PUBLIC HEALTH ACCREDITATION BOARD'S CHANGES IN RESPONSE TO COVID-19:
EXPLORING THE SITE VISITOR MODEL

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A dissertation submitted to the faculty at the University of North Carolina at Chapel Hill in
partial fulfillment of the requirements for the degree of Doctor of Public Health in the
Department of Health Policy and Management in the Gillings School of Global Public Health.

Chapel Hill
2022

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ABSTRACT

Karla Buru: Public Health Accreditation Board's Changes in Response to COVID-19: Exploring
the Site Visitor Model
(Under the direction of Leah Devlin)

The Public Health Accreditation Board (PHAB) utilizes a peer-based volunteer site

visitor model for national public health accreditation. To maintain operations during the COVID-

19 pandemic, PHAB issued supplemental guidance and implemented changes to the

accreditation review process and site visit methods, which impacted the volunteer site visitors.

This research utilized a mixed methods approach to 1) analyze the impact of the changes on the

site visitors; 2) explore perceptions of both site visitors and PHAB Accreditation Specialists

about the changes; and 3) explore how other accreditation organizations responded to COVID-

19. The findings highlight the benefits and limitations of the changes that PHAB made.

Recommendations for improving the implementation of PHAB's supplemental guidance and

their overall volunteer site visit model are outlined. The findings and recommendations can be

used to improve PHAB's operations, as well other accrediting bodies.

ACKNOWLDGEMENTS

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LIST OF ABBREVIATIONS

CEU Continuing Education Unit

PHAB Public Health Accreditation Board

PRISMA Preferred Reporting Items for Systematic Reviews and Meta-Analyses

CHAPTER 1: INTRODUCTION

Background

Public health accreditation began gaining national interest in the early 2000s. In 2003, an Institute of Medicine report recommended exploring the benefits of accrediting governmental public health departments via the establishment of a national steering committee. (1) Similarly, as part of the Centers for Disease Control and Prevention's 2004 Future Initiatives, accreditation was identified as a key strategy for bolstering the public health infrastructure. (2) While there were some related initiatives at the state and local levels such as the North Carolina Local Health Department Accreditation, a national program did not exist. (3) The Robert Wood Johnson Foundation brought together stakeholders from across public health to discuss the reports and agreed that the topic should be further explored. Thus, in 2005 the Exploring Accreditation project was initiated. The project's goal was to assess both the feasibility and desirability for such an accreditation program and develop recommendations for the future. (3) Exploring Accreditation Project Team members included representation from public health organizations, including the American Public Health Association, the National Association of Local Boards of Health, the Association of State and Territorial Health Officials, and the National Association of County and City Health Officials. (3)

The project's evaluation determined it was both feasible and desirable to move forward with creating a voluntary national accreditation program. The Exploring Accreditation Final Report identified several potential goals for a voluntary national accreditation program.

Examples of the recommended goals included promoting high performance and continuous quality improvement; increasing visibility and public awareness of governmental public health; and illustrating health department accountability. (3) Achievement of these goals would lead to greater support for public health funding, leading to greater impacts in the communities served. (3) Based on these recommendations, the Public Health Accreditation Board (PHAB) was formed in 2007 to develop, implement, and oversee a national public health accreditation program. Over the next several years, PHAB engaged in activities such as working with stakeholders to develop standards and measures, soliciting and incorporating public comments, and beta testing at 30 public health departments. In September 2011, PHAB Accreditation Standards and measures were publicly released, and national public health department accreditation began. (2)

Based on the standards that PHAB distributed, some health departments chose to begin their journey through the accreditation process. Health departments assessed their readiness to meet the PHAB standards and submitted statements of intent. They provided PHAB with descriptive information and prerequisite documents, including the community health assessment, community health improvement plan, and strategic plan. Documentation was selected by the health departments and then reviewed for conformity by PHAB and the site visitors. Site visits were conducted, and reports submitted to the PHAB Accreditation Committee. In February 2013, eleven public health departments were awarded five-year accreditation by PHAB. (2) The first group of accredited health departments included state and local health departments from across the United States. Examples of these included the Oklahoma State Department of Health, Franklin County Health Department (Frankfort, Kentucky), the Public Health Authority of

Cabarrus County, Inc, doing business as Cabarrus Health Alliance (Kannapolis, North Carolina), and Spokane Regional Health District (Spokane, Washington). (2)

From its beginnings through November 2021, PHAB has accredited (or reaccredited) more than 335 health departments, which serve approximately 89% of the nation's population. (4) This includes 289 local health departments, 39 state health departments, five tribal public health systems, one statewide integrated public health system, and two Army installations of public health, as of November 2021. (4) Additionally, another 104 health departments have initiated the process of accreditation. (4) Overall, 95% of the population is being served by health departments which have either met or are pursuing to meet the national standards and measures.

Figure 1: PHAB Accreditation Activity (4)

Accreditation Activity as of November 9, 2021

Numbers on the map represent the total number of accredited health departments and vital records and health statistics units in each state.

VT - 1
NH - 1
MA – 4
RI - 1
CT - 4
NJ - 5
DC – 1
DE - 4
MD - 12

Type of Health Department/Unit	Accredited	In Process	Total in e-PHAB
Local	289	93	382
State	39	3	42
Tribal	5	4	9
Territorial	-	1	1
Army	2	3	5
Centralized States Integrated System*	1/67	-	1/67
Number of HDs	**336**	**104**	**440**
Population (Unduplicated)**	275,651,290	178,309,053	293,482,243
VRHS Unit	3	6	9

*Single accreditation for multiple health departments
**US population based on US Census Bureau 2010 of 308,745,538

Applicant names are kept confidential

Figure 1 illustrates which states have accreditation activity. A state is blue if any type of health department has accreditation activity. The number within each state indicates the number of public health entities (state, local, tribal, etc.) in the accreditation process or accredited. For example, Louisiana has the number 2 on it, which represents the two accredited organizations in that state (1. Louisiana Office of Public Health and 2. New Orleans Health Department.)

In addition to the general population benefiting from being served by health departments which meet the same standards and measures, health departments have reported numerous benefits from the accreditation process. For example, in numerous studies accredited health departments have reported immediate and sustained increases in quality improvement and performance management activities due to their accreditation efforts. (5) Health departments have also reported that the PHAB accreditation process strengthened their relationships with community partners and increased accountability to external partners. (6) Almost half (47%) of health departments which have been accredited for four years indicated that accreditation improved their competitiveness for funding opportunities and 71% reported improved utilization of health department resources. (7) National public health accreditation has established itself and proven its benefits. There will be continued demand for PHAB services for various reasons: 1) health departments that were early adopters of accreditation are now going through reaccreditation; 2) other departments are pursuing initial accreditation as they have seen the benefits from the early adopters; and 3) in some instances, such as in Ohio (3), pursuing public health accreditation was put into law. (8)

The process to become accredited involves health departments submitting documentation as evidence that they are meeting PHAB standards, which is reviewed and scored for conformity with PHAB standards. Then, a site visit is conducted by PHAB site visitors, during which they

meet with health department staff and community partners. PHAB utilizes a peer-based volunteer site visitor model. The Exploring Accreditation Report highlighted the use of volunteers in the site reviews for assessing conformity because it was both highly valued and helped to control costs. (3) Individuals who meet certain eligibility criteria, including having at least five years of professional public health experience, having leadership or management experience, and a bachelor's or higher degree, can apply to become a volunteer PHAB site visitor. (9) This can include individuals who have recently retired from working within public health. After being selected to serve as a site visitor, PHAB provides training and guidance on the role. Individuals are then placed into a pool of volunteers who are eligible to be assigned to a site visit team. Volunteers are asked to commit to being on one site visit team per year. (10) Under the original site visitor model, being a PHAB site visitor required a significant time commitment (approximately 95 hours per assignment). (10) For individuals who can participate in PHAB activities as part of their job, this is also an investment of their employer's time and resources.

Just as health departments choose to pursue accreditation for a variety of reasons, individuals have varying motivations for wanting to become a site visitor. PHAB site visitors have reported benefits of professional networking and being provided opportunities for learning about best practices of other agencies and ways to improve public health quality, as well as having the opportunity to serve in a national role, which demonstrates and enhances leadership skills. (10) These benefits, and other motivating factors, attract individuals to apply and serve as PHAB site visitors.

It is important to recruit and maintain a large enough pool of qualified PHAB site visitors to keep up with the demand in PHAB services. Otherwise, there is the potential for the

accreditation process to take longer for health departments, waiting for site visitors to be available. This could become a barrier for health department participation or degrade the perceived value of accreditation. Additionally, if there is a low number of site visitors, then those in the site visitor pool may be asked to be on more than one site visit team per year, which would increase their time commitment and/or discourage them from wanting to continue serving as a site visitor. During informal discussions amongst site visitors and PHAB staff, the perceived need for more site visitors has been voiced. A recent survey also indicated that PHAB's supply of site visitors is vulnerable to public health crises. As previously noted, using volunteers is a cost containment strategy and if a shift is ever made to paid site visitors, it would certainly have a financial impact PHAB.

Regardless of the current volunteer situation, PHAB will always need to recruit and retain volunteer site visitors to utilize a peer-review model. The Volunteer Site Visitor Model is illustrated in Figure 2. First, an individual must be recruited to be a site visitor. They will need to perceive a benefit in becoming a site visitor. Additionally, if the individual is planning to utilize time in which they are paid by their employer for site visitor accreditation activities, there would also need to be a perceived benefit or value to the site visitor's employment organization. Once the individual is recruited and becomes a site visitor, he or she needs to continue receiving a benefit that is equal to or greater than their investments of time and expertise, for them to stay a site visitor. There could be exceptions to this rule, in cases where an individual does this as a way to give back to the public health profession. For an organization, such as PHAB, to utilize and maintain a volunteer site visitor model, they must recruit and retain enough site visitors to keep a balance of the benefits gained by individuals with the amount of time/level of effort that they are being asked to give. Sustainability is achieved when there are enough volunteers to meet

the ongoing accreditation demand without increasing the agreed upon number of required site visits per year per volunteer site visitor.

Figure 2: Volunteer Site Visitor Model
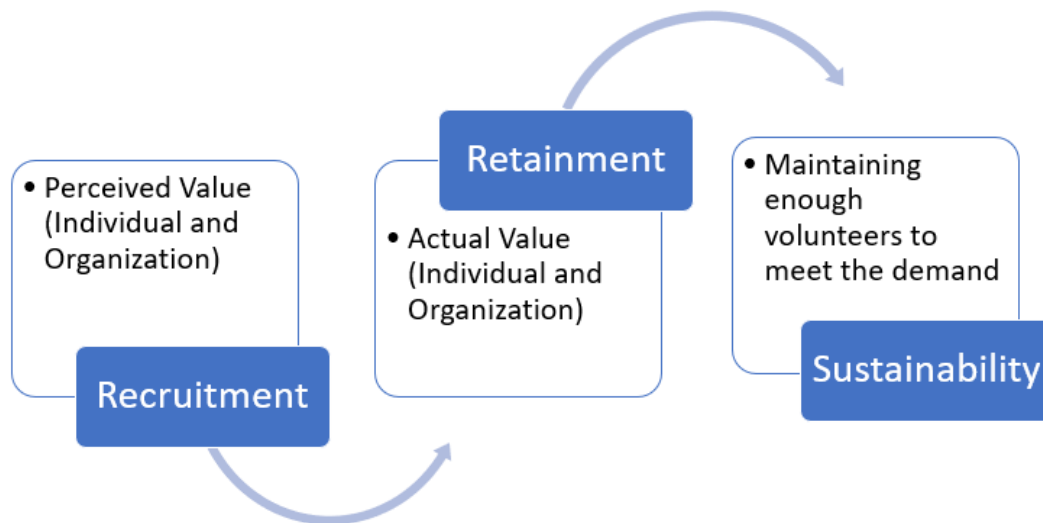
<u>Significance</u>

A key input of PHAB's peer-review model is "peers" from within the public health workforce (or recently retired) serving as site visitors. In recent years there have been several challenges to recruiting, retaining, and sustaining an adequate pool of volunteer site visitors. Prior to the COVID-19 pandemic, there had been downward trends in the numbers of individuals in the public health workforce at all levels. At a local level, almost a quarter of local public health jobs were eliminated between 2008 and 2017. (11) Similarly, between 2012 and 2019, the state health workforce decreased by almost 10%. (12) This reduced the pool of potential PHAB site visitors and may have reduced the likelihood that those still in the workforce have the capacity to volunteer their time, as they may have taken on additional roles and responsibilities.

Then, in early 2020, the COVID-19 pandemic began impacting public health departments in the United States and the public health workforce in unprecedented ways. Many public health staff across the nation increased their work hours and took on even more responsibilities as a part of COVID-19 response activities, which reduced the amount of time that an individual may have to volunteer as a PHAB site visitor. Now almost two years later, health department staff are continuing to balance COVID-19 response activities with the other services they provide. The COVID-19 pandemic brought attention to the public health workforce, including enhanced funding opportunities. However, not all the newly created public health positions contributed to an increase in the pool of potential site visitors, as those individuals may not meet the site visitor requirements such as five years of public health department work experience.

In response to the COVID-19 pandemic and to allow health departments and site visitors to focus on response efforts, PHAB put a ninety-day pause on the accreditation processes that were in-progress in March 2020. (13) During this timeframe PHAB also took time to strategically assess and plan a path forward for continuing accreditation activities during the COVID-19 pandemic. Input was gathered from health departments and PHAB site visitors, including a survey in May/June 2020. One of the key questions for site visitors was to determine when (or if) they would anticipate being able to serve on a site visit committee. For site visitors who did not have a current assignment at the time of the survey, more than 60% indicated they would not be able to take on a new assignment in 2020 or did not know when they could begin an assignment. (13) For site visitors who had a current assignment at the time of the survey, 77% anticipated being able to resume their current site visitor role at some point in 2020, while 23% did not anticipate being able to resume in 2020 or did not know. (13)

Those results indicate that 121 site visitors, which accounted for 40% of the total site visitor pool, needed to postpone their volunteering with PHAB or potentially stop serving as a site visitor all together. (13) See Figure 3: Site Visitor Survey Question Results for more details. These data highlight the impact that a public health crisis can have on the availability of PHAB volunteer site visitors.

Figure 3: Site Visitor Survey Question Results from May/June 2020 (13)
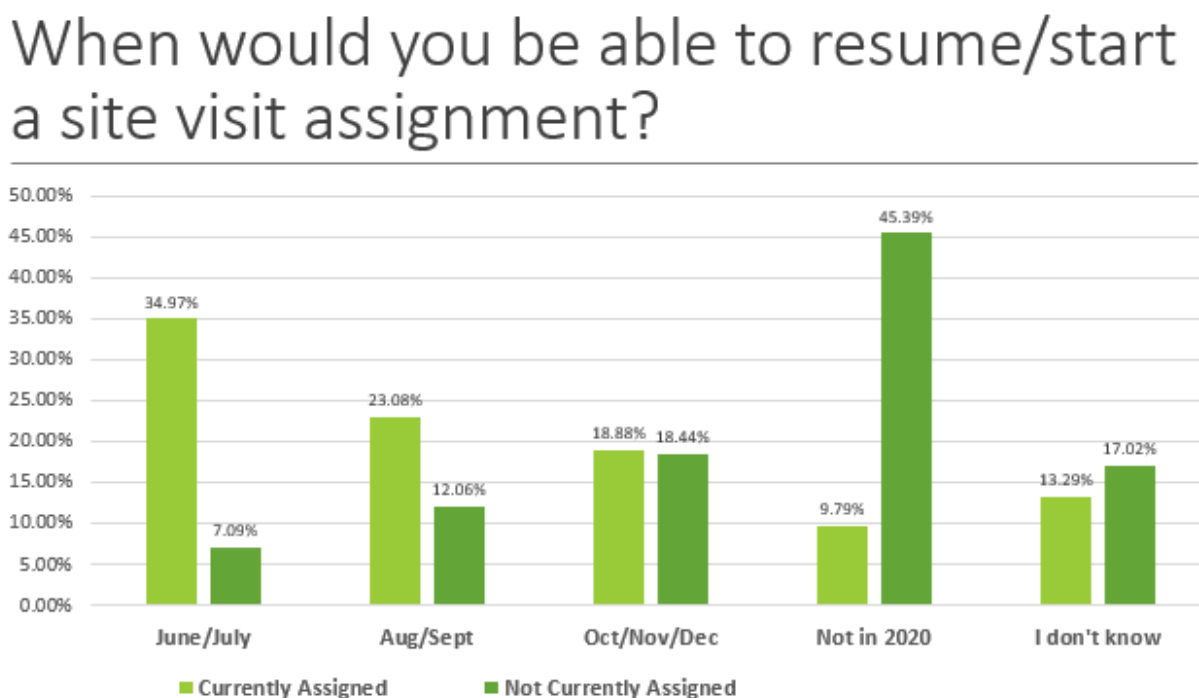
Additionally, from the qualitative responses, PHAB highlighted that approximately 50 site visitors (16% of the total number of site visitors) indicated an ability to serve as a substitute for site visitor who no longer had the capacity to complete their assigned review or take on another site visit assignment soon after their current assignment finishes. (13) This indicated that some site visitors were willing and able to serve as needed; however, it may not be enough to keep up with the demand.

Based on these results and other strategic planning efforts, PHAB released supplemental guidance for PHAB Accreditation Procedures effective August 1, 2020 through June 30, 2021, with additional guidance released on December 15, 2020 and again in November 2021. (14) The new guidance included a variety of changes that impact both the health departments pursuing accreditation or reaccreditation, as well as the volunteer site visitors. Three areas of change are related to site visitors: 1) Documentation Review, 2) Virtual Site Visits, and 3) Site Visit Timing. (14)

Documentation Review

PHAB's new guidance increased the role of the Accreditation Specialists, who are PHAB staff members, in the document review process. (14) Accreditation Specialists now conduct a pre-site visit review, which was previously completed by site visitors, in addition to the completeness review, that they were previously responsible for doing. The completeness review includes reviewing the application to ensure that all required materials have been included. The pre-site review includes reviewing and evaluating documentation for conformity with the standards and measures. Each measure is given a score of Fully Demonstrated, Largely Demonstrated, Slightly Demonstrated, or Not Demonstrated. Site visitors now only review documentation for core measures and any measures that PHAB staff have given a score of Slightly Demonstrated or Not Demonstrated. (14)

The site visitor review happens after the Accreditation Specialist has reviewed both the initial documents submitted and any additional documentation the health department provided after any initial requests for additional documentation. Previously, site visitors were responsible for reviewing all measures within their assigned four domains to determine the pre-site visit review score. Additionally, PHAB will only assign up to two site visitors for each health

department, depending on the number of measures that were reopened. (14) This is a reduction from three site visitors per assigned health department undergoing initial accreditation. As of November 2021, this specific part of the guidance was still being evaluated by PHAB. (14) It is planned that a decision on whether to continue, modify, or stop this change will be made in conjunction with the rollout of PHAB's new standards and measures, Version 2022. (14)

Virtual Site Visits

The new guidance changed site visits from being conducted on-site at the health department to being conducted virtually. PHAB has continued to review health and safety issues related to COVID-19 and travel. (14) In the November 2021 update to the supplemental guidance, PHAB indicated that after it determines it is safe for travel again, then health departments will be notified 90 days in advance if their site visit would be in-person and to determine if the selected dates will still work. (14) For the site visitor, this change eliminated any travel time between the assigned health department and the site visitor's home location. It also reduced costs associated with site visit travel, contributing to financial sustainability for PHAB.

Site Visit Timing

Previously, PHAB site visitors were required to participate in a two- or three-day site visit to the assigned health department. (10) Under the new guidance, site visits are now broken up over three days. This includes two sessions that are four hours in length and one session that is three hours long. (14) This allows site visits to be conducted virtually without having to utilize full days, which both health departments and site visitors expressed as a challenge during the COVID-19 response. (14) PHAB staff work with the health department to create a schedule that is suitable for all stakeholders. Therefore, there could be some exceptions to this schedule.

Over the course of the COVID-19 pandemic, PHAB has continued to assess the situation and updated the new guidance as appropriate. PHAB also continued to assess the availability of their current site visitors. A PHAB survey of site visitors from June/July 2021 showed that almost a quarter of the 173 respondents did not know when they would be able to take on a site visit assignment, even with the changes in place. Another quarter of the respondents indicated in the next year, but not within the next six months. (15) See Figure 4 for more details.

Figure 4: Site Visitor Availability from June/July 2021 (15)
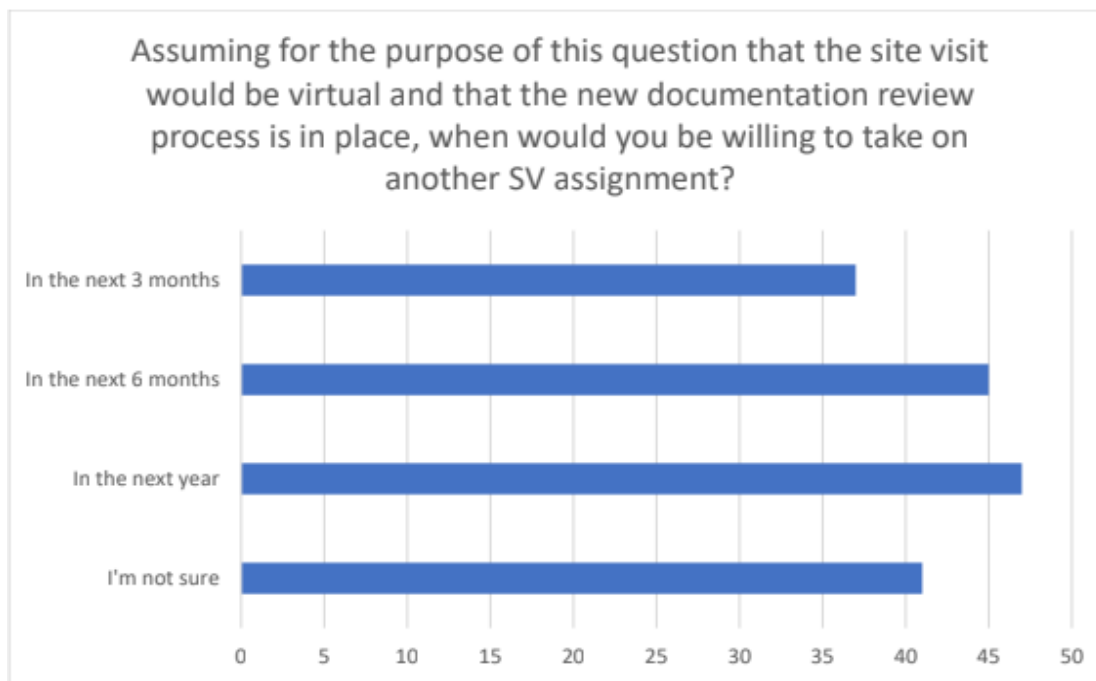
All these operational changes (documentation review process, virtual site visits, and site visit timing) combined significantly altered the site visitor model from its initial form. While COVID-19 may have served as the impetus for making the site visitor model changes, it may have been time for assessing and improving the site visitor volunteer model, given the changes in the overall public health workforce and perceived need for more volunteers. Over the course of PHAB's existence, the accreditation standards and measures have been reviewed and updated

from version 1.0 in 2011 to version 1.5 in 2014. PHAB has recently collected public feedback on

updated standards and measures, Version 2022, which is anticipated to go into effect in 2022.

(16) However, during this same time period there have not been any major or significant updates

to the site visitor volunteer model. The changes could also be considered in alignment with the

alternative model that was noted in the Exploring Accreditation Steering Committee Report,

having a paid team leader (in this case the Accreditation Specialist) to provide quality control

and stability, while the others are volunteers (site visitors). (3) This supplementary research, in

conjunction with PHAB's process evaluation of the supplemental guidance, can help to

determine what the long-term impacts on the volunteer site visitor model might be and

opportunities for process improvement.

CHAPTER 2: Review of the Literature

There is a growing body of literature supporting accreditation as a way to increase the quality of services provided and describing its benefits to the organizations; however, there is not as much known about the individuals who choose to assist the accreditation organizations in the review process. While PHAB is relatively new, the concept of accreditation is not new and exists in many other settings such as hospitals, laboratories, public health education, etc. These other organizations also utilize site surveyors and there may be valuable research and lessons learned that can be applied to PHAB site visitors. The literature review focused on answering the research question: "How do accreditation organizations recruit and retain site visitors?" The methodology and results from a systematic review are outlined in the following sections.

Information Sources for Literature Review

A systematic review was conducted using the following resources.

1. ProQuest Health Management Database – This was selected because it includes resources related to public health administration and hospital/health administration.

2. Scopus – This database includes resources focused on science, social sciences, and medicine. There are multiple accrediting bodies within these fields.

3. Global Health – This was selected to capture accreditation information from other countries, as accreditation has been growing globally as a quality improvement activity.

Because preliminary research indicated that there is limited research on this topic, additional studies were identified through backwards searches by using the references in relevant articles.

Search Strategies

The search terms outlined in Table 1 were used to help answer the research question.

Table 1: Search Concepts and Terms

Concept	Key words, search terms
Accreditation	"public health accreditation board" OR "PHAB" OR "accreditation" OR "accrediting body"
AND	
Site Visitors (Individuals who review information)	"site visitor" OR "surveyor" OR "review committee members" OR "auditors"
AND	
Recruitment and Retention	"recruit" OR "recruitment" OR "retention" OR "attrition" OR "motivation" OR "selection" OR "eligibility criteria"

The search appeared as the following:

("public health accreditation board" OR PHAB OR accreditation OR "accrediting body") AND ("site visitor" OR surveyor OR "review committee members" OR auditor) AND (recruit OR recruitment OR retention OR attrition OR motivation OR selection OR "eligibility criteria").

Inclusion and Exclusion Criteria

As noted, preliminary research indicated that there were limited articles published on accreditation site visitors; therefore, the search terms were broad, and the inclusion/exclusion criteria were designed to not be overly stringent. The specific inclusion and exclusion criteria are outlined in Tables 2 and 3. While PHAB has only been in existence since 2011, the researcher did not want to place a date limitation on the articles, as there are other comparable accrediting organizations in different industries which have been in existence for longer. Additionally, while

PHAB site visitors are volunteers, the researcher did not want to limit the search to only

organizations that use volunteers, as there may be research published on paid site visitors which

could be applicable.

Table 2: Inclusion Criteria

Inclusion Criteria	Rationale
Descriptive and analytical studies	To allow for a wide range of study designs
Qualitative and quantitative studies	To allow for a variety of studies that provide information on different aspects of the topic
Text in English	To allow the reviewer to analyze the article without use of a translation service
Focus on site visitor (individuals who review information), including information on recruitment and retention	To focus the scope of the review only on articles that discuss the site visitor role, particularly the themes of recruitment and retention
Site visitor role can be paid or voluntary	To allow for comparison of strategies across paid and volunteer site visitors
Related to an accreditation organization or accrediting body	To focus specifically on accreditation site visitors, but not limited to a specific industry, as they are other accreditation organizations that could be comparable

Table 3: Exclusion Criteria

Exclusion Criteria	Rationale
Not in English	To eliminate the need for translation services
Not full text	To allow for thorough analysis of the text
Does not focus on site visitor role	To exclude articles that focus on the accreditation process
Is not related to an accreditation organization or accrediting body	To eliminate studies that were not related to an accreditation organization

Study Selection

First, the researcher exported the results from the three databases mentioned above,

SCOPUS, Global Health, and ProQuest Health Management Database, concurrently into

Covidence and EndNote. The researcher de-duplicated the files before beginning the screening

of the titles and abstracts to determine relevance to the research question, specifically the

emphasis on the site visitor role. For articles meeting the inclusion criteria, full text articles were

obtained and imported into Covidence. During this stage, the researcher noted that one article

appeared as a reference for many of the other articles. This article was obtained and put through

the same screening process as the other articles previously identified by the database searches.

The researcher then reviewed all the remaining full text articles based on the inclusion and

exclusion criteria.

Data Analysis Process

A data abstraction form was developed in Excel and used to document information collected

from the articles. The form included the following fields:

- Article Identification number,
- Journal name,
- Article title,
- Author(s),
- Year of publication,
- Accreditation organization,
- Industry,
- Location,
- Study Purpose,
- Type of study,
- Data sources,
- Surveyor Eligibility and Selection Process,
- Surveyor findings (factors which could contribute to retention), and,
- Recommendations.

Based on the Volunteer Site Visitor Model (Figure 1), it was important to review themes that

were related to phases in the model. For example, surveyor eligibility and selection process are

critical components to the recruitment aspect, as well as surveyor motivation for wanting to

participate. Surveyor findings and perspectives were explored, particularly the level of work/time

commitment and financial compensation, as they contribute to the actual value of being a site

surveyor and desire to continue being a site visitor. As previously noted, there needs to be a balance between the surveyor's motivation/perceived value for participating and the actual amount of effort needed/actual value. This leads to the sustainability of recruiting enough site visitors to maintain an adequate supply.

<u>Literature Review Results</u>

Results of the literature review are outlined in Figure 5, which utilizes the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) format. The initial searches of the three databases yielded 1,711 articles. This included 253 from SCOPUS, three from Global Health, and 1,455 from ProQuest Health Management Database. During the full-text review there was one article that was referenced in multiple articles, so the researcher added it to the review process to determine if it would meet with inclusion criteria. This brought the total number of screened articles to 1,712. A total of 41 duplicates were identified and removed.

Therefore, 1,671 articles were left for the title and abstract review. During this process, 1,603 articles were excluded based on review of the abstract for relevancy. For the next step, 68 full-text articles were reviewed using the inclusion and exclusion criteria. There were 58 studies excluded during this process. The majority (41 studies) were excluded because they did not meet the criteria of being focused on the accreditation site visitor role, specifically recruitment and retention. Studies were also excluded for not being related to an accreditation organization or accrediting body (nine), not being available in English (three), or unavailable in full text (five). This left 10 studies for review and extraction.

Figure 5: PRISMA Diagram
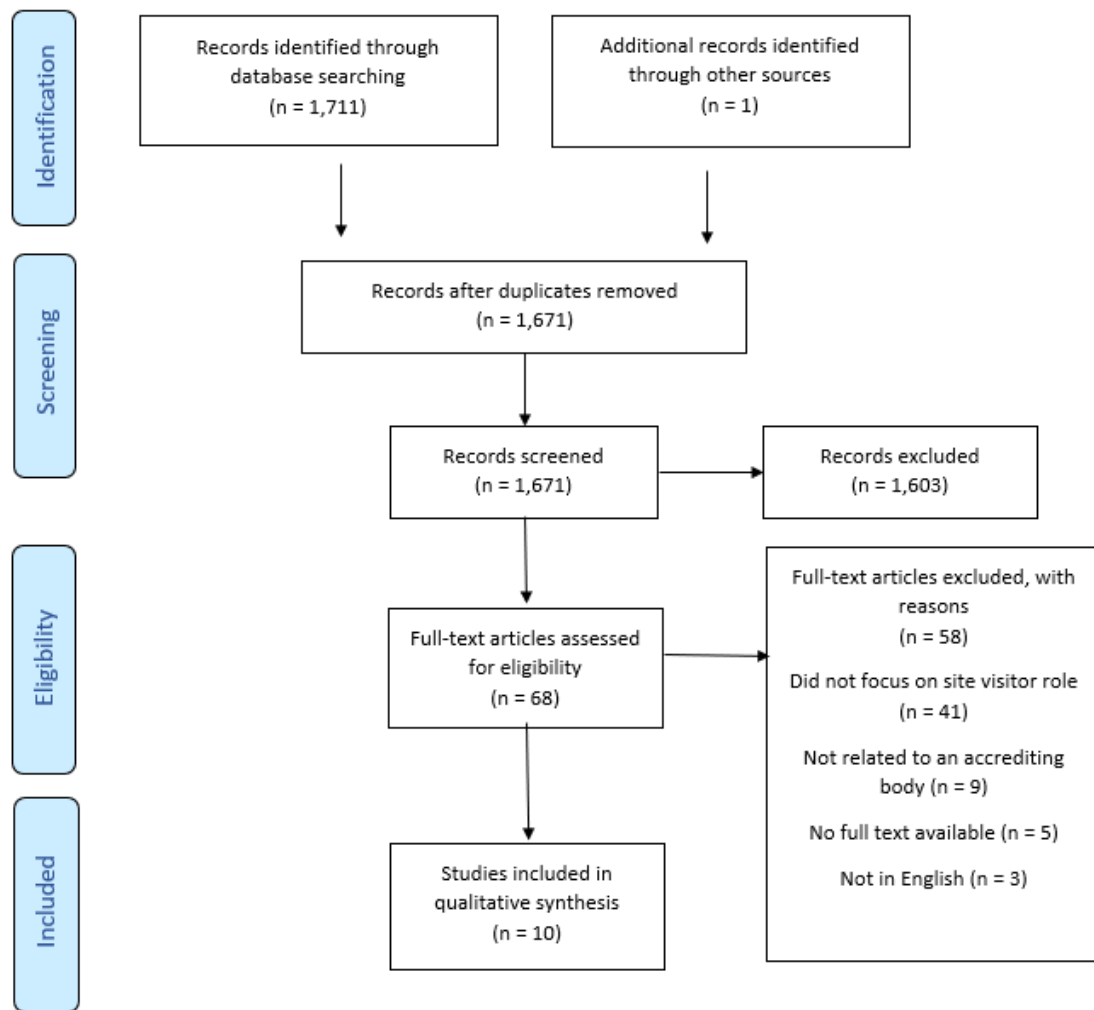
It is important to note that the articles included in this review may have had a primary focus that was something other than recruitment and retainment of accreditation site visitors, as there were very few articles found that focused solely on that topic. However, articles were included if they had any components related to surveyor recruitment and retention and only that information was extracted from the included articles.

Study Characteristics

The literature review yielded a variety of study designs. There were seven qualitative studies, one comparative study, and two mixed methods studies included in the review. The ten

studies reviewed and extracted were related to several accrediting organizations from different countries, as outlined in Table 4. There were six countries represented within the articles: Australia, Canada, Iran, United Kingdom, United States, and Zambia. The majority were related to hospital accreditation (nine organizations) and one organization was related to medical laboratories.

Table 4: Accreditation Organizations, Industry, and Locations Represented

Accreditation Organizations	Industry	Location	Article Reference Numbers
Australian Council on Health Care Standards	Hospitals	Australia	18, 19, 25, 26
Canadian Council on Health Services Accreditation	Hospitals	Canada	25
Iranian Hospital Accreditation	Hospitals	Iran	22, 24
General Directorate of Laboratory Affairs	Medical Laboratories	Iran	20
King's Fund Organisational Audit	Hospitals	United Kingdom	25
Hospital Accreditation Programme	Hospitals	United Kingdom	25
Trent Small Hospitals Accreditation Scheme	Hospitals	United Kingdom	23
Care Quality Commission	Hospitals	United Kingdom	17
Joint Commission on Accreditation of Healthcare Organizations	Hospitals	United States	25
Zambia Hospital Accreditation Council	Hospitals	Zambia	21

Selection and Screening Process for Site Visitors

The first theme explored was the selection and screening process for site visitors, as this is a key component of the model and can dictate who is eligible to be a site visitor. Every article had information related to the surveyor application process. These ranged from simply presenting the current criteria used for the organization referenced to comparing different organizations selection criteria to providing improvement recommendations. Six studies (17-22) noted the perceived need for improving the selection criteria used for surveyors, primarily making it more stringent. In Zambia, it was noted that surveyor selection has evolved over time due to surveyor attrition, moving from requiring accreditation council members to nominate an individual to recruitment via advertisements. (21)

However, there were some negative impacts, such as increased advertising costs and increased risk of losing buy-in from the council members, who no longer were required to provide a surveyor nomination. (21) Three studies (18, 20, 22) included an improvement recommendation that a component of the accreditation surveyor application process should be completion (and passing) of a comprehensive training. While some of the articles did include information about surveyor training, that aspect was not included in this review.

Level of Work/Time Commitment

Another aspect that organizations and potential site visitors should consider is the amount of work required. There were seven studies (18-24) that included perceptions about the level of work and time commitment required to conduct a survey. While there were differences across the accrediting organizations, most surveyors participated in document review and a site visit, usually at the location of the organization under review. The time commitment, including training and work expectations, was perceived as a factor that excluded potential ACHS

surveyors or contributed to them dropping out from the program. (19) As part of the Trent Small Hospitals Accreditation Scheme, it was noted that while general recruitment for surveyors was easy, it was particularly challenging to recruit medically qualified surveyors, such as general practitioners, due to the time commitment. (23)

Financial Compensation of Accreditation Surveyors

One potential factor that can balance the amount of work required by surveyors is financial compensation. Seven studies (17-18, 20-22, 24-25) included information about the payment of surveyors and the potential impact on recruitment and retention. Many of the surveyors across the organizations were participating in surveying as a secondary activity and not their primary employment. In general, those surveyors were given per diem and travel reimbursement. However, it was low compared to the level of work required (21-22, 24) and could vary depending on an individual's role on the survey team (17, 25), which impacted willingness to participate and remain a surveyor. Four of the studies (18, 20-21, 24) explicitly noted that the accreditation organizations should review compensation funding for surveyors and consider increases.

Motivation of Surveyors

In addition to financial compensation, there are other reasons that individuals want to participate as site surveyors. There was a total of five articles that provided insight into surveyor motivation. (17, 22-23, 25-26) Two articles (25-26) highlighted that surveyors perceived their role as a way to meaningfully contribute to improving the quality of healthcare across institutions. They were able to provide a professional contribution outside of their regular employment, whether due to their strong belief in civic responsibility or in order to fulfill their altruistic aspirations. (26) Three articles (17, 23, 26) indicated that another motivating factor

and/or benefit derived from those participating in surveying, while employed at another organization, was the transfer of knowledge back to the surveyor's home organization. In a survey of CQC inspectors, more than 80% indicated that their participation as a surveyor was an opportunity to identify good practices to improve services within their own organization. (17) Surveyors also gained professional development and training that they could apply if and/or when their own organizations applied for accreditation. (23, 26) In contrast, there was one study that indicated the perception that their surveyors had little motivation. (22) The lack of motivation by the surveyors was attributed to a lack of selection criteria and adding accreditation survey duties on top of their job duties at the Universities of Medical Sciences and Health Services. (22)

Literature Review Discussion

The literature review found that accreditation organizations recruit and retain site visitors in a variety of methods. The first theme explored was surveyor selection and screening process, as this is an essential component of any accreditation program. This process was an important factor across accrediting organizations, and it was a component of the process that should be evaluated for improvement. This could enhance the quality of surveyors within an accreditation organization and ensure that they are representative of the organizations seeking accreditation.

The next two themes do not necessarily indicate how organizations retain surveyors, but rather what factors that an organization could take into consideration when developing retention strategies. The time commitment by surveyors was noted as high, which resulted in difficulties recruiting and/or contributed to surveyor attrition. Organizations could take this into consideration when designing the accreditation workflow and surveyor role/participation in the process. While the time commitment was shown as high, the literature indicated the financial

compensation for surveyors was low. Low compensation could be no compensation or a small set stipend for the time spent reviewing and participating in the site visit. This did not include having the site visit travel expenses paid by the organization. It could also come with a high lost opportunity cost for those who were doing this as a secondary role, particularly for those in positions such as physician or director. This aligns with broader evidence that an increase in opportunity cost leads to a decrease in participating in volunteer activities. (27)

Given that accreditation surveying can be a high time commitment with low monetary gain, surveyor motivation plays a critical role in the situation. The review showed that surveyors are motivated by the desire to contribute to healthcare improvement and increase professional knowledge. These themes align with the benefits reported by PHAB from previous site visit volunteers. (10) They should continue to be taken into consideration when an organization, such as PHAB, is designing recruitment materials or training opportunities for surveyors. While the studies may not have directly provided a wide array of recruitment and retention strategies, the review did provide insight into key contributing factors. Accrediting organizations, such as PHAB, could use this information to evaluate the selection and eligibility criteria, as well as the amount of time required by volunteer surveyors. Related to the financial incentive, the review yielded a specific recommendation that could be evaluated by PHAB for feasibility. The Hurst (23) article recommended that the TSAHS explore the opportunity of providing continuing education credits for participation in surveying.

Study Quality: Strengths and Limitations

Within the literature review there were seven qualitative studies, one comparative study, and two mixed methods studies. An overarching limitation of the studies was the lack of strict hypothesis testing, often associated with quantitative study designs such as a randomized

controlled trial. There was a lack of quantitative studies, which limited the ability to show significant associations or correlations between recruitment/retention and other factors related to accreditation surveying. However, the qualitative studies provided a wealth of information and insight that quantitative studies cannot provide, such as individual's perceptions or motivating factors. The qualitative study designs allowed for a more in-depth review of specific themes.

There were varying levels of quality amongst the articles and each article had its own limitations. For example, one article of higher quality utilized the Walt and Gilson framework for policy analysis. (22) In contrast, one of lower quality only had a small sample size of three interviewees and did not indicate achieving saturation. (26) In order to conduct a comprehensive search, there was no publication date exclusion criteria. The articles included spanned more than a twenty-year range of publication from 1997 to 2018. Therefore, a potential limitation is that the articles published early in that timeframe (21, 23, 25) may include information that has since been updated or is no longer relevant. For example, the Bohigas (25) article included information about the training costs and payment of surveyors per day. The article accurately captured the costs from 1996, but these costs are not reflective of current training costs or payment.

The studies provided valuable information about surveyor recruitment and retention, that was collected using a variety of research methods and covered a range of accrediting organizations in different parts of the world. This provided the opportunity to compare information from studies that used similar, yet different accreditation settings. However, this limits the ability to generalize these findings. Only one study (25) included information about an accreditation organization within the United States, and there could be cultural differences around accreditation and volunteering that were not explicitly addressed in the studies but would impact the ability to generalize information across countries.

Literature Review Process Limitations

Accreditation site visitor recruitment and retention is a novel topic with a narrow scope. The reviewer defined three key concepts within the research question (1. accreditation, 2. site visitor, and 3. recruitment and retention) and identified multiple key words for each of those concepts. Identifying search terms for the non-tangential theme of "recruitment and retention" was challenging and there were no Medical Subject Headings (MeSH) terms. The included search terms did contain enough variety for each concept to be reflected in the search results, but it was not an exhaustive list. There were limited results found that focused directly on accreditation surveyor recruitment and retention. Therefore, the researcher included articles that had any component or finding that was applicable to recruitment and retention. These review process limitations should not impact the overall validity of the literature review. Given the large number of articles that were identified through database searching (1,712), full-text articles (68) that were assessed for eligibility, and ten articles that were included, the reviewer believes that the search terms provided a comprehensive assessment of available literature.

The systematic review only included published studies, which were available via the identified sources. It is likely that there has been additional relevant research, that was done for internal organizational purposes and not published.

Gaps in the Literature

Future research should consider directly focusing on the specific recruitment and retention strategies implemented by accreditation organizations in the United States. A few studies noted how selection strategies had changed or adapted over the years and that conducting more in-depth research on that topic could provide best practices for the industry. (17, 21) The literature provided evidence that surveyor motivation is particularly important for this job,

especially since it was noted that surveying is often a significant time commitment with no

financial gain. Research could be conducted to assess if and how that factor was taken into

consideration when developing communication materials and providing job expectations to

prospective surveyors. Additionally, there could be further exploration of the non-financial

benefits of volunteering as a site visitor. While this research question does not fit particularly

well with the rigor of more stringent research methods like a randomized control study, there

should be an effort to increase the quality of the study designs associated with this topic

including more quantitative analysis. For example, further exploration of the associations

between the variables of surveyor time commitment and financial compensation or loss could be

an area that allows for more quantitative analysis.

Another aspect for future research is to compare these findings with recruitment and

retention strategies for public health volunteers, not limiting it specifically to those volunteering

with accreditation organizations. This could include volunteer activities such as serving as a

board member or participating in a workgroup. There is a potential for the findings to be

applicable within the PHAB setting. A related gap in the literature is information about how site

visitors from the public health field may be different than site visitors in a healthcare or clinical

setting.

The literature review did not include the impact of COVID-19 on accreditation programs

and their site visitors. A preliminary search indicated there has not yet been much reviewed and

published on this topic. However, it would be important to continue reviewing the literature to

determine when this gap is addressed.

Literature Review Conclusion

This review focused on the question of how accreditation organizations recruit and retain site visitors. However, rather than answering that question directly, the literature review provided insight into what factors impact the recruitment and retention of site visitors. These factors included the selection and screening process, work/time commitment of the surveyors, financial compensation, and surveyor motivation. It also identified the need for more research specifically on the recruitment and retention strategies utilized by accreditation organizations, as well as the impact of COVID-19 on accreditation programs. These literature review results, along with future literature, can help to inform best practices which PHAB, and other accreditation organizations, can utilize to achieve sustainability in their accreditation programs. The key factors identified should be taken into consideration during strategic planning processes.

CHAPTER 3: METHODOLOGY

Research Question

The changes that PHAB made in response to COVID-19 were in alignment with the themes from the literature review, as they primarily focused on reducing the time commitment and level of effort required by the volunteer site visitors by changing their role in the documentation review, eliminating travel time by making site visits virtual, and breaking site visits up over more days. PHAB's aim was that the overall accreditation review process would take less time. (14) PHAB hypothesized that by having site visitors review documentation for fewer measures and reducing the amount of conformity statements being written by the site visitor, which should take the site visitors less time to complete and utilizing a fewer number of site visitors for each review, PHAB would be able to assign site visitors more rapidly. (14) PHAB has also been encouraging the site visitors to read the conformity statements written by the Accreditation Specialists for the measures, since they are not reviewing all the documentation and writing the conformity statements.

Formal evaluation of those stated quantitative aims was, and continues to be, conducted by PHAB. As COVID-19 continues to impact site visitor availability, as well as health departments' ability to participate in accreditation activities, PHAB continues to review and update its supplemental guidance, as evidenced by initial distribution in August 2020 with updates in December 2020 and November 2021. (14) However, these dissertation research results will help to provide evidence and recommendations for PHAB's on-going continuous

improvement efforts and assessment of the site visitor model in a post COVID-19 setting. As previously noted, COVID-19 necessitated the changes, which provided the opportunity to test out a new model and gather input for future planning. This research served as a way to collect lessons learned from the changes in PHAB's supplemental guidance, as well as additional data, which will inform PHAB's long-term strategies for the volunteer site visitor model.

Dissertation Research Question: What are the benefits and limitations of PHAB's temporary changes in response to COVID-19, and how can they be used to improve PHAB's site visitor model post COVID-19?

Research Aims and Methods: The three research aims and research methods are outlined in Table 5.

Table 5: Research Aims and Methods

Research Aim	Methods
1. Analyze impact of PHAB's temporary changes	Secondary analysis of PHAB process data
2. Explore perceptions of PHAB's temporary changes	Key informant interviews with PHAB site visitors and Accreditation Specialists
3. Understand how similar accreditation organizations responded to COVID-19	Document review and analysis from accreditation websites

<u>Study Design</u>

Overall Methods

This research was complementary to PHAB's evaluation efforts of the changes. The results help to provide more in-depth and robust information. The overall methodology was an explanatory sequential mixed methods design, in which PHAB collected and analyzed

quantitative data as part of their formal evaluation effort. Then the researcher conducted

secondary analysis of that data, as well as conducted qualitative data collection and analysis to

help identify any factors influencing the site visitor model under the temporary guidance.

Additionally, as a supplemental component to the explanatory sequential design,

document review and analysis was completed to determine how similar accreditation programs

changed their site visitor guidance or site visits in response to COVID-19. This allowed for

comparison of PHAB's temporary changes to its peers' responses. Figure 6 outlines the

explanatory sequential design utilizing Creswell's model (28) highlighting the work that was part

of PHAB's evaluation versus what was part of this research.

Figure 6: Explanatory Sequential Design (28)
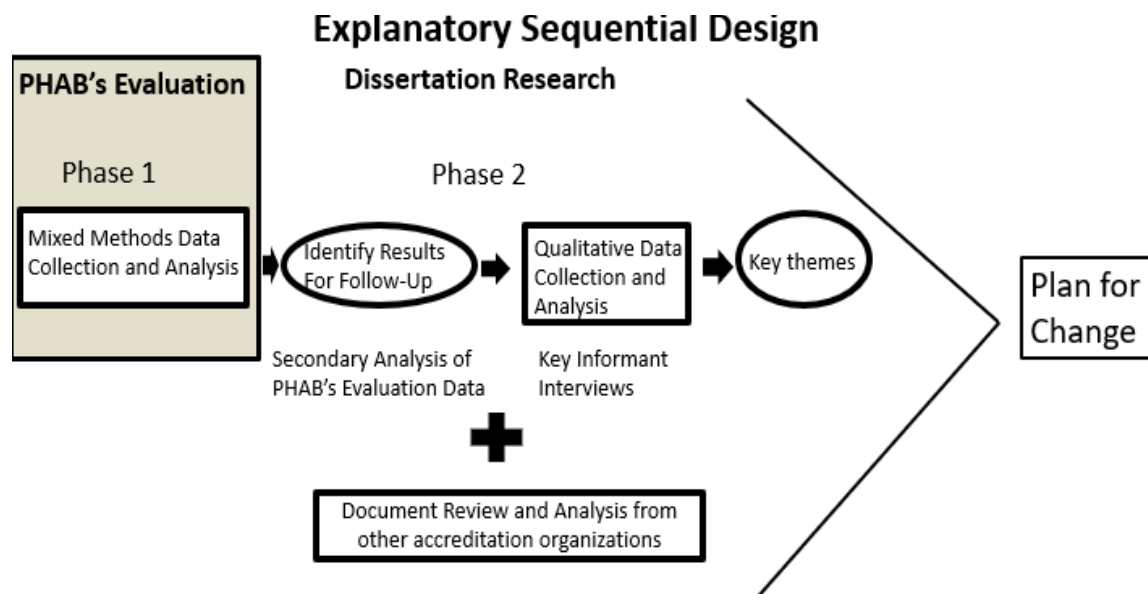
Aim 1: Analyze impact of PHAB's temporary changes

<u>**Aim 1 Methodology**</u>

As part of PHAB's on-going continuous improvement efforts, surveys are distributed to

site visitors via the e-PHAB system after they complete a site visit assignment. Several questions

from this survey provided relevant data. PHAB provided the researcher the responses to these specific questions from August 1, 2019, approximately one year prior to the temporary changes, to June 16, 2021, the time at which phase 1 analysis was being completed. In addition to the responses, PHAB provided some respondent demographic data related to the review model and type of review conducted. No identifying information was provided to the researcher. Table six provides a list of all the variables and descriptions provided by PHAB to the researcher.

Table 6: Aim One Variables

Type	Variable	Description	Potential Responses
PHAB Survey Questions	Likelihood to Volunteer Again	Level of agreement with the statement that the site visitor would volunteer again	Strongly Agree, Agree, Disagree, Strongly Disagree
	Disagreement Reason	Reasons why a site visitor disagreed that they would be willing to serve again	Text (phrases, sentences, or paragraph)
	Hours Spent on Review	Number of hours the site visitor estimated they spent on the review	Any numerical value greater than zero
	Support from PHAB	Ways that have PHAB staff could have better supported the site visitor	Text (phrases, sentences, or paragraph)
	Site Visit Agenda Recommendations	Recommendations from the site visitor about ways to improve the site visit agenda	Text (phrases, sentences, or paragraph)
Respondent Demographic	Survey Date	Date the site visitor submitted the survey	Any date between 8/1/2019 and 6/16/2021
	Review Model Used	Type of document review process that was utilized during the site visit assignment	Old Review Model, Hybrid Review Model, New Model
	Type of Accreditation Review	Type of accreditation review that was completed by the site visitor	Initial accreditation, Reaccreditation

Specific Questions from the PHAB Site Visitor Survey:

The selection of questions for this research was pulled from the middle of a larger survey that site visitors complete. PHAB has updated the site visitor questions over time, and these changes are italicized. However, it was assumed that even site visitors who got the older version of the questions would have included information about the new model, if applicable. For the first question, the researcher did not need the site visitor's level of agreement with prior statements but needed the responses to this follow-up question.

- If you disagree with any of the above statements about support from PHAB, why? How could PHAB staff have better assisted you throughout the process (e.g., pre-Site Visit review, agenda setting, Site Visit, Site Visit Report)? *If your review was conducted under the model where the Accreditation Specialist conducts the completeness review and pre-site visit review simultaneously,* please provide feedback about what worked well with that model and how you would recommend improving it. Specific comments are most helpful.

- I would volunteer to be assigned as a Site Visitor to another health department in the future.
    - a. Strongly Agree
    - b. Agree
    - c. Disagree
    - d. Strongly Disagree

- If you disagree with the above statement, please explain why. *Please indicate if your willingness to be a Site Visitor may vary based on the review model (i.e., where the Accreditation Specialist does the initial pre-Site Visit Review).*

- Approximately how many hours did you spend reviewing documentation and preparing for and conducting this Site Visit (including time spent traveling to/from the Site Visit and completing the Site Visit Report)? This information will help PHAB understand approximately how many hours Site Visitors are volunteering. A rough estimate is fine.

- What recommendations, if any, do you have about modifications to the Site Visit agenda (e.g., adding, removing, or changing the amount of time allotted to agenda items)? *If you participated in a virtual site visit for initial accreditation, please provide specific feedback on what, if anything, could be improved about that process.*

Respondent Demographic Information

In addition to the responses to the previously identified questions, PHAB provided three respondent demographic elements for each collection of responses. The first element was the date that the survey was submitted. In general, a survey would have been submitted shortly after the site visit assignment is completed. The second element was the type of review model used. The potential responses for this included the old review model; hybrid review model, meaning that potentially the site visitor started using the old model and possibly got through a few domains of the pre-site visit review, but then COVID-19 began, and the Accreditation Specialist took over and completed the rest of the pre-site visit review; and the last option was the new review model. The new model indicator meant that the site visitors were engaged after the pre-site visit review by the Accreditation Specialist. The last demographic variable provided was the type of accreditation review assignment that had just been completed by the site visitor. This could have been an initial accreditation or a reaccreditation of a health department.

Aim 1 Data Analysis

A total of 174 volunteer survey results were received between August 1, 2019 and June 16, 2021. Given that site visitors were able to complete the survey for a timeframe after their actual site visit assignment, the date of the survey response did not necessarily provide a good indication for which review method they used. For example, a survey response from August 2020, utilized the old review model and the qualitative comments indicate that an in-person, not virtual, site visit was conducted. Therefore, for the analysis, data was broken out and compared by the review model used, not the survey date as originally planned.

Because one of the anticipated advantages of the new review model was a reduction in time that volunteers spent on the site visit, the first analysis was a comparison in the number of

reported hours spent on a site visit assignment. The data were broken out by both the review process used (old, hybrid, or new) and the type of accreditation review (initial or reaccreditation). Analysis included identifying the minimum and maximum amount of time spent on each type of review by model used, as well as the average. However, it should be noted that one limitation of separating the data by review type is that any reduction in time due to having a virtual site visit was unable to be teased out separately from the time spent reviewing. This was only applicable to initial accreditation reviews, as reaccreditation site visits have always been conducted virtually.

A related anticipated benefit of the new review model was that a reduction in the amount of time spent on a site visit assignment, could positively impact a volunteer's willingness to complete another site visit in the future. However, some site visitors may like to travel and visit other departments, so virtual site visits could potentially negatively impact their willingness to conduct another site visit. As previously noted, site visitors were asked to indicate their level of agreement with the following statement: "I would volunteer to be assigned as a Site Visitor to another health department in the future." Respondents were required to select one of the following options: Strongly Agree, Agree, Disagree, or Strongly Disagree. The responses were separated and compared by the type of review model used.

Qualitative comments were provided for three questions. The data for each question was first sorted by if a response was included or not. For the question which asked for recommendations about the site visit agenda, a high-level review of the responses was conducted to identify when the responses started reflecting virtual site visits. The earliest mention of a virtual site visits was October 2020, therefore responses after that date were analyzed, identifying key themes. For the question related to support that PHAB can provide the site

visitors, the data was again first sorted by if there was a qualitative response. The second filter

applied was the indicator of which review process was utilized. This focused the analysis on

feedback that was provided for new review process. The third question, which asked site visitors

who indicated they would not be interested in volunteering again to provide details, was filtered

by review model used. It was also filtered by date. There were no qualitative comments received

for this question between March 11, 2020 and August 18, 2020, additionally the temporary

guidance went into place in August 2020. Therefore, the comments received on or after August

19, 2020 were analyzed for key themes.

Aim 2: Explore perceptions of PHAB's temporary changes

Aim 2 Methodology

To enhance the understanding of the data collected by PHAB for Aim 1, primary

qualitative data was collected for Aim 2. Primary qualitative data collection was completed in

the form of key informant interviews with PHAB site visitors and PHAB Accreditation

Specialists. They were asked to answer a series of questions related to their perceptions about

PHAB's supplemental guidance. For the PHAB site visitors, there were three categories of

participants: (1) PHAB site visitors who have conducted a site visit under the new process, (2)

PHAB site visitors who are currently in the process of conducting a site visit or who have

completed a site visit in a hybrid model, and (3) PHAB site visitors who have not conducted a

site visit under the new model but conducted a site visit under the old model. The second

category was needed as some site visit teams ended up being a hybrid of the two models,

depending on where a health department was in the process and the timing of the new guidance.

PHAB Site Visitors Recruitment

As part of their formal evaluation efforts, PHAB conducted a survey from June 4, 2021 to

July 6, 2021 of site visitors. (15) Since site visitors were the same target audience, the researcher

coordinated with PHAB to leverage that survey for recruitment. PHAB's survey included the

following question and possible responses.

"Would you be willing to participate in a brief interview* with an independent researcher
to share your perspective, as a site visitor, about PHAB's Supplemental guidance,
including the new review process? *If you say yes, your email will be passed along to
that researcher who will contact site visitors with more information about the interview.
- Yes, please send me more information
- No"

PHAB distributed the survey to 267 site visitors and 183 responses were collected. (15)

From those survey results and PHAB records, the following information was provided to the

researcher for individuals that selected "yes" they wanted to be contacted with more information.

- Email Address
- Name
- Number of Site Visit Assignments broken out by initial accreditation and
  reaccreditation
- Category of key informant (old model, hybrid, or new) broken out by initial and
  reaccreditation

PHAB provided a list of 90 potential key informants. The researcher began by separating

the potential participants by category. For the hybrid model and new model categories,

individuals who completed a site visit assignment for either initial accreditation or

reaccreditation were included. There were ten potential interviewees that utilized the new model,

fifteen that utilized a hybrid model, and sixty-five that utilized only the old model. Then from

each of the categories, the researcher randomly selected five individuals to contact. The

researcher then distributed an email (Appendix A) inviting these five site visitors to schedule a

Zoom interview using the doodle poll link that was provided. The doodle poll link was private,

meaning that only the researcher and the individual could see their identifying information. The

doodle poll provided a range of dates and times. Interviews were scheduled as the participants

responded to the doodle poll.   If there was no response from the participant by the date included

in the original email, the researcher sent a follow-up email indicating that if a response was not received within five days, then they would be removed from the list. The researcher continued to reach out to another group from each of the categories until there were no individuals left in that category or saturation had been reached across all categories. By limiting the groupings of individuals, it reduced the risk of scheduling too many interviews and then reaching saturation while there were still remaining interviews scheduled. Overall, 42 site visitors were contacted to participate in an interview with a response rate of 57%. Response rates by site visitor category was 70% for the new model, 60% for the hybrid model, and 48% for the old model.

Accreditation Specialists Recruitment

Similar to the recruitment of the site visitors, PHAB sent an email on behalf of the researcher to the PHAB Accreditation Specialists (Appendix B). The email provided information about the research opportunity and a link for a doodle poll that Accreditation Specialists could complete if interested in participating in an interview.

Implementation

The Accreditation Specialist key informant questionnaire was piloted with a current PHAB staff who works primarily on reaccreditations and therefore has a similar, but slightly different role than the other Accreditation Specialists who were interviewed. The site visitor interview tool was also piloted with a recently retired PHAB staff who is now serving as a site visitor. A change that resulted from the pilot was that during the interviews, after the site visitor demographic portion, the researcher would begin screen sharing the supplemental guidance document from PHAB. This helped to ensure that the key informants knew exactly which document was being referenced and provided the opportunity for them to read it, if needed.

At the beginning of each scheduled interview, the researcher reviewed the purpose of the study and obtained consent before beginning the interview. The researcher also obtained consent for recording the interviews for transcription purposes. The key informant questionnaires had guided questions with clarifying questions as needed. This allowed the participants to provide their perceptions and views. See Appendix C for the Key Informant questionnaire for Site Visitors and Appendix D for the Key Informant questionnaire for Accreditation Specialists. These questionnaires include the informed consent details. The interviews lasted approximately thirty minutes each.

Aim 2 Data Analysis

The key informant interviews were conducted and recorded via Zoom. Field notes were taken during each interview. The Zoom software was utilized to transcribe each interview. First, the researcher reviewed each transcription for accuracy and completeness, reviewing the audio when needed to clean up and finalize the transcript. The transcriptions were also used to validate the field notes. A codebook was developed based on the literature review, results from PHAB's formal evaluation survey, and data collected through this research. Appendix E provides the list of themes, sub-themes, and definitions. This information was uploaded into Dedoose software. There were some themes that were specific to the three key changes in the supplemental guidance: new review process, virtual site visits, and flexibility in the site visit timing. There were also other common themes that emerged related to the site visitor model in general.

Transcripts were reviewed and the appropriate codes were tagged to the relevant text. To improve the reliability of the coding of the key informant interviews, a second reviewer completed analysis of three interviews, which was just over ten percent of the total interviews. The initial codebook and one transcript were provided to the second reviewer. After each independent review was conducted in Dedoose software, the two reviewers met to discuss the

analysis. In any circumstances that there was a difference in coding, the reviewers discussed and reached consensus. Minor adjustments were made to the codebook based on the discussion. The same process was followed for two additional interview transcripts.

After coding was completed for all transcripts, then each theme was reviewed to determine how many different key informants mentioned that theme and which category of key informants identified the theme. Themes specific to the changes in the supplemental guidance (new review process, virtual site visits, and site visit timing) were also separated into benefits or limitations. Themes were grouped by frequency into two categories: commonly cited and occasionally cited. Commonly Cited meant that nine or more key informants (out of twenty-four) across all the categories mentioned the theme or all (three) of Accreditation Specialists mentioned the theme. Occasionally Cited meant that between four and eight participants mentioned the theme. Themes were also sorted by which categories of key informant (site visitors – new, site visitors – hybrid, site visitors – old, or Accreditation Specialists) voiced the theme. For example, each theme was reviewed to determine if a combination of key informant categories mentioned it or just one category of key informants.

Aim 3: Understand how similar accreditation organizations responded to COVID-19

<u>**Aim 3 Methodology**</u>

COVID-19 was an influencing factor on all accreditation programs. PHAB was not unique in needing to adjust its policies and procedures during the pandemic. A document review and analysis of how other accreditation organizations adjusted their site visitor operations provided peer comparison. It helped to highlight how PHAB's changes and approach were different or similar to that of other accreditation organizations. The results also helped to show how COVID-19 is impacting accreditation site visitors across multiple organizations, not just

PHAB. The document review focused specifically on changes to the site visitor role and/or site visits, not changes that were for the organizations seeking accreditation.

As part of the Exploring Accreditation project which led to PHAB's creation, in-depth investigations were conducted with accreditation organizations in other industries. These organizations were selected because they had elements comparable to those of a potential public health accreditation program. (3) There were sixteen organizations included in the review. As listed in the Exploring Accreditation full report (3), these included:

1. American Association of Museums,
2. American Forest & Paper Association's Environmental, Health & Safety Principles Program,
3. American Psychological Association Council on Accreditation,
4. The American National Standards Institute (ANSI),
5. American Zoo and Aquarium Organization,
6. The Chemical Industry's Responsible Care Program,
7. Council on Accreditation,
8. DIN (German Institute for Standardization),
9. Green Globe 21,
10. Fair Trade Labeling Organization,
11. Ecotel,
12. International Accreditation Forum Inc,
13. The International Electrotechnical Commission,
14. International Organization for Standardization,
15. ISO Environmental management systems, and
16. Commission on Accreditation for Law Enforcement Agencies.

The public websites for these sixteen organizations were the initial information sources for the document review. Their information was comparable to PHAB, given that they were previously identified as potentially having similar components. Some additional accreditation websites were identified during the review of these websites and/or the literature review. Those organizational websites, along with PHAB's information were included in the analysis. This allowed for analysis across all organizations, including PHAB.

Search Strategy

The search terms outlined in Table 7 were used to identify documents for review. The researcher manually searched each designated website for these key terms, as well as utilized any automated search functions that were available on the website.

Table 7: Search Concepts and Terms for Aim Three

Concept	Key words, search terms
COVID-19	"COVID-19" OR "Coronavirus" OR "pandemic"
AND	
Changes in Polices or Procedures	"updates" OR "guidance" OR "information"
OR	
Site Visitors/Site Visit	"site visitor" OR "surveyor" OR "review committee members" OR "auditors" OR "site visit"

Assumption

There was an underlying assumption that these organizations have publicly published any updated guidance. This assumption was built on the premise they were established accreditation organizations, which needed to have information available to both their site visitors and organizations seeking accreditation. For example, PHAB has its COVID-19 supplemental guidance posted on its public website. Additionally, the researcher piloted the search criteria by randomly selecting an organization from the list, American Psychological Association Council on Accreditation, and successfully utilized the search strategy to identify potential documents. This assumption was upheld during the additional searches.

Inclusion and Exclusion Criteria

After implementing the search strategies, the researcher reviewed any documents, including website text, utilizing the inclusion and exclusion criteria. The criteria were not

designed to be overly stringent, but rather to help control the scope of the review. Specific

inclusion and exclusion criteria are outlined in Tables 8 and 9.

Table 8: Inclusion Criteria for Document Review

Inclusion Criteria	Rationale
Focus on changes to site visitor role or site visits due to COVID-19	To focus the scope of the review only on documents that discuss the site visitor role or site visit process

Table 9: Exclusion Criteria for Document Review

Exclusion Criteria	Rationale
Does not focus on site visitor role or site visit	To exclude documents that focus on the organizations in the accreditation process

For documents meeting the inclusion criteria, the researcher downloaded or took a

screenshot of the document and stored it in a secure location. Documents were then reviewed

using a standard tool. The data abstraction form was developed in Excel and used to capture

detailed information.

The form included the sections and fields in the following list.

Descriptive Data

- Name of accreditation organization
- Date of publication
- Website link

COVID-19 Impact Information – Site Visits

- Does the document describe changes to site visit procedures? (Yes/No)
- If yes, are they temporary or permanent? (temporary/permanent)
- If temporary, what is the effective end date? (date)
- Information about facility tours. (text)
- Information about use of technology during site visits. (text)
- Description of the changes. (text)

COVID-19 Impact Information – Site Visitor

- Does the document describe changes to the Site visitor roles and responsibilities? (Yes/No)
- If yes, are they temporary or permanent? (temporary/permanent)
- If temporary, what is the effective end date? (date)
- Description of the changes. (text)
- Changes to the organizational staff roles and responsibilities. (text)
- Site visitor training related to COVID-19 processes. (text)

Additional Notes

- Additional Relevant Information. (text)

Aim 3 Data Analysis

The documents and completed data abstraction tool were analyzed to identify any trends or themes in how the accreditation organizations changed their site visitor guidance or site visits in response to COVID-19. Document characteristics such as the number of organizations with published updated guidance for site visitors helped to illustrate the current environment. Documents were reviewed for information about site visit method, including if they were being conducted virtually or in-person. Documents were reviewed to determine if any of the site visit changes had specific end dates or stipulations. Documents were also reviewed for any changes in the site visitor role. The information in the data collection tool was grouped together by theme, such as virtual site visit end date, and then themes and trends were identified.

Definitions of Key Terms Used in research

Site Visitor – Similar to the literature review, several terms will be used during the document review search to refer to the individual(s) who participate in the accreditation review process, usually through document review and on-site visits to an entity that is seeking accreditation. This will assist in capturing all relevant information, regardless of the exact term that an accreditation organization utilizes.

Site Visit Assignment – Refers to the time between when a site visitor accepts the opportunity to review a health department to a final decision being made on the health department. This is inclusive of the document review processes and the site visit.

Delimitations/Boundaries of research

The secondary analysis and primary data collection only focused on the perspective of the site visitors and Accreditation Specialists, not the experiences of the health departments with the new processes. This narrowed the scope to focus on the aspects that impact volunteer site visitor recruitment and retention. As part of their formal evaluation efforts, it is assumed that PHAB is collecting feedback from health departments related to the temporary changes.

Data Management Plan

For the primary data collection, all files were stored in a password protected location. Participant contact information (name, phone number, and email) was only collected to schedule and conduct the interviews. The information was stored separately from the research data (i.e., transcripts). All secondary data sources were also be stored in a password protected location. All data will be destroyed three years after completion of the research.

Institutional Review Board Considerations and Confidentiality Issues

The researcher went through the Institutional Review Board review process at the University of North Carolina Chapel Hill (UNC-CH). The research was reviewed and deemed exempt. As previously described, specific measures were taken to ensure confidentiality of all research subjects. For the primary data collection activities, key informant names and contact information were not linked to the data collected (transcripts) during the interviews.

CHAPTER 4: RESULTS

Aim 1: Analyze impact of PHAB's temporary changes
<u>Aim One Results</u>

Secondary analysis of PHAB's data produced the following results, which are organized

by theme.

Amount of time

At the end of an assignment, site visitors report the number of hours they spent on the

assignment. This includes time spent reviewing documentation, meetings with the site visit team,

and the site visit. For assignments prior to the supplemental guidance, the hours reported

included time spent on travel related to the site visit. However, as previously noted, that

information cannot be separated for this analysis. For initial accreditation, the median number of

hours was reduced from 100 hours to 27.5 hours utilizing the new review model. For

reaccreditation, it was reduced from a median of 50 hours to 25 hours.

Additionally, for initial accreditation the maximum number of hours reported dropped

from 1,000 hours using the old model to 60 hours using the new model. For reaccreditation the

maximum number of hours was reduced from 300 to 40 hours. The maximum for both types of

reviews appeared to be outliers, which is why both the average and median were calculated.

Table 10 outlines the hours by review type and review model used.

However, because only a limited number of site visit assignments have been conducted

utilizing the new model, there is a much smaller number of respondents when compared to those

who utilized the old model. Additionally, site visitors are not asked to track their hours as they

conduct the work, rather they are asked for an estimate at the end of the assignment. Therefore,

rough estimates are accepted and may not necessarily accurately reflect the actual number of

hours spent.

Table 10: Amount of Site Visitor Time

Type of Review	Review Model Used	Average # of hours reported	Median # of hours reported	Minimum # of hours reported	Maximum # of hours reported	Number of Respondents
Initial	**Old**	122.34	100	20	1,000	128
	Hybrid	70	50	10	150	3
	New	33.75	27.5	20	60	4
Reaccreditation	**Old**	72.23	50	12	300	35
	Hybrid	N/A	N/A	N/A	N/A	0
	New	25	25	10	40	4

Likelihood to Volunteer Again

A Likert scale question on the survey asked volunteers about their level of agreement

with the following statement: "I would volunteer to be assigned as a Site Visitor to another

health department in the future." Respondents were required to select one of the following

options: Strongly Agree, Agree, Disagree or Strongly Disagree. For volunteers who utilized the

new model, all eight agreed they would volunteer again with six indicating they strongly agreed

and two respondents agreeing. For volunteers who used a hybrid model, there was also 100%

agreement with the statement. One respondent strongly agreed and two agreed with the

statement. For volunteers utilizing the old model, 92% strongly agreed (n=101) or agreed (n=49)

that they would volunteer again. Twelve volunteers (~7.5%) disagreed with the statement and

one respondent (less than 1%) strongly disagreed.

Table 11 shows the breakdown of responses by review model utilized. Therefore, all the site visitors who utilized the hybrid or new model agreed that they would be willing to volunteer again. This is an increase from the responses in the old model. However, the sample size is significantly smaller for the new and hybrid groups limiting their comparability to the responses by the larger group that used the old model.

Table 11: Volunteer Again Responses

Level of Agreement	New		Hybrid		Old	
	Number of Respondents	Percentage	Number of Respondents	Percentage	Number of Respondents	Percentage
Strongly Agree	6	75.0%	1	33.3%	101	62.0%
Agree	2	25.0%	2	66.7%	49	30.1%
Disagree	0	N/A	0	N/A	12	7.4%
Strongly Disagree	0	N/A	0	N/A	1	0.6%

Site Visit Agenda Recommendations

There were 27 qualitative comments related to site visit agenda recommendations received on the site visitor e-PHAB survey between October 2020 and June 2021. There were several key themes that emerged from this data.

The first theme was a limitation of not getting a true feel for the health department, both the interactions with staff and the visual observations of the physical buildings. This was exemplified in the following comment, "I felt that I could have missed some things not being face to face and being able to see the interaction with the staff and community. Also seeing the building itself was a challenge." Another respondent expressed similar feedback and offered the suggestion of, "…I wonder if you could do a walk-thru on camera (would need to have someone with the Zoom app on their phone."

The second theme was a limitation of not feeling like there was adequate time for questions with the health department. Prior to the temporary guidance during a site visit, the three site visitors would split up and concurrently conduct domain review sessions with the health department staff. During the virtual site visits, domain review sessions were not conducted concurrently, rather more than one domain had to be covered in the same session. An example of this theme was the comment, "…covering three domains at once limited questions and answers." In addition to site visitors feeling like they "rushed through questions," was the sentiment that site visitors were participating in all the domain sessions, rather than just the ones that they reviewed. There were two potential suggestions provided to address this limitation. The first was the use of "break out sessions" and the second was that domain sessions should be "only attended by those site visitors who are assigned to measure."

The next theme was that the virtual format worked well. There were no modifications noted, but rather an acknowledgement that the current format worked effectively. One respondent indicated that, "Our site visit was virtual, and everyone combined together allowed for a fuller, more robust conversation and access to information." However, it should also be noted that several respondents, even those that indicated the virtual site visit went well, recommended a return to in-person site visits. For example, one comment included that, "although it went well, virtual for an initial is not the best way to go."

Support from PHAB Staff

For the question related to support that PHAB could provide, there were two responses from site visitors who utilized the new review model. Both responses were positive about the new review model. One indicated that, "it made for a better discussion during [on] our team calls and made for better discussion during the domain interviews." The other one also highlighted

that the Accreditation Specialist "was receptive to feedback when the site visitors made

suggestions or wanted to discuss her pre-site visit review."

Reasons Impacted Likelihood to Volunteer Again

For the question about why an individual did not agree that they would like to be a site

visit again, when the responses were filtered by review type, there were zero responses from site

visitors that utilized the new or hybrid review models as they all indicated they would volunteer

again. As noted in the methods section, the responses were also filtered by date and responses

received between August 19, 2020 and June 16, 2021 were reviewed. There were nine responses

received during this timeframe. However, it should be noted that not all these responses were

connected to a response of disagreement on the prior question. The top reason noted for not

being willing to serve again were the amount of time required, particularly during the COVID-19

pandemic. Two respondents who used the old model had comments about the new model and its

potential impact on their desire to volunteer again. One had a preference towards the new model,

while the other expressed a concern about the accreditation specialist conducting the pre-site

visit review and if the site visit team would be "fully prepared for the site visit."

Limitations for Aim 1: Analyze impact of PHAB's temporary changes limitations

As noted, there have only been a limited number of site visit assignments completed that

utilized hybrid or new review models. Therefore, there was a small data set available via the e-

PHAB survey. The data that were available at the time of this research may not be representative.

This should be taken into consideration when interpreting these results. As more assignments are

completed using the new model, PHAB could consider completing a similar analysis with more

data.

Aim 2: Explore perceptions of PHAB's temporary changes

Aim 2 Results

Key Informant Demographics

A total of twenty-seven key informant interviews were conducted. There were twenty-four site visitor participants and three Accreditation Specialists. For the site visitors, there were seven participants that had utilized the new review model, nine that had used a hybrid review model, and eight that had used the old model only. Figure 7 shows the number of key informants for each category.

Figure 7: Key Informants per Category
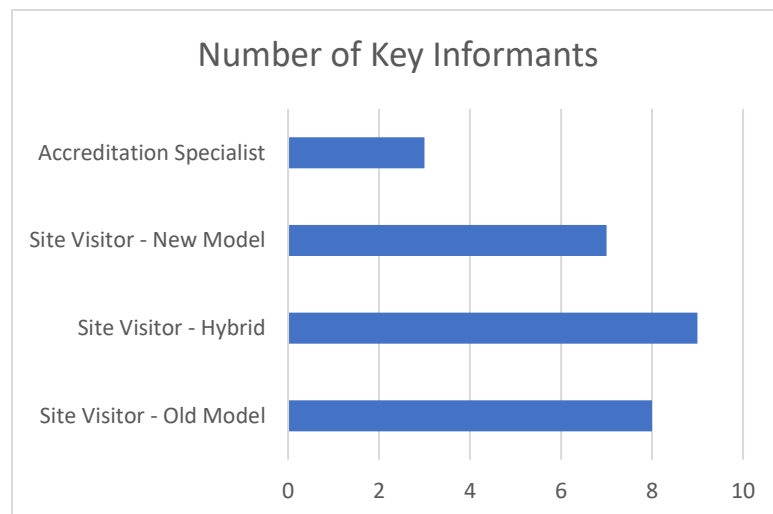
The site visitors interviewed had an average of 27 years of public health work experience. This ranged from six years of experience to fifty years. The site visitors had completed an average of four site visit assignments. This ranged from some completing one site visit up to completing nine site visits. There were three site visitor key informants who had only completed one site visit assignment, two of which utilized the old model and one utilized the hybrid model. No key informants had only utilized the new process. Ten site visitors had previously served as a chair for at least one of their assignments and fourteen had not. For nine site visitors, their most

recent site visit assignment was initial accreditation, while the other thirteen most recently worked on reaccreditation. There was a mix of all three site visitor categories represented in both initial and reaccreditation.

Since three out of five Accreditation Specialists chose to participate in the key informant interviews, demographic information is not being provided to maintain confidentiality.

Familiarity with Supplemental Guidance

Before beginning the open-ended questions, the site visitor key informants were asked to rate their level of familiarity with PHAB's Supplemental Guidance. During this time, the researcher had the document displayed using screen sharing feature. This allowed key informants to see which document was being referenced. Key informants used a scale of one to five, with one being not familiar at all and five being extremely familiar to answer the following question: "How familiar are you with PHAB's supplemental guidance for the accreditation review process?" Out of the 23 respondents who answered this question, the median was four. Figure 8 provides a distribution of the responses.

Figure 8: Site Visitor Familiarity with PHAB's Supplemental Guidance
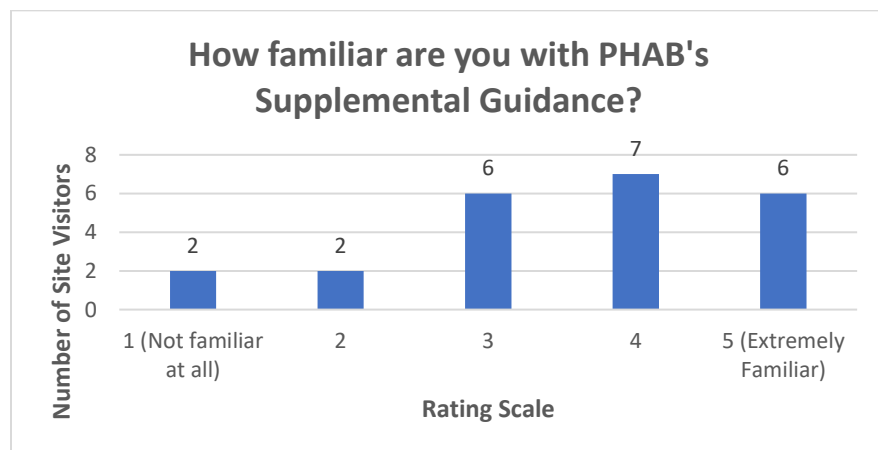
New Review Process Results

There were several themes that emerged related to the new review process. Table 12 outlines the benefits, limitations, and any recommendations. The themes are grouped by frequency and color-coded by key informant type.

For the new review process, there were seven main benefits that the key informants mentioned. Commonly cited across all key informant categories were that the new process takes less time/work for the site visitor and utilizes the expertise of the Accreditation Specialists. One key informant summed these two themes up by saying, "the accreditation specialist, you know as the name implies really knows the standards and measures well and is really an expert at doing this work. And so I think there's an advantage there, and as I mentioned before there's obviously an advantage to the site visitor with respect to the workload." From the Accreditation Specialist perspective, a benefit noted was that the process allowed them to have a larger role on the site visit team. The key informants also occasionally cited that the new process was more standardized or consistent. It was a streamlined process that allowed the site visitors to focus only on specific measures. Additionally, many felt it would be easier to recruit and retain site visitors utilizing the new model. More than one Accreditation Specialist noted that a benefit was a quicker overall review time for the health departments, particularly highlighting the reduction in time between the site visit and the health department receiving their report. More than one Accreditation Specialist indicated that the new process shifted the timing of when they complete the bulk of their work. The process moves the workload to the front of the process, rather than at the end.

Table 12: Benefits and Limitations of New Review Process

Commonly Cited means that nine or more participants mentioned the theme.
Occasionally Cited means that between four and eight participants mentioned the theme.
Black indicates that BOTH site visitors and accreditation specialists mentioned the theme.
Green indicates that just accreditation specialists mentioned the theme. (*included in commonly cited because two or more Accreditation Specialists mentioned it.)
Blue indicates that just site visitors mentioned the theme.

New Review Process		
	Benefits	**Limitations**
Commonly Cited	• Less time/work for site visitor • Utilizes expertise of the Accreditation Specialist • Easier to recruit and retain site visitors • AS now part of the site visit team with a larger role* • Quicker overall review process*	• More work for Accreditation Specialist • Limited knowledge of health department by the site visitor
Occasionally Cited	• More standardized and consistent • Streamlined/More focused review for site visitors	• Potential for bias from Accreditation Specialist • Equitable/Fair to health departments that used old process • Lessens the role of the site visitor and shifts to a quality check role • Concerns about if the site visitor will push back on the Accreditation Specialist if they do not agree • Concern of peer review if AS doesn't have health department experience • Concern of only having one site visitor assigned • Harder to identify Areas of Excellence and Opportunities for Improvement due to limited knowledge
Recommendations • Review the role of the chair • Need to hire more Accreditation Specialists/Concerns about AS caseload		

There were two commonly cited limitations for the new review process. One was the increased amount of work on the Accreditation Specialists. Several expressed that PHAB should

hire more Accreditation Specialists if they continue to use this model. There were concerns about the increase in caseload for the Accreditation Specialists and the potential impact to health departments being able to have a timely review. A related item was the potential lack of peer review if the Accreditation Specialist did not have health department work experience prior to joining PHAB. The other commonly cited limitation was the limited knowledge about the health department by the Site Visitor. Some felt that because they were not reviewing all the documentation, they were unable to get a comprehensive understanding of the health department. This was related to the occasionally cited limitation of it being harder for the site visitors to identify Areas of Excellence and Opportunities for Improvement.

There were several occasionally cited limitations. One was the potential for bias from the Accreditation Specialist conducting the review. It was suggested that

a) the Accreditation Specialist, as a PHAB staff member, may be more likely to lean towards accrediting a health department than not, given the organization's goal is to get health departments accredited, and

b) that having the same Accreditation Specialist who initially assists the health department with their application also review their application might have them inadvertently provide too much specific guidance upfront to the health department because they knew how they would be scoring it or have them lean one way because they already knew a lot about that health department's progress.

In addition to the potential bias in the review process, several key informants raised the notion of equity or fairness in the new review process versus the old. This concept ranged from the process simply being different for health departments to the perception that the old process, which had three peer site visitors, may have been more stringent than one Accreditation

Specialist plus one site visitor. One key informant stated, "I think the public perception is that somehow this is different. And my understanding is yes, the method might be different, but the standards and measures are not." One key informant indicated, "I wouldn't just do one site visitor and one accreditation person, I think, having at least two would be really good." Another stated "I don't know if it's easier to be accredited right now, but I would wonder if health departments feel that way or they would also understand that it needed to be easier because of the circumstances we're in."

A related theme was the concern that the site visitors might be hesitant to voice their disagreement with the Accreditation Specialist's assessment, particularly if there was only one site visitor. This was illustrated by a site visitor indicating "if I was looking at a protocol that the staff said was largely demonstrated, because you know they had everything except a couple of things. It would be hard for me to challenge that if I really felt that you know, I don't think this is very good at all compared to other things that I've seen from other health departments, so probably would be a little harder for me to challenge." It should be noted that part of the concern was also due to the temporary change of reviewing documents dated later than the submission date. This related concern is addressed in the discussion chapter as it is not directly related to the research topic.

There was a perception that the new review process lessens the role of the site visitor. Several key informants noted that the site visitor role was more of a quality check or consultant role under the new process. Several key informants questioned what the chair role would be under the new model.

Virtual Site Visits

Table 13 outlines the key themes that emerged related to the virtual site visits.

Table 13: Benefits and Limitations of Virtual Site Visits

Commonly Cited means that nine or more participants mentioned the theme.
Occasionally Cited means that between four and eight participants mentioned the theme.
Black indicates that BOTH site visitors and accreditation specialists mentioned the theme.
Green indicates that just accreditation specialists mentioned the theme.
Blue indicates that just site visitors mentioned the theme.

Virtual Site Visits		
	Benefits	**Limitations**
Commonly Cited	• Saves money • Easier to fit into schedule/takes less time	• Lack of interacting/rapport building with health department
Occasionally Cited	• Less stress for the health department • Ability to include more people in the site visit (staff, community members) • Allowed PHAB to continue site visits while keeping people safe	• Not able to see or get a sense of the community and/or facilities
Recommendations • Utilize break-out rooms for concurrent domain sessions • Explore potential to reduce agency fees based on cost savings from no travel expenses • Return to in-person site visits for initial accreditation, as they are valuable • Maintain virtual site visits for reaccreditation, as they are sufficient		

One of the most commonly cited benefits of the virtual site visits was the reduced cost to PHAB. This was often followed-up by a comment about the potential for this cost savings to be passed down to the health departments through a reduction in health department fees, or at least not raising them in the future. One key informant noted that "PHAB fees are not abnormally high, but they are a chunk and especially for small health district, so I would hate to see those have to continue to go up in order to have the in-person site visits." Another common benefit was the reduction in the amount of time needed to conduct the site visit, making it easier to fit into people's schedules. It was noted that virtual site visits were perceived to be less stressful for the

health departments. They also provided the potential to include more people in the site visit. Examples included staff from different locations, community partners across the state, and individuals with disabilities. Virtual visits allowed PHAB to continue the accreditation process during the COVID-19 pandemic while keeping the individuals involved safe.

The most commonly cited limitation was the lack of interacting with the health department staff and opportunities to build rapport. This can lead to challenges in reading body language or missing informal conversations. In addition to not interacting with staff, a virtual site visit limited the site visit team's ability to see the community and/or health department facilities. Several key informants noted that this was particularly challenging for the measures that require physical observation, like compliance with the American with Disabilities Act.

Several key informants expressed the value of returning to in-person visits, particularly for initial accreditation. Several site visitors said they felt that a virtual site visit was sufficient for reaccreditation. As a note, reaccreditation site visits have always been virtual. A strategy that several key informants recommended was the use of break-out rooms for the domain discussions. This was recommended to allow for more time for questions and answers for the different domains, rather than trying to cover all of it in a shortened amount of time.

Site Visit Flexibility

Table 14 outlines the key themes related to site visit flexibility. This meant the ability to break the site visit up into smaller chunks of time (3-4 hours) over multiple days. Commonly cited benefits included that this method provided more flexibility and allowed both the site visitors and health departments to continue doing other work on those days. Several site visitors noted that it also allowed them to be better prepared for the next sessions, both by being more mentally sharp and by having more to review and prep questions for the next session. Site

visitors and Accreditation Specialists indicated that this method was less tiring than being on

Zoom for the full day. An occasionally cited limitation was that if the site visit was spread out

over multiple days, then it could be hard to keep up the momentum of the site visit. It should also

be noted that many said they would only want site visits broken into smaller amounts of time for

virtual visits.

Table 14: Benefits and Limitations of Site Visit Timing Flexibility

Commonly Cited means that nine or more participants mentioned the theme.
Occasionally Cited means that between four and eight participants mentioned the theme.
Black indicates that BOTH site visitors and accreditation specialists mentioned the theme.
Green indicates that just accreditation specialists mentioned the theme.
Blue indicates that just site visitors mentioned the theme.

Site Visit Timing Flexibility		
	Benefits	**Limitations**
Commonly Cited	• More flexibility/ability to do other things • Ability to better prepare in between sessions	
Occasionally Cited	• Less Tiring	• Hard to keep momentum
Recommendations • If PHAB keeps virtual visits, they should also keep the flexibility to break up the days/times. This flexibility should not be applied to in-person site visits.		

Additional Themes

In addition to themes specific to PHAB's changes in the supplemental guidance, there

were general themes related to PHAB's overall volunteer site visitor model that emerged. They

were organized by topic and any sub-themes were identified.

Site Visitor Engagement

There were two key sub-themes that fell underneath the concept of Site Visitor Engagement. These themes had respondents from all three categories of site visitors, but not Accreditation Specialists. The first was the connection to other site visitors. This theme came up in a variety of ways. One was that virtual site visits removed many of the opportunities to build camaraderie with other site visitors through dinners in the evening or traveling in the car together through the community. It was also noted that this opportunity to build connections was also limited by only using one site visitor per assignment. Several mentioned the benefits they have gained by staying connected and learning from the other site visitors with whom they conducted a site visit. Serving as a PHAB site visitor provided them the opportunity to build a professional network of peers. A related theme was the concept that PHAB could engage site visitors in activities other than just site visit.

Site visitors suggested several strategies related to the theme of enhancing site visitor engagement. These included peer trainings or learning collaboratives; social opportunities (zoom and in-person, when safe); participating in small expert groups or think tanks; helping PHAB to review innovative projects or awards; and, helping with site visitor recruitment, such as answering questions from prospective site visitors. As one key informant noted "keeping the site visitors engaged on an ongoing basis is probably the best way PHAB could retain site visitors over [the] long term."

Table 15: Site Visitor Engagement Themes and Strategies

Theme	Sub-themes	Strategies Cited
Site Visitor Engagement	Connection to other Site Visitors	• Peer training for other site visitors • Social gatherings (virtual and in-person)
	Engage in activities other than site visit assignments	• Innovation projects or awards review panels • Research projects • Small expert groups/think tanks • Site visitor recruitment

Site Visitor Compensation

There were two key sub-themes under the concept of site visitor compensation. The first was financial compensation. It was commonly cited that site visitors are not paid for their time, but truly volunteering. Several site visitor key informants suggested that PHAB should consider paying the site visitors. One suggestion was to use a grant review model, where reviewers get paid a specific amount for each review that they complete. It was highlighted that not being compensated for time serving as a site visitor may be more significant for some volunteers. One suggestion was that PHAB could do a survey of their site visitors to better understand how many volunteers are being paid by their organizations for the time they spend on site visit assignments (able to incorporate it into their job duties) versus how many are doing this on their personal time (potentially needing to take leave).

The second theme was non-financial compensation for site visitors. Many of the site visitors acknowledged and appreciated PHAB's efforts over the years, including electronic speakers, fleece pullovers, and gift cards. It was also noted that PHAB should consider the perceived value of the reward balanced with the amount of work completed. Tokens of appreciation, such as the PHAB fleece pullover, were also highlighted as a way for site visitors to show or highlight their involvement. Similar suggestions included a framed PHAB site visitor

certificate that individuals could display in their offices or a letter to the site visitor's supervisor or health department director thanking them for their staff member's contribution as a site visitor. Another non-financial compensation was that PHAB should explore the possibility of providing continuing education units/credits for site visit assignment participation.

Table 16: Site Visitor Compensation Themes and Strategies

Theme	Sub-themes	Strategies Cited
Site Visitor Compensation	Financial	• Stipend for site visitors
	Non-Financial	• Framed Certificates • Letters to supervisor or health department Director • Items that can show off their PHAB involvement (ex. PHAB Fleece) • Continuing Education Credits

Training

The theme of training also had two sub-themes. The first was the desire for domain specific training. This was often specifically suggested for domains for which Accreditation Specialists have identified as commonly causing issues. Strategies suggested included providing example case studies for site visitors to review, creating a library of examples that PHAB considers high quality for site visitors to reference, and site visitor peer training on reviewing specific domains.

The second theme was training on the new review process, if PHAB continues to utilize it. Several noted they would like an overview of the new model and the new expectations of the site visitor. A related suggestion was that PHAB could create a Frequently Asked Questions document specific to the new process. Some expressed they would need guidance in assessing and/or writing the Areas of Excellence and Opportunities for Improvement, particularly if they had not seen all the documentation. The other most commonly cited training needs were specific

to the new dynamic/relationship between the site visitor and the Accreditation Specialist on a site

visit assignment. These training topics included what type of questions to ask of the

Accreditation Specialist and how to give feedback to the Accreditation Specialist about their

review, particularly if they disagreed with the scoring. It was also mentioned that PHAB could

explore providing Accreditation Specialists training on how to receive and respond to feedback

from the site visitors. A site visitor key informant noted, "to what degree, is that challenging for

them [Accreditation Specialists] if and when the site visit team or individual on the site visit

team doesn't agree with whatever the Specialist came up with. Again, everyone's professional

but we're also human beings, and so you have your ego a little bit more involved."

Table 17: Site Visitor Training Themes and Strategies

Theme	Sub-themes	Strategies Cited
Training	Domain Specific	• Case studies • Site Visitor peer training on challenging domains • Library of excellent examples that site visitors can review
	New Model	• Overview of new review process and site visitor expectations • Frequently Asked Questions (FAQ) specific to the new process • Writing Areas of Excellence and Opportunities for Improvement • Types of questions to ask the Accreditation Specialists • Training on giving (for site visitors) and receiving (for Accreditation Specialists) feedback/addressing disagreements between ratings

Site Visitor Motivation

Site visitor motivation was not explicitly asked about in the key informant questionnaire;

however, the site visitors commonly brought up the topic. Overwhelmingly, the site visitors felt

that serving in this capacity allowed them to contribute to the greater good and improve public

health overall. They were grateful for the opportunity to contribute to accreditation, which they

valued. One key informant highlighted that, "I think there is really a professional pride in the association as being a site visitor, that I think PHAB should itself be really proud of that. That's at least how I feel about it, I think other site visitors do too, and I think they should be really proud of that, in terms of having built their credibility." It was commonly cited that site visitors enjoyed their role because it provided opportunities for professional development and continued learning. Several said their site visitor experience helped them with their accreditation work at their own health departments. A concern was raised by a site visitor that the new process might limit the amount of learning about the different standards. Another key informant had a suggestion of allowing the site visitors to audit the measures that they were not being required to review as part of their site visit assignment.

Site Visitor Demographics

Occasionally cited was the theme of site visitor demographics, related to their work experience. This theme emerged from all key informant categories. The first sub-theme was related to retired individuals serving as PHAB site visitors. From one perspective it was noted that retirees may have more time to volunteer and serving as a site visitor allowed them to stay connected to public health and use their knowledge. Another perspective was that retirees may not be up to date on current practices and were they potentially taking the opportunity to learn and serve as a site visitor away from someone working in the field. This was highlighted by one retiree who indicated, "I do think that I'm filling a spot that would do better for public health as a whole if it were someone that is either actively engaged or someone who's currently actively engaged and employed in public health delivery." The question was raised if PHAB should have a cut off limit for how many years into retirement an individual can be and still serve as a site visitor. The second sub-theme was the leadership positions that site visitors may have in their

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organizations. For example, it was noted that volunteers in higher authority may have less

flexible schedules or availability for site visits or meetings. It was also raised that individuals that

work higher up in organizations may not have as much experience with the day to day work

which some of the standards reflect. It was suggested that PHAB could review the current site

visitor pool demographics to identify if there were any gaps or areas for targeted recruitment.

Small Health Departments

One theme emerged that was completely unrelated to the site visitor model. However, it

is included because of the frequency which it was cited and fact that it was noted across multiple

key informant categories. Many site visitors noted challenges in pursuing and achieving

accreditation by smaller health departments. Challenges noted included ability to pay the PHAB

fees or meeting all the standards with limited staff. There were several suggestions related to

small health departments. These ranged from PHAB exploring the possibility of neighboring

small health departments jointly pursuing accreditation to reviewing fee structure based on

budget, not population served.

Limitations of Aim 2: Explore perceptions of PHAB's temporary changes

While there was a range of years of public health work experience and number of site

visits conducted, it is unknown if the site visitor key informants were representative of the larger

PHAB site visitor pool. Therefore, it is possible that there is some selection bias.

The key informants had varying levels of understanding or familiarity with PHAB's

supplemental guidance. To reduce this limitation, the researcher had a copy of the supplemental

guidance displayed during the interview and was able to scroll to the different portions.

However, a limited understanding of the supplemental guidance may have impacted an

individual's responses.

Aim 3: Understand how similar accreditation organizations responded to COVID-19

<u>**Aim 3 Results**</u>

Utilizing the list of the sixteen organizations from the Exploring Accreditation report that were originally explored when founding PHAB, the researcher conducted internet searches to locate the website for each organization. Figure 9: Organization Inclusion Diagram shows the process for which organizations were identified, screened, and included in the document review.

Figure 9: Organization Inclusion Diagram
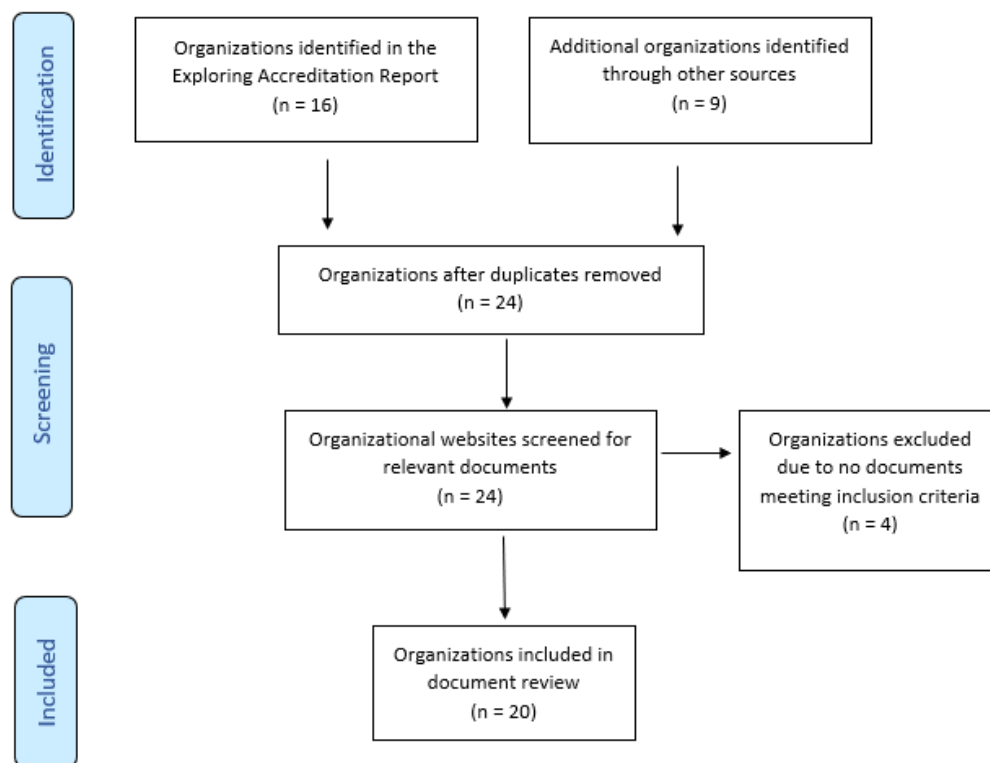
One organization from the original list had merged with another organization on the list. This reduced the list down to fifteen. These organizational websites were searched utilizing the search terms identified in the methods section. Twelve produced content with relevant information that met the inclusion criteria. Four organizational websites that were searched did

not produce information that met the inclusion criteria. One potential reason was that the
Exploring Accreditation Report was published in 2006 and there may have been a change in the
programs offered by that organization. Eight additional accreditation organizations were
identified through the research process and added to the list. Therefore, eleven organizations
from the original list plus eight additional organizations plus PHAB made a total of twenty
organizations. Table 18 summarizes which organizations were included, having relevant content
on their website. Organizations represented several industry types including the following:
education, culture and tourism, health and human services, law enforcement, and technical and
industrial.

Table 18: Organizations for Document Review

Organization Name	Industry
Accreditation Commission for Education in Nursing	Education
Accreditation Council for Graduate Medical Education	Education
American Association of Museums	Culture and Tourism
American Psychological Association Council on Accreditation	Education
American Zoo and Aquarium Organization	Culture and Tourism
Commission on Accreditation for Law Enforcement Agencies	Law Enforcement
Commission on Dental Accreditation	Education
Council on Academic Accreditation (in Audiology and Speech-Language Pathology)	Education
Council on Accreditation	Health and Human Services
Council on Education for Public Health	Education
Fair Trade Labeling Organization	Technical and Industrial
Green Globe 21	Culture and Tourism
International Accreditation Forum Inc	Technical and Industrial
International Organization for Standardization	Technical and Industrial
Joint Commission on Accreditation of Healthcare Organizations	Health and Human Services
National Architectural Accrediting Board	Education
North Carolina Local Health Department Accreditation	Health and Human Services
Public Health Accreditation Board	Health and Human Services
The American National Standards Institute National Accreditation Board	Technical and Industrial
The International Electrotechnical Commission	Technical and Industrial

Site Visits

Eighteen organizations had information about changes to their site visit methods, in-person or virtual. (14, 29, 30, 33-41, 43-5, 47-9) Of the eighteen, only one organization, the American Zoo and Aquarium Organization, has resumed on-site visits only. (34) Eleven organizations have resumed some form of on-site visits but were continuing to provide virtual options. (33, 35, 37-8, 40, 41, 44-45) The on-site visits could be limited in scope and/or combined with a virtual visit. Six organizations were utilizing only virtual visits. Several organizations, specifically those like the Commission on Dental Accreditation, which were utilizing the temporary flexibilities based on the United States Department of Education guidance, require an in-person site follow-up site visit after virtual site visits. (44) However, if the site visit is conducted as a hybrid visit, meaning that at least one person is on-site, even if other reviewers are virtual, then a follow-up site is not required. (44) Two organizations had content indicating that they were assessing the benefits of continuing virtual site visits, in whole or part, on a permanent basis. (39, 46) Table 19 summarizes site visit methods and any applicable end dates.

Table 19: Comparison of Site Visit Methods

Organization	In-person Only	Virtual or In-person Options	Virtual Only	Virtual End Date
Site Visit Status as of 12/29/2021				
American Alliance of Museums		X		Nov/Dec 2021
American Psychological Association Council on Accreditation			X	6/30/2022 or 180 after the national emergency is rescinded
American National Standards Institute - National Accreditation Board		X		Until further notice
American Zoo and Aquarium Organization	X			Never went virtual
Council on Accreditation		X		Until further notice
Green Globe 21			X	Unknown
Fair Trade Labeling Organization		X		Unknown
International Accreditation Forum Inc		X		Unknown
Commission on Accreditation for Law Enforcement Agencies			X	Unknown
Joint Commission on Accreditation of Healthcare Organizations		X		Unknown
Council on Education for Public Health		X		Decision made 3 months prior to site visit
Accreditation Council for Graduate Medical Education			X	Unknown
Commission on Dental Accreditation		X		180 after the national emergency is rescinded
Council on Academic Accreditation		X		180 after the national emergency is rescinded
North Carolina Local Health Department Accreditation		X		Virtual or In-person available for Fall 2022 and Spring 2023
Accreditation Commission for Education in Nursing			X	180 days after the national emergency is rescinded
National Architectural Accrediting Board			X	2023
Public Health Accreditation Board		X		Decision made 90 days in advance of site visit

Site Visit Timing

Three organizations, in addition to PHAB, had public documentation that reflected changes in the site visit timing due to COVID-19. Two organizations, the National Architectural Accrediting Board (50) and the Council on Education for Public Health (40), indicated that some of the virtual site visits were shorter in duration or a reduced number of days when compared to their normal in-person site visits. The American Psychological Association Council on Accreditation guidelines for virtual site visits do not allow site for more than six hours of a virtual site visit per day. (32) However, the site visit team can request a third day be added if they do not feel they can cover everything in the regular two days. (32) PHAB's guidance allows for three days of three to four hours on each day. (14)

Site Visit Facility Tours

Seven accreditation organizations had information related to tours of the facilities during a virtual site visit. (32, 35-37, 39, 45, 50) Three organizations indicated that they would accept a pre-recorded tour of the facility (32, 45, 50), one of which stipulated that the recording must be less than thirty days old. (32) Five organizations notated that a live walk-through of the facilities was part of the virtual site visit. (32, 35-37, 45) One organization, Fair Trade Labeling Organization, provided detailed instructions for a semi-live facility tour that included providing the on-site staff facilitator a digital camera, with GPS tracker as feasible. (55) This could be used for organizations that did not have the ability to conduct a live tour. The Council on Accreditation noted that they would prioritize assignment of a local volunteer to conduct an in-person walkthrough when an in-person review was needed. (56) This would reduce travel and any related issues.

Cost Savings

Two organizations, the National Architectural Accrediting Board (50) and the American Association of Museums (29), explicitly indicated there was cost savings to the organization being reviewed due to using virtual site visits. The National Architectural Accrediting Board noted that virtual site visits allowed their programs to avoid costs associated with in-person visits. They changed their fees rate to $2,228 for virtual site visits. (29) Additionally, the North Carolina Local Health Department Accreditation included in their current strategic workplan an objective to explore sustaining remote site visits, underneath the goal of enhancing cost-effective strategies. (46)

Additional Common Items

Two organizations noted that additional staff might participate in the virtual site visits with the site visitor review teams. (32, 43) These staff were added to help serve as Zoom hosts, admitting individuals, moving to break-out rooms, etc. Several organizations had resources for both site visitors and participating organizations about virtual site visits available. For example, the American Psychological Association Council on Accreditation had a required training for all site visitors who were participating in a virtual site visit. (32) Several organizations had privacy agreements that needed to be signed by an organization participating in a virtual site visit.

Limitations of Aim 3: Understand how similar accreditation organizations responded to COVID-19

This document review only included documentation that was publicly posted on the accreditation organization websites. Therefore, it may not be reflective of all the changes that these accreditation organizations made. Additionally, there may be other similar accreditation organizations that were not included on the list. While some were added during the research process, the list is not exhaustive of every organization.

CHAPTER 5: PLAN FOR CHANGE

This Plan for Change is broken into two sections. The first focuses on recommendations specific to aspects changed via PHAB's supplemental guidance, like the documentation review process and virtual site visits. The second section includes general recommendations for PHAB's volunteer site visitor model that arose from the research but are not directly related to the changes in the supplemental guidance.

Section 1: Recommendations specific to PHAB's supplemental guidance

New Document Review Process

The new documentation review process had many benefits identified through the research, including reduced burden on the site visitors, more consistent reviews, and utilizing the Accreditation Specialists' expertise. As noted in PHAB's November update, this change is still being tested. PHAB will make any modifications to this process in conjunction with the rollout of Version 2022. (14) These are recommendations that PHAB should take into consideration as they continue their evaluation. They are designed to help mitigate or reduce the limitations that were identified with making the new review process permanent. These recommendations may also provide additional items for PHAB to review related to evaluation of the supplemental guidance.

- **Monitor the Accreditation Specialists' caseload to determine if additional staff are needed.** One limitation identified was the workload shifting from the site visitors to the Accreditation Specialists. The research results indicated a perception that PHAB may need to hire more Accreditation Specialists under the new review process. PHAB should

evaluate the current workload to determine if more staff are needed. One metric that

PHAB could review is the amount of time that the entire review process is taking from

receiving application to final decision for a health department. Another item to review

could be if Accreditation Specialists have health departments in a queue waiting to be

reviewed. While PHAB does utilize projections to help manage caseloads, it can be

difficult to know the actual workload based on where health departments are in the

process. One of the current challenges is that an Accreditation Specialist is assigned to a

health department at the time they submit their application, but that health department has

up to 12 months to submit documentation for review. Therefore, a health department

might be on the workload for an Accreditation Specialist, but the documentation review

has not yet begun. PHAB does not know whether a health department will submit their

documentation within a month of the application or during the eleventh month. PHAB

could consider assigning a specific Accreditation Specialist at the time of document

submission versus receiving the application.

  If a need for more Accreditation Specialists is identified, then PHAB should

consider including health department work experience as a requirement for the position.

One theme from the research was that Accreditation Specialists may not have Health

Department work experience. Therefore, they may have a harder time with some of the

standards and it reduces the amount of "peer" review. By adding it as a requirement for

the position, PHAB could reduce these risks. Another aspect that PHAB should consider

is if the increased organizational cost of an additional Accreditation Specialist would

have any impact the health department fees. If there is any potential increase in applicant

fees over time due to the new review process, then PHAB should re-evaluate if the benefits outweigh the barriers.

- **Explore opportunities to reduce any potential bias in the process.** To preserve the integrity and validity of the accreditation process, PHAB should review the new process end-to-end to identify any potential opportunities for bias. For example, PHAB could review if there is an opportunity for separation of duties amongst the Accreditation Specialists. One option would be to have a different Accreditation Specialist that initially works with the health departments and answers questions versus those Accreditation Specialists that then review and assess those documents for conformity. This could also help to measure the workload of each Accreditation Specialists. If PHAB does not have the capacity to have one Accreditation Specialist fill this role, then potentially the Accreditation Specialists could rotate or have one assigned "on-call" staff to answer all the initial questions prior to receiving documentation. PHAB could also review some of their formal evaluation efforts with the health departments to determine if this same theme emerged. For example, PHAB could identify if any health departments voiced a concern about the equity of the new process for health departments that used the new review method versus the old. If it emerged from both sides (reviewers and health departments), then PHAB may want to consider doing additional research on this topic due to its importance and potential impact.

    If there are already specific processes in place to help address potential bias, then PHAB should increase visibility of those processes. For example, PHAB should consider highlighting the fact that as part of the new review process a second Accreditation Specialist reviews the measures which the assigned Accreditation Specialist scores as

Fully or Largely Demonstrated. This aspect did not emerge from the research. Increasing awareness about having a second Accreditation Specialist involved could help to reduce the perception of this limitation.

- **Utilize at least two site visitors per site visit assignment for initial accreditation.** The strategy of having at least two site visitors emerged from both PHAB's survey and the key informant interviews. This recommendation is also a mitigation strategy for two of the limitations that were identified: potential bias by the Accreditation Specialists and site visitors potentially being hesitant to disagree with the Accreditation Specialist's conformity assessments. This strategy allows for more "peers" to be involved in the process. This would not only help to maintain that aspect of the review process, but also allow site visitors the opportunity to connect to one another, which was also identified as a limitation. The reduction from three site visitors to two for initial accreditations should still provide PHAB some of the benefits gained by reducing the number involved.

    While reviewing this recommendation, PHAB should also explore the related topic of the chair's role. If there is only one site visitor, then there may not be a need for the chair. However, if they utilize more than one site visitor, then there may still be a need for a chair but with slightly different roles and responsibilities than previously. While PHAB is encouraging site visitors to review all the conformity statements written by the Accreditation Specialist, perhaps this could be a requirement for the chair's role. The chair would review all conformity statements as a peer reviewer, rather than just the specific ones needing review. This could also apply to assignments where there is only one site visitor assigned.

- **Provide training specific to providing/giving feedback.** A theme across the research results was the change in the dynamics between the Accreditation Specialist and the volunteer site visitors. Previously, Accreditation Specialists gave feedback to the site visitors on their conformity statements, but now that role is in some ways reversed. One research finding indicated that site visitors, particularly if there was only one assigned, may be hesitant to disagree or question the Accreditation Specialist's assessment. As part of the site visitor training on the new review process, PHAB should focus on the types of questions to ask the Accreditation Specialist and how to do so in a meaningful and constructive way.

  It was also noted that PHAB should consider if the Accreditation Specialists could benefit from training about receiving feedback, as the new process also puts them in a new situation. There may also be an opportunity for PHAB to highlight the experience notated in e-PHAB where a site visitor said the Accreditation Specialist was very receptive to feedback. Sharing that type of information with other site visitors could help to allay any concerns they have about it. The above-mentioned strategy of having more than one site visitor could also help to reduce this risk.

Virtual Site Visits

COVID-19 made virtual site visits mandatory, for PHAB to keep staff and site visitors safe, while continuing to operate. There is an assumption that one day the COVID-19 pandemic will no longer be placing restrictions on travel and group gatherings. However, these recommendations can be utilized in the current setting and in the future.

- **Conduct thorough cost-benefit analysis of maintaining virtual site visits with the potential to reduce health department fees (or minimize the increase over time).** A

large perceived benefit of the virtual visits was the cost savings. PHAB should evaluate if the savings of keeping virtual visits is enough to potentially reduce fees, making accreditation more accessible to health departments. As noted, accreditation fees may be a barrier for some health departments to pursue accreditation, particularly smaller health departments. The documentation review indicated that both the Law Enforcement council and the North Carolina Local Health Department Accreditation organizations were evaluating a permanent increase in the utilization of virtual site visits. (39, 46) PHAB should do the same type of analysis.

- **Explore variations of virtual site visits.** As a supplement to the strategy above, PHAB could explore different variations of virtual and in-person site visits. The value of in-person site visits was highlighted, particularly for an initial accreditation. Additionally, the benefit of using virtual technology to include more people from across locations, especially for state health departments, could be a valuable addition to an in-person site visit. There were several strategies found in the research, both from other accreditation organizations and the key informants. Some of the potential variations are in the following list.
    - *Only the Accreditation Specialist travels to the site, while the others on the site visit team participate virtually.* This would align with the approach the Council on Education for Public Health is taking with their follow-up visits (required for organizations that had entirely virtual reviews). For almost all follow-ups, they will conducted only be a Council on Education for Public Health staff member and not the additional site visitors that participated. (54)

- *Prioritize sending a local site visitor to assess certain standards, such as the signage. This would limit travel cost and time*. This is the strategy that the Council on Accreditation indicated they are utilizing. (56)
- *Identifying site visitors as specific domain experts and having them review and participate virtually only for their portion of the site visit.* One key informant noted that virtual site visits allow the opportunity to include more individuals and matching domain reviews to site visitor expertise. The example given was, "it [virtual site visits] opens up this possibility that you could have a whole menu of experts in all of the domains that you pull and group together."

- **Provide guidelines to the health departments who would be participating in a virtual site.** One limitation found was the lack of seeing the health department facility. This included challenges with being able to assess standards such as signage and compliance with the American with Disabilities Act. PHAB could consider providing more stringent guidelines to health department related to virtual tours. This could help to reduce the challenges noted. The document review found that some of the other accreditation organizations had specific guidelines for the tours posted. These included things like a live walk-through (via a cell phone or tablet), a pre-recorded tour made within the last thirty days, or having the site visit team ask for specific photos to be sent immediately after the site tour.

- **Continue timing flexibilities for virtual site visits.** For any virtual site visits, PHAB should continue allowing site visits to be broken up into smaller chunks over several days. Not only did this reduce Zoom fatigue, but it also provided site visitors the

opportunity to be more prepared and mentally sharp for the next sessions. It also allowed

site visitors more flexibility in participating in the site visit and their daily job duties.

- **Enhance utilization of technology during virtual site visits.** For any virtual site visits,

either initial accreditation or reaccreditation, PHAB should consider enhancing the

technology options. COVID-19 forced not only accreditation organizations, but also

many other organizations, to switch to virtual activities. Therefore, related technology has

advanced and emerged. There are several aspects that PHAB should consider. They are in

the following list.

  - *Use break-out rooms for site visit teams with more than one site visitor.* The

    research found that not having concurrent domain sessions, sometimes led to site

    visitors feeling that they had to rush or did not get to ask everything they wanted

    to ask. For some key informants that utilized a hybrid review model, it also led to

    site visitors participating in domain session that they had not reviewed. To

    mitigate this limitation, PHAB should explore the use of break-out rooms by

    domain. This strategy would most likely not make sense for teams with only one

    site visitor, as the domains may not have been divided out between the site visitor

    and the Accreditation Specialist.

  - *Explore the use of digital whiteboards (or similar tools) during the community*

    partner sessions. Several key informants noted that virtual technology provides

    the opportunity to include more participants in some sessions, such as the

    community partners discussion. Virtual technology can make participation more

    accessible for partners that live in a different part of the state or may have

    physical disabilities that limit travel. However, while an increase in participation

can bring different perspectives and a more robust discussion, it can also be

challenging to engage that many participants in a virtual setting. For the

community partners session during the site visit, PHAB could explore the use of

digital whiteboards, such as Google's Jamboard. Participants would be able to

type and share their thoughts at the same time with the group, rather than having

to go around one by one. This could increase their engagement and participation

in the session.

 While this suggestion was brought forward for virtual site visits, it is a

similar issue for in-person site visits. Depending on the number of partners that a

health department invites, there can be limited time for a variety of partners to

provide information about their work with the health department. Therefore,

PHAB could consider trying out a similar strategy for in-person site visits. They

could consider piloting it within the virtual setting to determine if it is effective

and if it could be applied to in-person site visits.

- **Assess technical expertise (related to virtual meetings) within the current structure to identify any key expertise or areas for improvement.** PHAB will most likely always

have a need to use technology for virtual meetings. For example, reaccreditation site

visits have (and are planned to continue) as virtual visits. As noted in the previous

recommendation, technology has rapidly advanced in this area, due to the sudden use of

virtual meetings by organizations across the world during the pandemic. PHAB could

assess the current structure, which would include PHAB staff, volunteer site visitors, and

health departments, to identify if there are individuals who may have technical expertise

that could be utilized to enhance activities. The assessment may also identify gaps in

technical expertise that should be addressed. For example, some site visitors may require

extra training on how to use Zoom technology or how to best facilitate a virtual site visit

session. There might also be opportunities to improve the instructional design of virtual

activities, such as the trainings for both site visitors and health department accreditation

specialists.

Health Department Feedback

The temporary changes, including the new review model and virtual site visits, impacted

multiple stakeholders. This research was focused on the volunteer site visitor model, capturing

information about the site visitor and PHAB Accreditation Specialist roles and perspectives.

However, from a broader perspective, PHAB should consider the following recommendation.

- **Gather more feedback from the health department perspective.** There are several
  findings from this research that could benefit from additional exploration from the health
  department perspective. PHAB could review their formal evaluation results in
  conjunction with these results to identify if there are specific areas that should be more
  closely examined. As previously noted, it would be important for PHAB to explore if any
  of the health departments share any of the perceptions about inequities in the new
  processes.

Section 2: General Recommendations for PHAB's Volunteer Site Visitor Model

Recommendation 1: Enhance Site Visitor Engagement Opportunities

Background

There are two specific aspects of the research that serve as the foundation for the

recommendation to form a site visitor peer network. The first being the limitation of site visitors

connecting with other site visitors, due to both the virtual site visits and the reduction in the

number of volunteer site visitors per assignment. Even if the site visits return to in-person, there

could still be limited interaction with other site visitors if PHAB adopts the new review model as

permanent. There is a reduction from three site visitors to one (in some cases two). The second

aspect is the training needs expressed by the site visitors in the interviews.

Goal: Enhance Site Visitor Engagement Opportunities

Objective 1: Utilize site visitors for peer training opportunities

Objective 2: Provide site visitor social opportunities

Objective 3: Utilize site visitors in marketing recruitment

Objective 1: Utilize site visitors for peer training opportunities

PHAB site visitors have a wealth of public health experience and knowledge. This was

evident based on the high number of years working in public health that the key informants had.

Additionally, PHAB's site visitor criteria requires that site visitors have at least five years of

experience (9). There were also several site visitor key informants that had completed multiple,

more than five PHAB site visit assignments. Those experiences give them more insight into the

accreditation process. PHAB could leverage this expertise of the site visitors by utilizing

volunteers in the training of other site visitors. PHAB could create a series of virtual peer-lead

(or co-led with PHAB staff) webinars in which current PHAB site visitors connect to one another

and teach/learn about a specific topic. If PHAB continues to utilize the new review method,

another potential topic would be having a site visitor who has completed a site visit assignment

utilizing the new process partner with an Accreditation Specialist and share their experiences.

Several of the other accreditation organizations had materials, such as blogs or a Question and

Answer webinar with site visitors specifically about their experiences with the temporary changes.

As previously noted, there was a limitation of site visitors potentially not voicing their disagreement with the Accreditation Specialist. This would be an excellent opportunity to engage peers who had a positive experience with open dialogue with their Accreditation Specialist using the new process. This could also be an opportunity to have a couple of site visitors share their experience and answer questions about the new model, as well as provide training on what types of questions should be asked of the Accreditation Specialist. That was another suggested training by a key informant.

Several key informants expressed the desire to have optional trainings specifically on the measures that the Accreditation Specialists have identified as consistently having issues. If there are specific domains for which PHAB feels they have a site visitor with significant expertise, PHAB could consider engaging them to help develop training materials or answer questions.

Table 20: High Level Workplan for Recommendation 1: Objective 1

Objective 1: Utilize site visitors for peer training opportunities
Identify training topics that might benefit from peer site visitor involvement
Solicit volunteers (either via specific requests or a general call for volunteers) to help with training
Plan content, format, and training logistics
Conduct training
Evaluate training model

Table 21: Potential Evaluation Plan for Recommendation 1: Objective 1

Objective 1: Utilize site visitors for peer training opportunities	
Evaluation Questions	**Methods**
How many site visitors wanted to help with trainings?	Count the number of site visitors who volunteered or agreed to help with peer trainings.
Did the site visitor "instructors" add value from the perspective of the trainees?	As part of PHAB's formal training evaluations, include questions specific to assessing the value-add of peer instructors
Did helping with peer training enhance the site visitor "instructor" level of engagement with PHAB?	Informally assess with the site visitors, if they had value-add from helping to teach or being more involved with the training.

Objective 2: Create social opportunities for site visitors to connect

Many of the site visitors interviewed indicated that part of their motivation for serving as a site visitor was contributing the greater good and improving public health overall. PHAB could create additional social opportunities for these highly motivated public health practitioners to connect and learn from each other. This could increase the potential for best practices to be shared, enhancing the overall public health workforce and practices.

Upon the return to in-person conferences (and potentially virtual conferences or a mix), these social opportunities could be coordinated with larger public health events where a number of site visitors, and potentially PHAB staff, are already likely to be present such as the American Public Health Association conference. One of the suggestions from a key informant was to host a PHAB site visitor happy hour at a conference. If financially feasible, PHAB could sponsor food or beverages at the gathering. However, these events could also be conducted at no additional cost to PHAB. One example would be an informal invitation to PHAB site visitors to eat a conference lunch in a designated section. Several of the key informants indicated a true sense of

pride and sense of professional accomplishment in serving as a site visitor. By offering an event specifically for site visitors, it would also highlight their role as a site visitor.

Social events for site visitors could also help with recruitment and retention of PHAB site visitors. From a recruitment perspective, it would increase awareness and visibility at any of the events where the optional social events were taking place. For current site visitors, it would increase their level of connection to other site visitors, provide professional development, and improve their skills as a site visitor. One key informant commented that they were still connected with the peers that were in the same PHAB site visitor training session. Additional social opportunities would provide opportunities to continue building on those networks formed during training.

Table 22: High Level Workplan for Recommendation 1: Objective 2

Objective 2: Create social opportunities for site visitors to connect
Assess interest from site visitors
Identify potential time/date/locations (virtual or in-person)
Plan any content (if virtual)
Advertise event
Host event

Table 23: Potential Evaluation Plan for Recommendation 1: Objective 2

Objective 2: Create social opportunities for site visitors to connect	
Evaluation Questions	**Methods**
How many site visitors participated in each event?	Count the number of site visitors who attended each event.
Did the site visitors like the event?	If virtual, could do a quick one question poll or a simple thumbs up/thumbs down, if they liked the event.
Did the event(s) increase the site visitor's level of satisfaction or engagement with the PHAB site visitor volunteer program?	Include a question about the impact of site visitor engagement opportunities as part of PHAB's formal volunteer program evaluation. PHAB could consider doing a survey in 2023 which evaluates several different aspects of the site visitor model. Additionally, PHAB staff could monitor e-PHAB survey responses to assess if the social opportunities are mentioned either positively or negatively.

Objective 3: Utilize current site visitors in volunteer recruitment strategies

Under the new review process, one theme, although not observed with high frequency, was the notion that there was now less peer review. As a way to increase the visibility of the role of peer site visitors and provide a non-site visit activity for site visitors, PHAB could utilize site visitors in some of their marketing and communication strategies.

Currently if an individual is interested in volunteering, they can contact PHAB staff for more information. However, they may have questions they don't want to ask PHAB staff, but rather they want to ask other volunteers about their "real" site visitor experiences. PHAB could host a webinar about serving as a site visitor and have a panel of current site visitors who are willing to answer questions about their site visit experiences. This could be hosted periodically (annually or more often if it goes well) and then kept on the website for future reference.

Similarly, PHAB could create a list of current PHAB site visitors who would be willing to share their contact information and answer any questions from a potential site visitor. They could add a statement to the website that share information about the opportunity to connect with a current site visitor before making the commitment. This was a suggestion from one of the key informant interviews.

Table 24: High Level Workplan for Recommendation 1: Objective 3

Objective 3: Utilize site visitors in marketing recruitment
Solicit volunteers (either via specific requests or a general call for volunteers) to help with a webinar or serve on a potential contact list
Create webinar content or compile contact list
Post/distribute materials
For the list of volunteers, should be reviewed at least annually to determine if the contact information is correct and if that individual would still like to serve in that role

Table 25: Potential Evaluation Plan for Recommendation 1: Objective 3

Objective 3: Utilize site visitors in marketing recruitment	
Evaluation Questions	**Methods**
How many site visitors were willing to volunteer to help with PHAB marketing materials?	Number of site visitors who volunteered or participated in marketing materials
If a recorded video about serving as a site visitor, how many times was the video viewed?	Number of times that the recorded video was viewed
How many site visitors were willing to answer questions from potential site visitors?	Number of individuals who volunteered to be contacted by interested site visitors
How many individuals utilized (or contacted) the list of current site visitors for more information?	Number of potential site visitors who contact someone from the list of identified volunteers. PHAB could check-in with these individuals quarterly to determine how often they were contacted.
How did the connecting with a current site visitor impact an individual's decision to volunteer?	PHAB could consider distributing a survey to those who contacted a current site visitor to assess the quality. However, this might be more work than it is worth.

As previously noted, many public health professionals have taken on additional responsibilities due to COVID-19 and may not have the capacity for any additional engagement with PHAB. However, there could be individuals, like some of the retired volunteers, who would like to continue sharing their experiences and contributing to PHAB's overall mission. It could also be a way for younger professionals to continue building their public health networks.

Recommendation 2: Provide non-financial incentives or tokens of appreciation for site visitors

Background

Several of the research findings supported the use of non-financial incentives for site visitors. This was a theme found in the literature review, key informant interviews, and documentation review.

Goal: Provide non-financial incentives or tokens of appreciation for site visitors
Objective 1: Explore ability to provide continuing education units (CEUs) for site visitors
Objective 2: Provide Site Visitors with a certificate or letter of appreciation

Objective 1: Explore ability to provide continuing education units (CEUs) for site visitors

Since site visitors are public health practitioners, many of them may have professional certifications or licensures, such as being a Certified Health Education Specialist. These types of certifications often require a certain number of continuing education credits. Several of the site visitors highlighted that a benefit of being a volunteer was the knowledge that they gain from the experience and the other site visitors. Therefore, in exchange for the volunteer completing a site visit assignment, PHAB could help to provide continuing education units. By providing this option, it could potentially save the site visitor from having to spend money on other trainings. It

could also reduce the amount of time that a site visitor spends away from their regular job duties.

For example, if a site visitor is able to use their volunteer time to earn CEUs, they may not need

to also take off separate time for CEU trainings.

This concept also emerged from the research findings.

The literature review found that Trent Small Hospitals Accreditation Scheme was

exploring the use of providing CEUs as an incentive for site visitor participation from those

working in the field. (23) This specific strategy was mentioned by key informants. While not

included in the research results section, this strategy was also captured during the piloting of the

key informant tool. Other organizations that have peer site visitors provide this benefit. From the

documentation review, the American Psychology Association Council on Accreditation,

indicated that they were still providing CEUs to site visitors for virtual site visits. (31)

Table 26: High Level Workplan for Recommendation 2: Objective 1

Objective 1: Explore ability to provide continuing education units (CEUs) for site visitors
Identify volume of site visitors that need CEUs and what types of CEUs
Identify process, including any costs, for PHAB to provide the different types of CEUs
Evaluate if the benefit is worth the cost (time and money) to PHAB
Determine if PHAB wants to move forward with any of the options
Develop any required processes, based on information from certification boards
Communicate opportunity to site visitors

Table 27: Potential Evaluation Plan for Recommendation 2: Objective 1

Objective 1: Explore ability to provide continuing education units (CEUs) for site visitors	
Evaluation Questions	**Methods**
How many site visitors need CEUs?	Review of site visitor applications to identify who has specific certifications. Create a survey/form to ask site visitors if they would be interested in receiving CEUs for site visits and what type.
What type of CEUs are needed?	Review of site visitor applications to identify who has specific certifications. Create a survey/form to ask site visitors if they would be interested in receiving CEUs for site visits and what type.
Did site visitors utilize this benefit?	Number of eligible site visitors who claimed CEUs for their site visit assignments.

Objective 2: Provide Site Visitors with a certificate or letter of appreciation

The key informant interviews highlighted that many of the site visitors are proud of being able to serve in this capacity and view it was a professional achievement. PHAB could help site visitors to showcase this achievement. There were two specific strategies on this topic highlighted by key informants.

The first was providing a framed site visitor certificate that could be displayed in an office. From a cost savings perspective, PHAB could provide a nice, printed certificate which the volunteers could choose to frame themselves. A certificate of appreciation for site visitors would have multiple benefits. First, it would provide recognition to the site visitor. It provides them something tangible that they can display (if they choose) to show their involvement with PHAB. Secondly, it is another opportunity for PHAB to build awareness about both the accreditation process, as well as the opportunity to serve as a site visitor.

PHAB could also consider variations of this strategy. One variation would be to provide a certificate of appreciation after a set number of site visit assignments. Another variation would be to provide an initial certificate and then stickers or pins that could be added to it after reaching

specific site visit assignment milestones. One limitation might be that PHAB does not want to highlight or make known who all of their site visitors are. However, based on the interviews, an assumption is that many volunteers already share the fact that they are site visitors.

The second strategy was sending a letter to the health department director (or supervisor) of the site visitor. The letter would have two purposes, first to express PHAB's appreciation of the site visitor's work and secondly to thank the health department for supporting the site visitor's involvement with PHAB. As with the first strategy, this would help to highlight the individual's role as a site visitor and bring additional awareness to PHAB. A likely secondary effect is that the director (or individual receiving the letter) would then acknowledge or highlight that individual's work with PHAB. They could use their own established internal employee recognition methods, such as newsletters or internal websites.

For this strategy, PHAB should take into consideration that some site visitors are completing their site visit assignments on their own time, not able to incorporate it into their regular job duties or hours. Therefore, a letter to their organization may not be appropriate.

Table 28: High Level Workplan for Recommendation 2: Objective 2

Objective 2: Provide Site Visitors with a certificate or letter of appreciation
Determine type of printed material to distribute (certificate, letter, both) and any associated criteria
Create materials for eligible individuals
Confirm contact information (mailing address)
Print and package materials
Distribute certificates or letters

Table 29: Potential Evaluation Plan for Recommendation 2: Objective 2

Objective 2: Provide Site Visitors with a certificate or letter of appreciation	
Evaluation Questions	**Methods**
What was the perception of the certificates or letters by either the site visitors or the organizations?	Monitor feedback (informal and formal) for any comments on these items

Limitations/Constraints

It should be acknowledged that one theme from the literature review and key informant interviews was financial payment for the site visitors, as previously presented. However, the research results from both the secondary analysis of PHAB's data and the key informant interviews highlighted that the new review process reduces the amount of time required by the site visitors. If PHAB reverts to the previous model or notices an uptick in the number of hours being reported by site visitors, then PHAB could consider assessing financial incentives. Additionally, as noted by one key informant PHAB could consider a survey to help identify how many site visitors are supported (primarily being able to use work time) by their organizations versus volunteering on their own time, potentially using leave. If there is a significant amount of site visitors that are not supported by their organization, PHAB may also consider evaluating financial incentives.

Communication Plan

A critical piece of this research has been the on-going collaboration with PHAB. PHAB approached these operational changes from a quality improvement framework. They are collecting feedback, such as this research, to help inform whether they should stop, modify, or make permanent some of the changes that were put into place during COVID-19. PHAB's updated standards and measures, Version 2022, are planned to be released and go into effect July 1, 2022. In coordination with that rollout, PHAB will provide an update on at least one change

that was examined in this research, the new documentation review process. It is planned that the PHAB Board of Directors will review and make a final decision on any new policy changes for the organization in early 2022. During that review, it is anticipated that this research will be noted as a source of information that helped PHAB staff shape the recommendations. There will be time between the PHAB Board of Directors' decision and the Version 2022 effective date, as well as time before any updated processes related to the site visitors would need to be operationalized. Thus, providing additional time for potential collaboration between PHAB and the researcher on details within the Plan for Change.

This research, including the Plan for Change, will officially be provided to PHAB's Vice President for Program, Research and Evaluation. As noted, PHAB will be able to use it as an input for their decision-making process as part of their quality improvement framework on the changes in the supplemental guidance. The researcher has a meeting planned with PHAB staff including the Director of Education and Director of Accreditation to discuss the research and plan for change recommendations. The group will discuss implications of the research, as well as strategies for communicating the results to different stakeholders.

One of these stakeholder groups is the volunteer site visitors. Many of the key informants asked about how the information would be shared with PHAB and/or the broader site visitor group. The researcher will coordinate with PHAB staff to determine the best way to distribute the results. The researcher can also independently provide the results to key informants that requested it. Since one of the themes that emerged from the key informant interviews was engaging site visitors in activities other than site visit assignments, it could be important to note that the researcher is also a site visitor. This research could potentially be highlighted as an example of a non-site review engagement activity. It could show other site visitors that PHAB

was receptive to a collaboration suggestion from a site visitor and encourage other site visitors to do the same.

Collaboration with PHAB staff on the next steps is critical for success. There are several ways in which this information could be distributed, each having their own advantages and disadvantages. For example, the researcher could host a webinar to present the research results. The webinar information could be sent to PHAB to distribute as an optional activity for site visitors. However, one key disadvantage of this method is that it does not allow for PHAB to share their response to the research. Another option would be to more deliberately plan a joint webinar with PHAB staff in which the researcher presents the results and PHAB staff provide any responses or updates to current processes based on the research. This method provides stakeholders a more comprehensive presentation. However, it requires time for PHAB staff to review this dissertation research after it becomes publicly presented. The researcher will continue to coordinate with PHAB the best ways to share the information with stakeholder groups, taking into consideration the timing of other events such as the release of Version 2022 and the guidelines associated with university research.   In addition to PHAB stakeholders, this information may be of benefit to other accreditation organizations. It could help to show one aspect of how PHAB responded to the COVID-19 pandemic. This could serve as a comparison for other organizations who also had to make changes to their operations. The researcher will identify opportunities to share this information with a wider group of accreditation bodies. It could serve as another piece of emerging information on the topic.

CHAPTER 6: DISCUSSION

This research is just one piece of emerging data in the changing landscape of information for accreditation bodies, including PHAB. The documents and literature available on this dissertation topic will continue to evolve as the COVID-19 pandemic progresses and technology advances. Therefore, it is important to note that these research results and literature review only captured a snapshot in time of the information available. However, one of the goals of this dissertation was to provide PHAB useable information in a timely manner. This chapter will provide insight into related work that was being conducted at the same time as this research (or has recently been announced), as well as provide potential research areas with broad implications for communities.

PHAB's Additional Survey Data

As previously noted, PHAB was conducting its own formal evaluation efforts of the supplemental guidance. One component was a site visitor survey, which was the survey utilized to recruit key informants for this research. The results from that survey were taken into consideration during the development of the plan for change. However, from a broader perspective, their results can contribute to information about accreditation review models. The following section highlights findings from PHAB's evaluation efforts that are relevant to this research topic.

A total of 183 out of 267 site visitors responded to a PHAB survey in June and July 2021. (15) For this survey, site visitors self-reported which review models that had utilized. Therefore, errors were possible. For those site visitors that have utilized the new model (n=42), there were

three key results. First, more than 90% strongly agreed or agreed that they were able to adequately understand and assess the health department for which they were a site visitor under the new documentation process. (15) Second, thirty site visitors (71%) agreed or strongly agreed they were able to adequately understand and assess the health department via virtual site visit. (15) Lastly, the majority (approximately 70%) indicated that the new documentation review process took less time. (15) However, almost ten percent indicated it took more time and another twenty percent indicated that it made no difference. (15)

There were also several questions asked of all site visitors, regardless of their utilization of the new model. More than 80 out of 174 site visitors were more willing to be a volunteer under the new documentation review process. (15) It made no difference to another group of more than eighty site visitors. (15) There was a small group (approximately five) of site visitors who indicated they were less willing to be a site visitor with the new documentation process. (15) Related to virtual site visits, more than 75% of the site visitors who responded indicated that they would continue as a site visitor if all site visits remained virtual post-COVID. (15) This result helps to show that for many site visitors, the incentive of travelling to site visits is not the most influential motivating factor for them to serve as a site visitor.

PHAB also asked qualitative, open-ended questions on the survey to find out what the site visitors liked most and least about the new documentation review process. PHAB staff analyzed those results and identified key themes. A summary of PHAB's key themes is listed in Table 30. The themes listed start with the theme with the highest number of responses. The themes identified in this survey's qualitative sections were also used to help develop the codes for the key informant interviews.

Table 30: Summary of PHAB's Analysis (15)

Liked the most (number of responses)	Liked the least (number of responses)
• Less time/less work (84) • Accreditation Specialist involvement/expertise (28) • More consistency with review (18) • More time to focus on concerns/where standards aren't met (18)	• Site visitors know less about the Health Department (31) • Less peer review/too dependent on Accreditation Specialist's perspective/less collaboration (15) • Less comprehensive (14) • Harder to recognize Areas of Excellence/Opportunities for Improvement (7) • Virtual Site Visits (5) • Only one site visitor (5) • Increase Accreditation Specialist workload (5)

Recent Activity on Virtual Site Visits

The COVID-19 pandemic essentially required the transition to virtual site visits, in order for PHAB (and other accrediting organizations) to continue accreditation operations. The on-going COVID-19 pandemic and future pandemics will continue to create scenarios in which virtual site visits would be required. However, as noted in the Plan for Change, PHAB should conduct a more thorough analysis of changing to virtual site visits (even when not required by external circumstances). Information from other researchers and accreditation organizations has started surfacing, which indicates that this topic is being explored at multiple levels.

A recently published dissertation explored the impact of virtual accreditation visits by the Commission on Accreditation of Allied Health Education Programs. (57) The research focused on evaluating the effectiveness of virtual versus in-person site visits for accreditation in diagnostic medical sonography education. Overall, no significant difference was shown in accreditation effectiveness when utilizing a virtual site visit.

As noted in the Aim 3 findings, the North Carolina Local Health Department Accreditation Program included assessing virtual site visits in their strategic plan. In November 2021, their board decided to pursue a pilot program in which health departments can choose between two site visit options for Fall 2022 and Spring 2023. The first option is a full in-person site visit. The second option is partially virtual site visits, where the Coordinator and lead site visitor would be on-site and the other site visitors would participate virtually. (58) This indicates that other accreditation programs are starting to explore options to maintain virtual site visits for the future.

Future Research Implications for Virtual Site Visits

As explored in Aim 3 of this research, many accreditation organizations switched to virtual site visits due to the COVID-19 pandemic. Many of those organizations probably evaluated their virtual site visits and gathered feedback from site visitors, just like PHAB did. This presents an opportunity for future research on a new data set that is just emerging due to the COVID-19 pandemic. Rienzo's dissertation noted that while there was limited literature on using virtual site visits for accreditation, there were some articles suggesting the potential benefits of virtual site visits. (57) Data collected throughout the pandemic could be used to fill this gap in the literature and inform best practices. This research, and other newly emerging research and pilot programs, should continue to be developed and built upon.

If future research continues to show that virtual site visits are just as effective as in-person visit for programmatic accreditation and organizations shift to virtual site visits, then there could be significant implications for both accrediting bodies and the organizations that they accredit. Virtual visits have the potential to reduce (or minimize increases over time) applicant costs for some accreditation organizations, based on the elimination of associated travel costs for

site visitors. Therefore, making the pursuit of accreditation more affordable and feasible for some organizations, like smaller health departments or educational programs. If organizations start to pursue accreditation because it is now affordable to them, their communities will directly benefit from positive gains associated with accreditation. For example, in a survey of PHAB accredited health departments more than 80% indicated that their response to the COVID-19 pandemic was helped by accreditation. (13)

There are several assumptions leading to those potential impacts, which is precisely why additional research is needed on the topic, particularly the reduction in fees. Reducing a barrier to pursuing accreditation, whether it is public health accreditation or health profession education accreditation, has the potential to impact communities across the nation. For example, graduation from an accredited program is a requirement for getting a license for many health professions. (59) If reducing the financial barrier allows for a program to become accredited, not only will its students reap the benefits of a potentially higher quality educational program, but they will also have the opportunity of becoming licensed. The impacts of this could range from students receiving higher paying jobs to those same students providing better quality of care to community members.

Improving Public Health Departments

If public health agencies are not operating at full efficiency, then the individuals who work, live, and play in those communities suffer. Public health accreditation helps health departments to increase their levels of efficiency and quality of services provided in their communities. This is evidenced through 68% of accredited health departments reporting an improved use of resources. (60) Another reported benefit is that 78% of accredited health departments reported that their partnerships in other sectors, such as health care, social services,

and education, were strengthened due to accreditation. These partnerships are critical in addressing the social determinants of health and improving the public's health. Accreditation also helped 73% of accredited public health departments identify and address health priorities using a health equity lens. (60) This is an important step towards reducing health disparities and improving health outcomes for all individuals.

To help health departments achieve their highest level of efficiency and reap these benefits, PHAB needs to also be operating at high efficiency and in a way that is perceived as valuable. The recommendations provided in the Plan for Change are designed to allow PHAB to continue building off the benefits gained from the temporary changes due to COVID-19 and reduce the limitations identified. Implementing these strategies will continue to retain a dedicated group of volunteer site visitors, who not only serve as peer reviewers, but also as PHAB brand ambassadors.

Engaging site visitors and building up their visibility can lead to an increase in awareness about PHAB in general. Site visitors play an important role in raising awareness about PHAB and the benefits of accreditation. Greater awareness and visibility of PHAB site visitors in the community could lead to an increase in adoption of the standards, particularly as PHAB is now probably in the Late Majority on the Diffusion of Innovations model (61). For initial accreditation, PHAB is now needing to reach those who initially had hesitancy or barriers to wanting to pursue public health accreditation. Activities that facilitate the pursuit of accreditation by a health department, especially those in underrepresented areas, contribute to improved community health outcomes.

Implementing the general recommendations in the Plan for Change, such as enhancing the peer site visitor network, would have trickle-down impacts to the communities in which the

practitioners work. Connecting public health professionals to other public health professionals

creates an additional network of learning opportunities. Those individuals may implement best or

promising practices learned from other site visitors or PHAB related activities, which benefits

the work that each of the site visitors does in their own communities. This potential impact aligns

with one of the motivating factors to serve as a site visitor that was found in the literature review

and surfaced during the key informant interviews.

Exposing site visitors to other site visitors could also enhance an individual's engagement

in the public health sector. If the site visitor continues to feel as though they are contributing to

the greater good in a meaningful way, they may be more likely to continue serving in the public

sector. Retaining competent, highly motivated individuals in the public health workforce benefits

the organizations and communities that they serve. As noted in the background section, there are

many challenges impacting the public health workforce. Therefore, it is important to provide

opportunities, such as serving as a PHAB site visitor, which engage individuals and provide them

a meaningful way to contribute to public health overall.

Area of Potential Evaluation for PHAB

As PHAB continues to assess these operational changes and any future changes to the

model, they should continue collecting input from both the perspective of the health departments

and the site visitors. This research was limited to the site visitor perspective. As noted in the Plan

for Change, PHAB could consider exploring these themes from the Health Department's

perspective. This would provide a more robust assessment for PHAB.

For example, a key area for further exploration by PHAB also emerged from the key

informant interviews. While not directly related to the new review process, the theme of fairness

also emerged related to the allowable date of the documents submitted. This theme arose from the concept that previously health departments had to be able to show they were meeting all the standards at the time of hitting the submit button, but now health departments could be working on meeting a standard and use a document created after the submission date as evidence of meeting a standard. The concern raised was does this give an advantage to health departments who are less prepared to start the application process knowing that they can continue working on things.

For example, does this create a scenario in which a health department got an action plan because they did not have supporting documentation from before the submission date, even though they did have documentation by the time of the site visit, but now a health department in the same situation can submit examples after the submission date, which might mean they get accredited versus an action plan. One key informant explained it as, "now they can push the button and be 75% prepared. And then between submitting and the site visit, that can be six months to a year before they get all that stuff reviewed, then they get this extra year to build up their processes." Depending on if PHAB makes those changes permanent, they may also want to explore messaging around that aspect. This theme was not specific to this research, but it is an important theme for PHAB's to review.

Changing Public Health Landscape

As noted in the introduction, the COVID-19 pandemic has been impacting health departments and the public health workforce in unprecedented ways since early 2020. The pandemic has brought public health services into the spotlight on many levels. This has advantages, such as increased awareness and enhanced funding opportunities. But it also has disadvantages, such as challenges to levels of authority and burn-out of the workforce. As PHAB

moves towards the implementation of Version 2022 standards and measures, they should also take into consideration the changes that public health departments have endured since the beginning of the COVID-19 pandemic. A health department that is undergoing reaccreditation in 2022 might be doing very different activities than they were doing when they were first accredited. For example, they may have needed to shift their activities to things like mass vaccination efforts or large-scale testing and contact tracing operations. Health departments are having to make very hard decisions about what activities they can sustain with a limited workforce while appropriately responding the COVID-19. PHAB should take this into consideration when conducting reviews, as well as when rolling-out Version 2022. It is important that PHAB continue to be connected to health departments and aware of the challenges (and opportunities) that impact them.

Summary

This dissertation, particularly the research and Plan for Change, provides PHAB with valuable inputs to their strategic planning efforts and operating procedures. It provides PHAB more information about impact and perceptions of their supplemental guidance and changes due to COVID-19, as well as details about how other accreditation organizations responded to COVID-19. The Plan for Change provides recommendations specific to the supplemental guidance and PHAB's overall volunteer site visitor program.

APPENDIX A: SITE VISITOR RECRUITMENT EMAIL

Site Visitor Invitation email to be sent to those indicated "Yes" they wanted to receive more information on PHAB's survey

Dear XX (name from email list),

Thank you for expressing your interest in participating in a key informant interview related to the Public Health Accreditation Board (PHAB) site visitor model.

Purpose of the study

- This study aims to learn more about the Public Health Accreditation Board (PHAB) site visitor and accreditation specialists' perceptions of the supplemental guidance for the accreditation process. This research focuses specifically on the site visitor model, not on the changes to the health departments pursuing accreditation.

How to participate

- The interview will last approximately 30 minutes.
- Please complete this doodle poll with your preferred time by XX date. Your name and time option will only appear to the researcher.
- You will then receive a meeting invite with a Zoom link for the interview time.

Additional Information

- I am conducting this study as a doctoral student at the University of North Carolina at Chapel Hill in the Gillings School of Global Public Health's Doctoral Program in Health Leadership (DrPH).
- This study has been reviewed by the University of North Carolina Institutional Review Board (study number XX).
- If you have any questions about this interview or the study in general, please contact me, Karla Buru, MPH, MSW at: kburu@live.unc.edu.
- If you have questions or concerns about your rights as a research participant, you may contact the UNC Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

Who is sponsoring this study?

This research is supported by UNC-Chapel Hill. Karla Buru, the principal investigator on this study, is a graduate student in the School of Public Health and is doing this research in her role as a student. Karla will be sharing the final analysis with PHAB, but no individual results. All results will be anonymized.

Thank you for your time and consideration.

Thanks,
Karla Buru

APPENDIX B: ACCREDITATION SPECIALIST RECRUITMENT EMAIL

Dear PHAB Accreditation Specialists,

You are invited to participate in research related to the Public Health Accreditation Board (PHAB) site visitor model. Participation is completely voluntary.

Purpose of the study

- This study aims to learn more about the Public Health Accreditation Board (PHAB) site visitor and accreditation specialists' perceptions of the supplemental guidance for the accreditation process. This research focuses specifically on the site visitor model, not on the changes to the health departments pursuing accreditation.

How to participate

- Participate in a brief interview (approximately 30 minutes)
- Please complete this doodle poll with your preferred time by XX date. Your name and time option will only appear to the researcher.
- You will then receive a meeting invite with a Zoom link for the interview time.

Additional Information

- I am conducting this study as a doctoral student at the University of North Carolina at Chapel Hill in the Gillings School of Global Public Health's Doctoral Program in Health Leadership (DrPH).
- This study has been reviewed by the University of North Carolina Institutional Review Board (study number XX).
- If you have any questions about this interview or the study in general, please contact me, Karla Buru, MPH, MSW at: karlaburu@live.unc.edu.
- If you have questions or concerns about your rights as a research participant, you may contact the UNC Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

Who is sponsoring this study? This research is supported by UNC-Chapel Hill. Karla Buru, the principal investigator on this study, is a graduate student in the School of Public Health and is doing this research in her role as a student. Karla will be sharing the final analysis with PHAB, but no individual results. All results will be anonymized.

APPENDIX C: SITE VISITOR INTERVIEW TOOL

Date:_____

Key Informant:_____

Introduction

My name is Karla Buru and I am a doctoral student at the University of North Carolina in Chapel Hill. The purpose of this interview is to learn about the Public Health Accreditation Board (PHAB) Site Visitor perceptions of the supplemental guidance for the accreditation process. This research focuses specifically on the site visitor model, not on the changes to the health departments pursuing accreditation. You are being asked to participate based on your role as a volunteer site visitor.

This interview should take about 30 minutes. It will be completely confidential and any information that you provide will be released as a summary or combined into general themes. Summary information will be provided to PHAB as they continually strive to improve the accreditation experience for both health departments and site visitors. Your name will not be connected to your answers in any way. All questions are voluntary and you may choose to stop the interview at any time.

- **Are there any questions that you have about the research study or the interview?**

- **Do you consent to participating in this research?**

With your permission, I would like to record our interview. Digital audio files and transcripts will be confidentially destroyed at the end of the research study.

- **May I record the interview?**

To start off, I would like to ask a little about you.

1. How many years of public health work experience do you have?

2. Approximately, how many PHAB site visitor assignments have you participated in during your time as a PHAB volunteer site visitor?

3. Was your most recent site visit assignment for an initial accreditation or a reaccreditation?

Now, I'd like to ask you some questions about PHAB's supplemental guidance.

4. On a scale of 1 to 5, with 1 being not familiar at all and 5 being extremely familiar --
   How familiar are you with PHAB's supplemental guidance for the accreditation review
   process?

5. What are your general thoughts about PHAB's new review process guidelines?

   o Prompt: What do you think are the advantages or disadvantages of having the
      Accreditation Specialist conduct the initial review?

   o Prompt: What do you think are the advantages or disadvantages of having the site
      visit broken up over three days?

   o Prompt: What do you think are the advantages or disadvantages of having virtual
      site visits?

6. What strategies could PHAB use to build upon those advantages in order to enhance the
   site visitor experience?

   o What strategies could PHAB use to address the concerns?

7. How do you feel the supplemental guidance impacts the role of a PHAB site visitor?

   o How would this impact your decision to remain a PHAB site visitor?

   o How do you think this could impact PHAB's ability to recruit new volunteer site
      visitors?

8. How do you feel the new guidance impacts the role of the Accreditation Specialist?

   o How do you think this could impact PHAB's ability to retain Accreditation
      Specialists?

9. What are other aspects of the volunteer site visitor model that PHAB should explore and
   why?

   o How do these factors influence your decision to serve as a site visitor?

10. Are there any additional comments that you would like to share about serving as a PHAB site visitor?

11. Do you have any questions for me at this time?

APPENDIX D: ACCREDITATION SPECIALIST INTERVIEW TOOL

Date:_____

Key Informant:_____

My name is Karla Buru and I am a doctoral student at the University of North Carolina in Chapel Hill. The purpose of this interview is to learn about the Public Health Accreditation Board (PHAB) Accreditation Specialists' perceptions of the recent temporary changes in the accreditation process. This research focuses specifically on the effects on the site visitors, not on the changes to the health departments pursuing accreditation. You are being asked to participate based on your role as an Accreditation Specialist.

This interview should take about 30 minutes. It will be completely confidential and any information that you provide will be released as a summary or combined into general themes. Summary information will be provided to PHAB as they continually strive to improve the accreditation experience for both health departments and site visitors. Your name will not be connected to your answers in any way. All questions are voluntary and you may choose to stop the interview at any time.

- **Are there any questions that you have about the research study or the interview?**

- **Do you consent to participating in this research?**

With your permission, I would like to record our interview. Digital audio files and transcripts will be confidentially destroyed at the end of the research study.

- **May I record the interview?**

To start off, I would like to ask a little about you.

1. How long have you worked as an Accreditation Specialist?

2.   Approximately how many site visit assignments have you completed under

PHAB's supplemental guidance?

Now, I'd like to ask you some questions about PHAB's supplemental guidance.

3. What are your general thoughts about PHAB's supplemental guidance?

    o   Prompt: What do you think are the advantages or disadvantages of having the

        Accreditation Specialist conduct the initial review?

    o   Prompt: What do you think are the advantages or disadvantages of having the

        site visit broken up over three days?

    o   Prompt: What do you think are the advantages or disadvantages of having

        virtual site visits?

4. What strategies could PHAB use to build upon those advantages?

    o   What strategies could PHAB use to address the concerns?

5. How do you feel the new guidance impacts the role of the Accreditation Specialist?

    o   How do you think this could impact PHAB's ability to retain Accreditation

        Specialists?

6. How do you feel the new guidance impacts the role of a PHAB site visitor?

    o   How do you think this could impact PHAB's ability to retain and recruit

        volunteer site visitors?

7.   What are other aspects of the volunteer site visitor model that PHAB should

explore and why?

8.   Are there any additional comments that you would like to share about PHAB site

visitors and the supplemental guidance?

9.   Do you have any questions for me at this time?

APPENDIX E: CODEBOOK

Theme	Tag(s)/Sub-themes	Description
Site Visitor Demographics	Reviewer Demographics/Health Department Experience	Health Department experience or working status (active, retired) of the person conducting the review (site visitor OR Accreditation Specialist).
Level of Work/Time Commitment utilizing new review process	Less Time/Less Work for site visitor	Temporary process took less time or less work from the site visitor perspective.
	More work for Accreditation Specialist	Temporary process took more time or more work from the Accreditation Specialist perspective.
Site Visitor Compensation	Financial Compensation for site visitors	Financial compensation for site visitors for their review work.
	Non-Financial Compensation for site visitors	Non-financial compensation for site visitors for their review work (swag, certificates, etc.)
Motivation of Site Visitors	Contributing to the greater good	Site Visitor feels they contribute to the greater good/public health overall by serving as a site visitor.
	Professional Development for site visitors	Site Visitor feels they gain knowledge/insight that can help their own agency or career by serving as a site visitor.
Site Visitor Engagement	Connecting to other Site Visitors	Ability to connect/network with other site visitors.
	Activities other than site reviews for Site Visitors	Inclusion of site visitors in other PHAB activities (not just site reviews).
Documentation Review Process	Potential for bias by Accreditation Specialist	Potential bias by the Accreditation Specialist doing the review.
	Limited Knowledge/Less comprehensive Review of Health Department (by site visitor)	Review process contributed to less comprehensive review and/or knowledge of the health department by the site visitor.
	Standardized/Consistency in reviews	More standardized or consistency in reviews utilizing the temporary process.
	Accreditation Specialists Involvement/Expertise	Use of Accreditation Specialists Expertise in the review process.

	Streamlined process/focused effort on measures where standards aren't met	Review process is more streamlined. Ability for the Site Visitor to focus on measures where the standards weren't met.
	Quicker overall review process	Shorter amount of time for the entire review process, from application to the Health Department getting the report.
	Site Visitor Disagreement with Accreditation Specialist	Interactions between the site visitor and the Accreditation Specialist, if the site visitor does not agree with the assessment.
	Lessens site visitor role	Role of the site visitor is lessened or diminished in the new review process.
	Areas of Excellence and Opportunities for Improvement	Harder to identify and/or write the Areas of Excellence and Opportunities for Improvement (by the site visitor).
	Equitable/Fair for Health Departments who used a different review process	Comparison of the temporary review process with the older model.
Virtual Site Visits	Financial Impact of Virtual Site Visits	Financial Impact of Virtual Site Visits (primarily savings).
	Lack of rapport building/personal connections with Health Department	Personal interactions/rapport building between site visit team and Health Department
	Use of technology	Challenges or Enhancement to the use of technology (like Zoom) when conducting virtual site visits.
	Less stress for Health Department	Format is less stressful for Health Departments and their staff.
	No travel time	No travel time for the site visitor due to virtual site visit.
	More inclusive	Ability to include more people in virtual site visits.
	Safety	Virtual site visit kept people safe while still allowing for a site visit.
	Travel to Health Department/Seeing the physical location/community	Travel to Health Departments for the on-site visits to get a better understanding of the community and how they are meeting standards.

Site Visit Timing	Flexibility in schedule of site visits/fits into work day	Ability to break up the site visits and making it easier to fit into the work day.
	Ability to prepare between sessions	Ability for site visitors to prepare in-between the site visit sessions.
	Less tiring	Shorter virtual sessions were less/tiring than all day meetings.
	Hard to keep momentum	Potential loss in momentum by breaking the site visit up over days.
Site Visitor Training Needs	Domain specific/problem areas training	Training on specific domains or measures that are commonly cause issues/have a lot of questions from the site visitors.
	Training on new model/site visitor role	Training for site visitors on the new model, site visitor role.
Accreditation in General	Differences for smaller health departments	Noted smaller health departments and potential differences in PHAB standards for smaller/rural health departments

REFERENCES

1. Institute of Medicine (US) Committee on Assuring the Health of the Public in the 21st Century. (2002). *The Future of the Public's Health in the 21st Century*. National Academies Press (US).

2. Bender, K., Kronstadt, J., Wilcox, R., & Lee, T. P. (2014). Overview of the Public Health Accreditation Board. *Journal of Public Health Management and Practice*, *20*(1), 4–6. https://www.jstor.org/stable/48516702

3. Final Recommendations for a Voluntary National Accreditation Program for State and Local Public Health Departments. Exploring Accreditation Project Report. Washington, DC: Exploring Accreditation; 2006. Available from https://phaboard.org/wp-content/uploads/2018/12/ExploringAccreditationFullReport1.pdf

4. Public Health Accreditation Board [Internet] Virginia USA. PHAB; 2021. Who is Accredited?. Available from: https://phaboard.org/wp-content/uploads/Accreditation-Map_Nov2021.pdf

5. Siegfried, Alexa; Heffernan, Megan; Kennedy, Mallory; Meit, Michael. Quality Improvement and Performance Management Benefits of Public Health Accreditation, Journal of Public Health Management and Practice: May/June 2018 - Volume 24 - Issue - p S3-S9

6. Public Health Accreditation Board [Internet] Virginia USA. PHAB; 2019. The Value of PHAB Accreditation. Available from: https://phaboard.org/wp-content/uploads/2019-Infographic.pdf

7. Public Health Accreditation Board [Internet] Virginia USA. PHAB; 2020. The Value and Impact of Public Health Department Initial Accreditation: A Review of Quantitative and Qualitative Data. Available from https://phaboard.org/wp-content/uploads/Value-and-Impact-Final-June2020.pdf

8. *Department of health – powers* (2013) Ohio 3701.13

9. Public Health Accreditation Board [Internet] Virginia USA. PHAB; 2020. Site Visitor Eligibility Criteria. Available from: https://phaboard.org/2017/08/14/site-visitor-eligibility-criteria/

10. Public Health Accreditation Board [Internet] Virginia USA. PHAB; 2017. Volunteer Site Visitors Roles, Responsibilities and Benefits. Available from: http://www.phaboard.org/wp-content/uploads/Volunteer-Site-Visitors-Roles-Responsibilities-and-Benefits-Aug.-2017-tip-sheet-1.pdf

11. de Beaumont Foundation [Internet] Maryland USA; 2019. New Workforce Survey: Public Health Turnover Could Pose Threat to Community Health. Available from:

https://www.debeaumont.org/news/2019/new-workforce-survey-public-health-turnover-could-pose-threat-tocommunity-health/

12. Carlin, Maggie MPH; Ensign, Karl MPP; Person, Cara J. PhD, MPH, CPH; Kittle, Alannah MPH; Meadows, Kristi MPH State of the Public Health Workforce: Trends and Challenges Leading Up to the COVID-19 Pandemic, Journal of Public Health Management and Practice: January/February 2021 - Volume 27 - Issue 1 - p 92-93 doi: 10.1097/PHH.0000000000001294

13. Public Health Accreditation Board [Internet] Virginia USA. PHAB; 2020. Strategic Planning Findings. Available from https://phaboard.org/wp-content/uploads/Strategic-Planning-Survey-Findings-Final-July-2020.pdf

14. Public Health Accreditation Board [Internet] Virginia USA. PHAB; 2021. Supplemental Guidance. Available from https://phaboard.org/wp-content/uploads/PHAB-Supplemental-Guidance.pdf

15. Public Health Accreditation Board.2021. *Site Visitor Survey – New Documentation Review Process and Site Visitor Travel*.

16. Public Health Accreditation Board [Internet] Virginia USA. PHAB; 2021. Updates on the Development of PHAB Standards and Measures Version 2022. Available from https://phaboard.org/version-2022/

17. Boyd, A., Ross, S., Robertson, R., Walshe, K., & Smithson, R. (2018). How hospital survey teams function: An analysis of Care Quality Commission inspections of acute hospitals in England. Journal of Health Organization and Management, 32(2), 206-223. doi:10.1108/JHOM-07-2017-0175

18. Greenfield, D., Debono, D., Hogden, A., Hinchcliff, R., Mumford, V., Pawsey, M., . . . Braithwaite, J. (2015). Examining challenges to reliability of health service accreditation during a period of healthcare reform in Australia. Journal of Health Organization and Management, 29(7), 912-924. doi:http://dx.doi.org/10.1108/JHOM-02-2015-0034

19. Greenfield, D., Pawsey, M., Naylor, J., & Braithwaite, J. (2009). Are accreditation surveys reliable? International Journal of Health Care Quality Assurance, 22(2), 105-116. doi:http://dx.doi.org/10.1108/09526860910944601

20. Ravaghi, H., Abolhassani, N., Dahim, P., Shaarbafchizadeh, N., Anjarani, S., & Safadel, N. (2014). Assessors' attitudes toward and experiences of national quality standards: A qualitative study in Iran. Accreditation and Quality Assurance, 19(4), 301-305. doi:10.1007/s00769-014-1060-9

21. Tavrow, P., Bukonda, N., Abdallah, H., Hoffner, K., & Tembo, J. (2002). Implementing a national hospital accreditation program: the Zambian experience. International Journal for Quality in Health Care, 14(1), 7. Retrieved from

http://libproxy.lib.unc.edu/login?url=https://search.proquest.com/docview/202930115?accountid=14244

22. Yousefinezhadi, T., Mosadeghrad, A. M., Arab, M., Ramezani, M., & Akbari Sari, A. (2017). An analysis of hospital accreditation policy in Iran. Iranian Journal of Public Health, 46(10), 1347-1358. Retrieved from https://www.scopus.com/inward/record.uri?eid=2-s2.0-85030851832&partnerID=40&md5=3dfbba4b55f8fc2e0be3f74b89a10e65

23. Hurst, K. (1997). The nature and value of small and community hospital accreditation. International Journal of Health Care Quality Assurance, 10(3), 94-106. doi:http://dx.doi.org/10.1108/09526869710167012

24. Teymourzadeh, E., Ramezani, M., Arab, M., Foroushani, A. R., & Sari, A. A. (2016). Surveyor management of hospital accreditation program: A thematic analysis conducted in Iran. Iranian Red Crescent Medical Journal, 18(5). doi:10.5812/ircmj.30309

25. Bohigas, L., Brooks, T., Donahue, T., Donaldson, B., Heidemann, E., Shaw, C., & Smith, D. (1998). A comparative analysis of surveyors from six hospital accreditation programmes and a consideration of the related management issues. International Journal for Quality in Health Care, 10(1), 7-13. doi:10.1093/intqhc/10.1.7

26. Lancaster, J., Braithwaite, J., & Greenfield, D. (2010). Benefits of participating in accreditation surveying. International Journal of Health Care Quality Assurance, 23(2), 141-152. doi:http://dx.doi.org/10.1108/09526861011017076

27. Lee, Y. and Brudney, J.L. (2009), "Rational volunteering: a benefit-cost approach", International Journal of Sociology and Social Policy, Vol. 29 No. 9/10, pp. 512-530.

28. Creswell, J. W. (2018) *Research design: qualitative, quantitative, and mixed methods approaches.* SAGE Publications.

29. American Alliance of Museums [Internet]. Virginia USA. 2021. Accreditation Program and COVID-19: FAQs and Guidance. Available from https://www.aam-us.org/programs/accreditation-excellence-programs/accreditation-program-and-covid-19-faqs-and-guidance/

30. American Psychological Association Council on Accreditation [Internet]. District of Columbia, USA. COVID-19 Updates and Information. Available from https://www.accreditation.apa.org/covid-19.

31. American Psychological Association Council on Accreditation [Internet]. District of Columbia, USA. Site Visit Status Due to COVID-19. Available from https://www.accreditation.apa.org/current-site-visitors

32. American Psychological Association Council on Accreditation [Internet]. District of Columbia, USA. Conducting a Virtual Site Visit. Available from https://irp-cdn.multiscreensite.com/a14f9462/files/uploaded/Conducting%20a%20Virtual%20Site%20Visit_202101.pdf

33. American National Standards Institute (ANSI) National Accreditation Board [Internet]. District of Columbia, USA. Precautionary Measures Regarding COVID-19 Affecting ANAB. Available from https://anab.ansi.org/latest-news/covid-19-precautionary-measures

34. Association of Zoos and Aquariums [Internet]. Maryland USA. 2021. Upcoming Reviews. Available from https://www.aza.org/upcoming-reviews

35. Council on Accreditation [Internet]. Pennsylvania USA. 2021. Important update on Site Visits. Available from https://coanet.org/2020/06/important-update-on-site-visits/

36. Green Building Initiative [Internet]. Oregon, USA. 2021 Protocol for GBI's Green Globes Virtual Site Assessments. Available from https://thegbi.org/files/training_resources/GBIs_Virtual_Assessment_Protocol.pdf.

37. Fair Trade Labeling Organization (FLOCERT) [Internet]. District of Columbia USA. 2021. Coronavirus-related changes in operations. Available from https://www.flocert.net/solutions/fairtrade/coronavirus-related-changes-in-operations/

38. International Accreditation Forum Inc. [Internet]. IAF Frequently Asked Questions COVID-19 Pandemic. Available from https://iaffaq.com/

39. Commission on Accreditation for Law Enforcement Agencies. [Internet]. 2020 Annual Report, page 6. Available from https://calea.org/annual-reports/CALEA-AR_2020_final.html#page=1

40. The Joint Commission (JCAHO). [Internet]. 2020. Regular surveys and reviews to resume in June – with some changes to protect safety. Available from https://www.jointcommission.org/-/media/tjc/documents/covid19/joint-commission-to-resume-surveying.pdf

41. Council on Education for Public Health. [Internet]. 2021. Virtual Site Visits. Available from https://ceph.org/about/org-info/join-mailing-list/journal/virtual-site-visits/

42. Council on Education for Public Health. [Internet]. 2021. Planning for Your CEPH Follow-up Visit. Available from https://media.ceph.org/documents/Follow-up_visit_guidelines.pdf

43. Accreditation Council for Graduate Medical Education. [Internet]. 2021. Remote Site Visit FAQs. Available from https://www.acgme.org/what-we-do/accreditation/site-visit/remote-site-visit-faqs/

44. Commission on Dental Accreditation. [Internet]. CODA Policy on Temporary Use of Alternative Site Visit Methods. Available from https://www.ada.org/~/media/CODA/Files/policy_alternative_sitevisit_methods.pdf?la=en

45. Council on Academic Accreditation. [Internet]. Virtual Site Visits: COVID-19 Emergency Conditions. Available from https://caa.asha.org/siteassets/files/virtual-site-visits-covid-19-emergency-conditions.pdf

46. North Carolina Local Health Department Accreditation. NCLHDA Strategic Work Plan July 2021 – June 2025 Year 1. Available from https://nclhdaccreditation.unc.edu/wp-content/uploads/sites/733/2021/08/NCLHDA_StrategicWorkPlan_ForWeb8.30.pdf

47. North Carolina Local Health Department Accreditation. NCLHDA Program Monthly Highlights October 2021 – Reimagining Site Visits. Available from https://nclhdaccreditation.unc.edu/2021/10/nclhda-program-monthly-highlights-october-2021/

48. Accreditation Commission for Education in Nursing. [Internet]. ACEN Updated Temporary Flexibility Related to Virtual Site Visits and Use of Distance Education. Available from https://www.acenursing.org/acen-updated-temporary-flexibility-related-to-virtual-site-visits-and-use-of-distance-education/

49. National Architectural Accrediting Board. [Internet]. COVID-19 Available from https://www.naab.org/covid-19/

50. National Architectural Accrediting Board. [Internet]. Virtual Site Visit Supplement: 2020 Procedures for Accreditation. Available from https://www.naab.org/wp-content/uploads/NAAB-2020-Procedures_VSV-Supplement.pdf

51. International Electrotechnical Commission [Internet]. 2021. COVID-19: Find on the page important information regarding COVID-19 and the IEC. Available from https://www.iec.ch/covid-19

52. International Standards Organization [Internet] 2021. COVID-19: Important Information regarding ISO Governance and Technical Meetings. Available from https://www.iso.org/covid-19.html

53. International Standards Organization [Internet] 2021. COVID-19: National Resources. Available from https://www.iso.org/covid19-members

54. Council on Education for Public Health. [Internet]. 2021. Returning to On-Campus Visits After COVID-19. Available from https://media.ceph.org/documents/Follow-up_visit_guidelines.pdf

55. FLOCERT [Internet]. Remote Audit: Standard Operating Procedure. Available from https://www.flocert.net/wp-content/uploads/2017/09/CERT-RemoteAudit-SOP-10-en.pdf

56. COA. (2021, January 5). *Tips for virtual reviews*. Council on Accreditation. Available from https://coanet.org/2021/01/tips-for-virtual-reviews/

57. Rienzo, C. E. (2021). *The impact of virtual site visits on programmatic accreditation through the commission on accreditation of allied health education programs (CAAHEP)* (Order No. 28768443). Available from ProQuest Dissertations & Theses Global. (2596028366). Available from http://libproxy.lib.unc.edu/login?url=https://www.proquest.com/dissertations-theses/impact-virtual-site-visits-on-programmatic/docview/2596028366/se-2?accountid=14244

58. *North Carolina Local Health Department Accreditation program special update November 22, 2021*. (n.d.). Unc.Edu. Available from https://nclhdaccreditation.unc.edu/2021/11/nclhda-program-special-update-november-22-2021/

59. Eaton, J. S. (2010). The value of accreditation. Council for Higher Education Accreditation. Available from https://www.chea.org/sites/default/files/othercontent/Value%20of%20US%20Accreditation%2006.29.2010_buttons.pdf

60. Public Health Accreditation Board. [Internet]. *Increasing quality through PHAB accreditation*. Available from https://phaboard.org/wp-content/uploads/PHAB-Infographic.pdf

61. Rogers, E. M. (2003). *Diffusion of Innovations, 5th Edition* (5th ed.). Free Press