

**SURVEYOR MANUAL
FOR AN
ACCREDITATION SURVEY**

2006

ABOUT O.C.C.H.A.

The Ontario Council on Community Health Accreditation is an independent agency directed by a board whose members are nominated by professional associations involved in public health. O.C.C.H.A. promotes excellence in public health programs and services by defining, reviewing and publicizing standards related to structure, process and outcome; enhancing knowledge through consultation and shared experience; measuring agency performance against peer-set standards; developing and submitting comprehensive, constructive reports for the agency; and conferring graduated awards.

O.C.C.H.A.'s purpose is to contribute to the improvement of public health programs and services throughout Ontario. It provides a vehicle through which health units responsible for delivering those programs and services can improve themselves. It also provides an independent, peer evaluation of the administrative components and program delivery mechanisms of local and regional public health units.

O.C.C.H.A.'s Board of Directors consists of representatives from provincial organizations representing Ontario public health professionals and boards of health. They include:

- Public Health Nursing Management – ANDSOOHA
- Association of Local Public Health Agencies – alPHa
 - Council of Ontario Medical Officers of Health
 - Boards of Health Section
- Association of Public Health Epidemiologists in Ontario – APHEO
- Association of Ontario Public Health Business Administrators – AOPHBA
- Association of Supervisors of Public Health Inspectors of Ontario – ASPHIO
- Health Promotion Ontario (public health)
- Ontario Public Health Association - (OPHA)
- Ontario Society Nutrition Professionals in Public Health - OSNPPH
- Ontario Association of Public Health Dentistry - OAPHD

ACCREDITATION

Accreditation is an independent, voluntary, peer-evaluated process of the organizational and administrative aspects of local and regional public health units, including program planning, implementation, monitoring and evaluation, against stated peer-set principles and standards. O.C.C.H.A.'s conviction is that the provision of the quality public health services requires sound administrative mechanisms.

A *principle* is a simple and fundamental statement of truth upon which are established more specific standards.

A *standard* is a statement of excellence, developed by peers, against which conformity of the agency is evaluated. Standards are divided into specific components. Each standard can have from 1-7 components.

The principles, standards and their interpretations are presented in two sections for each of the major organizational components of the agency:

- Leadership and Agency Management
- Program/Service Planning, Implementation, Monitoring and Evaluation

Those standards for the governance and administration recognize the governing body's overall responsibility for the agency. These standards also address administrative structures and physical, financial and human resource planning and management. It is important to recognize that flexibility in structure is appropriate for both the Board of Health (i.e., regional vs. municipal) and the general administrative body. However, it is still necessary that clear lines of responsibility and reporting relationships exist.

The standards for the program/service planning, implementation, monitoring and evaluation address program goals and objectives, program planning (including evidence-based decision-making), implementation and monitoring processes. They also address information/education strategies, access and risk management processes.

The Standards, against which agencies are reviewed, were developed by Ontario public health professionals in consultation with their fellow staff and board members across the province.

THE ACCREDITATION AWARD

LENGTH OF AWARDS

The award will be determined by O.C.C.H.A.'s Board of Directors. The duration of the accreditation award will be two, three, four or five years.

5 YEAR ACCREDITATION

A rating indicating optimal compliance across and within the standards with no components noting insufficient evidence to demonstrate compliance. This rating demonstrates overall excellence in the delivery of programs and services in public health and the agency is recognized to be performing in an exemplary way.

4 YEAR ACCREDITATION

A rating indicating substantial compliance across and within the standards. Some areas of improvement have been identified which should be addressed. This rating demonstrates high achievement in the delivery of programs and services.

3 YEAR ACCREDITATION

A rating indicating satisfactory compliance across and within the standards. Some weaknesses within the standards have been identified which may affect the delivery of programs and services and which should be addressed. This rating demonstrates good delivery of programs and services.

2 YEAR ACCREDITATION

A rating indicating minimal compliance across and within the standards. Deficiencies however, exist relative to the standards that affect the delivery of programs and services. These deficiencies must be remedied. This rating demonstrates that the agency could show more improvement towards compliance with the standards resulting in a higher level of achievement in the delivery of programs and services.

APPEAL PROCESS

Each agency is given 14 days to file its intention to appeal the findings of an accreditation survey. The documentation for such an appeal must be submitted within 34 days of the agency's receipt of the accreditation report and judgement. If an appeal is received, the O.C.C.H.A. Board meets with the representatives of the agency to discuss the supporting argument for the appeal. The Board then meets in camera to prepare its revised report based on evidence presented. The decision of the Board is final.

THE ACCREDITATION CERTIFICATE

The award is presented as a certificate to be displayed and viewed by the public in the agency. The certificate includes the term of the award which is based on the actual survey date. The certificate is deemed to be “owned” by O.C.C.H.A. and will be withdrawn should an accredited agency fail to abide by the Terms and Conditions of Accreditation. Presentation of the certificate by a member of the OCCHA Board or OCCHA’s Executive Director will be made to any agency receiving a first-time accreditation award.

ROLE OF THE EXECUTIVE DIRECTOR FOR AN ACCREDITATION SURVEY

The Executive Director will review the Agency Questionnaire for completeness and readiness. An analysis of the questionnaire and accompanying documents is prepared for review by the Principles and Standards Committee. After receiving approval of the Agency Questionnaire and application by the Principles and Standards Committee, the Executive Director notifies the applicant of the decision and selects the survey team. It will be the responsibility of the Executive Director to deal with any conflicts arising between survey team members and the health unit to be surveyed. The Medical Officer of Health of the applying agency will be informed of the names of the survey team. The date of the on-site survey is scheduled by the Executive Director, in consultation with the health agency and the survey team.

Upon confirmation of the survey dates, the Executive Director will forward the following documents to the surveyors:

- ✓ A copy of the Agency Questionnaire and supporting documentation.
- ✓ The requirements, recommendations, suggestions, and commendations based on the previous survey and judgement letter (if applicable).
- ✓ A copy of memorandum to the Principles & Standards Committee.
- ✓ Surveyor Worksheets (including Table A re: MHPSG) and Assessment Sheets
- ✓ Accreditation Principles, Standards, Components and Definitions.
- ✓ Surveyor Manual for an Accreditation Survey.
- ✓ A list of provincial legislation pertaining to public health agencies.
- ✓ Survey Interview Sheets.
- ✓ A Travel Expense Form.
- ✓ Surveyor’s Agreement including the Acknowledgement of Receipt of Questionnaire (*this must be signed by the surveyors and returned to the O.C.C.H.A. office as soon as possible*).
- ✓ A list of survey team members.

The Executive Director, in consultation with the Senior Surveyor, is responsible for:

- ✓ Selecting a list of staff and community agency representatives to be interviewed.
- ✓ Selecting the personnel files to be reviewed on site.
- ✓ Developing the on-site survey schedule of activities, including document review and interviews.
- ✓ Submitting interview list, list of personnel files and schedule of activities to the health agency's Accreditation Coordinator two weeks prior to the on-site survey.

The Executive Director will attend the on-site survey to:

- ✓ Assist as a resource staff member.
- ✓ Conduct, with assistance from survey team members, the entrance conference.
- ✓ Conduct, with input and assistance from survey team members, the exit conference.

The Executive Director shall be available, upon request, to meet with the Accreditation Coordinator of the Health Agency to review the presentation of documentation for the on-site survey.

Following the completion of the survey, the Executive Director will consult with the survey team and prepare the draft of the judgement letter and report. A copy of the Surveyor Worksheets and Assessment Forms, along with the draft judgement letter and report will be forwarded to members of the Principles and Standards Committee for review. Survey team members may be requested to this meeting of the Principles and Standards Committee, in order to provide feedback on any standards for which they were responsible. The Principles and Standards Committee will then submit its recommendation to the Board of Directors.

Following the Board of Directors' decision on the accreditation award, the OCCHA Chair person will inform the Board of Health of the decision of the Board of Directors. A copy of the judgement letter and report will also be forwarded to the Medical Officer of Health.

SURVEYOR'S GOAL

The surveyor's goal is to evaluate the agency's degree of compliance with the principles and standards by gathering information from the:

- Agency Questionnaire.
- Review of Documents.
- Interviews with Board of Health and staff members and community agency representatives.

SURVEYOR ELIGIBILITY CRITERIA

A broad understanding of the scope of programs and services, as well as, the administrative operations of public health agencies is a prerequisite for serving as an OCCHA surveyor. In addition the following criteria must be met:

- Eligibility for membership in any association represented by O.C.C.H.A.'s Board of Directors.
- Current employment at management/consultative level in a public health agency; or membership on a Board of Health, or on leave of absence or retirement from employment for not more than 1 year.
- Commitment to the accreditation process.
- Commitment to 1 survey per year.
- Ability to work as a group member and willingness to accept shared responsibility.
- Demonstrated human relations and communication skills.

SENIOR SURVEYOR REQUIREMENTS

In addition to the Surveyor Eligibility Criteria, a senior surveyor must possess:

- Minimum experience of 3 surveys.
- Thorough understanding of O.C.C.H.A.'s objectives, policies and procedures, interpretations of the principles and standards.
- Excellent organizational skills.
- Excellent leadership qualities.
- Excellent report writing skills.

ARRANGEMENTS FOR THE SURVEY

The date of the survey is set by O.C.C.H.A. in collaboration with the agency and the survey team. O.C.C.H.A. will make every attempt to ensure that the survey date is not more than 90 days from the time an application is received.

O.C.C.H.A. will determine the number of surveyor days (generally three full days) that are required for the survey and will appoint the survey team, including a senior surveyor. The senior surveyor will consult with the Executive Director in the selection of personnel and community representatives to be interviewed and will provide mentoring services to apprentice surveyors.

ELEMENTS OF A SURVEY

1. Pre-Survey Review of Documents (surveyors).
2. Pre-Survey Conference (conducted by survey team).
 - a. 1 teleconference to be conducted one week prior to the on-site review.
 - b. pre-survey review the evening prior to the 1st day of the on-site review.
3. Entrance Conference (with Agency).
4. Walk-through of the agency.
5. Review of Documents.
6. Agency-Surveyor Luncheon.
7. Interview of Staff and Community Agencies.
8. Clarification Session/Exit Conference.
9. Post-Survey Conference/Report Writing.

Pre-Survey Review of Documents

Prior to the survey, the surveyors will have reviewed the following:

- a. O.C.C.H.A. Accreditation Documents:
 - i. Accreditation Principles, Standards, Components and Definitions

This document forms the basis of the accreditation program against which the agency is measured for their degree of compliance.

- ii. Surveyor Manual for an Accreditation Survey

This document provides guidelines and an overview of the survey protocol.

iii. Surveyor Worksheets

These worksheets are the basis for the assessment forms and will facilitate completion of the final report of the accreditation survey. These worksheets contain all documentation of the survey, including the need for additional review and contain the final performance rating for each standard component.

iv. Surveyor Assessment Forms

These forms are completed as required and will document the survey team's final findings related to any requirements, recommendations, suggestions or commendations. They are completed in conjunction with the surveyor worksheets and are used during the exit conference.

b. Legislation:

The surveyor should be familiar with the legislation that is pertinent to the functioning of the agency. A copy of the "Provincial Legislation Identifying Public Health Roles for Medical Officers of Health and Boards of Health" will be forwarded to the survey team members. This document is produced by the Public Health Branch, Ministry of Health and is a listing of provincial legislation that identifies specific public health roles and responsibilities of Boards of Health and Medical Officers of Health, in addition to that which is specified in the major public health acts.

c. Information of the agency:

i. Agency Questionnaire

This document is completed by the agency prior to the survey and poses pertinent questions on the functioning of its two major organizational components: Leadership and Agency Management and Program/Service Planning, Implementation, Monitoring and Evaluation. The questions are arranged by sections and parallel the requirements of the Accreditation Principles, Standards, Components and Definitions.

The questionnaire is an important source of information on the agency, and will serve as a basis for the review of documents, the interview of personnel, and contacts with other community agencies.

NOTE: It is the responsibility of each surveyor to review the entire Agency Questionnaire. Although each surveyor will be assigned specific standards for on-site review, familiarity with all standards and documentation is required.

Pre-Survey Conference (conducted one week prior to the on-site survey location)

Prior to the survey, the Executive Director is responsible for assigning standards to specific members of the survey team for concentrated review.

In the week prior to the survey, the Executive Director and survey team members will meet, by teleconference. The purpose of this meeting is to:

- Review any new information from O.C.C.H.A. on the organization or interpretations of standards (from Executive Director).
- Discuss observations made from individual study of the questionnaire.
- Review previous judgement letter, if applicable, to see what requirements were listed.
- Review the survey timetable and make any last minute adjustments in assignments relative to the review of documents or interviews with staff.
- Review organizational chart of the organization.

Pre-Survey Conference (conducted the evening prior to the on-site survey)

This meeting will take place at the hotel the evening prior to the on-site survey. The purpose of his meeting is to ensure that all observations, including outstanding issues, are identified and to confirm the survey timetable.

Attendance at both pre-survey conferences is mandatory.

Entrance Conference

The Entrance Conference is conducted on the first morning of the survey at the main office of the health agency. Representatives from the governing body, senior administration and the accreditation coordinator meet with members of the survey team and the O.C.C.H.A. Executive Director.

The purpose of this meeting is to provide for formal introduction of survey team members and to discuss the general schedule of the survey. The Medical Officer of Health usually introduces the Executive Director, who provides a brief overview of the on-site survey process. After the overview, the Executive Director will introduce each survey team member. Each survey team member will then provide a brief bio to the health unit, including current public health position and experience as OCCHA surveyor.

In addition, the agency is given the opportunity to note any recent changes in the organization which may be relevant to the survey.

Walk-through of the Agency

Immediately following the Entrance Conference, the Medical Officer of Health, or designate, will lead the surveyors on a general tour of the health agency.

This walk-through allows the surveyors to become familiar with the environment as well as to note the general lay-out, space provisions, and records storage for the agency.

Review of Documents

The agency will provide documents which illustrate its compliance with each standard and interpretation. These documents will be arranged by the agency to parallel the two sections of the agency questionnaire. The Surveyor Worksheets are available to the agency as a reference document for the preparation of on-site evidence. The documents will be labeled to represent each standard and component for easy reference by the surveyors. Where specific pages in manuals are referenced in the evidence, these pages should be appropriately marked by the accreditation committee for the ready access of the surveyors. Confidential documents should be available but their security should be assured at all times.

Each surveyor will be responsible for specific standards as determined by the Executive Director.

Notes:

1. Every document need not be examined in detail.
2. All findings shall be recorded on the Surveyor Worksheets. **PLEASE NOTE: OCCHA recognizes that different organizational structures among health agencies (eg., Regional vs Municipal) require different approaches and therefore, an exact listing of documents required as evidence is not possible. However, guidelines are provided on each worksheet, which indicate the purpose of the evidence and a suggestion of potential documents is included.**
3. When examining the minutes of meetings, the surveyors should ascertain that they have been properly dated and completed in a manner which is consistent with written policy and in compliance with any/all applicable legislation. (eg. H.P.P.A.)
4. Manuals for policies and procedures should be examined for subject matter, review dates and revision dates.
5. By-laws should be looked at for content, review and/or revision dates.
6. Personnel records to be reviewed will be requested two weeks in advance in order that release forms may be obtained from those employees whose records are requested.

Agency-Surveyor Luncheon (FIRST DAY ONLY)

The Agency-Surveyor lunch is usually provided on-site by the agency and includes the agency Management team, representatives from the Board of Health and the survey team. The lunch allows for an informal and consultative dialogue between agency staff and the survey team. This has proven to be educational and very beneficial.

Interview of Staff and Community Agencies

Staff of the agency and representatives from several community agencies will be interviewed to ascertain their understanding of the manner in which the agency functions and their role in or with the agency. Interviews also allow for confirmation of evidence provided in the documents. This is a key aspect of the survey process. The minimum number of people to be interviewed must include the following:

The Governing Body:

- Chair, Board of Health
- At least one additional board member

The General Administration of an Agency:

- Medical Officer of Health
- Associate Medical Officer(s) of Health
- All members of the General Administrative Body as defined by the agency

The Staff of an Agency:

A broad selection of staff representing all programs/disciplines to include a mixture of supervisory and non-supervisory staff, union and non-union staff, recent hires and long term employees (over 5 years).

Community Agencies:

The agency being surveyed does not function in isolation of other community health and health-related providers or from the District Health council. Two to four representatives from outside community agencies that have a significant working relationship with the health agency will be interviewed.

Staff and community agency representatives to be interviewed will be selected by the Executive Director in consultation with the Senior Surveyor. On occasion, the surveyors may feel the need for a second interview with a staff member of a particular program/service or may wish to interview more individuals than those previously scheduled.

Guidelines for Interviews

1. It is very important to put the interviewee at ease. Ensure the room is private in order that all exchange of information remains confidential.
2. Interviews with staff and community representatives generally last approximately 20-30 minutes. Interviews with members of the Board of Health, the Medical Officer of Health and members of the General Administrative Body often last between 30-45 minutes.
3. Like disciplines may interview each other.
4. Generally, there will be one interviewer per interviewee. However, an apprentice surveyor may be scheduled to observe several interviews with another member of the survey team.

For the guidance of the surveyors, a set of standard interview questions has been developed and provided to each member of the survey team. Additional questions may be developed as appropriate upon review of the evidence or in follow-up to other questions. At the close of each day, findings should be recorded on the surveyor worksheets.

Clarification/Exit Conference

The survey team conducts this meeting, with the Executive Director acting as spokesperson for the group. This meeting, scheduled for the end of the survey, is attended by all of the surveyors and any staff that the Medical Officer of Health chooses to have present. As the health agency is in anticipation of some results, this meeting affords the opportunity for constructive feedback from the surveyors. The survey team is encouraged to recognize the positive aspects of the agency and/or provide some suggestions (if applicable). In addition, any outstanding items requiring further clarification **should** be presented to the health agency at this time. This allows the agency the opportunity to present any further evidence prior to the post survey conference.

The exit conference ensures cordial public relations as well as an opportunity to thank the health agency for participating in the accreditation program. It should be emphasized that accreditation is an on-going process. The Executive Director will also outline the sequence of events from that day forward and advise the agency as to the date they can expect a decision from the O.C.C.H.A. Board of Directors.

NOTE TO THE SENIOR SURVEYOR: The Senior Surveyor and Executive Director will meet with the Medical Officer of Health prior to the clarification/exit conference in order to discuss any outstanding issues.

The survey team should not discuss its opinion as to the length of the award, or specifically refer to terms “requirement”, “recommendation” or “commendation.”

Post-Survey Conference

This conference is for the survey team only. It is conducted either at the health agency or at the surveyor's hotel. Its purpose is to review each standard and interpretation and reach consensus for the rating. The Surveyor Assessment Sheets will be completed prior to the surveyors' departure. At this time, the surveyors will hand in all completed worksheets, interview sheets and other survey documents to the Executive Director.

SURVEYOR WORKSHEETS AND ASSESSMENT SHEETS

The Surveyor Worksheets and Assessment Sheets form the definitive report capturing information gathered from the Agency Questionnaire, review of documents, and interviews with staff and community agency representatives.

These documents contain the findings, commendations, requirements, recommendations and suggestions of the surveyors relative to the review of documents, the interview of personnel and the contacts with community agencies. The survey team is responsible for collating the information, completing the report and submitting the same to O.C.C.H.A.'s Executive Director within 2 weeks of the survey.

The surveyor worksheets also include a rating table for each standard component. The ratings are based on the degree of compliance with the Accreditation Principles and Standards.

When a standard is not fully met, supporting comments, requirements, recommendations and/or suggestions should be documented in full in the Assessment Sheets.

REPORT TO THE AGENCY

The report to the agency is made in the form of an accreditation report, which contains general findings and any requirements, recommendations, suggestions and commendations on the performance of the agency in relation to the Principles and Standards.

GENERAL NOTES FOR SURVEYORS

1. The O.C.C.H.A. standards and components have been reviewed by the Board of Directors and were all rated “essential”.
2. All Public Health Agencies differ! Surveyors should take into account the agency’s size, structure, area served, population served, sub-offices, community liaisons, composition of board and committees, and effectiveness of internal communications. Local situations and local problems vary. Surveyors must adhere to the standards and their components and listen to how services and programs are planned, implemented, monitored and evaluated. Guard against bias because a system is different from any with which members of the survey team are familiar.
3. If there are sub-offices, they are part of the agency. Accreditation issues should be directed to them as well as to the main office. Are the resources in these sub-offices adequate for their purposes? Is communication between sub-offices and the main office adequate?
4. Information from the Agency Questionnaire shall be verified on site. It is useful to check impressions with several divisions/departments/branches to verify information where appropriate.
5. The Agency Questionnaire responses shall be compared with the agency’s policy and procedure manuals, strategic and operational plans and other documents, including agency, program and staff minutes, with evidence from staff interviews and, as always, with the standards themselves. The review of documents and interviews provides an opportunity to verify whether the facts in the agency questionnaire are consistent with the actual practice.
6. Surveyors should watch for documents which are referred to by names other than those used in O.C.C.H.A.’s standards. If a document appears to be missing always inquire of the agency’s staff. It could be part of another document, or an oversight might have led to it not being put in the document area.
7. If a document is requested and not found, please note this on the Surveyor Worksheet and Assessment Sheet.
8. Policies should be reviewed regularly, not only when the agency is considering policy changes.
9. Surveyors should alert the Executive Director to any unforeseen conflicts between a surveyor and a member of the agency (such as an interviewee), or if they believe that the findings might be prejudiced in some way. The Executive Director might suggest either a re-interview of the same staff person by another member of the survey team or an interview of another individual holding a similar position as the initial interviewee to cross-check information.

10. During the survey, short clarification meetings will be conducted as necessary to clarify any information or to check on any misinterpretations.

DUTIES AND RESPONSIBILITIES OF THE SENIOR SURVEYOR

The senior surveyor will receive the completed Agency questionnaire and other pertinent information from O.C.C.H.A. Upon review of the documents the senior surveyor will carry out the following responsibilities:

- a) Review the list of staff and community representatives selected by the Executive Director to be interviewed. The minimum number of people to be interviewed must include the following:
 - Chair, Board of Health
 - At least one additional board member
 - All members of the general administrative body as defined by the agency (to include the M.O.H. and any A.M.O.H.'s)
 - A broad selection of personnel representing all programs/disciplines to include a mixture of supervisory and non-supervisory personnel, union and non-union staff, recent hires and long-term employees (over 5 years)
 - 2-4 representatives from outside community agencies that have a significant working relationship with the health agency
- b) Consult with the Executive Director in the development of the interview schedule; It is O.C.C.H.A.'s policy that there will usually be only one interviewer per interviewee. Like disciplines may interview each other.
- c) Provide mentoring to any apprentice surveyor on the team.
- d) Attend the clarification session with the Executive Director to assist in presenting the findings of the survey team.

SCHEDULE OF ACTIVITIES – DAY ONE

SAMPLE

TIME	SURVEYOR # 1	SURVEYOR # 2	SURVEYOR # 3
8:45 a.m.	ENTRANCE CONFERENCE		
9:00 a.m.	WALK-THROUGH OF THE AGENCY		
9:30 a.m.	REVIEW OF DOCUMENTS		
12:00 p.m.	AGENCY-SURVEYOR LUNCHEON		
1:00 – 4:00 p.m.		INTERVIEWS	
4:00 – 5:00 p.m.	DOCUMENTATION & SURVEY TEAM MEETING		

SCHEDULE OF ACTIVITIES – DAY TWO

SAMPLE

TIME	SURVEYOR # 1	SURVEYOR # 2	SURVEYOR # 3
8:30 a.m.		INTERVIEWS	
10:30 a.m.		BREAK	
10:45 a.m.		INTERVIEWS	
12:00 p.m.		LUNCH	
1:00 p.m.		INTERVIEWS	
2:30 p.m.		BREAK	
2:45 p.m.		INTERVIEWS AS REQUIRED OR DOCUMENT REVIEW	
5:00 p.m.	DOCUMENTATION & SURVEY TEAM MEETING		

SCHEDULE OF ACTIVITIES – DAY THREE

SAMPLE

TIME	SURVEYOR # 1	SURVEYOR # 2	SURVEYOR # 3
9:00 a.m.	REVIEW OF ADDITIONAL INFORMATION, TIME FOR MORE INTERVIEWS. REPORT WRITING.		
10:00 a.m.	REVIEW OF ISSUES, SURVEY TEAM MEETING		
11:00 a.m.	REPORT WRITING		
12:00 p.m.	LUNCH		
1:00 p.m.	EXIT CONFERENCE		
1:30 – 4:30 p.m.	SURVEY TEAM DEBRIEFING/REPORT WRITING		