Appendix B
Accreditation Quality Improvement Survey Results

All Respondents

December 2003
Legend & Layout

• Depicted are responses that were answered using a 5-point Likert Scale
• SA & IA represent ‘Strongly Agree’ and ‘Inclined to Agree’
• Neither represents ‘Neither Agree nor Disagree’
• SD & ID represent ‘Strongly Disagree’ and ‘Inclined to Disagree’
• Slides follow order of on-line survey
Demog1: If you represent a LPHD, what is your accreditation status?

N = 150, 30 ‘no responses’

Provisional Accreditation = 15, Accredited with Commendation = 95, Accredited = 24, Not Accredited = 16
Demog2: If you represent a LPHD, has your health department completed Cycle 2?

N = 157, 23 ‘no responses’
Yes = 50, No = 107
Demog3: Primary Area of Job Responsibility - All Respondents

N = 156, 24 ‘no responses’

* Other included: Finance, IT, and Planner
SA1: Self Assessment Useful Tool for Identifying Areas Needing Improvement - All Respondents

N = 179, 1 ‘no response’
SA = 65, IA = 89, Neither = 11, ID = 11, SD = 3
SA2: Self Assessment Process Useful in Preparing for On-site Review—All Respondents

N = 178, 2 ‘no responses’
SA = 78, IA = 74, Neither = 12, ID = 12, SD = 2
SA3: Self Assessment Process is Catalyst for Pre-review Consultation - All Respondents

N = 179, 1 'no response'
SA = 56, IA = 80, Neither = 25, ID = 14, SD = 4
OSR1: On-site Review Can Be Improved by LPHD Evaluation of State Agency Reviewers

All Respondents

N = 178, 2 ‘no responses’
SA = 97, IA = 57, Neither = 17, ID = 4, SD = 3
OSR2: On-site Review Process Can Be Improved By Increasing Exit Interviews—All Respondents

N = 177, 3 ‘no responses’
SD = 112, IA = 44, Neither = 15, ID = 6, SD = 0
OSR3: On-site Review is Opportunity for Constructive Program Related Dialogue—All Respondents

N = 177, 3 ‘no responses’

SA = 74, IA = 55, Neither = 16, ID = 25, SD = 7
OSR4: Program Reviewers Have Good Understanding of Accreditation Standards - All Respondents

N = 179, 1 ‘no response’
SA = 30, IA = 69, Neither = 36, ID = 40, SD = 4
OSR5: All Reviewers Apply Accreditation Standards the Same Way:
All Respondents

N = 179, 1 ‘no response’
SA = 13, IA = 21, Neither = 13, ID = 68, SD = 64
OSR6: Same Program Reviewer Applies Accreditation Standard Same Way at Each LPHD - All Respondents

N = 179, 1 ‘no response’
SA = 22, IA = 23, Neither = 61, ID = 42, SD = 31
OSR7: Presence of Program Specific Peer Reviewer Would Improve On-Site Review Process—All Respondents

N = 179, 1 ‘no response’
SA = 43, IA = 73, Neither = 48, ID = 13, SD = 2
OSSR1: On-site Review Report Assists the LPHD As a Tool for Performance Improvement—All Respondents

N = 179, 1 ‘no response’
SA = 59, IA = 86, Neither = 15, ID = 18, SD = 1
OSSR2: On-site Review Report Would Be Improved By More Use of Special Recognition Section-
All Respondents

N = 178, 2 ‘no responses’
SA = 39, IA = 63, Neither = 57, ID = 17, SD = 2
OSSR3: On-site Review Report Would Be Improved By More Use of Recommendations for Improvement Section - All Respondents

N = 178, 2 'no response'
SA = 42, IA = 84, Neither = 41, ID = 10, SD = 1
CPA1: Correction Plan of Action Serves As Useful Mechanism for Continuous Improvement - All Respondents

N = 179, 2 'no responses’
SA = 42, IA = 89, Neither = 26, ID = 16, SD = 5
CPA2: CPA Process Can Best Be Improved By a Shorter Time Frame for Implementation - All Respondents

N = 178, 2 'no responses'
SA = 19, IA = 29, Neither = 46, ID = 74, SD = 10
CPA3: CPA Process Would Benefit From Improved Communication Between Program Reviewers and LPHD Staff - All Respondents

N = 179, 1 'no response'

SA = 76, IA = 71, Neither = 29, ID = 1, SD = 2
Tool 1: Accreditation Tool Should Focus More on Achievable Optimal Performance Standards - All Respondents

N = 178, 2 ‘no response’
SA = 33, IA = 49, Neither = 27, ID = 46, SD = 23
Tool2: “Accreditation with Commendation” is Reflective of Enhanced Program Capacity - All Respondents

N = 179, 1 ‘no response’
SA = 44, IA = 69, Neither = 33, ID = 27, SD = 6
Tool3: Formatting of the Accreditation Tool Meets User Needs - All Respondents

N = 179, 1 'no response'
SA = 25, IA = 58, Neither = 41, ID = 42, SD = 13
Tool4: Standards in the Tool Are Written Clearly and Concisely—All Respondents

N = 179, 1 ‘no response’
SA = 19, IA = 64, Neither = 28, ID = 52, SD = 16
Tool5: Accreditation Tool is Useful Mechanism for Annual LPHD Program Planning Activities - All Respondents

N = 179, 1 'no response'
SA = 26, IA = 62, Neither = 42, ID = 36, SD = 13
TA1: Current Technical Assistance Resource Contributes to Quality Improvement of Programs - All Respondents

N = 175, 5 'no responses'
SA = 15, IA = 42, Neither = 80, ID = 30, SD = 8
TA3: Accreditation Program Website is a Valuable Resource
All Respondents

N = 176, 4 ‘no responses’
SA = 18, IA = 49, Neither = 85, ID = 14, SD = 10
AP1: Purpose of Accreditation
Process Should Be On-going
Quality Improvement-
All Respondents

N = 179, 1 ‘no response’
SA = 103, IA = 58, Neither = 12, ID = 4, SD = 2
AP2: Purpose of Accreditation Process Should Be Contact Compliance - All Respondents

N = 176, 4 ‘no responses’
SA = 29, IA = 54, Neither = 23, ID = 46, SD = 24
AP3: Accreditation Process Reflects a Set of Achievable Standards - All Respondents

N = 177, 3 'no responses'
SA = 33, IA = 74, Neither = 19, ID = 38, SD = 13
AP4: Accreditation Process Can Be Improved by Increased Focus on Recommendations for Performance Improvement-All Respondents

N = 177, 3 ‘no responses’
SA = 48, IA = 76, Neither = 36, ID = 14, SD = 3
AP5: Is Important for Agencies to Seek Funds to Conduct an Outside Objective Evaluation of Accreditation Program

All Respondents

N = 177, 3 'no responses'

SA = 56, IA = 48, Neither = 36, ID = 28, SD = 9
AP6: Overall, Accreditation Process Has Improved Program Performance of LPHD—All Respondents

N = 178, 2 ‘no responses’
SA = 46, IA = 78, Neither = 29, ID = 19, SD = 6
AP7: Accreditation Process is Useful for Internal LPHD Program Evaluation Tool - All Respondents

N = 177, 3 ‘no responses’
SA = 42, IA = 90, Neither = 20, ID = 21, SD = 4
AP8: Accreditation Should Be Based On All State-Funded Services Included in Process - All Respondents

N = 178, 2 ‘no responses’
SA = 29, IA = 66, Neither = 44, ID = 29, SD = 10
AP9: Accreditation Should Be Based on Minimum Set of Services That Every LPHD Must Provide - All Respondents

N = 176, 4 ‘no responses’
SA = 45, IA = 84, Neither = 24, ID = 16, SD = 7
NtWk1: Establishment of APSN Would Improve Accreditation Process - All Respondents

N = 178, 2 ‘no responses’
SA = 45, IA = 87, Neither = 30, ID = 14, SD = 2
NtWk2: I would seek program guidance from peer network for purpose of achieving accreditation -

All Respondents

N = 177, 3 'no responses'
SA = 53, IA = 87, Neither = 20, ID = 14, SD = 3
NtWk3: I would serve on and/or share resources with a peer network - All Respondents

N = 177, 3 ‘no responses’
SA = 48, IA = 86, Neither = 28, ID = 12, SD = 3

N = 178, 2 ‘no responses’

SA = 65, IA = 85, Neither = 18, IA = 8, SD = 2
BP2: I would seek program guidance from BP Directory for purpose of achieving accreditation - All Respondents

N = 177, 3 'no responses'

SA = 72, IA = 83, Neither = 13, ID = 8, SD = 1
BP3: I would share results with the Best Practice Directory-All Respondents

N = 178, 2 'no responses'
SA = 74, IA = 86, Neither = 14, ID = 4, SD = 0
Train1: Additional Training on the Accreditation Process is Needed for LPHDs

All Responses

N = 178, 2 'no responses'
SA = 52, IA = 54, Neither = 40, ID = 27, SD = 5
Train2: Additional Training on Accreditation Process is Needed for Program Reviewers - All Respondents

N = 178, 2 ‘no responses’
SA = 92, IA = 59, Neither = 19, ID = 7, SD = 1
Comm1: I am familiar with the membership and purview of the Accreditation Commission-
All Respondents

N = 178, 2 ‘no responses’
SA = 24, IA = 54, Neither = 28, ID = 43, SD = 29
Comm2: There Is Adequate Representation of LDH on the Commission—All Respondents

N=174, 6 ‘no responses’
SA = 12, IA = 23, Neither = 84, ID = 41, SD = 14
Comm3: Current Communication Between the Commission and Accreditation Process Stakeholders is Adequate—All Respondents

N = 173, 7 ‘no responses’

SA = 9, IA = 12, Neither = 73, ID = 54, SD = 25
MPHI1: I understand MPHI’s role in the accreditation process-
All Respondents

N = 175, 5 ‘no responses’
SA = 25, IA = 66, Neither = 29, ID = 38, SD = 17
MPHI2: Coordination of Accreditation Program is Enhanced by MPHI’s Participation—All Respondents

N = 170, 10 ‘no responses’
SA = 19, IA = 30, Neither = 76, ID = 25, SD = 20
MPHI3: Processes for which MPHI is Responsible are Handled in a Satisfactory Manner - All Respondents

N = 169, 11 ‘no responses’

SA = 18, IA = 27, Neither = 84, ID = 23, SD = 17
NPHPS1: I am familiar with the CDC National Public Health Performance Standards - All Respondents

N = 168, 12 ‘no responses’
SA = 23, IA = 58, Neither = 29, ID = 35, SD = 23
NPHPS2: Accreditation for Commendation for LPHDs Should Be Tied to Use of NPHPS-
All Respondents

N = 168, 12 'no responses'
SA = 13, IA = 51, Neither = 82, ID = 15, SD = 7
NPHPS3: NPHPS for LPHDs Should Be Incorporated into the Accreditation Program in a Subsequent Cycle

All Respondents

N = 166, 14 'no responses'
SA = 13, IA = 50, Neither = 84, ID = 12, SD = 7
MD1: I am familiar with the indicators that address medical directors-

All Respondents

N = 176, 14 ‘no responses’
SA = 43, IA = 47, Neither = 25, ID = 27, SD = 24
MD2: Indicators in the Administration Section of the Accreditation Tool are Sufficient to Address Medical Director Competencies - All Respondents

N = 175, 15 'no responses'
SA = 16, IA = 40, Neither = 84, ID = 19, SD = 6