Is the quality of our national quality-and-accreditation-label-awarded health websites still good in the non-campaign period?

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Abstract
The national quality and accreditation label awarding approach has been used to assist people for finding quality health web information since 2002 in Taiwan. We examined the quality of those ever awarded websites during the non-campaign period using the same accreditation process and criterions. The results show a little worse quality performance, mainly caused by the website connection problem.

Introduction
The annual national quality and accreditation label awarding approach [1] has been used to help people to find quality health websites and information since 2002 in Taiwan. A total of 64 native health websites have been ever rewarded the Excellent Quality label by our Ministry of Health.

The accreditation process has been well designed, implemented, and standardized in 2004. Each enrolled website was evaluated by at least 10 healthcare IT and clinical professionals at two stages using up to six categories of 50 items of criterions, such as authorship, currency, objective, navigation, etc. Only the top 10% ranked websites would finally be awarded an Excellent Quality label.

The accreditation campaign generally longs for 5 months, starting in early June. Since the campaign objective is to provide consumers a year-long quality indicator for health websites but the campaign only lasts for 5 months, it is interesting to understand whether the quality of awarded health websites during the non-campaign period is as good as it was in the campaign.

Materials and Methods
Our institute has been in charge of the first-stage accreditation process using the entire set of criterions to screen the candidate websites for our IT and clinical professionals for final evaluation since 2002. Same process, criterions and workforce were used to evaluate the 64 ever-awarded-at-least-once health before the 2006 campaign was announced. Student’s t-test was used to analyze the results.

Results
After normalization to a scale of 100, the average sub-ratings in six categories of criterions, which are (1) website structure, (2) website basic information and privacy policy, (3) website information appropriateness, (4) website content updating, (5) website management, and (6) website information accuracy/completeness/reliability, are 70, 67, 66, 60, 54, 46, separately. The average ratings for the websites being awarded once, twice, three and four times are 61, 56, 64 and 78, respectively.

The average rating for all awarded health websites in this study is 61 (SD 15), compared to those in the campaign periods: 60 in 2002, 61 in 2003, 62 in 2004, and 64 in 2005. While comparing the ratings of the websites awarded only in 2004 and 2005, when the accreditation was standardized, to the corresponding ratings in this study, the quality in the non-campaign period appears worse (Table 1).

<table>
<thead>
<tr>
<th>Year</th>
<th>n</th>
<th>Ave.</th>
<th>SD</th>
<th>Better</th>
<th>Worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>25</td>
<td>-4.29</td>
<td>16.59</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>2005</td>
<td>23</td>
<td>-3.56</td>
<td>13.15</td>
<td>9</td>
<td>14</td>
</tr>
</tbody>
</table>

Table 1. The rating change for the websites awarded in 2004 and 2005 compared to those in 2006 non-campaign period

Conclusion
The overall technical quality of websites is acceptable, taking 60 as the cutting point, in the non-campaign period but the content quality still needs to be improved. It appears that more the website being awarded, better the quality is. The overall quality performance in the non-campaign period is a little worse, but not in a statistical significance. The problem was mainly due to ineffective website connection. Therefore, we recommend that the awarded websites need to be monitored during the non-campaign period.

References