.

Boundary Spanning Leadership and Reaccreditation Preparation

It's important to include all department levels, programs, and voices in the reaccreditation process. Accreditation has always been a team sport and every player must participate. When the full department is involved, better documentation can be selected, the efforts are joint and shared, and the chances for success are strengthened.

Reaccreditation Plan Timeline, Processes, and Activities

Reaccreditation Team Structure, Roles, and Responsibilities
See Appendix 6 for a table that can be used to record staff with accreditation responsibilities.

Staff Engagement and Training Plan for Reaccreditation
What are the plans to communicate with leadership, accreditation team members, and staff? See Appendix 8 for a template to think through the communication plan.

- Do not be vague—refer back to elements listed in other sections of the guide.
- Consider alignment with the health department's mission and vision.
- Consider leadership support and engagement and how to address changes in leadership.
- How will the health department continue its accreditation vision?

Using a Project Plan from the Colorado Department of Public Health and Environment

For their reaccreditation efforts, the Colorado Department of Public health and Environment developed a project plan that defines the scope of work, organization, and phases for achieving reaccreditation. The phases were based on the accreditation process steps from PHAB and included activities and timelines. Staffing was included in the plan, along with an action plan and resource documents. An action plan, resources documents, and staffing list consisting of accreditation positions, leadership and partners were included in the plan.

Steps of the Reaccreditation Process

Whether you have been involved with accreditation from the beginning or are new to your department, it is important to start by reviewing the steps of the process. Each of the steps are detailed within PHAB's Policy for Reaccreditation, Version 2022, which also contains a process map outlining the seven-step reaccreditation process and timeframes.

Step 1: Preparation

This begins with your five-year cycle once initial accreditation is awarded. It is also the time you'll be maintaining your accreditation, updating plans and documents, and completing annual reports. Here are some components to complete during this phase.

- Determine within the department:
  - Is there support to go through the reaccreditation process?
    - By the governing entity or board
    - By department leadership
    - By staff
  - What are our goals for pursuing reaccreditation?
    - Why are we doing this? Write this out! Make it visual. Get feedback from staff at all levels.
    - What do we want to gain? What are the benefits?
    - If leadership has changed and does not see value in accreditation, how do you explain the value accreditation has brought to the department?
    - Consider that a small number of funders are starting to inquire about accreditation status. It is possible that, in future, accreditation will be required by certain funders.
  - Are resources available and allocated for reaccreditation?
    - Reaccreditation fees (based on the current PHAB fee schedule)
    - Staff time for documentation and meetings
    - Staff who will take on accreditation roles

- Review your answers to these questions on a regular basis as the department prepares for reaccreditation.
- Enroll in the PHAB Learning Center
    - Complete PHAB's Reaccreditation Journey and explore other course offerings
    - Encourage all staff involved in accreditation activities to enroll
- Sign up for the PHAB e-newsletter
- Develop/review/revise major plans and systems. This will be worked on until the completion of Step 3, but start your work during this preparation phase.
    - Community Health Assessment/Community Health Improvement Plan or State Health Assessment/State Health Improvement Plan
    - Strategic Plan
    - Performance Management System
    - Quality Improvement Plan
    - Workforce Development Plan
    - Emergency Operations Plans including the Continuity of Operations Plan and the Risk Communication Plan

Start now on other documentation needs, especially documents that are missing or for measures that have no applicable documents ready.

- File management
    - File location, such as on SharePoint or a shared drive.
        - ❖ Back-up your files in a secure way in case there is a technical failure.
    - Naming convention: Standardize as possible, and do not use long or confusing names.
    - Version control: Ensure that there is a process in place for how the department will track the version of document that is being developed or prepared for submission. If multiple people are contributing to a document, limit working in several copies or off-line. Work on the same document instead of trying to merge the changes manually. Establish a process for working in shared documents, such as working within a central drive such as SharePoint. Another option is to create a process to "check-out" a document so that only one person can work on it while it is open.
- Access: Determine who can access what documents and how.

Step 2: Application

Know the timelines for the process based on your application date or your accreditation expiration date. These dates can be found in ePHAB. Remember that all documents are required to be dated within a certain timeframe. This timeframe is based on the date documentation was submitted to PHAB for review. For example, if the Community Health Assessment is being submitted on May 1, 2030, then it must be dated on May 1, 2025 or after to be considered "in date" as required by the timeframe within the Standards and Measures for Reaccreditation.

Step 3: Documentation Selection and Submission

Population Health Outcomes Reporting: Population health outcomes reporting is required for reaccreditation and will be required for all health departments achieving reaccreditation as part of the annual report process.

- Pay attention to documentation requirements outlined in the policy and the standards.
- Pay attention to document timeframes.
- Build off previous documentation as applicable.
- Assign domains or document development to appropriate staff or programs.
- Pay close attention to interpretation and ask questions when unsure, emailing askPHAB@phaboard.org or talking with your accreditation specialist when assigned.

Step 4: Site Visit

- Understand how the site visit works.
  - Documentation review and interviews
  - Reopened documents and questions
  - Final submissions
- Internally prepare for the site visit will all who will be involved.
- Consider conducting a mock site visit to point out areas that may have been overlooked or to fine-tune planning.

Step 5: Accreditation Decision

- If the department gets an Accreditation Committee Action Requirements, consult the Policy for Reaccreditation.
  - How will documentation be created or improved?
  - Who will be involved?

Step 6: Additional Reporting and Annual Reports

The submission of a PHAB annual report is required of all accredited health departments. The purpose is to ensure accredited health departments remain in conformity with the Standards and Measures and provide opportunities for additional engagement with PHAB to support advancing quality, performance, and transformation. This is a vital part of PHAB's ongoing process that continues beyond accreditation notification and helps health departments prepare for reaccreditation.

The annual report must be submitted to PHAB through ePHAB. All health departments will complete four annual reports between accreditation cycles. In the fifth year, the health department will complete the reaccreditation application. The annual report "opens," meaning the instrument will be available in ePHAB on the first day of the quarter in which the health department last achieved accreditation and "closes" (is due by) the last day of the quarter.

The annual report has three primary focus areas:

1. Health Department Updates: Each year, the health department will indicate if there are any circumstances or adverse finding(s) that could jeopardize continued conformity with the Standards.
2. Specific Measure Reporting: The Accreditation Committee may request that the health department address specific measures in its annual report. The health department will provide descriptions of progress which should be representative of specific work accomplished within the past year (from the point of accreditation until the point of the annual report submission).
3. Reflection and Learning: The health department is required to select and complete one option that encourages reflection and learning.

The health department is required to respond to each focus area in each annual report. Health departments are encouraged to plan well in advance of their report's due date and consider how best to incorporate a variety of staff involvement.

Step 7: Reaccreditation

Begin the preparation step over again. It will not be as intense initially but should be integrated into the performance system of the department.

Summarizing Boundary Spanning Leadership and Reaccreditation Planning

As you plan for reaccreditation, use the three BSL capacities to guide your work.

For example:

Direction (How do we achieve agreement on direction?)
We are continuing to integrate accreditation efforts into the health department's daily work—to improve performance, maintain current accreditation, and prepare for reaccreditation. We are using our annual reports, implementation of plans, and PHAB resources to prepare for reaccreditation. We examine and confirm why we are going to pursue reaccreditation.

Alignment (How do we coordinate our work so that we are all driving in the same direction?)
We are continuing to build engagement and support for accreditation among staff. We continue to look at the benefits we receive and want to obtain from accreditation including how reaccreditation will support the department in achieving its mission and goals. We have a staff structure that supports accreditation activities.

Commitment (How do we ensure or maintain commitment to our goal?)
Leadership and staff at all levels are committed to reaccreditation. The importance of reaccreditation is communicated to staff and governance. Staff are aware of how accreditation provides the health department with a path to better organizational performance to provide services, address identified needs and improving health indicators.

Appendix

Appendix 1 – Foundational Plans in Accreditation
Appendix 2 – Change Management
Appendix 3 – Measures Needing Improvement from the Site Visit Report
Appendix 4 – Workforce Development
Appendix 5 – Quality and Performance Improvement
Appendix 6 – Accreditation Staffing and Roles
Appendix 7 – Annual Reports
Appendix 8 – Communication Efforts

Appendix 1 – The Foundational Plans of Accreditation

The Standards and Measures for Reaccreditation require adoption and implementation of several key/core documents:

Community Health Assessment	Measure 1.1.1 A
Emergency Operations Plan	Measure 2.2.1 A
Continuity of Operations Plan	Measure 2.2.2 A
Risk Communication Plan	Measure 2.2.5 A
Community Health Improvement Plan	Measure 5.2.1 A
Workforce Development Plan	Measure 8.2.1 A
Performance Management System	Measure 9.1.1 A
Quality Improvement Plan	Measure 9.1.2 A
Strategic Plan	Measure 10.1.1 A

Plan	Adoption Date	Reviewed Date	Implemented		Monitored		Revised Date
			Yes	No	Yes	No	
Community Health Assessment							
Community Health Improvement Plan							
Emergency Operations Plan							
Workforce Development Plan							
Performance Management System							
Quality Improvement Plan							
Strategic Plan							

ASTHO and PHAB continue to develop key/core document templates, such as ones for workforce development and quality improvement. These templates may be used to develop, review, and revise existing key/core plans.

This template can be used as a checklist for any plan.

Plan Name ____

Development and Adoption

☐ Yes ☐ No Has the plan been adopted?
☐ Yes ☐ No Is the plan dated?
☐ Yes ☐ No Does the plan contain all the requirements listed in the PHAB measure?
☐ Yes ☐ No Is there evidence showing how the plan was developed?
☐ Yes ☐ No Is there evidence showing who was involved?
☐ Yes ☐ No Does the plan need or require governance approval?
☐ Yes ☐ No Has the plan been reviewed?
☐ Yes ☐ No Does the plan have evidence of authenticity such as a department logo/stamp?

Implementation

☐ Yes ☐ No Has the plan been implemented?
☐ Yes ☐ No Does the department have examples of implementation?
☐ Yes ☐ No Are goals matched with strategies and outcomes, as appropriate?
☐ Yes ☐ No Is the plan being matched with feedback and customer surveys, as appropriate?

Review and Revision

☐ Yes ☐ No Is the plan being monitored or actions tracked?
☐ Yes ☐ No Are targets that are not being met addressed?
☐ Yes ☐ No Are regular review sessions conducted?
☐ Yes ☐ No Has the plan been revised based on review or progress?
☐ Yes ☐ No Do all plans and examples meet the timelines listed in the PHAB measures?

Appendix 2 – Change Management

There are a number of models that can be used to lead change. No matter the model used, there are a several things to keep in mind about change—and whether it is successful. The basic flow of a change project is shown in the following figure.

Some reasons that change efforts fail include:

- Poor communication
- Lack of buy-in by staff
- Lack of measurement

Being transparent and addressing concerns of staff is key. It is imperative that all know why the change is important, how it affects them, and what it means for their job duties and responsibilities. Staff who implement the change will especially need to know why this is important.

Pursuing and maintaining accreditation will bring change to your health department. Completing and using this accreditation maintenance guide will help provide information on what the department is doing as required by PHAB. Accreditation can result in new policies, plans and implementation of them. It can result in a change in duties or what may feel like disruptions. Using a change management mindset can help make the process flow better and can address staff concerns over how accreditation will change their duties and responsibilities.

Poor Communication is a top reason for change failure. Here are a few ways to talk about change.

Communicate through people who are trusted.

- Equip people to communicate well.
- Be sure to answer why the change is occurring.
- Repeat your main messages.
- Use multiple channels to send messages with an emphasis on face-to-face.
- Make communication two-way.
- Address people's concerns.

Create a checklist on communication that works for your department.
Prosci has a communications checklist for change that may be helpful as you develop your own. Use the checklist as a guide to develop your Communications Plan for new change initiatives and projects. You can also use the checklist to audit the effectiveness of the communications activities for a current change initiative.

Determine the following.

- What is the ‘why’: document the benefits, impact, and reason for accreditation.
- Find champions: identify peers among staff who will be vocal supporters for accreditation.
- Communicate: share often about how accreditation efforts are progressing and keep the ‘why’ in everyone’s thoughts. Educate staff as needed on what accreditation is and means.
- Set goals and timelines for achieving accreditation. Be flexible but give a pathway to success. Celebrate successes as they happen.

Strategies for Communication from the Vermont Department of Health

The Accreditation Coordinator at the Vermont Department of Health facilitates communication, including answering questions about the process and documentation. Communication about accreditation occurs at various levels in the department. The Accreditation Coordinator reports to the Director of Planning, who keeps leadership updated. The Accreditation Coordinator shares information and updates at monthly meetings and to the Continuous Improvement Council. Monthly updates are also shared through the department’s SharePoint site on accreditation and in the department’s digital newsletter.

Appendix 3 – Site Visit Report Measure Worksheet

Introduction

For measures scored “not demonstrated” or “slightly demonstrated,” review the site visit report comments and determine how documentation can be improved. This may be required reporting for your annual report.

Though “largely demonstrated” is usually not included as measures needed action, they may be if part of an action plan. You may want to review these measures for internal performance improvement.

Measure	Improvement Opportunity	Strategies for Improvement	Target Date to Complete	Responsible Person	Status
Measure Number and Score	What do we need to revise?	How will we revise documentation?	XX/XX/XXXX	Name, Title, Contact	In progress, Not started, Complete

PHAB provides a readiness checklist that walks a department through every measure. That document can also be used to track how the documentation is being completed.

Appendix 4 – Accreditation Staff and Roles

As accreditation positions and/or roles are filled, think about where this function is located in the health department and on the organization chart. This will be a decision based on how accreditation staff have the best reach to other staff and how they can be most effective in their responsibilities. Many departments locate accreditation within a performance improvement or quality improvement office. Some are located in a strategic initiatives office. Think about how accreditation roles connect with other duties if a staff member is not working full time in accreditation.

Remember that accreditation activities will involve many staff beyond those with specific accreditation responsibilities. It is a team effort to achieve accreditation. The O-chart should include accreditation as a unit, or within divisions in the health department, to reflect how accreditation efforts span across offices and programs.

Role	Name	Responsibility
Accreditation Coordinator		
Assistant Accreditation Coordinator		
Domain 1 Lead		
Domain 1 Team Members	*1* *2* *3*	*Scribe/Note taker* *Documentation Lead* *Subject Matter Expert*
Domain 2 Lead		
Domain 2 Team Members		
Domain 3 Lead		
Domain 3 Team Members		
Domain 4 Lead		

Domain 4 Team Members		
Domain 5 Lead		
Domain 5 Team Members		
Domain 6 Lead		
Domain 6 Team Members		
Domain 7 Lead		
Domain 7 Team Members		
Domain 8 Lead		
Domain 8 Team Members		
Domain 9 Lead		
Domain 9 Team Members		
Domain 10 Lead		

Domain 10 Team Members		
Documentation Reviewers		
Other Team Members		

Accreditation Staffing Strategy from Maine Center for Disease Control and Prevention

The Accreditation and Performance Improvement Manager leads all accreditation activities, including documentation for reaccreditation, coordination with the Maine Shared Community Health Needs Assessment, and the State Health Improvement Plan with internal and external partners. The manager works with Maine CDC's senior management team on the Strategic Plan and the Performance Management System. For reaccreditation, the department formed a Maine Accreditation Champions group who represented all divisions and helped identify documentation sources. Domain teams, staff who had expertise in that domain, were responsible for finding documentation, drafting the initial version of required documents, and reviewing all documents within the domain. The department hired an accreditation associate (temp staff) who assisted with organizing meetings, following up with domain team members, writing and editing narratives and coversheets, and creating the final PDFs. All required documents were reviewed by pairs of peer reviewers and by a member of the senior management team.

Appendix 5 – Annual Reports

This table can be used to summarize your annual report contents. Copy the table to use each year. These summaries can be used to prepare for reaccreditation and will record ways that the department is continuing to implement accreditation in the department. They can also be used to help orient new accreditation coordinators.

Annual Report Summary		Year:
What emerging issues did we report?		
What population health outcomes did we select? What are our targets and how are they progressing?		
What measures did we report on? What did we report?		
What 'reflection and learning' option did we choose? What did we report?		
What feedback did we receive from PHAB?		

How did we use the feedback?		
What do we need to consider for the next annual report?		
How are we continually assessing our readiness for reaccreditation?		

Appendix 6 – Communication Efforts

This table can be used to track or plan communication activities.

Year 1 Goals	Communication Method	Target Audience	What is the message?	Delivery Frequency	Lead Person
Example: Keep staff and leadership informed of accreditation activities.	Town Hall presentation	All staff	High-level process updates	Biannually	Accreditation Coordinator
	Strategic Planning Team Meetings	Executive leadership	Annual reporting requirements	Quarterly	
	Email	Domain teams	Domain-specific or documentation updates	Quarterly	

Goal – What is the purpose or goals of the communication? Goals may differ by year in the accreditation cycle.
Communication Method – How is the message communicated, such as by newsletter, presentation, or email?
Target Audience – Define the audience, such as leadership, staff, partners, governance, or a combination.
What is the message – What is being communicated, such as purpose of accreditation, progress made, or need for documentation?
Delivery Frequency – How often will the message be communicated using this platform?
Lead Person – Who is responsible for writing or distributing the information?

Appendix 7 – Reaccreditation Timeline

This table is for developing a timeline to achieve reaccreditation. It is intended for use immediately after accreditation status is awarded, but can be applied at any point when preparing for reaccreditation. Add lines as activities are identified.

Step	Activities or Processes	Person Responsible	Timeline
Preparation	Readiness Assessment		
	Training		
	Key Plans		
Application	Submission		
	Invoice paid		
Documentation	Gathering evidence		
	Reviewing evidence		
	ePHAB uploads		
Site Visit	Preparation for		
	Technical needs		
	Interviews		
ACAR (if assigned)	Plan for completing		
	Measures included		
	Developing new documentation		
Annual Reports	Completing		
	Submitting		
	Follow-up on feedback		
Other Considerations			

Appendix 8 – Organizational Structure Worksheet

Initial Accreditation Date ________________

Reaccreditation Date ________________

Initial Accreditation Documentation Folder	
Reaccreditation Documentation Folder:	
Staff members with access to ePHAB:	
Other Important Details about the Agency's Accreditation History	
Strengths Identified in the most recent PHAB Site Visit Report	
Challenges Identified in the most recent PHAB Site Visit Report	
Agency Benefits of Achieving Accreditation	

Funding

What are the funding sources that will be used to pay for annual fees? • What past sources were used? • Was funding allocated in the department's annual budget?	
Have funds been allocated and included in the current department budget?	
How will funding requests be supported?	

Staffing

Are staff allowed to conduct accreditation activities as a part of their job role?	
Do any staff have accreditation responsibilities as a part of their job description?	
How will staff be engaged in the accreditation process? (contests, tracking progress, celebrations, t-shirts)	
Are full-time accreditation position(s) in place and funded?	