

TOWARDS NATIONAL IMPLEMENTATION OF THE SERVICE QUALITY MEASURES INITIATIVE

We are moving towards national implementation of the Service Quality Measures Initiative, the performance measurement system custom-built for South African addiction services. As a first step, we will be implementing in Gauteng, Eastern Cape, KwaZulu-Natal, and Western Cape provinces. This first stage of implementation will ensure coverage of more than 80% of substance abuse treatment services, focusing on those that receive public funding. This performance measurement system is likely to generate data that can be used to advance access to quality healthcare and to strengthen the health and social welfare systems of the country.

WHY DEVELOP A PERFORMANCE MEASUREMENT SYSTEM FOR SOUTH AFRICAN SUBSTANCE ABUSE TREATMENT?

The prevalence of substance use disorders is high in South Africa [1]. Despite a clear need for an effective substance abuse treatment system, concerns have been raised about the equity of access to treatment and the quality and outcomes of treatment where access is realised [2-4]. If fully implemented, a performance measurement system could monitor the equity of access to and quality of treatment, identify targets for quality improvement initiatives, and evaluate the impact of quality improvement initiatives [5-6].

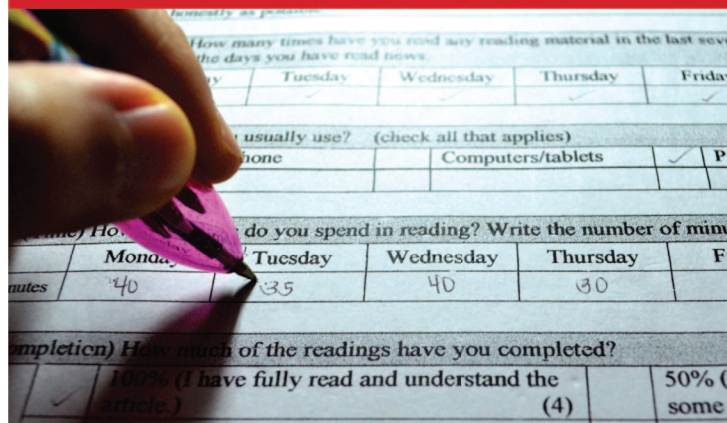
WHAT IS THE SQM INITIATIVE?

In 2008 we embarked upon a consensus-driven process (with substance abuse treatment providers as partners) to develop a performance measurement system for the substance abuse treatment sector; referred to as the SQM initiative. This performance measurement system expands upon the SACENDU surveillance system (which has been routinely collecting data on substance abuse treatment services since 1996) to collect data on patient-reported outcomes and process measures of service quality. This system uses robust and validated tools to assess facility performance on: treatment effectiveness, efficiency of services, access to care, and quality of care. This system has been pilot-tested at six treatment facilities (representing inpatient and outpatient services) across two provinces. We have used the experience of this pilot to make refinements to the system to improve its acceptability and user-friendliness prior to wider implementation.

SPECIFIC OBJECTIVES OF THIS PERFORMANCE MEASUREMENT SYSTEM ARE:

1. To assess the quality of substance abuse treatment services.
2. To identify potential targets for quality improvement initiatives.
3. To provide training in the implementation and use of this system to drive service quality improvement.
4. To monitor and provide ongoing support for the implementation of this system.
5. To provide participating treatment centres with feedback on their performance relative to the provincial benchmark.
6. To use data from this system to set a benchmark for new services and inform policy related to around substance abuse treatment.

The Service Quality Measures Initiative: Toolkit for Treatment Providers



Domain	Example of Indicator	Method of measurement
Effectiveness	<ul style="list-style-type: none"> Substance use outcomes Social connectedness Quality of life HIV risk behaviour 	SAATSA substance use scale & administrative data SAATSA social connectedness SAATSA quality of life scale SAATSA HIV scale & administrative data
Efficiency	Proportion of patients that completed treatment successfully Treatment occupancy rate	Administrative data from SACENDU admission and discharge forms
Access	Affordability Geographic access Location of services	SAATSA access scale and administrative data
Quality	Satisfaction with services, quality	SAATSA quality scale

WHAT DOES IMPLEMENTATION ENTAIL?

Training: Prior to implementing the system, we will conduct a training workshop with staff at participating treatment facilities so they fully understand the implementation protocols. During this workshop we will also ask facilities to complete a brief questionnaire to help us better understand the organisational context in which services are delivered. As part of this training, we will work with facility management to identify one staff member to act as a project champion. Immediately after training, facilities will begin to implement the system.

Implementation: Treatment staff responsible for conducting intake assessments will describe the SQM initiative to all new patients over 18 years of age. For patients, participation will entail completing the South African Addiction Treatment Services Assessment (SAATSA). Participation is voluntary. As part of standard treatment procedures, the SACENDU treatment admission form will be completed by treatment personnel for each participating patient. Treatment will then proceed as usual. In the third week of treatment (for programmes that are less than six weeks in duration) or the fourth week of treatment (for programmes longer than six weeks), patients will be asked to complete the SAATSA. Thereafter, the standardised discharge form will be completed for every patient leaving treatment by the counsellor. These forms will be collected every month by SQM team and taken to the MRC for data entry.

Implementation support: We will provide weekly telephonic and face-to-face support to the implementing treatment centres. Post-implementation meetings to provide feedback on the performance of each facility: At the end of the implementation process, we will analyse the data from each facility and provide individualised feedback on facility performance. We will have post-implementation meetings with each participating treatment facility in which we will present them with their results and discuss how findings can be interpreted and used to inform treatment service development.

Implementation period: Your facility can choose to implement for a three month period or continuously over a 12-month period.



WHAT ARE THE BENEFITS OF IMPLEMENTING THIS SYSTEM?

This system will:

- identify targets for initiatives to improve equity of access to and quality of services;
- enable the utilization of data generated from this system for quality improvement purposes;
- yield provincial and national information on the equity of access to and the quality and outcomes of substance abuse treatment;
- measure change in equity of access and treatment quality over time, and the impact of quality improvement initiatives;
- ensure greater accountability of publicly-funded treatment programmes to the South African government and public.

REFERENCES

1. Herman AA, Stein DJ, Seedat S, Heeringa SG, Moomal H, & Williams DR: The South African Stress and Health (SASH) study: 12-month and lifetime prevalence of common mental disorders. *South Afr Med J* 2009, 99: 339-344.
2. Myers B, Louw J, Pasche S: Inequitable access to substance abuse treatment services in Cape Town, South Africa. *SATPP* 2010, 5: 28. DOI: 10.1186/1747- 597X-5-28.
3. Myers B, Fakier N, Louw J: Stigma, treatment beliefs, and substance abuse treatment use in historically disadvantaged communities. *Afr J Psychiat* 2009, 12: 218-222.
4. Myers B, Kline LT, Doherty AI, Carney T, Wechsberg WM: Perceived need for substance use treatment among young women from disadvantaged communities in Cape Town, South Africa. *BMC Psychiatry* 2014, 14: 100. DOI:10.1186/1471-244X-14-100.
5. McCorry F, Garnick DW, Bartlett J, Cotter F, Chalk M: Developing performance measures for alcohol and other drug services in managed care plans. Washington Circle Group. *The Joint Commission Journal on Quality Improvement* 2000, 26: 633-43.
6. Harris, AHS, Kivlahan, D, Bowe, T, Finney, JW, Humphreys, KH: Developing and validating process measures of health care quality: An application to alcohol use disorder treatment. *Med Care* 2009, 47: 1244-50.

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