



Evaluating and Selecting Documentation Principles of Documentation

Principles of Documentation

The following principles apply to the body of documentation that the health department will submit to show how it is conforming to the Standards and Measures.

Comprehensive – the degree to which the health department is capable of providing evidence about the full range of goals, objectives, processes, programs, interventions and services. Site Visitors should have an idea of the scope of the health department after examining the full body of documentary evidence.

Mutually Reinforces – the extent to which multiple sources of documentation are used in a mutually reinforcing way to examine the health department. One document should not contradict another. This demonstrates lack of quality, integration and could be a red flag.

Multi-Dimensional – the degree to which different facets of outcomes and performance with respect to established goals and objectives of the health department, the Governing Entity, and the programs and services offered can be explored so that patterns of strength and weakness can be identified and addressed. Once documentation is reviewed, both site visitors and the health department should be able to discern either the strengths or weaknesses of the document or of the health department.

Direct – the extent to which the evidence relies upon defined measures, achievements, files and supporting records instead of self-reports. It is true that for accreditation it must be documented to show it was done. “I said so” is not sufficient.

Characteristics of Evidence

The following characteristics of evidence are intended to provide general guidance and should be applied as appropriate. These should apply to any given piece of documentation and also apply to a group of documents. Documentation is but one part of the full body of evidence that a health department will provide. Other elements include the facilities (conditions, signage, layout), information and answers obtained through interviews, interactions with staff and others. Health departments should focus on documentation that is of greatest ongoing use and that is:

Relevant to the Requirements

Relevancy relates to the extent the evidence is capable of fully and faithfully representing the underlying goal of the measure, presented with a clear rationale for why it is related to the intent of the domain, standard and measure. Any evidence presented should first be demonstrably related to the question being investigated (validity of evidence). When questionable or weak, the health department should set forth a clear rationale for why they think the evidence presented is related to the measure's intent.

Can Be Verified

The gathering of evidence will include a process of assembling evidence that is documentable and replicable, whereby sufficient information is available to enable a reviewer to independently corroborate what is presented. Going back to the first principle, the validity of any evidence presented must be verifiable.

Representative of the Full Body That Is Reviewed

Evidence is representative to the extent the evidence is typical of an underlying situation or condition (as expressed in a measure), particularly when data are provided as trends over time. Any evidence must be typical of an underlying situation or condition, not an isolated case, an outlier, or points to being created for the sake of meeting a measure.

Builds Upon Itself

This refers to the use of multiple sources, methods and approaches that provides independent corroboration of conformity. Evidence gains credibility as additional sources or methods for generating it are employed – and the evidence obtained is supportive of other evidence. The entire body of evidence should be cumulative (builds upon and supports itself) when presented as documentation in conforming to measures.

Can Be Put Into Action

Evidence should provide a focus point for reflective analysis and interpretation so that it will reveal specific implications for the program and provide a health department with guidance for improvement. It should reveal underlying patterns of strength and weakness. The health department should strive to generate and evaluate its evidence based upon the ability for this body of information to improve what it does. Good evidence, therefore, should provide agencies with specific guidance and opportunities for improvement.