



# Connecticut Department of Public Health PHABuloCiTy!

PHAB

*Advancing  
public health  
performance*

## Public Health Accreditation Board (PHAB)

### Domain Team Roles/Documentation Review

or What Do We Actually Have To Do?

October/November 2014





# PHABuloCiTy!

## Domain Team Roles

- **Domain – team leader(s)**
  - Organize and direct the team
  - Serve as SME (if applicable) and provide guidance on documentation review
  - Ensure thorough and complete documentation review
  - Move documents into final folders when complete
  - Update Master Tracking Form
  - Communicate with Accreditation coordinator and Document Review Team



# PHABuloCiTy!

## Domain Team Roles

- **Domain Team Members**
  - Attend team meetings
  - Be familiar with PHAB process and documentation guidance
  - Find documents from throughout accepted programs in DPH
  - Review documents against measures, complete measures review form
  - Upload documents and review forms to draft measures folders



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## Domain Team Roles

- **Document Review Team**
  - Serve as PHAB documentation experts
  - Work with Domain Leads to resolve questions regarding documentation
  - Provide final assessments of documents to assure completeness and that they fully meet standards
  - Assure documents represent best big picture of the department
  - Update master tracking form
  - Upload documents to e-PHAB



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## Domain Team Roles

- Accreditation Coordinator (Queen of Accreditation)
- Serve as PHAB documentation expert
- Work with Domain Leads to resolve questions regarding documentation
- Update master tracking form
- Submits all requirements to PHAB
- Coordinates and provides technical assistance to teams
- Schedules, prepares for and manages the PHAB Site visit



# Required Documentation – Domains, Standards, and Measures

- The structural framework for the PHAB domains, standards, and measures uses the following taxonomy:
  - **Domain** (*example – Domain 5*)
  - **Standard** (*example – Standard 5.3*)
  - **Measure** (*example – Measure 5.3.2*)
- Tribal, State, Local or ALL (*example – Measure 5.3.2 S for state health departments; Measure 5.3.2 L for local health departments; Measure 5.3.2 T for Tribal health departments; and Measure 5.3.2 A for all health departments.*)
- **Required Documentation**



# Required Documentation – Domains, Standards, and Measures

- **Domain 1** – Conduct and Disseminate Assessments Focused on Population Health Status and Public Health Issues Facing the Community

**Standard 1.1** Participated in or Lead a Collaborative Process Resulting in a Comprehensive Community Health Assessment

**Measure 1.1.1S** – A state partnership that develops a comprehensive state community health assessment of the population of the state.

**Required Documentation 1** – Participation of representatives from a variety of state sectors

## Documentation Guidance

The state health department must document the process for the development of a state level community health assessment that includes participation of partners.....Ex- Documentation could be a membership list and meeting attendance records.



# Required Documentation – Domains, Standards, and Measures

## Domain 1

- Standard 1.1
- Standard 1.2
- Standard 1.3
- Standard 1.4

## Domain 1

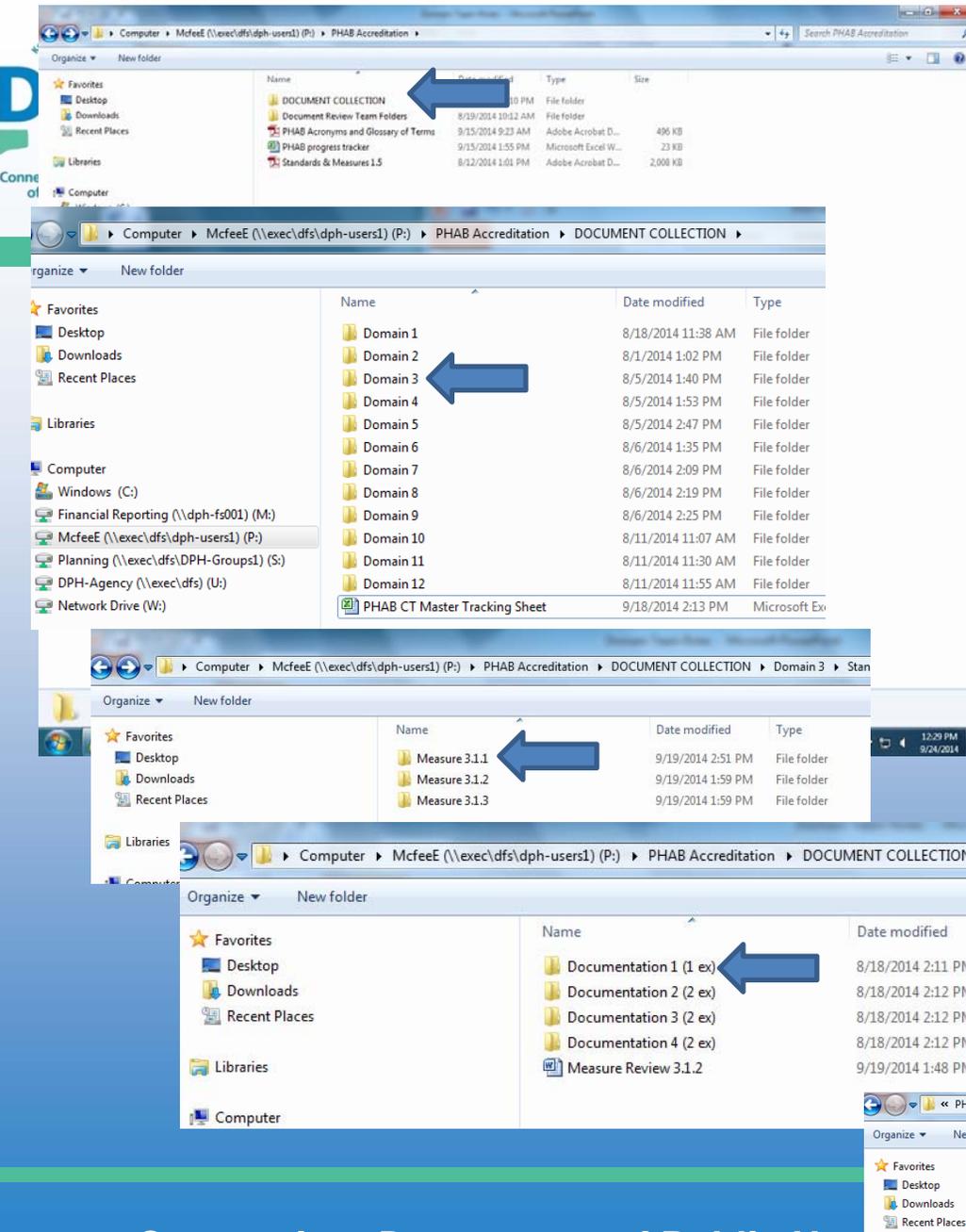
- Standard 1.1
  - Measure 1.1.1
  - Measure 1.1.2
  - Measure 1.1.3
- Standard 1.2
  - Measure 1.2.1
  - Measure 1.2.2
  - Measure 1.2.3
  - Measure 1.2.4

## Domain 1

- Standard 1.1
  - Measure 1.1.1
    - Documentation 1 (1 example)
    - Documentation 2 (2 examples)
    - Documentation 3 (3 examples)
  - Measure 1.1.2
    - Documentation 1 (1 example)
    - Documentation 2 (2 examples)
    - Documentation 3 (2 examples)
  - Measure 1.1.3
    - Documentation 1 (2 examples)
    - Documentation 2 (2 examples)

# PHAB FOLDER SYSTEM

Can be found in the U:Sharedoc/PHAB Accreditation/Document Collection



You can check where you are by looking at the task bar



# Some Key Points Regarding Documentation

(see Do's and Don'ts Tab 1 Page 15 )

- More is not better. Look for the most thorough demonstration of measure encompassed in each example. **If entire document is not relevant to the measure, just create an excerpt and or highlight with yellow highlighter, arrows and an explanation.**
- Several documents may be needed to demonstrate conformity. Don't confuse number of examples with number of documents (it may take several documents to describe one example)
- Make sure intent of the measure is being demonstrated by the selected documentation and documents demonstrate conformity with the specifics of the Required Documentation and Guidance for each measure.



# Some Key Points Regarding Documentation (see Do's and Don'ts Tab 1 Page 15)

- Documents need to be
  - Relevant to standards
  - Specific to required documentation
  - Focused
- Documents must be *currently in use* by the health department – NO DRAFTS
- Preferred format is PDF
- Must have 'evidence of authenticity' - can be a signature, formal email communication including 'to and from,' health department logo, etc



# Some Key Points Regarding Documentation (see Do's and Don'ts Tab 1 Page 15)

- Policy and Procedures **MUST** be signed and dated
- Meeting minutes must include any attachments referred in the minutes
- Documentation done by another agency on behalf of the department (i.e. contracted organizations) must include evidence of agreement between the two entities (MOU, Letter of Agreement, contract, executive order)

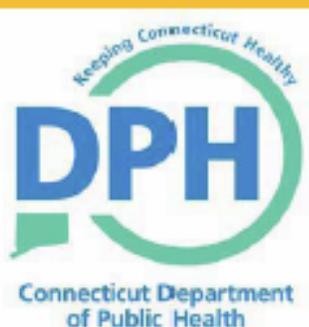


# Some Key Points Regarding Documentation (see Do's and Don'ts Tab 1 Page 15)

- Remember to highlight or insert arrows in document to point site reviewers in the right direction
- Documentation from health care facilities and professional licensing programs cannot be used
- *Document Titles* can be up to 250 characters. \*No underscores, dashes, commas or other special characters
- Converting a document to PDF format can sometimes affect page numbers. Make sure PDF documents pg numbers still match description after conversion.
- Confidential information should be covered or deleted

This brochure is located on the DPH Tobacco program website. It gets distributed to community partners, cessations contractors, at cessation trainings, and used as a reference for calls from the public looking for cessation services.

## Tobacco Use Cessation Programs in Connecticut



### Tobacco Use Prevention & Control Program

410 Capitol Avenue  
Hartford, CT 06134  
860-509-8251  
[www.ct.gov/dph/tobacco](http://www.ct.gov/dph/tobacco)

Revised Date: 8/7/2014

Page 1

### State Wide Cessation Programs



#### Connecticut Quitline

Telephone Tobacco Use Cessation Assistance available 7 days a week

CONNECTICUT  
**QUITLINE**  
1-800-QUIT-NOW  
1-855-DEJELLO-YA

Call 1-800 QUIT NOW or 1-855-DEJELLO-YA  
(para español) or register online at  
[www.quitnow.net/connecticut](http://www.quitnow.net/connecticut)

The CT Quitline is a telephone help line offered free of charge that provides cessation counseling, quitting information, personalized Quit Plans, and support while quitting.



The CT Quitline is open 7 days a week 24 hours a day. English, Spanish, and other languages are available. Internet Web based cessation services and a text messaging program also available free of charge as part of the quit program.



#### BecomeAnEX.org

Online cessation program available 24 hours, 7 days a week

<http://www.BecomeAnEx.org>

The EX Plan is a quit smoking program free of charge, one that can show you a whole new way to think about quitting. It's based on personal experiences from ex-smokers as well as the latest scientific research from the experts at the Mayo Clinic.

The EX Plan helps you see quitting not as one big war, but as a number of little battles you can actually win. And the secret to winning these battles is re-learning your life without cigarettes.





# Accepted Program Areas for PHAB Documentation (see handout Tab 2 Page 19)

## • Accepted

- Access to clinical services
- Chronic disease prevention
- Communicable disease
- Community health
- Environmental public health
- Governance, administration
- Health ed and promotion
- Injury prevention
- MCH
- Public health preparedness
- Laboratory services

## • Not Accepted

- Primary care
- Dental clinics
- Home health
- Social services
- Mental health services
- Substance abuse services
- Domestic violence services
- Licensing of facilities and professionals
- EMS
- WIC services



# Besides meeting certain criteria – every document needs a few things:

## Title

*Flu Press Release Aug. 11, 2011*

## Document Description

*This document contains minutes from the Board of Health Meeting held on Aug. 10, 2012. A discussion item at the meeting was the governing entity's role in policy development. Please see the highlighted section on page 3.*

## Measure Narrative

*9.2.2 A – These three documents show how the QI Team at the health department is working to implement the QI plan. The documents show our work on issues identified by the QI team with staff input and the processes used (as guided by the QI Plan). Each project relates to our Strategic Plan and involves the full health department, with program staff participating in each project. The storyboard shows the progress achieved in improving billing and collections (32%) for our women's and children's health programs. The reports from the WIC QI project showed a 52% decrease in patient waiting time after check-in.*

# Quick Reference Check List

***PHAB Documentation Quick Reference Check List***

Document \_\_\_\_\_

**Every document must meet these criteria -**

- Document is current and in use
- Document is not a draft
- All confidential information is covered or deleted?
- Document is saved in an acceptable file format?
- Document is from a core public health program?
- Document is dated appropriately

**PDF – preferred format**  
 For full list see documentation guidance in binder

Must be population based and directly address core public health functions and ten essential health services

**NOT ACCEPTABLE**  
 Primary Care, Dental Clinics, Home Health, Social Services, Mental Health Services, Substance Abuse Services, Domestic Abuse Services, **Licensing Programs**

**DATES**

5 years -	cuto ff	03/2011
3 years -	cuto ff	03/2013
2 years -	cuto ff	03/2014
14 months -	cuto ff	01/2015

**If applicable -**

- Policy and Procedures are signed and dated     Meeting minutes include any attachments referred in the minutes
- Documentation done by another agency on behalf of the department (i.e. contracted organizations) includes evidence of formal agreement between the two entities (MOU, Letter of Agreement, contract, executive order, *etc*)
- Webpage submitted in the form of a time stamped screenshot, includes the URL address

*Remember to highlight (use yellow color) or insert arrows in document to point site reviewers to relevant information*

Notes {

# Measure Review Forms

## PHAB Measure Review



<b>Measure #</b>	
Person(s) Responsible	
Domain Team Review Completed	
Document Review Team Completed	

**\*Date Guidelines**

5 years -	cut off 03/2011
3 years -	cut off 03/2013
2 years-	cut off 03/2014
14 months-	cut off 01/2015

RD	Document Title 250 characters max	Dated*	Evidence of Authenticity (signature, logo, etc)	File Format	Document Origin (Division/Program)	Document Description What is the document Where in the document is the relevant information (i.e. pg number/section) 150 words max	Comments



<b>Measure Narrative</b>  
<b>Questions</b>  



**PHAB Measure Review**



<b>Measure #</b>	3.1.3
<b>Person(s) Responsible</b>	Joan <del>Aschlem</del> , Erin Singleton
<b>Domain Team Review Completed</b>	10/31/2014
<b>Document Review Team Completed</b>	

<b>*Date Guidelines</b>	
5 years -	cutoff 03/2011
3 years -	cutoff 03/2013
2 years -	cutoff 03/2014
14 months -	cutoff 01/2015

RD	Document Title 250 characters max	Dated*	Evidence of Authenticity (signature, logo, etc)	File Format	Document Origin (Division/Program)	Document Description <i>What is the document</i> <i>Where in the document is the relevant information</i> (i.e. pg number/section) 150 words max	Comments
Doc 1 (ex 1)	CT DPH Website Information Page on Type 2 Diabetes Management	Yes	Yes	PDF	Family Health, Diabetes Program	This document is a screenshot of a webpage found on the CT DPH public webpage under the chronic diseases link.	
Doc 1 (ex 2)	Breast Cancer Screening Brochure in Spanish	No	Yes	JPEG	Community Health and Prevention, Cancer Program	These documents are brochures whose target audience are English and Spanish speaking CT residents who utilize public healthcare clinics. These brochures are available in the waiting rooms of 13 clinics throughout the state.	Updated brochures, with date, will be uploaded on 11/15/2014
	Breast Cancer Screening Brochure in English	No	Yes	JPEG			
Doc 2 (ex 1)	Report of Findings from Advisory Group for Smoking Cessation Initiative Meeting –August 23, 2012	Yes	Yes	PDF	Community Health and Prevention, Tobacco Use Prevention & Control Program	This document summarizes the findings from a planning meeting with the Smoking Cessation Advisory Group. A discussion item was obtaining feedback from the Advisory Group on the development of smoking cessation educational materials for youth, ages 13-18. Please see highlighted section on page 15.	
Doc 2 (ex 2)	Excerpt of key informant interviews from HIV Service Provision Planning Report – October 13, 2011	Yes	Yes	PDF	Infectious Diseases, HIV Program	This document is an excerpt from the HIV Service Provision Planning Report. Key informants were interviewed regarding a variety of topics to assist the department in better meeting the needs of HIV positive residents in the State. This excerpt provides details of questions asked regarding feedback on outreach materials and how to best adjust the messaging to best reach a diverse group.	Do first names need to be redacted?



<b>Measure Narrative (up to 10,000 characters)</b>
These four documents demonstrate how several programs within the department are providing the public with information on how to protect their health and are consulting with communities as an integral part of developing these health messages and materials. The webpage information on Diabetes Management and the Breast Cancer Screening Brochures are written in plain language and are displayed in easy to read formats. Examples from both infectious disease and chronic disease programs demonstrate some of the ways in which communities have been included in shaping DPH messaging and materials regarding health issues. The Advisory Group for the Smoking Cessation Initiative represents a wide coalition of smoking cessation advocates in the state including, The American Cancer Society, Institute for Tobacco Education, and Communicare INC. The diverse group of key informants for the HIV Service Provision Planning provided a range of perspectives regarding key concerns with reaching the HIV community in CT.
<b>Questions/Notes</b>
Check to make sure Doc 2 (ex 1) meets the criteria of being part of the same program as a Doc 1 example

C

Healthy

## Ways of Tracking Progress

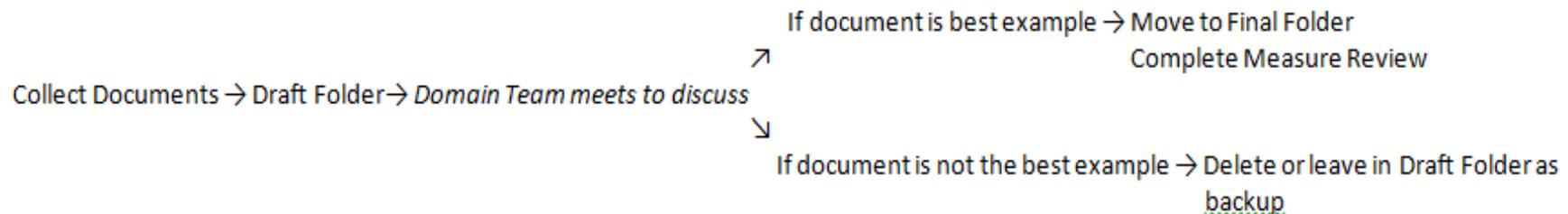
- \*Master Tracking Form
- \*PHAB Progress Chart





# PHAB Documentation Work Flow

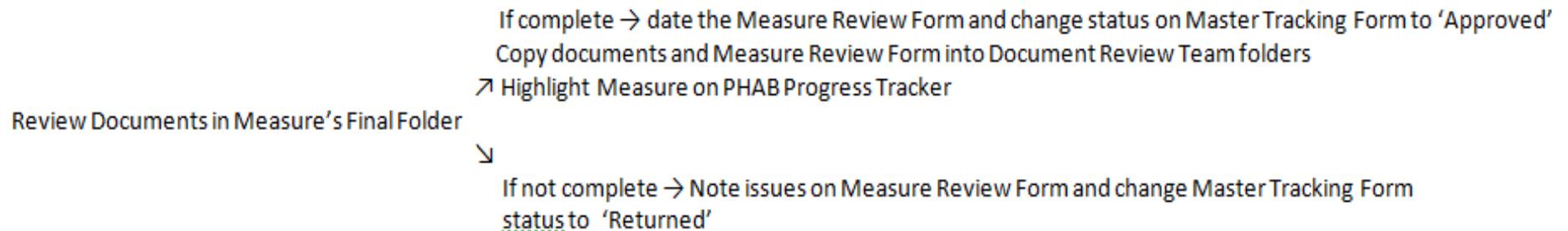
## 1. Domain Teams



## 2. Domain Lead

Complete Master Tracking Form → Notify Document Review Team that Measure is complete by changing review status to 'Action Item'

## 3. Domain Review Team





# Questions ?

