Accessible version: https://www.cdc.gov/hai/state-based/crosswalk/index.html

Alignment between Activities Related to HAI and AR and Public Health Accreditation:
Crosswalk

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The crosswalk provides content in three columns. Column 1 cites PHAB's Standards and Measures (Version 1.5) for each of the 12 Domains. Column 2, "HAI/AR-specific Programs or Activities" describes relevant HAI/AR Programs and activities drawn largely from ELC guidance for grantees. Column 3, "Opportunities/Considerations for Connections between HAI/AR and Accreditation."

The crosswalk can be used to foster engagement between HAI/AR programmatic work and cross-cutting health department accreditation efforts. More concretely, it can aid staff in identifying or highlighting opportunities for documentation or activities that align with accreditation requirements, and/or identifying areas for improving health department activities. Accreditation coordinators can use this to clarify how HAI/AR staff can participate in accreditation documentation efforts.

PHAB Domains/Standards/Measures Column

Language in this column is extracted exactly from the PHAB Standards and Measures, V 1.5, at the Domain, Standard and Measure levels.

HAI/AR Specific Programs or Activities Column

Programs and activities reflect relevant HAI/AR activities. While they are drawn largely, but not exclusively, from ELC guidance for Recipients, they may be applicable to health departments that do not receive ELC funds.

Opportunities / Considerations for Connections Between HAI/AR and Accreditation Column

This column represents both conceptual and concrete opportunities that can prompt new collaborations between HAI/AR and accreditation efforts and/or possibilities for accreditation documentation that can be drawn from HAI/AR work.

Context statements are provided paraphrasing all or some elements of the PHAB expectations with follow up statements about where HAI/AR connections can be made.

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Acronyms

Acronym	Term
AAR	After Action Report
AR	Antimicrobial Resistance or Antibiotic Resistant Infections
ARLN	Antibiotic Resistance Laboratory Network
AU	Antibiotic Use
AUR	Antibiotic Use and Resistance
CMS	Centers for Medicare and Medicaid
CRE	Carbapenem-resistant Enterobacteriaceae
EIP	Emerging Infections Program
ELC	Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases
EOP	Emergency Operations Plan
HAI	Healthcare-Associated Infections
HAN	Health Alert Network
HD	Health Department
HIP	Health Improvement Plan
L or LHD	Local Health Department
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MDRO	Multidrug-resistant organism
NHSN	National Healthcare Safety Network
NNDSS	Nationally Notifiable Data Detection System
PMS	Performance Management System
PHAB	Public Health Accreditation Board
PHF	Public Health Foundation
QI	Quality Improvement
TA	Technical Assistance

Crosswalk

Key: **(S)** State HD **(T)** Tribal HD **(L)** Local HD **(S/T)** State/Tribal HD **(T/L)** Tribal/Local HD

DOMAIN 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Standard 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 1.1.1: **(S)** A state partnership that develops a comprehensive state community health assessment of the population of the state. **(T/L)** Tribal/local partnership that develops a comprehensive community health assessment of the population served by the health department.	HAI/AR programs or responsible parties in HDs build capacity for HAI and AR prevention. They coordinate and collaborate with multi-disciplinary advisory groups and various healthcare and community partners to facilitate HAI/AR surveillance and prevention activities. Assessments and robust partnerships are key components for all HAI/AR programs, including improving antibiotic use across healthcare and the community.	*Context:* A comprehensive community health assessment includes many stakeholders and participation from a variety of sectors. HAI/AR surveillance and prevention activities, as well as improving antibiotic use across healthcare and the community, are areas that rely on engagement and relationships with different partners to ensure quality data and evidence-based decision-making. *Opportunity:* A HD's HAI/AR partnerships and assessment activities can be drawn from or incorporated into broader community health assessment activities.
Measure 1.1.2: **(S)** A state level community health assessment. **(T/L)** A Tribal/local community health assessment.	HAI/AR Programs work with PH, healthcare, academic and laboratory partners to enhance surveillance capacity to track HAI/AR, monitor antibiotic use, and analyze data reported by facilities to allow for a comprehensive assessment of HAI/AR in facilities, regions and states.	*Context:* The HD must have a comprehensive state or community health assessment of the population of the state. The state/community health assessment includes the identification and description of the jurisdiction's health and areas of health improvement, the factors that contribute to the health challenges, and the existing resources that can be mobilized to address them. *Opportunity:* HAI/AR data, including antibiotic use data, can be part of the broad-based data used to inform the community health assessment process including a narrative description of health challenges in the state and discussion of the contributing causes of health challenges. Also, a listing of assets/resources that can be mobilized and employed to address specific health challenges, such as HAI/AR prevention, can be considered.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 1.1.3: **(All)** Accessibility of community health assessment to agencies, organizations, and the general public	HAI/AR Programs are expected to collaborate with other programs and other HDs, healthcare facilities, laboratories, academic centers, and other governmental and external HAI/AR partners to increase awareness, education, and use of available data for HAI/AR.	*Context:* The state/community health assessment is a resource for all partners and should be made available so that it can be used in collaborations and for priority-setting, planning, program development, grant applications, and coordination of resources. *Opportunity:* The community health assessment can be shared with HAI/AR partners; this may be especially relevant where HAI/AR and improving antibiotic use in healthcare and the community is identified as a priority health issue or included within the community health assessment.

Standard 1.2:   Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 1.2.1: **(All)** 24/7 surveillance system or set of program surveillance systems	HAI/AR Programs can access and use data form the NHSN which collects HAI/AR and other patient safety data directly from healthcare facilities. Programs also access HAI/AR data through the NNDSS, ARLN, EIP, or other surveillance systems. Data sources such as electronic laboratory records, antibiotic use data, and administrative data, such as hospital discharge or readmissions data, are also available.	*Context:* public health surveillance systems can serve as an early warning system for impending issues or help to monitor and clarify the epidemiology of health problems. HDs work with a variety of surveillance systems, some of which are very relevant to HAI/AR programs. *Opportunity:* Examples for documentation related to surveillance systems can draw from a variety of HAI/AR program surveillance sources. Annual state HAI and AR reports, CMS Compare, or other sources of HAI/AR surveillance data, administrative data, laboratory data, or antibiotic use data may be considered as examples of documentation for this measure.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 1.2.2: **(All)** Communication with surveillance sites	HAI/AR Programs work with a variety of healthcare facilities and laboratories to educate and promote surveillance data submission and validation. For example, HAI/AR programs offer NHSN surveillance training including facility and group enrollment, data collection, management, and analysis.	*Context:* HDs must keep a list of the individuals or organizations that provide surveillance data, which may include hospitals, outpatient facilities, nursing homes, clinical laboratories reporting HAI and AR data. HDs must also provide at least one example of a training or meeting with surveillance sites regarding reporting processes, reportable diseases/conditions and timeframes. HDs must document trainings or meetings held with surveillance site members regarding relevant reporting requirements, reportable diseases/conditions, and timeframes. HDs must provide documentation of the distribution of surveillance data to partners/stakeholders, *Opportunity:* Documentation could include education and training conducted by HAI/AR programs to facilities covering reporting requirements specific to their state, NHSN data submission and analysis, or laboratory specific training.
Measure 1.2.3: **(All)** Primary data	HAI/AR Programs review and analyze primary data to target HAI and AR prevention efforts and antibiotic stewardship activities.	*Context:* HDs must provide two examples of standardized primary data collection (quantitative and qualitative) as well as data collection instruments that are used. *Opportunity:* If the HAI/AR program has information/primary data collected from healthcare facilities or the public, for example, (via focus groups, surveys, etc.), this may meet this requirement for HDs.
Measure 1.2.4: **(S)** Data provided to Tribal and local HDs located in the state. **(L)** The provision of data to the state health department and to a Tribal HD (if one or more is located in the jurisdiction the local HD is authorized to serve). **(T)** The provision of data to the state health department and to a local HD.	Through state HAI reports, some HAI/AR programs are developing tailored reports of data analyses for localities or regions. Many are also making risk-adjusted HAI data available via these reports or online so comparisons can be made among hospitals.	For the state standard: An example for the State Measure could include state reports of aggregate HAI/AR or antibiotic use data at local or regional level which are distributed to tribal and local HDs. Tribal/Local Measure an example could include HAI data that tribal/local HDs provide to the state HD or to other HDs.

Standard 1.3: **Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health**

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 1.3.1: **(All)** Data analyzed and public health conclusions drawn	HAI/AR Programs use quantitative and qualitative HAI/AR data to conduct and review outbreak investigations, target prevention efforts to inform public health practice, and to develop programs and policies. Many programs develop and disseminate annual HAI reports of data analyses for their state or region. HAI/AR Programs also use national HAI reports that include risk-adjusted HAI/AR data to make comparisons between hospitals, measure progress toward HAI/AR prevention goals, identify facilities in need of improvement, and direct program strategy and prevention efforts.	*Context:* HDs must provide two examples of reports, each containing analysis and conclusions drawn from the data in the report (one quantitative and one qualitative). HDs must also provide documentation of the review of data analysis, whether internal or with partners or coalitions *Opportunity:* Documentation may include outbreak investigations and follow up, reports of hospital or other healthcare facility data, reports of performance measures for program improvement and progress towards goals and objectives. Reports that demonstrate an analysis of the required outcome data or findings in assessments of incidence and prevalence or burden in a particular region could be used as examples.
Measure 1.3.2: **(S)** Statewide public health data and their analysis provided to various audiences on a variety of public health issues **(L)** Public health data provided to various audiences on a variety of public health issues. **(T)** Public health data provided to the Tribal community on a variety of public health issues.	HAI/AR Programs develop and disseminate tailored reports (annual HAI/AR reports) of data analyses for their state or region. CDC produces national and state progress reports that make risk-adjusted HAI/AR data available enabling state agencies to make comparisons between hospitals, measure progress toward HAI/AR prevention goals, identify facilities in need of improvement, and implement prevention efforts. Much of the programs' NHSN and antibiotic use data are available in the CDC Patient Safety Atlas.	*Context:* HDs must document the distribution of two analytic public health reports from two separate years, on one or more public health issues, to specific audiences in the jurisdiction. Distribution may be via mail, email, presentation, etc. *Opportunity:* HAI/AR Programs can use and distribute their own state developed reports and/or CDC-prepared annual state HAI reports or other available resources to share data with public health partners, providers and the public.

Standard 1.4: **Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions**

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 1.4.1: **(All)** Data used to recommend and inform public health policy, processes, programs, and/or interventions	HAI/AR Programs use HAI/AR surveillance data to assess needs within the state and identify priority facilities (those with high rates of infections). After identifying facilities with high HAI/AR infection rates and developing plans to reduce infections, these jurisdictions continue to monitor progress and make improvement. Jurisdictions support HAI prevention collaboratives or antibiotic stewardship collaboratives that use NHSN or other data to target prevention practices and promote adherence to CDC guidelines and other recommendations to reduce HAIs and improve antibiotic use. Additionally, jurisdictions use HAI/AR data to inform licensure, accreditation and inspection processes as well as state or local policy makers.	*Context:* HDs must demonstrate the use of data to impact policy, processes, programs or intervention (or revision thereof). *Opportunity:* HAI/AR Programs can document how they use HAI/AR outbreak and surveillance data to identify prevention priorities, target facilities with high rates of infections or that are more likely to put patients at risk due to the nature of their services, contain emerging resistant pathogens, and assess interventions and HAI reductions.
Measure 1.4.2: **(S)** Statewide summaries or fact sheets of data to support health improvement planning processes at the state level. **(T/L)** Tribal / community summaries or fact sheets of data to support public health improvement planning processes at the Tribal or local level.	HAI/AR Programs develop and disseminate tailored reports (Annual HAI reports) of data analyses for the state or region. Additionally, jurisdictions use HAI surveillance data to set priorities, guide and assess prevention efforts and inform public health practice and develop policy.	*Context:* HDs must provide two examples of health-issue or program-specific data summaries. The HD must also demonstrate the dissemination of the data summaries. *Opportunity:* HAI/AR programs may have state specific data reports identifying the prevention initiatives within the jurisdiction, the number of facilities enrolled in each HAI/AR prevention activity. These reports can be considered as an example.
Measure 1.4.3: **(S)** Support provided to Tribal and local health departments in the state concerning the development and use of summaries of community data	HAI/AR Programs are expected to collaborate with state, local, and tribal partners to provide education and support for identifying and assessing HAI/AR prevention gaps within the state and address priority areas based on the data. Many HAI/AR Programs also compile HAI/AR data into reports or online data portals that can be shared.	*Context:* State HDs must document two examples of providing data tools, guidance, and/or data summaries to Tribal and local HDs. Distribution may be via mail, email, presentation, etc. States must also document the provision of technical assistance in analyzing and understanding the data. *Opportunity:* Documentation can include how programs distribute and assist Tribal and local HDs in using HAI/AR-related data or summaries of data.

DOMAIN 2: Investigate health problems and environmental public health hazards to protect the community

Standard 2.1: Conduct timely investigations of health problems and environmental public health hazards

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 2.1.1: **(All)** Protocols for investigation process	HAI/AR Programs work with a variety of healthcare facilities to investigate and respond to HAI/AR outbreaks (including addressing new or emerging AR threats). Programs promote the use of evidence based guidance, protocols and tools and provide training for state and local HD staff to investigate outbreaks, clusters or unusual cases of HAIs, especially those caused by emerging AR pathogens. HAI/AR Programs may use CDC's protocols and toolkits and recommendations for systematically collecting data to detect and investigate suspected or identified HAI/AR outbreaks. HAI/AR Programs work to develop standard reporting criteria including number, size and type of HAI/AR outbreaks a part of performance measurement reporting.	*Context:* HDs must demonstrate capacity to conduct investigations using standardized procedures. *Opportunity:* HAI/AR Programs may cite the use of CDC's protocols and toolkits for outbreak response. HAI/AR Programs may have developed their own state-specific protocols based on CDC guidance or evidence based practices and may cite their own tailored processes used for tracking and follow up of HAI/AR outbreak responses and investigations.
Measure 2.1.2: **(S)** Capacity to conduct and/or support investigations of infectious diseases simultaneously. **(T/L)** Capacity to conduct an investigation of an infectious disease.	HAI/AR Programs are expected to quickly respond to and investigate reports of HAIs and new or emerging AR threats in healthcare settings, by working with affected facilities, across healthcare settings (e.g., hospitals and long term care) as well as with other programs in state and local public health (e.g., emergency preparedness, mycotics, influenza, hepatitis, etc.). Programs are also improving protocols, procedures and response time for HAI/AR outbreak investigations and enhancing laboratory capacity to quickly detect and respond to AR pathogens, including an efficient and effective process for outbreak tracking	*Context:* State HD must provide written procedures demonstrating it has the capacity to address multiple, simultaneous investigations (local and Tribal health departments must document the capacity for an investigation). HDs must provide written procedures as well as reviews against procedures, which can include AARs, programmatic evaluations or audit reports *Opportunity:* HAI/AR Programs can provide audits/programmatic evaluations, AARs, or case reviews of investigation reports, to demonstrate capacity to support investigations.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 2.1.3: **(All)** Capacity to conduct investigations of non-infectious health problems, environmental, and/or occupational health hazards	n/a	n/a
Measure 2.1.4: **(All)** Collaborative work through established governmental and community partnerships on investigations of reportable diseases, disease outbreaks and environmental public health issues	HAI/AR Programs work to enhance HAI and AR outbreak investigations by sharing information and making connections among facilities (in the case of multi-facility outbreak) and with public health authorities for outbreak responses and investigations as appropriate. HAI/AR Programs coordinate among government agencies or organizations responsible for assuring and overseeing HAI/AR surveillance, prevention and control. Many programs have established processes and protocols for exchanging information about outbreaks among state and local government partners (e.g. State Survey agencies, Communicable Disease Control and state licensing boards).	*Context:* HDs must provide two examples of agreements that demonstrate how they work with established partners on investigation of an outbreak/environmental public health issue. HDs must also provide documentation of working with partners on investigations (meeting minutes, AARs), and a list of lab services provided, which includes testing for notifiable / reportable diseases. *Opportunity:* HAI/AR Programs may have developed MOUs or protocols that demonstrate how they work with other agencies or organizations during an outbreak investigation.
Measure 2.1.5: **(All)** Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results	HAI/AR Programs are expected to rapidly respond to reports of outbreaks or breaches in infection control and assist facilities in responding to them. Programs should work to develop a process for monitoring timely laboratory reporting from state and clinical labs and work to improve the use of surveillance data to identify and prevent HAI outbreaks or transmissions in healthcare settings (e.g. hepatitis B, hepatitis C, MDROs, and other reportable HAIs).	*Context:* Jurisdictions routinely track outbreaks and monitor notifiable disease activities. HDs must provide a tracking log or audit of reports, including test and investigation results. HDs must provide copy of laws/regulations related to reporting of notifiable diseases/conditions. *Opportunity:* HAI/AR Programs that have a tracking system or audit of investigations conducted around HAI/AR can consider these as examples.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 2.1.6: **(S)** Consultation, technical assistance, and/or information provided to Tribal and local HDs in the state regarding disease outbreaks and environmental public health hazards	State HAI/AR Programs are expected to work with local HDs or Tribes as needed for maximally effective and efficient response to HAI/AR outbreaks and reports of infection control lapses in healthcare	*Context:* States must document how they provide assistance to Tribal or local HDs in this area. This may be at the request of the locals/Tribes or at the initiation of the state and may be done through a variety of formats or channels. *Opportunity:* HAI/AR Programs may provide technical assistance to locals or Tribes on HAI/AR outbreak investigations. Examples of documentation illustrating this assistance can include training sessions and presentations, onsite or phone consultation, webinars, or email communication.

Standard 2.2: Contain/mitigate health problems and environmental public health hazards

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 2.2.1: **(All)** Protocols for containment/mitigation of public health problems and environmental public health hazards	Some HAI/AR programs are working with partners to enhance outbreak investigations, detection, containment response and investigation of emerging or unusual antibiotic resistant pathogens in their jurisdiction. HAI/AR Programs develop regional strategies to prevent transmission of these emerging threats, and also address antibiotic overuse and misuse across healthcare and the community (environment).	*Context:* HDs must provide written protocols or a set of protocols to contain /mitigate health problems. This includes disease-specific procedures for follow-up and reporting during outbreaks. *Opportunity:* Documentation may include a written protocol or set of protocols, demonstrating a program's capacity for detecting, responding to, and containing an HAI or emerging antibiotic resistant threat. Protocols for addressing HAI/AR outbreaks can also be considered.
Measure 2.2.2: **(All)** A process for determining when the All Hazards Emergency Operations Plan (EOP) will be implemented	HAI/AR Programs communicate regularly and collaborate with the state and local preparedness programs to improve coordinated responses to HAI and AR outbreaks that may warrant an emergency activation or incident command type of response. HAI/AR Programs often have regular periodic meetings with emergency preparedness programs in their jurisdiction to ensure alignment. In some states, preparedness program representatives are members of the HAI/AR Multidisciplinary Advisory Group.	*Context:* HDs must provide all infectious disease outbreak protocols. The HD must highlight the description of the process for determining when the EOP will be implemented. The HD must provide protocols that include cluster evaluation protocols. *Opportunity:* HAI/AR Programs that have developed protocols or procedures for emergency HAI/AR responses or for working with the state or local preparedness programs on such responses can consider these as examples. HAI are specifically mentioned in the PHAB guidance as an example for cluster evaluation protocols.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 2.2.3: **(All)** Complete After Action Reports (AAR)	HAI/AR Programs have developed protocols and procedures for outbreak investigation recommendations, follow up and tracking tools to capture the data that result from HAI/AR investigations. Programs may develop reports that summarize the investigations and follow up steps.	*Context:* The HD must provide a protocol describing when events rise to significance for development and review of an AAR, a list of all events that did and did not meet the level of significance to require an AAR, and provide two examples of AARs for separate events. The list must include all outbreaks that threaten the public's health. *Opportunity:* HAI/AR outbreaks should be included in the list of all outbreaks within the last five years. If they rose to the level of significance requiring an AAR they could be considered an example for that requirement.

Standard 2.3: **Ensure access to laboratory and epidemiological / environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards**

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 2.3.1: **(All)** Provisions for the HD's 24/7 emergency access to epidemiological and environmental public health resources capable of providing rapid detection, investigation, and containment / mitigation of public health problems and environmental public health hazards	HAI/AR Programs have access to laboratory results for HAI and AR pathogens, specifically CRE, since laboratories are expected to report susceptibility results and percentage of samples tested. Programs work with clinical laboratories for timely and appropriate testing and reporting of AR pathogens and consult with HAI/AR Program epidemiologists for investigations and containment responses.	*Context:* HDs must provide comprehensive policies and procedures outlining how the HD maintains 24/7 access to support services in emergencies. The HD should also have a process (i.e., call down list) to contact epidemiological and environmental health resources and contracts/MOAs/MOUs that define access to needed resources in an emergency. *Opportunity:* HAI/AR Programs may have developed policies, protocols, operating procedures, or local guidance that can be used to document how they work with partners and access expertise to ensure timely and effective response to new, unusual, or emerging AR threats. Also, HAI/AR staff with particular expertise may be part of the resources that HDs may want to leverage in an emergency situation.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 2.3.2: **(All)** 24/7 access to laboratory resources capable of providing rapid detection, investigation and containment of health problems and environmental public health hazards.	HAI/AR Programs are enhancing laboratory capacity for state and local detection, reporting, and epidemiologic response to new and emerging HAI/AR threats.	*Context:* HDs must provide examples of how they have the needed laboratory capacities for state and local detection and response to new and emerging issues. *Opportunity:* HAI/AR Programs can provide documentation of laboratory testing capacities for AR pathogens, protocols for reporting results, and responding to signals or alerts of unusual resistance, and communication with epidemiologists for investigations/response.
Measure 2.3.3: **(All)** Access to laboratory and other support personnel and infrastructure capable of providing surge capacity	HAI/AR Programs collaborate with partners and other programs to build HAI/AR expertise and infrastructure including laboratory capacity.	*Context:* HDs must provide documentation of how they have access to additional personnel and infrastructure, in situations requiring surge capacity. *Opportunity:* HAI/AR Programs may consider collaborations with partners that can provide surge capacity in the event of a significant or ongoing AR response or investigation as examples.
Measure 2.3.4: **(All)** Collaboration among Tribal, state and local HDs to build capacity and share resources to address Tribal, state, and local efforts to provide for rapid detection, investigation, and containment / mitigation of public health problems and environmental public health hazards	HAI/AR Programs collaborate with other state, local, or tribal public health partners to share resources, trainings, and protocols which build capacity and enhance coordinated public health detection and response capabilities for HAI/AR.	*Context:* HDs must provide documentation, such as policies and procedures that demonstrate communication and collaboration in addressing public health problems and environmental public health hazards. Documentation addressing joint exercises is also required. *Opportunity:* HAI/AR Programs may have examples such as protocols, policies, or training activities that demonstrate coordination and communication among public health partners for detection and response to HAI outbreaks, or new or unusual AR pathogens.

Standard 2.4:   Maintain a plan with policies and procedures for urgent and non-urgent communications.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 2.4.1: **(All)** Written protocols for urgent 24/7 communications	HAI/AR Programs develop and implement plans for communication of outbreaks, infection control breaches, and/or new or unusual resistance through standard reporting criteria or algorithms. Plans include coordination with communication experts, media and other public health and healthcare partners,	*Context:* HDs must provide documentation of the written protocols for urgent 24/7 communication and information on how the HD can be reached. *Opportunity:* HAI/AR Programs may have documentation that can serve as an example to demonstrate how communication can occur with partners (such as hospitals) in the event of an HAI/AR outbreak.
Measure 2.4.2: **(All)** A system to receive and provide urgent and non-urgent health alerts and to coordinate an appropriate public health response	HAI/AR Programs use resources and templates including but not limited to the Patient Notification Toolkit to notify patients of potential exposure to infectious pathogens due to unsafe practices or infection control breaches. Response to new or emerging HAI/AR threats in healthcare facilities should be included in a program's communications and response plan.	*Context:* HDs must provide one example within 5 years of how it established or participated in a HAN or similar system that receives and issues alerts 24/7. HDs must also provide reports of testing the 24/7 contact procedure. *Opportunity:* HAI/AR –related alerts may be included in communications that occur via a HAN or similar system.
Measure 2.4.3: **(All)** Timely communication provided to the general public during public health emergencies	HAI/AR Programs use resources including but not limited to the CDC Patient Notification Toolkit to implement effective risk communication and help guide media and communication strategies to inform the public about a significant HAI or AR threat. Communication around HAI/AR outbreaks or new or emerging AR threats in healthcare facilities should be considered for inclusion in a program's emergency response plan, in coordination with the HD preparedness program.	*Context:* HDs must provide two examples within 5 years of how it communicates with and provides information to the public. HDs must also demonstrate how it uses the media to communicate information to the public during a public health emergency. *Opportunity:* Examples could include those related to HAI/AR.
Measure 2.4.4: **(S)** Consultation and technical assistance provided to Tribal and local HDs on the accuracy and clarity of public health information associated with a public health emergency	State HAI/AR programs coordinate with and provide technical assistance and training to local and tribal HDs for a regional communications approach about HAI outbreaks and new or emergent AR threats	*Context:* The State HD serves as a resource to local and Tribal HDs in their efforts to inform the public concerning an outbreak or an environmental or other public health emergency. Two examples of consultation, technical assistance, or guidance must be provided. *Opportunity:* Examples of provision of consultation or technical assistance could include those related to HAI/AR.

DOMAIN 3: Inform and educate about public health issues and functions

Standard 3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 3.1.1: **(All)** Information provided to the public on protecting their health	HAI/AR Programs develop communications materials on HAI/AR prevention practices, antibiotic resistance and antibiotic use, hand hygiene, injection safety, sepsis prevention, and other aspects infection control in healthcare that are tailored to patients, families and the public.	*Context:* HDs provide information to the public on health risks, health behaviors, disease prevention, and wellness. HDs should consult with the target audience **(S)** for input on messaging and also coordinate with other partners for clarity and unified messaging. *Opportunity:* HAI/AR Programs can serve as a source for examples of materials and documentation that demonstrate aligned messaging with other public health and healthcare partners that are tailored specifically to patients and the public about preventing infections and using antibiotics wisely in healthcare.
Measure 3.1.2: **(All)** Health promotion strategies to mitigate preventable health conditions	HAI/AR Programs develop and foster strategic partnerships and communications strategies to promote evidence based HAI/AR policies and practices, promote CDC guidelines for preventing HAI/AR, and work to improve antibiotic use across healthcare and in the community.	*Context:* The HD must provide two examples of effort toward health promotion strategies (from 2 different program areas) that are implemented with partners/stakeholders. These efforts must be linked to priorities in the health improvement plan, be evidence-based, and use social marketing methods. *Opportunity:* If there are HAI/AR efforts included as priorities in the health improvement plan, these could be considered as an example.
Measure 3.1.3: **(All)** Efforts to specifically address factors that contribute to specific populations' higher health risks and poor health outcomes	n/a	n/a

Standard 3.2: **Provide information on public health issues and public health functions through multiple methods to a variety of audiences.**

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 3.2.1: **(All)** Information on public health mission, roles, processes, programs, and interventions to improve the public's health provided to the public	n/a	n/a
Measure 3.2.2: **(All)** Organizational branding strategy	n/a	n/a
Measure 3.2.3: **(All)** Communication procedures to provide information outside the HD	n/a	n/a
Measure 3.2.4: **(All)** Risk communication plan	The goals of the HAI/AR Program are to advance the detection, response, containment and prevention of HAI/AR risks in order to protect patients and healthcare personnel and promote safety, quality, and value in national healthcare delivery systems. Outcomes include increased public awareness of emerging and re-emerging infectious disease risks and protective action.	*Context:* A risk communication plan details the communications and media protocols the HD will follow during a crisis or emergency. *Opportunity:* While program examples are not being sought, HAI/AR issues may require use or dependence on a risk communication plan and Program staff should be aware of the risk communication plan, policies and procedures in place.
Measure 3.2.5: **(All)** Information available to the public through a variety of methods	CDC's public website includes information on HAI/AR threats, surveillance programs and prevention guidance. Many state and local public websites have jurisdiction specific information about HAI/AR programs, HAI/AR threats and disease reporting, and prevention tools and guidance. Or link to CDC's public website for this information.	*Context:* HDs must use a variety of communication methods, including a website, to provide information to different target audiences and the public at large. This should include information about program activities including infectious disease and can also link to CDC and other public health-related agencies, as appropriate. *Opportunity:* If the HD website includes materials on HAI or AR for purposes of informing the public about communicable diseases and/or environmental health issues this may partially support this measure for a HD. Providing links to state/Federal sites, such as CDC, for additional information may also support this measure.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 3.2.6: **(All)** Accessible, accurate actionable and current information provided in culturally sensitive and linguistically appropriate formats for target populations served by the HD	HAI/AR Programs support state, local, tribal, and territorial HAI/AR programs and activities and may distribute or link to CDC communication materials that are provided in culturally sensitive formats and in several languages.	*Context:* Public information must be understandable and usable by the target audience and accessible to all audiences in the jurisdiction served. This measure includes the requirement for two program examples of materials distributed that are culturally appropriate, in other languages, at low reading level and/or address a specific population that may have difficult with the receipt or understanding of public health communications. *Opportunity:* If HAI/AR Programs provide educational and communication materials to the public in a manner which meets the needs of special populations such as low literacy, hard of hearing, or non-English speakers, they may be appropriate to use as documentation for this measure.

DOMAIN 4: Engage with the community to identify and address health problems

Standard 4.1: Engage with the public health system and the community in identifying and addressing public health problems through collaborative processes.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 4.1.1: **(All)** Establishment and/or engagement and active participation in a comprehensive community health partnership and/or coalition; or active participation in several partnerships or coalitions to address specific public health issues or populations	HAI/AR Programs collaborate with public health and healthcare partners to implement HAI/AR prevention activities, facilitate the state HAI/AR Multidisciplinary Advisory Group, and report on progress of HAI/AR prevention and improved antibiotic use. Jurisdictions are also increasing provider awareness about HAI/AR prevention efforts and collaborating with healthcare facilities on HAI/AR prevention activities aimed at reducing these infections. Jurisdictions may establish partnerships or coalitions among healthcare facilities sharing a population of patients to prevent and reduce the burden of HAI/AR and may establish state or regional advisory groups for specific pathogens or priorities.	*Context:* HDs must provide documentation of a broad community partnership addressing at least four issues or examples of issue-specific partnerships or coalitions. The HDs must demonstrate active participation in the coalition/collaboration. HDs must provide a list of stakeholder organizations involved in the coalition. The measure includes a requirement for two examples demonstrating a policy change or program change implemented through the work of the partnership. *Opportunity:* If a HD is considering citing issue-specific coalitions, HAI/AR Collaboratives may be considered as examples.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 4.1.2: **(S)** Technical assistance provided to Tribal and local HDs and/or public health system partners regarding methods for engaging with the community **(T/L)** Stakeholders and partners linked to technical assistance regarding methods of engaging with the community.	n/a	n/a

Standard 4.2:   Promote the community's understanding of and support for policies and strategies that will improve the public's health

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 4.2.1: **(All)** Engagement with the community about policies and/or strategies that will promote the public's health	HAI/AR Programs may provide education and training regarding HAI/AR prevention as well as appropriate use of antibiotics in a variety of community settings, including physician's offices, outpatient pharmacies, and other public venues. HAI/AR Programs may also hold meetings or trainings with a variety of public health and healthcare partners where public members or patients are included to communicate about HAI/AR prevention or improving antibiotic use. HAI/AR Programs are expected to include a member of the community or patient representative on the state Multidisciplinary Advisory Group.	*Context:* The HD must document engagement with the specific population in the community that will be affected by a policy or strategy. *Opportunity:* Documenting how the state engages the community or a target population of a community on a specific HAI or AR issue and the implementation of a proposed HAI or AR policy or strategy may support the measure.
Measure 4.2.2: **(All)** Engagement with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public's health	HAI/AR programs may provide education and training regarding HAI/AR prevention as well as appropriate use of antibiotics to a variety of governing entities, including public health advisory or governing boards, county commissioners, legislative staff, or with elected officials.	*Context:* HDs must provide two examples of engaging the governing entity, advisory board, or elected officials on education about or development of a policy on a specific policy/strategy. *Opportunity:* HAI/AR Programs are increasingly pursuing active HAI/AR and antibiotic use education and training with a variety of governing entities, including interactions with state legislative liaisons, and these engagements could be considered as examples.

DOMAIN 5: Develop public health policies and plans

Standard 5.1: Serve as primary and expert resource for establishing and maintaining public health policies, practices, and capacity

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 5.1.1: **(All)** The monitoring and tracking of public health issues that are being discussed by individuals and entities that set policies and practices that impact on public health	HAI/AR Programs are expected to monitor and track HAI/AR prevention activities, improved antibiotic use, and HAI/AR outbreaks and report progress to jurisdiction leadership, the multidisciplinary advisory group or other entities that set policies or practice for HAI/AR prevention.	*Context:* HD must document that it stays informed of the public issues that are being discussed by the HD's governing entity, and by elected officials, individuals, and/or other entities that set policies and practices that impact on the HD or public health. *Opportunity:* HAI/AR Programs may have a system or process for tracking interactions or engagements with policymakers or other entities when HAI/AR prevention progress, HAI/AR outbreaks, or antibiotic use information are discussed.
Measure 5.1.2: **(All)** Engagement in activities that contribute to the development and/or modification of policy that impacts health.	HAI/AR Programs are encouraged to engage in assessments, evaluations, and stakeholder interviews used to assess policy needs and barriers around HAI, AR and prevention in their jurisdiction. HAI/AR Programs are encouraged to collaborate with legislative liaisons, professional organizations, federal agencies, and other partners to identify and inform HAI and AR policy needs.	*Context:* HD must document that it has contributed to deliberations concerning public policy and practice and its impact on public health. *Opportunity:* Providing HAI or AR issue briefs, media statements, talking points, fact sheets, public testimony or participating in an HAI advisory committee or work group may support this measure.
Measure 5.1.3: **(All)** Informed governing entities, elected officials, and/or the public of potential intended or unintended public health impacts from current and/or proposed policies	HAI/AR Programs are encouraged to communicate with governing entities, policymakers, legislative liaisons, professional organizations, federal agencies, the public and other partners about the impacts or potential impacts of existing or proposed policies related to HAI/AR, infection control, or patient safety issues.	*Context:* HDs must provide documentation of informing policy makers/public about potential public health impacts of policies being considered or in place - these can be policies implemented by other sectors that impact public health. *Opportunity:* This may represent an opportunity for the HD or HAI/AR Program to share policies developed by the state or city/county, or by hospitals and/or healthcare partners.

Standard 5.2:   Conduct a comprehensive planning process resulting in a Tribal / State / community health improvement plan

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 5.2.1: **(All)** A process to develop a state/community/Tribal health improvement plan	HAI/AR Programs develop plans, set priorities, guide prevention efforts and facilitate multidisciplinary HAI/AR advisory groups about HAI and AR prevention activities.	*Context:* HDs must complete a health improvement planning process. This must include involving public health system partners, use of data to establish priorities (drawing from the state/community health assessment), identification of assets and resources, and a process to set priorities. *Opportunity:* HAI/AR Programs or its partners, including HAI/AR Multidisciplinary Advisory Groups, may contribute strategic planning or recommendations to the broader health improvement planning process and provide data to be analyzed in establishing state/community/Tribal health priorities.
Measure 5.2.2: **(All)** State/community/Tribal health improvement plan adopted as a result of the health improvement planning process	HAI/AR Programs develop plans, set priorities, guide prevention efforts and facilitate multidisciplinary HAI/AR advisory groups about HAI and AR prevention activities.	*Context:* The state/community health improvement plan should include measureable outcomes or indicators, policy changes needed to accomplish objectives, partners that will implement strategies, and consideration of priorities of other jurisdictions, as appropriate (national, state, local, and Tribal). *Opportunity:* This may be relevant if HAI/AR priorities are included as part of the adopted state/community health improvement plan.
Measure 5.2.3: **(All)** Elements and strategies of the health improvement plan implemented in partnership with others	HAI/AR Programs are expected to collaborate with health agencies, healthcare facilities, healthcare organizations, state and local health partners, and other AR partners to set HAI/AR and appropriate antibiotic use goals and objectives and monitor progress towards these goals.	*Context:* HDs must demonstrate plan implementation with monitoring of results. *Opportunity:* This measure may be relevant if HAI/AR priorities are included as part of the adopted state/community health improvement plan.
Measure 5.2.4: **(All)** Monitor and revise as needed the strategies in the community health improvement plan, in collaboration with broad participation from stakeholders and partners	HAI/AR programs collaborate with other health agencies, healthcare facilities, healthcare organizations, state and local health partners, and other partners to make and monitor progress towards national HAI/AR prevention targets.	*Context:* HDs must demonstrate annual evaluation of progress toward health improvement plan goals. *Opportunity:* This measure may be relevant if HAI/AR priorities are included as part of the adopted state/community health improvement plan.

Standard 5.3: Develop and implement a health department organizational strategic plan

PHAB Measures	Connections
Measure 5.3.1: **(All)** Department strategic planning process **Measure 5.3.2:** **(All)** Adopted department strategic plan **Measure 5.3.3:** **(All)** Implemented department strategic plan	A HD strategic plan defines and determines an organization's roles, priorities, and direction over three to five years. While the plans are not program-specific, all programs and staff, including those dedicated to HAI/AR should be engaged and be able to connect their work to the broader strategic plan. These three measures assess the process, the existence of an adopted plan, and the implementation of the plan. HAI/AR staff and the program should ideally be aware and engaged in all steps.

Standard 5.4: Maintain all hazards emergency operations plan

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 5.4.1: **(All)** Process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP)	HAI/AR Programs are expected to collaborate and communicate with their HD's emergency preparedness programs related to outbreak responses, infection control and preventing transmission of infections in healthcare and community settings and consider how the HAI/AR Program may be incorporated into the process of developing an all Hazards Emergency Operations Plan.	*Context:* HD must document that it participates in preparedness meetings with other government agencies and other levels of HDs, participates in drills, exercises, or actual implementation of the All Hazards Emergency Operations Plan and document collaboration in revising emergency plans. *Opportunity:* While the documentation will likely be produced from preparedness staff, HAI/AR staff should be aware of and involved in the process for developing and testing the EOP, where it addresses detection and response to HAI/AR and other infection control and patient safety issues, as appropriate.
Measure 5.4.2: **(All)** Public health Emergency Operations Plan (EOP)	HAI/AR Programs are expected to collaborate and communicate with the HDs' emergency preparedness programs related to outbreak responses, infection control and preventing transmission of infections in healthcare and community settings and consider how HAI/AR Program may be incorporated into the process of developing an all Hazards Emergency Operations Plan.	*Context:* The HD must provide an EOP which outlines roles and responsibilities for all-hazards responses, communication networks, and continuity of operations. The HD must also provide documentation of testing and revision of the EOP. *Opportunity:* HAI/AR programs may engage in EOP activities and the EOP may be activated or tested to address HAI/AR –related issues such as outbreak containment and response.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 5.4.3: **(S)** Consultation and/or technical assistance provided to Tribal and local HDs in the state regarding evidence-based and/or promising practices / templates in EOP development and testing	n/a	n/a

DOMAIN 6:   Enforce public health laws

Standard 6.1:   **Review existing laws and work with governing entities and elected/appointed officials to update as needed.**

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 6.1.1: **(All)** Laws reviewed in order to determine the need for revisions	Jurisdictions use legislation, regulations, and mandates for reporting (including public reporting) of HAI and certain AR infections, antibiotic stewardship requirements, or infection control training or other requirements.	*Context:* HDs must document review of 2 laws in the past 3 years and include documentation of the process. *Opportunity:* HAI/AR examples could be considered, if legislative review has included laws or requirements that pertain to HAI/AR or antibiotic use reporting or infection control programs.
Measure 6.1.2: **(All)** Information provided to the governing entity and/or elected / appointed officials concerning needed updates / amendments to current laws and/or proposed new laws	Jurisdictions may use HAI/AR data, activities, and prevention progress to inform public health policy-makers about development and revision of laws.	*Context:* The HD must provide documentation that it has submitted written reviews of current laws/position statements proposing new laws (e.g. position papers, policy agendas, white papers, legislative briefs). Includes informing elected officials and documentation of same. *Opportunity:* If HAI/AR-related data and information was provided to governing entities in their consideration of updates or development of laws, this could be considered as an example.

Standard 6.2:   Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 6.2.1: **(All)** Department knowledge maintained and public health laws applied in a consistent manner	n/a	n/a
Measure 6.2.2: **(All)** Laws and permit / license application requirements are accessible to the public	n/a	n/a

Standard 6.3:   Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 6.3.1: **(All)** Written procedures and protocols for conducting enforcement actions	Jurisdictions have laws or other policies addressing enforcement, fines or penalties for failure to adhere to the HAI/AR or related reporting, training, infection control or other related requirements.	*Context:* HDs must provide documentation of two 2 procedures, protocols or processes for conducting enforcement actions, of which one must be communicable disease related. *Opportunity:* Procedures and protocols from the HAI/AR Programs related to enforcement may be considered as an example.
Measure 6.3.2: **(All)** Inspection activities of regulated entities conducted and monitored according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of related entities	n/a	n/a
Measure 6.3.3: **(All)** Procedures and protocols for both routine and emergency situations requiring enforcement activities and complaint follow up	n/a	n/a

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 6.3.4: **(All)** Patterns or trends in compliance from enforcement activities and complaints	n/a	n/a
Measure 6.3.5: **(All)** Coordinated notification of violations to the public, when required, and coordinated sharing of information among appropriate agencies about enforcement activities, follow up activities, and trends or patterns	n/a	n/a

DOMAIN 7: Promote strategies to improve access to health care

Standard 7.1: Assess health care service capacity and access to health care services

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 7.1.1: **(All)** Process to assess the availability of health care services	HAI/AR Programs are encouraged to keep an updated inventory of all the healthcare facilities (including clinics, nursing homes and any other facilities where medical procedures are conducted or healthcare is delivered) in their jurisdiction as well as the regulatory or oversight entity for those facilities.	*Context:* HDs must provide documentation of collaborative processes to assess availability of healthcare services. Sharing of pertinent data is also required. *Opportunity:* HAI or AR stakeholders may participate in this process. If HAI or AR staff have information that speak to the availability of needed healthcare services, this would be one opportunity to in part support this measure.
Measure 7.1.2: **(All)** Identification of populations who experience barriers to health care services identified	n/a	n/a

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 7.1.3: **(All)** Identification of gaps in access to health care services and barriers to the receipt of health care services identified	n/a	n/a

Standard 7.2:   Identify and implement strategies to improve access to health care services

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 7.2.1: **(All)** Process to develop strategies to improve access to health care services	n/a	n/a
Measure 7.2.2: **(All)** Implemented strategies to increase access to health care services	n/a	n/a
Measure 7.2.3: **(All)** Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences	n/a	n/a

DOMAIN 8:   Maintain a competent public health workforce

Standard 8.1:   Encourage the development of a sufficient number of qualified public health workers

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 8.1.1: **(S)** Relationship and collaboration with educational programs that promote the development of future public health workers. **(T/L)** Relationships and/or collaborations that promote the development of future public health workers.	HAI/AR Programs are expected to work with public health and healthcare partners to facilitate and implement HAI/AR prevention education and training to prepare the public health workforce to detect, respond to and prevent outbreaks and transmission of HAI/AR and to distribute relevant training materials to improve antibiotic prescribing and use.	*Context:* State HDs must demonstrate partnership or collaboration with educational programs for example public health nursing, medicine, schools of public health as a means to promote public health as a career choice. Tribal and local HDs must demonstrate a collaboration with educational programs and may also consider including partnerships with high schools, 4-H clubs, community colleges, etc. *Opportunity:* If HAI/AR Program staff engage faculty from academic institutions or public health experts with HD staff to enhance their capacity and skills this may provide an example for this measure.

Standard 8.2:   Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 8.2.1: **(All)** Workforce development strategies	Jurisdictions are expected to work with public health and healthcare partners to assess staff competencies to detect, respond to and prevent outbreaks and transmission HAIs and AR threats.	*Context:* HDs must provide a HD-specific workforce development plan. *Opportunity:* Both PHAB and HAI/AR programs expect attention to workforce development and use of core competencies. Activities in the HAI/AR program area should be part of and reinforce broader HD workforce development efforts.
Measure 8.2.2: **(All)** A competent HD workforce	Jurisdictions hire individuals with appropriate expertise or provide training competencies and conducting local training for infection control, outbreak response, laboratory testing and appropriate use of surveillance systems (e.g. NHSN) including facility and group enrollment, data collection, management and analysis.	*Context:* HDs must document the recruitment of individuals who are qualified for their public health specialty position. *Opportunity:* While the documentation and examples will likely be provided by Human Resources staff, HAI/AR Programs should be aware of recruitment and retention considerations and recruitment for HAI-related positions (such as a HAI Coordinator) could serve as an example.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 8.2.3: **(All)** Professional and career development for all staff	HAI/AR Programs provide a variety of training opportunities to their staff including public health investigation, infection control, and data analysis to build expertise and capacity to address HAI/AR surveillance and prevention.	*Context:* All staff should have opportunities for professional development. This measure requires examples for staff participation in continuing education and/or professional development plans and leadership and management training and development. *Opportunity:* While the documentation will likely be produced from Human Resources staff, HAI/AR staff should be aware and engaged in professional development and continuing education opportunities.
Measure 8.2.4: **(All)** Work environment that is supportive to the workforce	n/a	n/a
Measure 8.2.5: **(S)** Consultation and/or technical assistance provided to Tribal and local HDs regarding evidence-based and/or promising practices in the development of workforce capacity, training, and continuing education	n/a	n/a

DOMAIN 9:   Evaluate and continuously improve health department processes, programs, and interventions

Standard 9.1:   Use a performance management system to monitor achievement of organizational objectives

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 9.1.1: **(All)** Staff at all organizational levels engaged in establishing and/or updating a performance management system	HAI/AR Programs are expected to develop metrics and processes for ongoing performance improvement. HAI/AR Program staff should be aware of how program specific performance improvement strategies may contribute to an overall performance management system	*Context:* HDs must document engagement of staff at all levels in determining the nature of a performance management system (PMS) for the dept./program/division. *Opportunity:* This supports the need for the inclusion of HAI coordinators, HAI program staff, and HAI program activities in these efforts. HAI staff may have an opportunity to participate on such committees or teams.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 9.1.2: **(All)** Performance management policy/system	n/a	n/a
Measure 9.1.3: **(All)** Implemented Performance Management System	HAI/AR Programs may develop their own goals, objectives and targets for demonstrating performance improvement that may include but not be limited to the addition of National measures and benchmarks for HAI/AR infections and antibiotic stewardship programs. HAI/AR Program staff should be aware of how program-specific performance improvement strategies may contribute to an overall performance management system.	*Context:* HDs must provide documentation of HD team, committee, etc. that is responsible for implementation of a PMS. HDs must provide 2 examples of the implementation of the PMS in monitoring and evaluating achievement of goals and objectives. HDs must also demonstrate that performance monitoring is accomplished for the objectives identified, using any of a variety of means of measuring progress (e.g. run charts, etc.). Results must be analyzed and be able to show that performance improvement occurred. *Opportunity:* HAI/AR Programs may be one programmatic area to provide such documentation with the strong emphasis on performance across all activities and sub-activities.
Measure 9.1.4: **(All)** Implemented systematic process for assessing customer satisfaction with HD services	n/a	n/a
Measure 9.1.5: **(All)** Opportunities provided to staff for involvement in the department's performance management	HAI/AR Programs are expected to develop metrics and processes for ongoing performance improvement. HAI/AR Program staff should be aware of how program-specific performance improvement strategies may contribute to an overall performance management system and can be engaged in the planning and process through interactions with key HD staff or leaders.	*Context:* HDs should include staff from across the agency in performance management efforts, particularly those who will be working on performance measure monitoring and analysis. . *Opportunity:* HAI/AR staff should be involved in, or at least aware of, HD-wide performance management activities.
Measure 9.1.6: **(All)** Technical assistance and / or training provided on performance management to Tribal and local HDs	n/a	n/a

Standard 9.2:   Develop and implement quality improvement processes integrated into organizational practice, processes, and interventions

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 9.2.1: **(All)** Established quality improvement program based on organizational policies and direction	Jurisdictions conduct a variety of performance improvement and program improvement activities including but not limited to coordination with internal HD programs. HAI/AR Programs and public health laboratories are expected to develop process and impact evaluations and work towards ongoing quality improvement efforts.	*Context:* HDs must establish an agency Quality Improvement (QI) Plan. *Opportunity:* While the agency-wide plan will likely be produced from QI staff, HAI/AR staff should be aware of or involved in the quality improvement efforts occurring across the HD.
Measure 9.2.2: **(All)** Implemented quality improvement (QI) activities	CDC values and supports quality improvements activities in all funded programs. HAI/AR Programs are expected to develop and implement quality improvement initiatives that align with overall HD efforts.	*Context:* HDs must provide 2 examples of QI activities being implemented, including how staff were involved in implementing QI. *Opportunity:* HAI/AR Programs may have examples of QI, although the HD should be careful to use examples that represent their public health HAI/AR activities rather than clinical setting QI work. With that noted, the HAI/AR area has been a focus of QI in health care settings and there may be expertise to draw from when learning about QI and implementing new QI efforts within the HD.

DOMAIN 10: Contribute to and apply the evidence base of public health

Standard 10.1:   Identify and use the best available evidence for making informed public health practice decisions

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 10.1.1: **(All)** Applicable evidence-based and/or promising practices identified and used when implementing new or revised processes, programs, and/or interventions	HAI/AR Programs are expected to use CDC HAI/AR infection detection and prevention guidelines or evidence based science to drive public health action, implement and evaluate epidemiologic public health practice and prevention and control strategies.	*Context:* HDs must provide 2 examples of evidence-based or promising practices in a public health process, program or intervention, that have occurred in the past 3 years and come from 2 different program areas. *Opportunity:* HAI/AR Programs may provide documentation of HAI/AR information and evidence-based or promising practices used.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 10.1.2: **(ST)** Fostered innovation in practice and research	HAI/AR Programs are expected to collaborate with local HDs, academic institutions, federal agencies, and public health and clinical laboratories on HAI and AR research and incorporate findings and best practices. Programs are encouraged to collaborate with healthcare facilities to improve infection control and prevention practice and with the academic partners and CDC's Prevention Epicenters and EIPs to develop and evaluate HAI interventions and best practices.	*Context:* HDs are expected to have relationships with academic centers/institutes and engage in the work of the research community. *Opportunity:* HAI/AR Programs may have formal or working (informal) relationships (e.g., pilot studies, proof of concept approaches) with academic institutions or research centers.

Standard 10.2:   Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 10.2.1: **(All)** Protection of human subjects when the HD is involved in or supports research activities	n/a	n/a
Measure 10.2.2: **(All)** Access to expertise to analyze current research and its public health implications	n/a	n/a
Measure 10.2.3: **(All)** Communicated research findings, including public health implications	HAI/AR Programs are expected to collaborate with local HDs, academic institutions, other federal agencies, and public health and clinical laboratories on HAI/AR research and communicate findings and best practices. HAI/AR Programs are encouraged to collaborate with the academic partners and CDC's Prevention Epicenters and Emerging Infections Programs to develop and evaluate HAI interventions and best practices and communicate evidence based science to the public health, healthcare and public audiences.	*Context:* HDs must provide 2 examples of communication, conveying research findings and their implications to stakeholders, LHDs, public health system partners, etc. - can be by report, presentation, webinar, etc. *Opportunity:* HAI/AR Programs may contribute to this measure by sharing documentation of reports or publications via email, presentation or webinar that present data or research findings from academic partners or other research that indicate findings that might affect public health.

PHAB Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
Measure 10.2.4: **(S)** Consultation or technical assistance provided to Tribal and local HDs and other public health system partners in applying relevant research results, evidence based and/or promising practices	HAI/AR Programs are encouraged to share knowledge, best practices and provide technical assistance to local/tribal partners/stakeholders on evidence-based HAI and AR prevention science and implementation best practices.	*Context:* HDs must provide 2 examples of providing TA to local HDs or stakeholders/public health system partners in the application of research or evidence based/promising practices. *Opportunity:* HAI/AR Programs may provide documentation of assistance in implementing HAI/AR prevention practices. This may include promoting evidence-based antibiotic stewardship interventions or implementation of CDC-recommended infection control and antibiotic stewardship strategies.

DOMAIN 11: Maintain Administrative and Management Capacity

Standard 11.1:   Develop and maintain an operational infrastructure to support the performance of public health functions

PHAB Measures	Connections
Measure 11.1.1: **(All)** Policies and procedures regarding HD operations, reviewed regularly, and accessible to staff **Measure 11.1.2:** **(All)** Ethical issues identified and ethical decisions made **Measure 11.1.3:** **(All)** Policies regarding confidentiality, including applicable HIPAA requirements **Measure 11.1.4:** **(All)** Policies, processes, programs, and interventions provided that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes **Measure 11.1.5:** **(All)** A human resources function **Measure 11.1.6:** **(All)** Information management function that supports the HD's mission and workforce by providing infrastructure for data storage, protection, and management; and data analysis and reporting **Measure 11.1.7:** **(All)** Facilities that are clean, safe, accessible and secure	This domain addresses overall administrative and management functions and capacity, including human resources, information technology, financial management, support for grant application processes, etc. While these Standards and measures are not program-specific, all HD programs (including HAI/AR) will use and depend on these functions and should be aware and engaged

Standard 11.2: Establish effective financial management system

PHAB Measures	Connections
Measure 11.2.1: **(All)** Financial and programmatic oversight of grants and contracts **Measure 11.2.2:** **(All)** Written agreements with entities from which the HD purchases, or to which the HD delegates, services, processes, programs, and/or interventions **Measure 11.2.3:** **(All)** Financial management systems **Measure 11.2.4:** **(All)** Resources sought to support agency infrastructure and processes, programs, and interventions	This domain addresses overall administrative and management functions and capacity, including human resources, information technology, financial management, support for grant application processes, etc. While these Standards and measures are not program-specific, all HD programs (including HAI/AR) will use and depend on these functions and should be aware and engaged.

DOMAIN 12: Maintain Capacity to engage the public health governing entity

Standard 12.1: Maintain current operational definitions and statements of public health roles, responsibilities, and authorities

PHAB Measures	Connections
Measure 12.1.1: **(All)** Mandated public health operations, programs, and services provided **Measure 12.1.2:** **(All)** Operational definitions and/or statements of the public health governing entity's roles and responsibilities	This domain addresses overall administrative and management functions and capacity, including human resources, information technology, financial management, support for grant application processes, etc. While these Standards and measures are not program-specific, all HD programs (including HAI/AR) will use and depend on these functions and should be aware and engaged.

Standard 12.2: Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity

PHAB Measures	Connections
Measure 12.2.1: **(All)** Communication with the governing entity regarding the responsibilities of the public HD and of the responsibilities of the governing entity	This domain addresses overall administrative and management functions and capacity, including human resources, information technology, financial management, support for grant application processes, etc. While these Standards and measures are not program-specific, all HD programs (including HAI/AR) will use and depend on these functions and should be aware and engaged.

Standard 12.3:   Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities

PHAB Measures	Connections
Measure 12.3.1: **(All)** Information provided to the governing entity about important public health issues facing the community, the HD, and/or the recent actions of the HD **Measure 12.3.2:** **(All)** Actions taken by the governing entity tracked and reviewed **Measure 12.3.3:** **(All)** Communication with the governing entity about HD performance assessment and improvement	This domain addresses overall administrative and management functions and capacity, including human resources, information technology, financial management, support for grant application processes, etc. While these Standards and measures are not program-specific, all HD programs (including HAI/AR) will use and depend on these functions and should be aware and engaged.