

ACCREDITATION REVIEW EVALUATION Cycle #7

Local Health Department: _____

Date: _____

Section Evaluated: _____

Sections include: I=Local Health Department Powers and Duties, II=Food Service Sanitation, III=General Communicable Disease Control, IV=Hearing, V=Immunization, VI=On-Site Sewage Treatment Management, VII= HIV/AIDS and Sexually Transmitted Disease, VIII=Vision, IX=Breast and Cervical Cancer Control Program, X=Family Planning, XI=Women, Infants, and Children Administration, and XII= Children's Special Health Care Services

Number of Accreditation Reviewers at the On-Site Review: _____

Number of LHD staff participating in this evaluation: _____

Directions: Circle the number that corresponds to your response, using the following scale: 1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree NA = Does not apply or leave blank if you prefer not to answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. Technical assistance was offered to LHD prior to On-site Review.	1	2	3	4	5	NA
2. Technical assistance offered met the needs of the LHD	1	2	3	4	5	NA
3. Any program or tool changes were communicated well in advance of the review.	1	2	3	4	5	NA
4. The reviewer(s) provided a clear overview of "what will occur" and "how the LHD will be evaluated" either on-site or in advance of the visit.	1	2	3	4	5	NA
5. Reviewer(s) conduct was professional throughout visit.	1	2	3	4	5	NA
6. The reviewer(s) maintained a quality improvement focus.	1	2	3	4	5	NA
7. The reviewer(s) are knowledgeable on the subject of their section.	1	2	3	4	5	NA
8. The reviewer(s) made judgments consistent with the current Accreditation tool.	1	2	3	4	5	NA
9. The reviewer(s) allowed for an appropriate amount of interaction.	1	2	3	4	5	NA
10. The reviewer(s) listened carefully to LHD responses to questions.	1	2	3	4	5	NA
11. Reviewer(s) conducted an exit interview (if no, or not requested, skip questions 10 & 11)	No			Yes		
12. The reviewer(s) discussed program strengths and weakness.	1	2	3	4	5	NA
13. The reviewer(s) made recommendations for improvement as necessary.	1	2	3	4	5	NA
14. The written On-site Review Report made use of the "Special Recognition" and/or "Recommendations for Improvement" categories.	1	2	3	4	5	NA
15. The On-site Review Report provided for this section is very helpful to use to improve the quality of this program.	1	2	3	4	5	NA
16. Overall, the reviewer(s) did an excellent job.	1	2	3	4	5	NA
17. The review findings were compatible with my agency's self-assessment.	1	2	3	4	5	NA

This survey can also be completed online at: <https://www.surveymonkey.com/r/ZSJCP8>

Pre-Review Self-Assessment Processes						
Please answer these questions if you utilized the pre-review self-review process offered by MDARD or MDEQ.						
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. The Self-Assessment process was useful.	1	2	3	4	5	NA
2. The Self-Assessment process was user-friendly.	1	2	3	4	5	NA
3. The Self-Assessment process helped my agency successfully prepare for our on-site review.	1	2	3	4	5	NA
4. Materials were provided in advance with sufficient time to conduct self-assessment activities.	1	2	3	4	5	NA
5. I was satisfied with the Self-Assessment process.	1	2	3	4	5	NA
Please provide any additional feedback you have on the self-assessment process						

Off-Site Review Processes						
Please answer these questions regarding the off-site/virtual review process used by Communicable Disease, BCCCP, and/or the QIS.						
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. The guidance for submitting documentation was clear.	1	2	3	4	5	NA
2. I feel like the level of interaction with the reviewer(s) prior to and during the off-site/virtual review process was appropriate.	1	2	3	4	5	NA
3. I am satisfied with the off-site/virtual review process.	1	2	3	4	5	NA
Please provide any additional feedback you have on the off-site/virtual review process						

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1. List the strong points of the review:

2. List areas of the review in need of improvement:

3. How helpful do you feel the On-site Review Process was in terms of providing information to improve your program and/or health department?

4. Who may we contact for additional information?

Note: if you would like to be contacted about your responses, please include name and telephone number below.

Survey Respondent Name: _____

Telephone: (____) _____

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