

AQIP SURVEY

Executive Summary & Analysis

Final Report



Center for Collaborative Research in Health Outcomes & Policy

Project Funded By the Michigan Department of Community Health

EXECUTIVE SUMMARY

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Introduction

This Executive Summary presents the findings of the AQIP Survey, using both its close-ended and open-ended responses, as well as Specific Recommendations from the AQIP Survey Workgroup based on these findings.

Survey 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

Survey Findings

The findings from the survey have been grouped by two over-arching Common Themes, “Support for Accreditation” and “Concerns with Accreditation.” Presented below is the detail for each of those two themes that emerged from the AQIP survey responses. The detail for both of the Common Themes is strongly supported by both the close-ended and open-ended responses.

Support for Accreditation

- A. Accreditation has materially improved local public health departments in Michigan.
- B. The accreditation tool, self-assessment instrument, on-site review report, and corrective plans of action, are all valuable aspects of the accreditation process that contribute to improved local public health departments in Michigan.
- C. Michigan’s accreditation process should continue.

Concerns with Accreditation

- A. Communication between state agencies and local public health departments is inconsistent, slow, and insufficient for helping local health departments solve problems uncovered by the accreditation process.
- B. Key elements of the accreditation process are either inconsistent or vague. Concerns regarding inconsistency centered on state agency reviewer activities and the fact that the accreditation tool has changed within a review cycle. Examples of concerns regarding aspects of accreditation that lack detail and clarity include self-assessment and corrective plan of action procedures.
- C. Training is needed for both state agency reviewers and local public health department staff. The overall accreditation process, the accreditation tool, the website, and the roles of the Accreditation Commission and MPHI were cited as examples of subject areas that should be topics of these trainings.

AQIP Survey Workgroup Recommendations

The recommendations summarize ideas **receiving wide support (Level I)** within both the open-ended responses and the close-ended responses and areas that **may not have strong support (Level II)** from the other respondents in the survey but the Survey Workgroup believes the ideas are worthwhile pursuits. These latter are drawn entirely from the analysis of the open-ended responses.

The agency responsible for addressing each issue has been indicated. In each case, we note the specific support among the survey responses for each specific recommendation, whether that support stems from the close-ended responses, the open-ended responses, or both.

In order to put the survey results into action, the Survey Workgroup recommends:

State Agencies:

Should:

- A. Conduct a self-assessment to determine the status of the program aspect relative to the survey concerns **(Level I)**.
- B. Prepare a corrective plan of action, if necessary, and submit the plan to AQIP for comment **(Level II)**.¹
- C. Implement the plan and report on progress **(Level I)**.

AQIP:

Should recommend:

- A. A procedure for reviewing/commenting on State Agency corrective plans of action **(Level I)**.
- B. A format for ensuring consistency in Corrective Plans of Action, and ensuring that the process has a clearly established communication procedure between the state agency requesting the CPA and the LPHD that must produce the CPA **(Level I)**.
- C. A procedure for increasing inter-rater reliability State Agency program reviewers **(Level I)**.
- D. A procedure for sharing “Best Practices” **(Level I)**.
- E. Procedures for developing an “Accreditation Peer Support Network” **(Level I)**.
- F. The pursuit of an “Outside evaluation of the accreditation process” **(Level I)**.
- G. A strategy for incorporating the NPHPS into the accreditation process **(Level I)**.
- H. That the development of other indicators in the Administration Section relative to medical director competencies not be pursued without further discussion **(Level II)**.

MPHI:

Should:

- A. Conduct a self-assessment to determine the status of the program aspect relative to the survey concerns related to MPHI **(Level I)**.
- B. In consultation with MDCH, prepare a corrective plan of action, if necessary, and submit the plan to AQIP for comment **(Level II)**.²

¹ The term “AQIP” is used to denote some entity that will continue to perform continuous quality improvement monitoring on behalf of the Accreditation Commission.

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C. Implement the plan and report on progress (**Level I**).

Accreditation Commission:

Should:

- A. Examine its efforts to ensure widespread dissemination among all stakeholders concerning its role, mission and activities (**Level I**).
- B. Ensure that its activities are made as public as possible (**Level I**).
- C. Develop and establish a process for continuous quality assessment of the accreditation process (**Level II**).