



# Public Health Accreditation Board

## Standards and Measures for National Accreditation of State/Territorial Vital Records/Health Statistics (VRHS) Units

**Draft for Public Vetting  
October 9, 2018**

# Introduction

The Public Health Accreditation Board (PHAB) **Standards and Measures for National Accreditation of State/Territorial Vital Records/Health Statistics Units** serves as the official standards, measures, required documentation, and guidance blueprint for PHAB accreditation of these Units. For purposes of accreditation, PHAB considers these requirements applicable to both the vital records and health statistics functions of the state health department, regardless of the organizational structure. These written guidelines are considered authoritative and are in effect for the application period indicated on the cover page.

The **VRHS Unit Accreditation Standards and Measures** provides guidance specifically for vital records/health statistics (VRHS) Units preparing for accreditation and for site visit teams that review and assess documentation submitted by applicant VRHS Units. It also serves anyone offering consultation or technical assistance to VRHS Units preparing for accreditation. It guides PHAB's Board of Directors and staff as they administer the accreditation program. This document assists VRHS Units and their Accreditation Coordinators as they select documentation for each measure. It directs site visit team members in the review of documentation and in determining whether conformity with a measure is demonstrated.

Credibility in accreditation results from consistent interpretation and application of defined standards and measures. The **VRHS Unit Accreditation Standards and Measures** document sets forth the topic areas, standards, measures, and required documentation adopted by the PHAB Board of Directors. The document also provides guidance on the meaning and purpose of a measure and the types and forms of documentation that are accepted to demonstrate conformity with each measure.

The **Standards and Measures** document provides assistance to VRHS Units as they work to select the best evidence to serve as documentation. It includes a "Purpose" statement for each measure, and narrative guidance specific to each required documentation item. PHAB strongly recommends that the VRHS Unit pay close attention to this document when selecting their most appropriate documentation to meet a measure.

In general, a reference in this document to "the standards" includes references to the entire document including the topic areas, the standards, the measures, the required documentation, and the guidance.

## Topic Areas, Standards, and Measures

Topic areas are groups of standards that pertain to a broad group of VRHS Unit services and responsibilities. There are 7 topic areas. The topic areas, standards and measures were highly informed by the National Association of Public Health Statistics and Information

Systems Standards; the Model State Vital Statistics Act and Model State Vital Statistics Regulations (2011); and the National Center for Health Statistics. Standards are the required level of achievement that a VRHS Unit is expected to meet. Measures provide a way of evaluating if the standard is met. Required documentation is the documentation that is necessary to demonstrate that a VRHS Unit conforms to a measure.

**The structural framework for the VRHS Unit Accreditation topic areas, standards, and measures uses the following taxonomy:**

Topic Area	<i>(example – Topic Area 1, Registration)</i>
Standard	<i>(example – Standard 1.1)</i>
Measure	<i>(example – Measure 1.1.3)</i>

## Documentation

The VRHS Unit Accreditation Standards and Measures are all required to be addressed, except for those few measures that describe the responsibilities of state and territorial VRHS Units who have responsibilities related to local offices that certify, register and/or issue vital records. If no local offices exist, then those measures do not apply. They are noted as such in the standards.

PHAB does not intend to be prescriptive about how the VRHS Unit meets the standards and measures. The VRHS Unit is expected to ensure that the standards are met for the jurisdiction(s) that they serve. The focus of the standards, measures, and required documentation is that the VRHS Unit ensures that the services and activities are provided to the population, irrespective of “how” those services and activities are provided or through what organizational structure or arrangement. VRHS Unit may have formal agreements, contracts, or partnerships with other organizations or agencies to provide services. If that is the case, VRHS Units must submit to PHAB formal documentation of the partnership or assignment of responsibility to others (MOU, letter of agreement, contract, legislative action, executive order, ordinance, or rules/regulations). PHAB site visitors will want to see evidence of a formal working relationship in these cases.

Likewise, documentation may have been developed by another entity; however, it must currently be utilized by the VRHS Unit. This may especially be true in the areas of human resources or fiscal management. The purpose of PHAB’s review of the documentation is to confirm that materials exist and are in use in the VRHS Unit being reviewed, regardless of who originated the material. Documentation, therefore, may be products of other entities.

The accountability for meeting the measures rests with the VRHS Unit being reviewed for accreditation. Documentation that provides evidence of meeting the measure must be provided, even if the documentation is produced by a partner organization and not by the VRHS Unit. It would be advisable for the VRHS Unit to include an explanation with its documentation concerning why a measure is met by another organization.

## Selection of Documentation

The VRHS Unit should select documentation carefully to ensure that it accurately reflects the VRHS Unit, how it operates, what it provides, and its performance. Site visitors will develop an overall summary of the Unit as a fully functioning VRHS Unit. They will base this summary on both the review of documentation and findings during the site visit. Therefore, it is critical that the VRHS Unit select the most relevant and accurate documentation to submit to PHAB.

**a. Relevant to the Topic Area, Standard, and Measure**

To ensure that the documentation provides evidence of conformity with a measure, the VRHS Unit must consider the required documentation within the context of the measure, standard, and topic area. For example, a required piece of documentation may be “documentation of communications, meetings, and/or trainings.” It is important to review the measure and standard to know what the documentation of communications, meetings, and/or trainings is meant to demonstrate (e.g., the provision of technical assistance, collaboration on an activity, or sharing of information on a particular topic).

**b. Specific to “Required Documentation” and “Guidance” in the Standards and Measures**

The documentation submitted to PHAB will be reviewed by site visitors to determine if it is in conformity with the requirements for documentation and to determine the VRHS Unit’s conformity with each measure. Therefore, the documentation that the VRHS Unit selects for each piece of Required Documentation must be specific to that measure’s requirement and the guidance provided.

**c. Focused**

Documentation should be limited to the most direct and applicable documentation available to meet the documentation requirement. Additional information is not necessary and will not be helpful.

A required cover page for each measure’s required documentation provides the VRHS Unit the opportunity to explain how the documentation addresses the measure’s requirements and to point out specific language in a longer document.

Additionally:

- All documentation must be in use by the VRHS Unit at the time of the submission of documentation to PHAB.
- No draft documents will be accepted for review by PHAB.
- All documents must show evidence of authenticity (see “Evidence of Authenticity” section).
- All documents must include a date.
- Documentation submitted to demonstrate conformity to a measure does not have to be presented in a single document; several documents may support conformity to a single measure. An explanation on the cover page should be included

that describes how the documents, together, demonstrate conformity with the measure. The specific section(s) of the documents that addresses the measure must be identified.

- A single document may be relevant for more than one measure and may be submitted multiple times. The specific section(s) of the document that addresses the measure for which it is presented must be identified.
- Documentation must directly address the measure. When selecting documentation, the VRHS Unit should carefully consider the standard and topic area in which the measure is located, as well as the measure itself.
- Documentation should be limited to the most relevant to meet the documentation requirement; more is not better.
- If documentation contains confidential information, the confidential information must be covered or deleted.
- Documents must be able to be submitted to PHAB electronically. Hard copies of documents must be scanned into an electronic format for submission. PHAB will not accept hard copies of any documentation. This applies to documentation that is submitted to PHAB prior to the site visit, as well as any additional documentation requested by the site visitors during the site visit.

Generally, types of documentation that may be used to demonstrate conformity include:

- *Examples of policies and processes:* policies, procedures, protocols, standing operating procedures, emergency response/business continuity plans, manuals, flowcharts, organization charts, and logic models.
- *Examples of documentation for reporting activities, data, decisions:* health data summaries, survey data summaries, data analyses, audit results, meeting agendas, committee minutes and packets, after-action evaluations, continuing education tracking reports, work plans, financial reports, and quality improvement reports. When minutes from meetings are used as evidence for documentation requirements, relevant attachments that are referenced in the minutes or were discussed must be included.
- *Examples of materials to show distribution and other activities:* email, memoranda, letters, dated distribution lists, phone books, health alerts, faxes, case files, logs, attendance logs, position descriptions, performance evaluations, brochures, flyers, website screen prints, news releases, newsletters, posters, and contracts.

## Timeframes

All plans, policies, procedures, processes, contracts, MOUs, and partner agreements must be in use by the VRHS Unit when they are submitted to PHAB. All programs from which documentation is selected and submitted must be in place when the documentation is submitted.

All documentation used to demonstrate conformity with measures must be dated within the timeframe indicated in the Guidance. The date indicates when the document was created, adopted, reviewed, revised, etc. Site visitors will look for the date on the document. The first purpose of documents being dated is that the dating of all documents is a best practice. Any organization, VRHS Unit, public health department or otherwise, needs to know when documents were created or last updated both to ensure that the information is current and for version control. This is especially true in the public health field as both best practices and populations can change quickly. The second purpose for dates on documents is to enable the PHAB Site Visit Team assess conformity with PHAB VRHS Accreditation Standards and Measures.

The specificity of the date on the document will depend on the documentation requirement and the type of document. For example, emails provide the full date and time. Policies may include the month, day, and year. Reports may include the month and year. A brochure may include only the year. In most cases the month and year will be required for reviewers to evaluate conformity to the timeframes, though in some cases (for example, brochures) only a year will be required.

Timeframes are determined by starting from the date of submission of the documentation to PHAB. For example, if the timeframe for a plan is five years, the plan must be dated within the five years before submission of the documentation to PHAB.

## Evidence of Authenticity

All documents must show evidence of authenticity. That is, the document must have a logo, signature, email address, or some other evidence that the document is “authentic” to the applicant VRHS Unit or state health department. The purpose for this requirement is to provide PHAB site visitors with evidence that the documentation does in fact “belong” to the VRHS Unit being reviewed. It is also a good business practice. In some cases, documentation will be a written policy and will include the signature of a governor, VRHS Director, Registrar, or health department director. In other cases, documentation may be an email; the "To" and "From" and the email addresses will serve as evidence that the document is "official" VRHS Unit business. In other cases, a health department logo will provide the evidence that the document is an official VRHS Unit or health department document. For example, a brochure or report might not have the health department or VRHS Unit Director's signature, but it should include the department's logo. Meeting minutes are usually signed but may include the department's logo instead, noting that it is an “official” document. Documentation developed by another entity (partner, governmental agency, contractor, etc.) must include evidence that the documentation has been adopted by and is in use by the applicant VRHS Unit.

## Quality Improvement

A goal of public health department accreditation, and the VRHS Unit Accreditation, is to promote high performance and continuous quality improvement. PHAB has adopted the following definition of quality Improvement: Quality improvement in public health is the use of a deliberate and defined improvement process that is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. Defining Quality Improvement in Public Health. *Journal of Public Health Management and Practice*. January/February 2010).

PHAB has incorporated the concept of quality improvement throughout the standards and measures and throughout the accreditation process. For example, there are several measures that encourage a broad continuous improvement process of evaluation and improvement: (1) plan or develop programs, process, or interventions, (2) implement, and (3) evaluate for improvement. The accreditation process promotes quality improvement through the provision of a Site Visit Report developed by PHAB trained peer Site Visitors that includes opportunities for improvement. Additionally, accredited VRHS Units are required to submit an annual report to PHAB that describes their progress in improving their services and capacity.

## PHAB Acronyms and Glossary of Terms

The PHAB Standards and Measures document is accompanied by a sourced **PHAB Acronyms and Glossary of Terms** for many of the terms used in the Initial Health Department Accreditation Standards and Measures. The Glossary also contains a list of acronyms used in the standards. This companion document offers assistance in understanding the standards and measures for health department accreditation and has not been duplicated for VRHS Unit accreditation. A supplement to this standards document, however, including relevant VRHS Unit accreditation terminology and acronyms, is included in Attachment A.

## PHAB Guide to VRHS Unit Accreditation

Another companion document, the **PHAB Guide for National Accreditation of State/Territorial Vital Records/Health Statistics (VRHS) Units** describes the process for seeking and obtaining VRHS Unit accreditation for the VRHS Units at the state level through the Public Health Accreditation Board (PHAB). The process in this guide is based on the accreditation process steps included in initial health department accreditation and should be used in concert with this standards and measures document.

## Applicability of Standards and Measures

These VRHS Unit Accreditation Standards and Measures are equally applicable to all eligible applicants. Eligible applicants for the voluntary accreditation include the 57 jurisdictional areas identified by the National Center for Health Statistics within the National Vital Statistics Collaborative Program (VSCP) to fulfill its legislatively mandated mission to produce national vital statistics. This includes the following jurisdictions where statewide vital records are collected from the 50 States, District of Columbia, New York City, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands. State and jurisdiction are synonymous within the aforementioned text above when referring to the 57 funded jurisdictions. The state or territorial health department does not have to be accredited for the VRHS Unit to submit an application. However, approval from the Director of the State or Territorial Health Department or from the Secretary of State in the case of New Hampshire is required.

## Format for the Standards and Measures

In this document, the PHAB Standards and Measures are preceded by the topic area number and brief description of the topic area. The chart below provides an example of the layout for standards, measures, required documentation and guidance for required documentation.

**Standard: This is the standard to which the measure applies**

Measure	Purpose
This section states the measure on which the VRHS Unit is being evaluated.	<p>The purpose of this measure is to assess the VRHS Unit’s ability to...</p> <p>This section describes the capacity or activity on which the VRHS Unit is being assessed.</p>

Required Documentation	Guidance	Number of Examples	Dated Within
<p><b>Documentation of:</b></p> <p>This section lists the documentation that the VRHS Unit must provide as evidence that it is in conformity with the measure.</p>	<p>The VRHS Unit must provide documentation that . . . .</p> <p>This section provides guidance specific to the required documentation. Types of</p>	<p>X examples</p> <p>This section will state the number of</p>	<p>X years</p> <p>This section will state the time frame for the</p>

<p>The documentation will be numbered:</p> <ol style="list-style-type: none"> <li>1. Xxx</li> <li>2. Xxx             <ol style="list-style-type: none"> <li>a) xxx</li> <li>b) xxx</li> </ol> </li> </ol>	<p>materials may be described, e.g., meeting minutes, stakeholder member list, etc. Examples may also be provided here.</p>	<p>examples required</p>	<p>date on the documentation.</p> <p>The date on the documentation must be within the number of months or years specified before the date of submission of all the documentation to PHAB</p>
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## TOPIC AREA 1: Registration

Birth certificates provide proof of birth, age, parentage, birthplace, and citizenship, and are used extensively for employment purposes, school entrance, voter registration, and obtaining federal and state benefits (e.g., Social Security). Birth certificates are the cornerstone for proving identity, and as breeder documents are thus used to obtain other official identification documents, such as driver licenses, Social Security cards, and passports. Death certificates provide proof of date of death, date and place of internment, cause and manner of death, and are used to obtain insurance benefits and cease direct benefit payments, transfer property, and generally settle estates. Birth and death certificates also provide essential statistical information about pregnancy, birth, infant health, and causes of mortality.

The process for registering vital events, reporting data to the National Center for Health Statistics, and releasing vital statistics is complex, with many steps performed by many actors from start to finish. When an event occurs, data providers—typically hospitals for birth information and funeral homes, physicians, and coroners for death information—submit birth and death data to the vital records jurisdictions so that the vital event can be reviewed, edited, processed and officially registered. The timely registration of live birth and death events is important for the information to be used for the purposes described above.

### Registration Standard 1.1:

Assure complete and timely registration of live births and deaths occurring in the state

<b>Registration Measure 1.1.1</b>	<b>Purpose</b>
A robust system for electronic reporting of live birth and death records	

	The purpose of this measure is to assess the VRHS Unit's ability to file, maintain, and provide reports from live birth and death records from an electronic system.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. An electronic system for reporting live births and deaths	1. The VRHS Unit must provide a written description of the electronic system for reporting live births and deaths.	1 description of the electronic system	5 years
2. Summary report of the electronic registration of live birth records	2. The VRHS Unit must provide a report that provides evidence that at least 95% of live birth records occurring in the previous calendar year were electronically registered within five (5) calendar days of the live birth.  If state law or rules/regulations require longer time frames, the VRHS Unit will document the time frame and be assessed based on those time frames. However, an Opportunity for Improvement will be noted to encourage the VRHS to consider proposing changes in the state law or rules/regulations.	1 report	1 year
3. Summary report of the electronic registration of death records	3. The VRHS Unit must provide a report that provides evidence that at least 80% of death records occurring in the previous calendar year were electronically registered within ten (10) calendar days of the date of death.  If state law or rules/regulations require longer time frames, the VRHS Unit will document the time frame and be assessed based on those time frames. However, an Opportunity for Improvement will be noted to encourage the VRHS to consider proposing changes in the state law or rules/regulations.	1 report	1 year

<p><b>Registration Measure 1.1.2</b> A standardized process for consistent and timely completion of adoptions, paternity affidavits, corrections and amendments.</p>	<p><b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's consistent and timely processing of adoptions, paternity affidavits, corrections, and amendments.</p>
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<b>Required Documentation</b>	<b>Guidance</b>	<b>Number of Examples</b>	<b>Dated Within</b>
<p>1. Filed adoptions, paternity affidavits, corrections, and amendments</p>	<p>1. The VRHS Unit must provide written procedures for the filing of adoptions, paternity affidavits, corrections, and amendments. The procedures must include the timeframes for completing these actions.</p> <p>The procedures could be contained in one comprehensive document that addresses all listed situations or a set of procedures that, together, address the listed situations.</p>	<p>1 set of procedures, that together, cover all four areas or 1 comprehensive procedure</p>	<p>5 years</p>
<p>2. Implementation of the procedure for filing adoptions, paternity affidavits, corrections, and amendments</p>	<p>2. The VRHS Unit must provide documentation that demonstrates that internal procedures are followed for filing of adoptions, paternity affidavits, corrections, and amendments.</p> <p>Documentation could be, for example, program reviews, audits, or other documentation that indicates consistent implementation of the procedures.</p>	<p>2 examples from any of from the four different areas in the procedures (adoption, paternity, correction, amendment). The two examples must be from different areas in the procedures.</p>	<p>5 years</p>

<b>Registration Measure 1.1.3</b> Delayed reports of live births managed according to national standards	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's ability to manage delayed reports of live births.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. Registration of delayed reports of live births	1. The VRHS Unit must provide a written procedure for the registration of delayed reports of live births. The procedure must be based on Section 13 and Regulation 13 of the Model Law (9/7/11).	1 procedure	5 years
2. Implementation of the procedure for registration of delayed reports of live births	2. The VRHS Unit must provide documentation that the internal procedures described in RD 1 above for registering delayed reports of live births were followed.	2 examples	5 years

## TOPIC AREA 2: Security

The Vital Statistics System supports civil registration and creates information that is used for public health, statistical, health research, national security, and administrative purposes. Civil registration of each vital event that occurs within the state is carried out primarily to establish legal documents provided by law. Due to increased requirements of civil registration in the context of national security and the use of live birth records as primary identity documents, the State Registrar must take measures to prevent the fraudulent use of vital records for purposes such as identity theft or terrorism, the State Registrar must maintain security of personnel, physical environments, electronic systems, and preservation methods. In addition, the State Registrar must perform data assurance and record matching activities to protect the confidentiality and security of vital records and prevent their fraudulent use.

### Security Standard 2.1:

# Provide security, privacy, confidentiality and preservation of vital records

<b>Security Measure 2.1.1</b> Staff background checks	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's policy/procedure for the processing of background checks on staff, based on the type and sensitivity of the position.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. Criminal background checks on appropriate staff	1. The VRHS Unit must provide a written procedure for background checks on staff. The written procedure must include: <ul style="list-style-type: none"> <li>• staff background checks upon hire,</li> <li>• which positions are covered,</li> <li>• the frequency of the checks based on position, and</li> <li>• the process for accomplishing the checks and reviews.</li> </ul> The written procedure must be based on the applicable state laws, rules/regulations, etc., which must be referenced in the procedure.	1 procedure	5 years
2. Background checks completed on appropriate staff according to procedure	2. The VRHS Unit must provide a report of the background checks completed within the past two years.  Documentation could be, for example, a log of background checks conducted.	1 report	2 years

	This information can come from another office in the health department (e.g., the human resources department), as appropriate.		
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<b>Security Measure 2.1.2</b> Privacy and confidentiality requirements	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's ability to ensure that staff have been trained on privacy and confidentiality.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. Privacy and confidentiality requirements	1. The VRHS Unit must provide a written policy on privacy and confidentiality of vital records.	1 policy	5 years
2. VRHS staff are informed of privacy and confidential requirements	2. The VRHS Unit must provide documentation that all VRHS staff are informed of the privacy and confidentiality requirements.  Documentation could be, for example, a standard email that is provided to all new staff and provided to all current staff annually, a webinar or online training that is required viewing, or agenda or sign in sheets of annual training sessions.	2 examples	5 years

<b>Security Measure 2.1.3</b> Security coordinator(s)	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's appointment of security coordinator(s) whose responsibility(ies) include the oversight of vital records.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. Job description and name of security	1. The VRHS Unit must provide job description(s) for	1 job	5 years

coordinator(s)	<p>and name(s) of the current security coordinator(s).</p> <p>The position designated as the security coordinator may have other responsibilities; that is, the duties are not required to be dedicated solely to the responsibilities of one security coordinator. These responsibilities can also be assigned among several staff.</p>	description with name(s)	
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<p><b>Security Measure 2.1.4</b> Secure management of vital records, processes, and office space</p>	<p><b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's capacity to manage the secure handling of vital records.</p>
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<b>Required Documentation</b>	<b>Guidance</b>	<b>Number of Examples</b>	<b>Dated Within</b>
1. Secure management of the certification process	<p>1. The VRHS Unit must provide a written procedure for handling certification of vital records in a secure manner.</p> <p>The procedure must address, at a minimum:</p> <ul style="list-style-type: none"> <li>• Vital records issued on official certification paper;</li> <li>• Certification paper is properly and securely stored and handled;</li> <li>• Process for review of local registrar/issuance office secure use, storage, and destruction of approved certification paper.</li> </ul>	1 procedure	5 years
2. Use and security of appropriate certification paper	2. The VRHS Unit must provide a written policy that the official certification paper meets national standards. At a minimum, the certification paper must:	1 policy	5 years

	<ul style="list-style-type: none"> <li>• Be printed in the US or Canada, and</li> <li>• Be protected by multiple layers of security</li> </ul>		
3. Physical security of the vital records	<p>3. The VRHS Unit must provide a written process for ensuring the physical security of the vital records that includes, at a minimum:</p> <ul style="list-style-type: none"> <li>• State vital registrar offices are housed in government owned, leased, or controlled space;</li> <li>• State registrars and their staff are government employees (including elected officials) or contracted government agents;</li> <li>• A description of where the vital records are stored;</li> <li>• Physical access to vital records and related information is limited to authorized staff;</li> <li>• Vital records office has fire suppression coverage appropriate for the type of record stored;</li> <li>• Vital records vaults have climate control device(s).</li> </ul>	1 process	5 years
4. Continuity of operations	<p>4. The VRHS Unit must provide a continuity of operations plan.</p> <p>The plan must include at a minimum:</p> <ul style="list-style-type: none"> <li>• Pre-arranged alternate work location and adequate space;</li> <li>• Staffing plan to continue operations;</li> </ul>	1 plan	5 years

	<ul style="list-style-type: none"> <li>Continued ability to provide services to the public;</li> <li>Records security;</li> <li>Continued operation of electronic vital records systems (EDRS, EBRs, etc.).</li> </ul> <p>This documentation may be included in the overall department Emergency Operations Plan if the vital records/health statistics role and functions are specified.</p>		
5. Data and records preservation	<p>5. The VRHS Unit must provide a written policy for data and record preservation in perpetuity.</p> <p>The policy must include, at a minimum:</p> <ul style="list-style-type: none"> <li>Vital records and statistics data are backed up and stored off site;</li> <li>Vital records filed on paper are preserved on microfilm or imaged and stored securely offsite.</li> </ul>	1 policy	5 years

<b>Security Measure 2.1.5</b> Participation in a national system for electronic verification of vital events	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's capacity to quickly, reliably, and securely verify and certify live birth and death information.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. Participation in a national system for electronic verification of vital events	1. The VRHS Unit must provide documentation of its process for participation in a national system for	1 process	5 years

	electronic verification of vital events.		
2. Live birth data base verification	2. The VRHS Unit must document that its live birth data base extends back to 1945.	1 example	5 years
3. Fact of death data base verification	3. The VRHS Unit much document that its fact of death data base extends back ten years from date of application.	1 example	5 years

**Security Standard 2.2:**  
**Protect personally identifiable information from direct or indirect inappropriate disclosure to prevent fraud and identity theft**

<b>Security Measure 2.2.1</b> Protected personally identifiable information	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's capacity to ensure that personally identifiable information is not released inappropriately.
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<b>Required Documentation</b>	<b>Guidance</b>	<b>Number of Examples</b>	<b>Dated Within</b>
1. Protection of personally identifiable information	<p>1. The VRHS Unit must provide a written policy/procedure for the protection of personally identifiable information when data are released in electronic or paper format.</p> <p>The policy must include, at a minimum:</p> <ul style="list-style-type: none"> <li>• Reference to applicable state laws and regulations as appropriate;</li> <li>• Procedure for how personally identifiable information is protected when data are released to external entities such as researchers, other governmental agencies, and the public;</li> </ul>	1 policy/procedure	5 years

	<ul style="list-style-type: none"> <li>• A procedure for signed agreements between parties.</li> </ul>		
2. Restricted disclosure of information from live birth and death records	<p>2. The VRHS Unit must provide a written procedure that addresses how information related to live births and deaths is disclosed to only qualified applicants.</p> <p>This procedure may be included in Measure 2.2.1, RD 1 above or it may be a free-standing procedure.</p>	1 procedure	5 years
3. Fraud prevention and security features for the registration and issuance systems	<p>3. The VRHS Unit must provide a policy that describes the fraud detection and security features of the registration and issuance systems.</p> <p>The procedure must reference the NAPHSIS Security Guide.</p>	1 policy	5 years

<b>Security Measure 2.2.2</b> IT system security	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's capacity to ensure that electronic vital records data are protected from unauthorized access.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. Protection from unauthorized access to electronic vital records information	1. The VRHS Unit must provide a written policy/procedure that describes how electronic vital records information is protected from unauthorized access.	1 policy/procedure	5 years
2. Implementation of policy/procedure	<p>2. The VRHS Unit must provide documentation of the implementation of the policy/procedure in Measure 2.2.2, RD 1.</p> <p>Documentation could be, for example, audits, training exercises, etc.</p>	2 examples	5 years

## TOPIC AREA 3: Issuance

An important responsibility of the VRHS Unit is the issuance of certified copies of registered vital records. The issuance processes should be managed in a timely and customer-friendly manner. Where there are local offices of vital records, coordination between the state and local issuance activities is essential to the provision of high quality vital records services.

### Security Standard 3:1 Issue certified copies of vital records

<p><b>Security Measure 3.1.1</b> Vital records issued with optimal customer service for those who receive records</p>	<p><b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's attention to optimal customer service when issuing vital records.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
<p>1. Processing requests for certified copies of live birth and death records in a timely manner</p>	<p>1. The VRHS Unit must provide a report that documents the issuance of certified copies of live birth and death records in a timely manner.</p> <p>Timeliness is defined as issuance occurring on average within five business days of receipt of application for the certified copy.</p> <p>Personally identifiable information, if part of the report, must be redacted before submission to PHAB.</p>	<p>1 report</p>	<p>Most recent calendar year</p>

2. Systematic process for assessing customer satisfaction with VRHS services	2. The VRHS Unit must provide a written procedure for identifying customers and stakeholders external to the health department, and a process to capture and analyze customer feedback to address the expectations of various VRHS customer groups.  Customer focus is a key part of any organization's performance management system to evaluate the effectiveness and efficiency of the VRHS Unit's work.	1 procedure for assessing customer satisfaction	2 years
3. Use of customer feedback for quality and performance improvement	3. The VRHS Unit must provide documentation of how feedback from the customer satisfaction assessment was used for performance and/or quality improvement. The example must document results and actions taken based on the collection, analysis, and conclusions drawn from feedback from customer groups.	1 example	2 years

<b>Security Measure 3.1.2</b> Vital records certifications are issued in accordance with national standards	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's ability to administer the issuance of vital records certifications according to national standards.
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<b>Required Documentation</b>	<b>Guidance</b>	<b>Number of Examples</b>	<b>Dated Within</b>
1. Certification of vital events	1. The VRHS Unit must provide a written policy/procedure for the certification and issuance of vital events.  The policy/procedure must include the following, at a minimum: <ul style="list-style-type: none"> <li>• Certificates are routinely issued from a data base and/or digital images;</li> <li>• Certification applications include standard questions based on the NAPHSIS Security Guide, Section 5, d - e;</li> </ul>	1 policy/procedure	5 years

	<ul style="list-style-type: none"> <li>• Certified copies of live birth records of persons who have died are marked deceased;</li> <li>• Process for verifying the identity and eligibility of the person requesting the record based on Model Law, Section 28 (b).</li> </ul>		
2. Application of the policy/procedure	2. The VRHS Unit must provide documentation of an audit or quality assurance review that addressed how the policy/procedure for the certification and issuance of vital events in RD1 was followed.	1 audit or QA review	2 years
3. Changes made based on the findings of the audit/QA review	3. The VRHS Unit must provide one example of how the findings from the audit/QA review in RD2 were used to make changes in the certification procedures.	1 example	1 example

<b>Security Measure 3.1.3</b> State/local system coordination	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's ability to coordinate issuance between state and local offices. If there are no local issuance offices, this measure does not apply.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. State and local certifications are issued from the same system	1. The VRHS Unit must provide a written policy/procedure for how local offices issue certificates from the same system as the state.  The policy/procedure must include how local issuance is identified on the certification.	1 policy/procedure	5 years
2. Application of the policies and procedures	2. The VRHS Unit must provide documentation of issuance that demonstrates application of the policy/procedure provided in Measure 3.1.3, RD1.	2 examples: 1 from the state and 1 from a local	2 years

## TOPIC AREA 4: Data Collection

VRHS Units are responsible for the completion and validity of the data that they manage, beginning with the registration of vital events in their jurisdictions. Public health data from VRHS Units are the facts that, when assembled and analyzed, yield the information and reports required by health planners, public health and health care providers, and other users to maintain effective and efficient public health services.

### Data Collection Standard 4:1 Ensure complete data collection

<b>Data Collection Measure 4.1.1</b> Valid and complete live birth and death data	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's quality control of data items on the live birth and death records to ensure that they are complete and valid.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. Collection of live birth and death records	1. The VRHS Unit must provide a written policy/procedure for the collection of live birth and death records, according to the current US Standard Certificate.	1 policy/procedure	2 years
2. Data editing at point of data entry	2. The VRHS Unit must provide documentation of data edits.  Documentation could be electronic records system	2 examples: 1 live birth and 1 death	2 years

	screen shots or NCHS data edits.		
3. Spell-checked cause of death entry	3. The VRHS Unit must provide documentation of the use of spell check software for cause of death entries on death records.  Documentation could be a screen shot.	1 example	2 years
4. Linked live birth and death records	4. The VRHS Unit must provide a report documenting that linked live birth and death records for 100% of the infant deaths occurring in the previous calendar year.  Example must be for those records where both the live birth and the death occurred in the state. Documentation could be from the NCHS Linkage Status Table.	1 report	Previous calendar year
5. Assurance that final records meet NCHS quality control requirements	5. The VRHS Unit must provide a computer edit and query procedure for unknown or other inconsistent or questionable data elements on live birth and death records.	1 procedure	2 years

<b>Data Collection Measure 4.1.2</b> Established data quality feedback loop	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's capacity to manage a data quality feedback loop.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. Provision of feedback to data providers	1. The VRHS Unit must provide a written policy/procedure for providing feedback to data providers.  Data providers may be hospitals, birthing centers, midwives, medical examiners, coroners, funeral directors, etc.	1 policy/procedure	5 years
2. Application of the policy/procedure for	2. The VRHS Unit must provide documentation of	2 examples:	2 years

providing feedback to data providers	<p>implementation of the policy/procedure for the provision of feedback to data providers.</p> <p>One example must be from a live birth data provider and one example must be from a death data provider.</p> <p>Documentation could be, for example, copies of reports of timeliness or completeness of data provided to reporting sources; emails; memos; meeting minutes, etc.</p>	1 for live birth reporting and 1 for death reporting	
3. Reviews of ill-defined causes of death	<p>3. The VRHS Unit must provide a written policy/procedure for the review of ill-defined causes of death.</p> <p>For this Measure, ill-defined is based on the definition in the NCHS Query Manual.</p>	1 policy/procedure	5 years
4. Implementation of the policy/procedure for reviewing ill-defined causes of death	4. The VRHS Unit must provide documentation of the reviews of ill-defined causes of death based on the policy/procedure in Measure 4.1.2, RD3.	2 examples	2 years

<b>Data Collection Measure 4.1.3</b> Data quality assurance process	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's data quality assurance process.
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<b>Required Documentation</b>	<b>Guidance</b>	<b>Number of Examples</b>	<b>Dated Within</b>
1. Quality and completeness of information from providers of live birth and death data maintained	1. The VRHS Unit must provide a written policy/procedure for quality assurance reviews of data providers for live births and deaths.	1 policy/procedure	5 years
2. Application of the policy/procedure	2. The VRHS Unit must provide documentation that demonstrates application of the policy/procedure noted in Measure 4.1.3, RD1.	2 examples: 1 from a review of live birth record data	2 years

		provider and 1 from a review of death data provider	
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## TOPIC AREA 5: Data Transmission and Reporting

For purpose of vital records/ health statistics scope of activity, data transmission and reporting general refers to the transmission of electronic vital records files from the registrar's office to the National Center for Health Statistics, using standardized electronic data transmission procedures. In addition, the VRHS Unit is responsible for publishing an annual report of the vital events in their respective jurisdictions, as well as special topic-specific reports that can be used for public health and health services program planning and evaluation.

### Data Transmission and Reporting Standard 5.1: Provide timely vital records data

<p><b>Data Transmission and Reporting Measure 5.1.1</b> Timely vital records data</p>	<p><b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's ability to provide timely vital records data to NCHS to produce national vital statistics; to state, local, and tribal health departments for public health planning and data providers; and to other end users for administrative, research, and other public health uses.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
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1. A current signed agreement between the VRHS Unit and NCHS	1. The VRHS Unit must provide a copy of the agreement between the VRHS Unit and NCHS that contains the descriptions of time frames for submission of final files to NCHS.	1 agreement	2 years
2. All files submitted to NCHS on schedule	2. The VRHS Unit must provide documentation of timely submission to NCHS, according to the agreement in Measure 5.1.1, RD1, above.  One example must be for live birth files and one example must be for death files.	2 examples; 1 live birth 1 death final files	2 years
3. Provision of timely data to other jurisdictions	3. The VRHS Unit must provide a procedure that describes the provision of timely data to other vital records jurisdictions.	1 procedure	2 years
4. Provision of timely data to meet end user needs	4. The VRHS Unit must provide a procedure that describes how timely data are provided to meet end user needs.	1 procedure	2 years
5. Implementation of the procedure for the provision of timely data	5. The VRHS Unit must provide documentation of how data were provided according to the procedures in Measure 5.1.1, RD 3 and RD 4 above.	2 examples: one for other vital records jurisdictions and for other end users	2 years

## Data Transmission and Reporting Standard 5.2: Report statistical data

<b>Data Transmission and Reporting Measure 5.2.1</b> Annual and other vital statistics summaries and reports	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's capacity to provide timely, relevant, and accurate statistical reports based on vital records data.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. Annual vital statistics summary for the state	1. The VRHS Unit must provide a copy of or a screenshot and the URL of the most current vital statistics summary information for the state. The summary information must have been released to the public within twelve months of the end of the prior calendar year.	1 report or screenshot and URL for the electronic version of the report	2 years
2. Topic specific reports, based on requests	<p>2. The VRHS Unit must provide documentation of topic specific vital statistics reports produced during the past calendar year.</p> <p>Reports may have been provided electronically and may have been published by the relevant program area.</p> <p>Program areas could be, for example, infant mortality, obesity, smoking, opioids, etc.</p>	2 examples; not from the same program	1 year

## TOPIC AREA 6: Vital Records/Health Statistics Workforce

Maintaining a competent public health workforce for the provision of public health services is a significant part of what health departments are required to address in health department accreditation. Similarly, the vital records/health statistics workforce requires attention to competency, performance review, and professional development. Every vital records/health statistics Unit has a responsibility, working with their health department's human resources office, to ensure that the vital records/health statistics workforce has the support it needs to carry out the functions of the Unit.

## VRHS Workforce Standard 6.1: Encourage a competent vital records and health statistics workforce

<b>VRHS Workforce Measure 6.1.1</b> Competent VRHS workforce	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's capacity to ensure a competent workforce.
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Required Documentation	Guidance	Number of Examples	Dated Within
1. Recruitment and retention of employees	1. The VRHS Unit must provide a written plan for recruitment and retention of VRHS employees.  This documentation may be included in the overall health department plan.	1 plan	5 years
2. New employee orientation	2. The VRHS Unit must provide a written procedure for the orientation of new VRHS employees. This documentation must be specific to the VRHS Unit.	1 procedure	5 years
3. Performance assessment of employees	3. The VRHS Unit must provide a written procedure for assessing the performance of VRHS employees.  This documentation may be extracted from overall health department performance review procedures.	1 procedure	5 years

<b>VRHS Workforce Measure 6.1.2</b> Trained data providers and local registrars	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's capacity to provide training to data providers and local registrars.
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Required Documentation	Guidance	Number of Examples	Dated Within
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<p>1. Trained data providers and local registrars</p>	<p>1. The VRHS Unit must provide a written plan for training data providers and local registrars (if applicable).</p> <p>Data providers may include hospital clerks, midwives, physicians, funeral home personnel, medical examiners, coroners, etc.</p>	<p>1 plan</p>	<p>5 years</p>
<p>2. Implementation of the training plan for data providers and local registrars</p>	<p>2. The VRHS Unit must provide documentation of training provided to data providers and local registrars.</p> <p>If there are local registrars in the state, one example must be training for local registrars and one example must be for any other data providers. If there are no local registrars, two examples must be provided for training of two different types of data provider groups.</p> <p>Documentation could be, for example, training agendas, training presentations, etc.</p>	<p>2 examples</p>	<p>2 years</p>
<p>3. Provision of technical assistance other than training to data providers</p>	<p>3. The VRHS Unit must provide documentation of technical assistance provided to data providers who submit information on live birth and deaths. Documentation could be, for example, technical assistance bulletins or evidence of the provision of one-on-one technical assistance to an organization or individual who reports live births or deaths. Evidence of one-on-one technical assistance could be, for example, an email or formal written notes of a phone call.</p>	<p>2 examples: one example must be for live births and one example must be for deaths</p>	<p>2 years</p>
<p>4. Communications with data providers other than for training or technical assistance</p>	<p>4. The VRHS Unit must provide documentation that it has maintained ongoing and regular communications with data providers who submit information on live births and deaths.</p> <p>Documentation could be, for example, a regular e-newsletter, regular emails (for example, quarterly), or a log of phone calls made on a regular basis.</p>	<p>2 examples from 2 different data providers</p>	<p>2 years</p>

## TOPIC AREA 7: Administration and Management of Vital Records and Health Statistics

Administration and management of the Vital Records/Health Statistics Unit corresponds to Domain 11 of the health department accreditation standards and measures. This topic area addresses the required components of maintaining an operational infrastructure to support optimal performance of the VRHS Unit.

**Administration and Management Standard 7.1:**  
 Develop and maintain an operational infrastructure to support the performance of the VRHS Unit

**Administration and Management Workforce Measure 7.1.1**  
 Assurance of competent leadership and supervision of vital records/health statistics

**Purpose**  
 The purpose of this measure is to assess the VRHS Unit's capacity to recruit and retain a qualified director of the VRHS Unit.

Required Documentation	Guidance	Number of Examples	Dated Within
1. Qualified director of vital records/health statistics	1. The VRHS Unit must provide documentation of the qualifications for the director of vital records/health statistics and the incumbent's job description. If the positions are two separate positions, then, both job	1 example	5 years

	<p>descriptions should be provided.</p> <p>Qualifications must be based on those included in the NAPHSIS Succession Planning Toolkit.</p>		
2. Leadership engagement in cross-jurisdictional collaboration	<p>2. The VRHS Unit must provide documentation of its leadership engagement in cross-jurisdictional collaboration, training, etc.</p> <p>Documentation could be, for example, attendance at the annual NAPHSIS meeting.</p>	1 example	2 years

<p><b>Administration and Management Measure 7.1.2</b> Reviewed and updated policies and procedures based on state laws/rules/regulations and national standards</p>	<p><b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's capacity to stay abreast of changes in national standards that affect the state's laws/rules/regulations.</p>
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Required Documentation	Guidance	Number of Examples	Dated Within
1. Review of changes in national standards and state law	<p>1. The VRHS Unit must provide documentation of how they keep abreast of national standards on a regular and ongoing basis.</p> <p>Examples could be participation in webinars; conferences; review of materials from NAPHSIS and/or NCHS, etc.</p>	2 examples	5 years
2. Application of changes in national standards, laws, rules/regulations	<p>2. The VRHS Unit must provide documentation of the use of national standards and law reviews to recommend changes in state law/rules/regulations.</p> <p>The VRHS Unit must provide two examples where it has submitted written reviews of changes in national standards and recommendations to those with the authority to revise laws/rules/regulations.</p>	2 examples	5 years

	Documentation could be, for example, meeting minutes, reports, presentations, memos, notes, or some other record of the discussion of the review and findings. Documentation could also be in the form of policy discussion agendas, position papers, white papers, and legislative or legal briefs that is not privileged communications.		
3. Local jurisdictions monitored and reviewed to assure compliance with state laws/rules/regulations, if the local jurisdictions register or certify live births and deaths	3. The VRHS Unit must provide a written procedure for assuring compliance of local jurisdictions based on state laws/rules/regulations. If there are no local issuances offices, this required documentation does not apply.	1 procedure	2 years

<b>Administration and Management Measure 7.1.3</b> Fiduciary oversight of fee development, processing, and maintenance	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's ability to oversee its fee development in accordance with state laws/rules/regulations and sound financial principles.
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<b>Required Documentation</b>	<b>Guidance</b>	<b>Number of Examples</b>	<b>Dated Within</b>
1. Fee development and management of fees	1. The VRHS Unit must provide a written procedure for the development and management of the fee structure which includes how fee management is addressed in the health department's fiscal audit.	1 procedure	5 years
2. Formal efforts to seek resources to support the vital records/health statistics infrastructure	2. The VRHS Unit must provide documentation of communicating the need for financial or human resources for the vital records/health statistics infrastructure.  Documentation could be, for example, memos, emails, testimony, and reports submitted to the health department director, chief financial officer, board of health, legislature, etc.	2 examples	5 years

<b>Administration and Management Measure 7.1.4</b> Collaboration with other health department staff	<b>Purpose</b> The purpose of this measure is to assess the VRHS Unit's capacity to regularly and consistently collaborate with other health department staff.
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<b>Required Documentation</b>	<b>Guidance</b>	<b>Number of Examples</b>	<b>Dated Within</b>
1. Regular and consistent collaboration with administrative and program staff in the department	1. The VRHS Unit must provide documentation of collaboration within the public health department.  Documentation could be, for example, minutes of a meeting, a published report of fact sheet, testimony preparation, training, etc.	2 examples	2 years
2. Engagement with health department quality improvement and performance management	2. The VRHS Unit must provide documentation of the involvement of the VRHS Unit in the agency's overall QI and performance management.	2 examples	5 years
3. Vital records/health statistics quality improvement project	3. The VRHS Unit must provide documentation of a vital records/health statistics specific QI project that was included in the agency's overall QI and performance management plan, completed within the past 2 years.	2 examples	2 years