

ANALYSIS of SURVEY RESPONSES

Part One: Analysis of Close-Ended Responses

Methodology

In June of 2003, a sample of staff from local public health departments and state agency accreditation reviewers responded to an on-line survey developed by the entire membership of AQIP, and fielded by the Center for Collaborative Research in Health Outcomes & Policy at the Michigan Public Health Institute. The raw sample was 194, from which 14 null respondents were deleted. The final sample size was 180. Of the 180 respondents, 19 were state agency accreditation reviewers; the remaining 161 respondents were local public health department staff. The survey (see Appendix F, below for the entire survey), combined close-ended, 5-point Likert scale questions and open-ended questions, across the following topics:

- Self-assessment process
- On-site review process and report
- Corrective Plan of Action process
- Accreditation tool
- Technical assistance
- Accreditation process
- Accreditation Peer Support Network (proposed entity)
- Best Practices directory (proposed resource)
- Need for training
- Accreditation Commission
- Michigan Public Health Institute
- National Public Health Performance Standards (proposed)
- Local public health department medical directors

The analysis of the close-ended responses to the rhetorical statements in the survey was conducted by grouping the responses based on the five-point Likert scale used as the standard response.³ The five-point scale provided for each close-ended response was as follows:

- Strongly agree
- Inclined to agree
- Neither agree nor disagree
- Inclined to disagree
- Strongly disagree

³ Please see Appendix A for a detailed discussion of the close-ended survey methodology, response rates, etc.

The analysis consisted of creating three groupings of responses to each rhetorical statement in the survey:

- Strongly and Inclined to agree
- Neither agree nor disagree
- Strongly and Inclined to disagree

These responses were then analyzed as one group, and broken out by responses from state agency reviewers and local public health department staff.⁴

Analysis & Interpretation of Close-ended Responses

Self Assessment

The self-assessment process is viewed by respondents (both LPHD and Reviewers) as overwhelmingly positive.⁵ There was little variation between LPHD and reviewer responses.

Specifically,

- The self-assessment tool is useful for identifying areas needing improvement (86% agree),
- The process is useful for preparing for on-site review (84% agree), and
- The process is a catalyst for pre-review consultation (76% agree).

Interpretation of responses

Little interpretation is necessary, except to note that the self-assessment process is perceived overwhelmingly as a positive first step in the accreditation process.

On-Site Review

The on-site review (OSR) process received both constructive criticism and strong support. There were some variations between LPHD and reviewer responses.

Specifically,

- The OSR can be improved by LPHD evaluation of state agency reviewers (86% of LPHDs agreed, over 60% of reviewers agreed),
- The OSR process can be improved by increasing exit interviews (Over 90% of LPHDs agreed, over 60% of reviewers agreed),
- The OSR is an opportunity for constructive program-related dialogue (Over 70% of LPHDs agreed, over 90% of reviewers agreed),
- Program reviewers have a good understanding of accreditation standards (slightly over 50% of LPHDs agreed, while almost 100% of reviewers agreed),
- All reviewers apply accreditation standards the same way (slightly more than 80% of LPHDs disagreed, while approximately 70% of reviewers agreed),

⁴ Please see Appendices B, C and D for the graphical summary of these responses.

⁵ The only constructive criticism of this process was a request in the open-ended responses to end the practice of submitting the completed self-assessment tool to MPH, and then to the state. This is now a recommendation of AQIP to the Accreditation Commission.

- Same program reviewer applies accreditation standards the same way at each LPHD (slightly over 40% of LPHDs disagreed, while approximately 90% of reviewers agreed), and
- Presence of a program specific peer reviewer would improve the OSR process (Nearly 70% of LPHDs agreed, while nearly 60% of reviewers agreed).

Interpretation of responses

While LPHD respondents view the OSR process as constructive, they have many concerns about the process and reviewers that perform within the process. LPHD respondents would like to see the OSR process improved by including an opportunity to evaluate the reviewers, increasing exit interviews, an increase in the knowledge of the reviewers, as well as increased reliability of reviewers interpretation of the accreditation standards from one LPHD to another. The reviewers do not agree with the perspective that they do not understand the accreditation standards well, and do not perceive a problem amongst themselves of the reliability of their interpretation of the accreditation standards from one LPHD to another.

On-Site Review Report

The on-site review report (OSRR) was viewed positively by both LPHD and reviewer respondents, while LPHD respondents (and sometimes reviewers) were strongly supportive of constructive changes to the OSRR).

Specifically,

- The OSRR assists the LPHD as a tool for performance improvement (approximately 80% of LPHDs, and over 90% of reviewers agreed),
- The OSRR would be improved by more use of the special recognition section (approximately 60% of LPHDs agreed, while slightly less than 50% of reviewers neither agreed nor disagreed), and
- The OSRR would be improved by more use of recommendations for improvement section (over 70% of LPHDs agreed, and over 60% of reviewers agreed).

Interpretation of responses

The OSRR is viewed as an overwhelmingly useful tool for performance improvement by all respondents. There exists strong support among LPHD respondents to increase use of both the special recognition section and the recommendation for improvement section of the report. Reviewers only showed strong support for the latter, although they were mostly indifferent to the former. This suggests there would be little resistance among reviewers to increasing the use of the special recognition section of the OSRR.

Corrective Plan of Action

There was strong support for the corrective plan of action (CPA) process from both LPHD and reviewer respondents. Additionally, LPHDs strongly supported constructive changes to the process, support that varied some among reviewers.

Specifically,

- The CPA serves as a useful mechanism for continuous improvement (over 70% of LPHDs agreed, and nearly 90% of reviewers agreed),
- The CPA process can best be improved by a shorter time frame for implementation (over 50% of LPHDs disagreed, while slightly over 40% of reviewers agreed), and
- The CPA process would benefit from improved communication between program reviewers and LPHD staff (nearly 90% of LPHDs agreed, while over 60% of reviewers also agreed).

Interpretation of responses

The CPA is seen by all as useful mechanism for continuous improvement of LPHD activities. There is strong support among LPHDs and reviewers for better communication throughout this process. However, the LPHDs are not interested in shortening the process, while a weak plurality of reviewers are. This suggests that the timing of the CPA process should be left as is.

Accreditation Tool

Several different and unconnected questions were asked concerning the accreditation tool. The consensus among LPHDs and reviewers varied from question to question.

Specifically,

- The tool should focus more on achievable optimal performance standards (slightly less than 50% of LPHDs agreed, while almost 50% of reviewers disagreed)
- “Accreditation with Commendation” is reflective of enhanced program capacity (nearly 70% of LPHDs agreed, while nearly 50% of reviewers disagreed),
- The formatting of the tool meets user needs (just under 50% of LPHDs agreed, and nearly 60% of reviewers agreed),
- The standards in the tool are written clearly and concisely (Just barely more than 40% of LPHDs agreed, and 80% of reviewers agreed), and
- The tool is a useful mechanism for annual LPHD planning activities (Just under 50% of LPHDs agreed, and approximately 75% of reviewers agreed).

Interpretation of responses

There is little consensus on the idea that the tool does not now focus on achievable optimal performance standards. A weak plurality among LPHD respondents supports this notion, while reviewers have a bare majority that disagrees with this idea. However, LPHDs believe that “Accreditation with Commendation” is reflective of enhanced capacity, while a thin majority of reviewers do not. The most agreement achieved in this section was on the clarity of the standards, where a weak plurality of LPHDs agreed, while a strong majority of reviewers agreed. Also, both LPHDs and reviewers see the tool

as a useful planning mechanism; however, LPHDs have just under a majority in support. Thus, there is little convergence of perceptions on the tool, and this is the result of perceptions of the tool's usefulness and clarity varying significantly between LPHDs and reviewers.

Technical Assistance

Two questions were asked concerning current technical assistance (TA) available to LPHDs.

Specifically,

- Current TA resource contributes to quality improvement of programs (nearly 50% of LPHDs responded with a neither agree nor disagree, while reviewers were evenly split at 40% in agreement and 40% neither agreeing nor disagreeing), and
- Accreditation program website is a valuable resource (slightly over 50% of LPHDs neither agreed nor disagreed, while just under 50% of reviewers agreed).

Interpretation of responses

LPHDs seem largely unaware of the availability of TA resources, and reviewers seem hardly more supportive. This suggests that TA resources are not just underutilized, but also largely unknown to end-users.

Accreditation Process

Nine questions were asked about the accreditation process (AP) to ascertain general perceptions about various aspects of the process. Several questions related to differing purposes of accreditation, while others related to potential changes, the need for an evaluation of the process, and the overall usefulness of the accreditation process.

Specifically,

- The purpose of AP should be ongoing quality improvement (almost 90% of LPHDs and reviewers agreed),
- The purpose of AP should be contract compliance (LPHDs were nearly evenly split with just over 40% agreeing and just over 40% disagreeing, while just over 70% of reviewers agreed),
- The AP reflects a set of achievable standards (nearly 60% of LPHDs agreed, and nearly 100% of reviewers agreed),
- The AP can be improved by increased focus on recommendations for performance improvement (approximately 70% of LPHDs agreed, and nearly 80% of reviewers agreed),
- It is important for agencies to seek funds for an outside objective evaluation of the AP (over 55% of LPHDs agreed, while over 40% of reviewers disagreed),
- Overall, the AP has improved program performance of LPHDs (almost 70% of LPHDs agreed, and 100% of reviewers agreed),
- The AP is useful for internal LPHD program evaluation tool (over 70% of LPHDs agreed, and approximately 90% of reviewers agreed),
- Accreditation should be based on all state-funded services included in the process (approximately 55% of LPHDs agreed, and over 70% of reviewers agreed), and

- Accreditation should be based on the minimum set of standards that every LPHD must provide (over 75% of LPHDs agreed, and over 50% of reviewers agreed).

Interpretation of responses

There is strong support and consensus among all respondents that the accreditation process has improved LPHDs and is a useful internal LPHD program evaluation tool, however, the support and consensus weakens concerning the focus of accreditation, based on how that focus is worded. The strongest support and consensus occurs when asking if accreditation should focus on ongoing quality improvement, then the support weakens if the focus is proposed to be a set of achievable standards or as a set of minimum standards, weakens further when the proposed focus is all state-funded services, and completely breaks down when the proposed focus is contract compliance. It is clear that the LPHDs have concerns over accreditation becoming a compliance process, and even reviewers are less supportive of this notion, while both agree that quality improvement is the primary goal. Lastly, strong support and consensus exists for the idea that the process can be improved by an increased focus on recommendations for performance improvement. Thus, it appears that the focus of accreditation should be one of continuous quality improvement, reflected by an increased use of recommendations of this type.

There is no consensus on the need to externally evaluate the accreditation process, suggesting that there might well be such a need, since consensus is absent.

Accreditation Peer Support Network

Three questions on a proposed “Accreditation Peer Support Network” (APSN) were asked, with strong support expressed for each. The latter two questions were not very relevant for reviewers.

Specifically,

- Establishment of the APSN would improve the accreditation process (nearly 80% of LPHDs, and over 60% of reviewers),
- I would seek program guidance from APSN for purpose of achieving accreditation (almost 85% of LPHDs agreed)
- I would serve on and/or share resources with the APSN (almost 80% of LPHDs agreed).

Interpretation of responses

The idea of an APSN, a group of persons drawn from LPHDs who had expertise in some area of accreditation who could provide advice and technical assistance to other LPHDs, was strongly supported by both LPHDs and reviewers. As well, LPHDs overwhelmingly agreed that they would use and share resources with such a network.

Best Practices Directory

Three questions on a proposed “Best Practices Directory” (BPD) were asked, with strong support expressed for each. The latter two questions were not very relevant for reviewers.

Specifically,

- Establishment of the BPD would improve the accreditation process (approximately 85% of LPHDs, and over 90% of reviewers agreed),
- I would seek program guidance from the BPD for purpose of achieving accreditation (over 90% of LPHDs agreed), and
- I would share results with the BPD (approximately 90% of LPHDs agreed).

Interpretation of responses

The idea of a BPD, a collection of resources (e.g. boilerplate letters and plans, etc.) drawn from LPHDs who had done excellent work in some area of accreditation would be made available to all other LPHDs, was strongly supported by both LPHDs and reviewers. As well, LPHDs overwhelmingly agreed that they would use and share resources with such a directory.

Training

Two questions were asked concerning the need for further training regarding the accreditation process.

Specifically,

- Additional training on the accreditation process is needed by LPHDs (approximately 60% of LPHDs agreed, and nearly 60% of reviewers agreed), and
- Additional training on the accreditation process is needed by program reviewers (over 90% of LPHDs agreed, and nearly 60% of reviewers agreed).

Interpretation of responses

Little interpretation is necessary, except to note that both groups of respondents agree that their own group and the other group would benefit from further training.

Accreditation Commission

Three knowledge questions concerning the Accreditation Commission were asked, with very different levels of knowledge expressed by reviewers and LPHDs.

Specifically,

- I am familiar with the membership and purview of the AC (barely over 40% of LPHDs agreed, and barely 35% of reviewers agreed),
- There is adequate LPHD representation on the AC (approximately 45% of LPHDs neither agreed nor disagreed, and almost 55% of reviewers neither agreed nor disagreed), and
- Current communication between the AC and accreditation process stakeholders is adequate (approximately 50% of LPHDs disagreed, while nearly 60% of reviewers neither disagreed nor agreed).

Interpretation of responses

What stands out from these three questions is the apparent low-level of knowledge by both groups concerning the Accreditation Commission. This suggests that communication between the Commission and its stakeholder communities should be improved.

Michigan Public Health Institute

Three questions concerning the role of the Michigan Public Health Institute (MPHI) were asked, with little consensus between the two groups.

Specifically,

- I understand MPHI's role in the accreditation process (fewer than 50% of LPHDs agreed, while over 95% of reviewers agreed),
- Coordination of accreditation program is enhanced by MPHI's participation (over 50% of LPHDs neither agreed nor disagreed, while over 70% of reviewers agreed), and
- Processes for which MPHI is responsible are handled in a satisfactory manner (over 50% of LPHDs neither agreed nor disagreed, while over approximately 65% of reviewers agreed).

Interpretation of responses

The original concept of the role of MPHI as coordinator of activities was set up so that the transition of activities from MDCH to MPHI would be "seamless." Also, MPHI's primary role is scheduling and coordination of reviewers' activities, and thus not seen by LPHDs. This explains the support from MPHI found in the reviewers' responses, and the weak support or outright lack of knowledge demonstrated by the LPHDs responses. Should the Accreditation Commission or AQIP believe this role should be altered, then these responses from LPHDs are of concern. However, if the role of MPHI is to remain the same, then the LPHD responses are of less concern.

National Public Health Performance Standards

Three questions were asked concerning awareness of the CDC's recently released National Public Health Performance Standards (NPHPS), and whether these standards should be a part of the accreditation process in the future. Little consensus emerged, although the absence of consensus is less problematic in this area.

Specifically,

- I am familiar with the NPHPS (just under 50% of LPHDs agreed, while almost 50% of reviewers disagreed),
- "Accreditation with Commendation" for LPHDs should be tied to use of the NPHPS (slightly less than 50% of LPHDs neither agreed nor disagreed, while barely more than 40% of reviewers agreed), and
- NPHPS for LPHDs should be incorporated into the accreditation program in a subsequent cycle (approximately 50% of LPHDs neither agreed nor disagreed, and slightly more than 40% of reviewers neither agreed nor disagreed).

Interpretation of responses

There is some awareness of the NPHPS among LPHDs, little among reviewers. There is neither support nor resistance to the notion of including the NPHPS into future accreditation cycles.

Medical Directors

Two questions were included in the survey concerning the Medical Director's portion of the administrative section of the accreditation tool.

Specifically,

- I am familiar with the indicators that address medical directors (approximately 55% of LPHDs agreed, while over 40% of reviewers disagreed), and
- Indicators in the administrative section of the tool are sufficient to address medical director competencies (nearly 50% of LPHDs neither agreed nor disagreed, as well as almost 60% of reviewers).

Interpretation of responses

There is some familiarity among LPHD respondents with the MD portion of the accreditation tool, but very little among reviewers. Neither group appears to have an opinion on the appropriateness of the existing indicators.

Part Two: Analysis of Open-Ended Responses

Methodology

The analysis of the open-ended responses has been conducted using a coding scheme developed by the Michigan Public Health Institute's (MPHI) Center for Collaborative Research in Health Outcomes & Policy (CRHOP) and approved by the AQIP Survey Workgroup. Each appearance of a variable has been counted as "one" (1).⁶ Summing the total occurrences of each variable provides a picture of the importance of the variable compared to other variables in each open-ended question, as well as across open-ended questions. These scores are also compared to the results of similar variables in other close-ended questions.

The open-ended responses to this survey reflect a minority of respondent opinions, as for every open-ended response, fewer than one-third of the respondents filled in a response. Thus, we must interpret these responses with caution. In most cases, the proportion of respondents answering open-ended questions was much lower.

However, especially with respect to looking across questions for common variable appearances, we can get a sense of the most common concerns of the respondents.

Analysis & Interpretation

Within each question, we rarely see any variables appear in large enough numbers to represent a large consensus of opinion among respondents. By far the highest number of appearances of any code with any question was within the open-ended response to the final CPA question. The code for "improved consultation/communication at any stage of the CPA process" appeared 23 times in the responses to that open-ended question. This represents opinions from 14% of respondents

When looking for trends across codes, one clear pattern emerges: communication between the accrediting state agencies and local health departments is perceived as a primary issue of concern.

Across all of the open-ended responses, when we sum the different appearances of variables that relate to communications problems, whether these be expressions of concern over the vagueness of processes, improved consultation, or the need for improved communication, or the lack of awareness of some aspect of the Accreditation process or one of its organizational components (e.g., the Commission and MPHI) we see a total of 117 appearances of common variables. For no other variable or set of variables do we see similar consensus emerging.

Thus, the overarching story from the open-ended responses is one of a need for better communication.

⁶ Please refer to Appendix A for the methodology section containing the variable codes. Please see Appendix E for the tabled summaries of variable appearances.

Specific concerns within this overarching story of poor communication are related to:

- Poor consultation/communication around the entire CPA process.
- High levels of vagueness surrounding several aspects of the Accreditation process, including the self-assessment and CPA processes.
- Poor awareness among respondents of the technical assistance function, and its website.
- Slow updating of the website.
- Poor response times from state agency reviewers and technical assistance providers.
- Low levels of awareness of how the Accreditation Commission operates.
- Perceptions that communications to/from the Accreditation Commission are difficult.