The Role of Quality Assurance in implementing evidence-based, ethical and cost-effective treatment for drug use disorders

Annette Dale-Perera

UNODC Consultant
Director ADPCONSULTANCYUK

……something of a known standard or 'degree of excellence'

What is Quality in health interventions?

World Health Organisation (WHO) definition of quality of healthcare is *"the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be: safe; effective; timely; efficient; equitable; and people-centred."*

QA is

- a Process
- a culture of continuing reflection and improvement
- Assure services/systems are effective, safe, timely, efficient, well managed, equitable, patient-centred

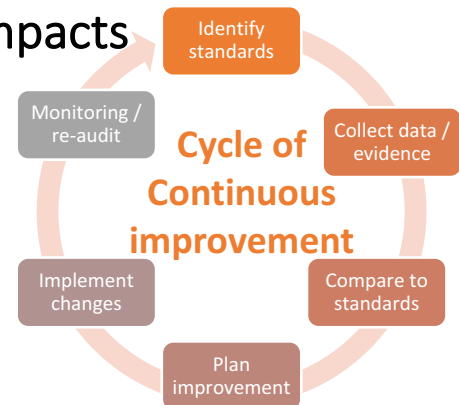## Why QA in substance use disorder treatment?

Treatment is not neutral: poor treatment can have awful impacts

QA mechanisms help us

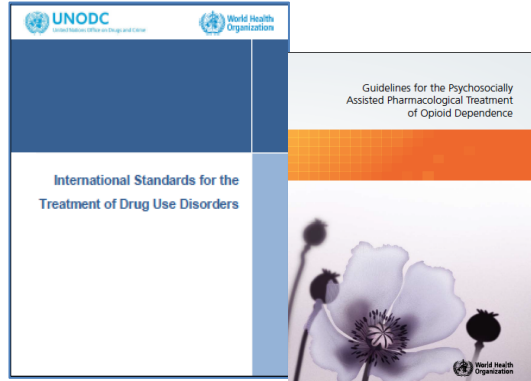Benchmark services against standards

- recognise good practice
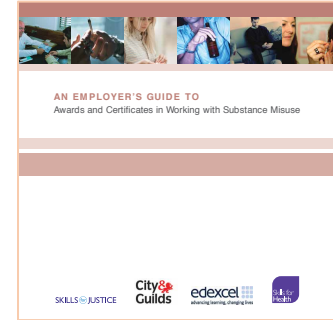- challenge poor practice

Encourage continuous improvement

Cycle of Continuous improvement

Identify standards

Collect data / evidence

Compare to standards

Plan improvement

Implement changes

Monitoring / re-audit

Evidence-based guidelines, legislation, etc

ISTDUD 2016

Measurable standard statements

QA cycle

- Identify standards
- Collect data / evidence
- Compare to standards
- Plan improvement
- Implement changes
- Monitoring / re-audit

Staff standards

AN EMPLOYER'S GUIDE TO
Awards and Certificates in Working with Substance Misuse

SKILLS for JUSTICE   City & Guilds   edexcel
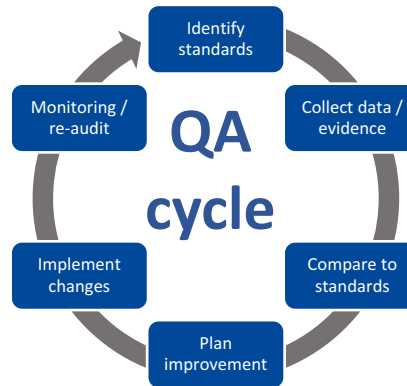
Key point
- Quality assurance can be an important tool in helping implement guidelines, standards and 'best practice'

UNODC QA mechanism initiatives (see poster)

UNGASS 2016 resolution 59/4

UNODC/WHO 'provide guidance, assistance and training to health professionals on the use of ISTDUD, and consider developing standards and accreditation for services at the domestic level to ensure qualified, scientific evidence-based responses to DUD'.

- UNODC International QA expert group (2016)
- DUD system & service QA toolkits developed (2017)
- Successful pilot of service QA toolkit in Afghanistan (2017)
- A further 11 countries trained in ISTDUD and UNODC QA systems and services QA tools (2017-19) including implementation plans
- New collaborative project between international QA initiatives on a set of 'core or essential standards' (2019)
- New pilot of 'Essential Standards' by UNODC Nigeria in June 2019
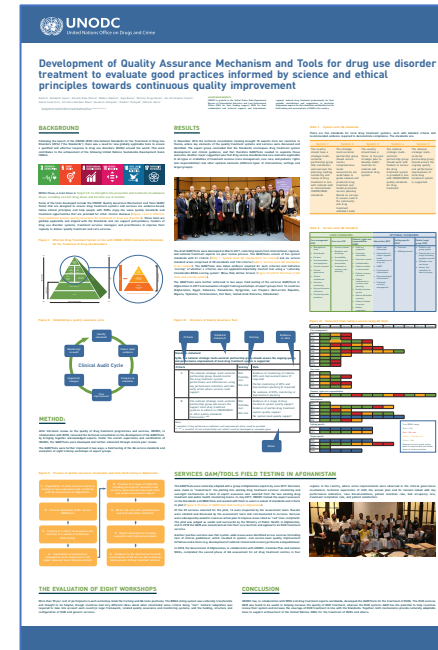
Development of UNODC Quality Assurance tools

▶ International expert group on quality in drug use disorder (DUD) DUD treatment convened Dec 2016

▶ Reviewed a range of national and international DUD treatment QA

Standards, accreditation systems, audit systems, registration and inspection systems, performance and outcome monitoring system

Key points
- A range of QA systems already exist in many countries
- QA tools need to be flexible to the countries existing QA mechanism and be able to be culturally adapted (if required)

ISTDUD provides advice on DUD treatment systems PLUS advice, guidelines and standards for DUD treatment services

So, UNODC QA expert group developed 2 related QA tools

System QA

Service QA

System planners funders etc

Individual service providers

International Standards for the Treatment of Drug Use Disorders

Key points
- System and services are linked but often have different stakeholders
- QA should take into account the scope of remit of services

5 System Standards

1. A **strategic partnership grou**p plans and co-ordinates the local drug treatment system in line with ISTDUD
2. There is a routine local **assessment of need** for drug treatment
3. There is a local **3-5 year strategic plan** for a drug treatment system in line with need and ISTDUD
4. Funders ensures **services are funded in line with ISTDUD**
5. Local planners and funders **support on-going system quality improvement**

Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

Key points

- A system area is defined by the country. It could be national, a region or district
- Countries with national/regional planning and funding mechanisms are easier to influence than those with private healthcare or little 'oversight' of a system

UNODC QA Services standards: Core & 'Optional'

Core Management	Core Care	Patients Rights and Responsibilities
1. Management body	1. Service manual	A. Staff are respectful
2. Annual plan	2. Retention & discharge	B. Treatment information
3. Finance,	3. Accessibility	C. Informed consent
4. Accommodation & equipment	4. Screening & assessment	D. Confidentiality
5. Human resource	5. Treatment planning	E. Involved in assessment
6. Clinical governance		F. Patient treatment plan
7. Patient involvement		G. Patient involvement in treatment planning
8. Outcome monitoring,		H. Family inclusive service
9. Key performance indicators		I. Mutual aid/ recovery
10. Partnerships		J. Patient involvement in service quality
		K. Patient complaints

Interventions	Settings	Target group
1. Advice & information	1. Outreach	1. Children and young people
2. Outreach interventions to SBIRT	2. Buildings based services	2. Parents who use drugs (including pregnant women)
3. Psychosocial Interventions		3. People in the criminal justice system who use drugs
4. Pharmacological interventions		4. Access & suitability for diverse groups
5. Sustained recovery management		

UNODC QA Services standards: Core & 'Optional'

Core Management	Core Care	Patients Rights and Responsibilities
1. Management body	1. Service manual	A. Staff are respectful
2. Annual plan	2. Retention & discharge	B. Treatment information
3. Finance,		
4. Accommodation &		
5. Human resource		
6. Clinical governance		
7. Patient involvement		planning
8. Outcome monitor		
9. Key performance		lity
10. Partnerships		

Key Points
- Many countries have QA mechanisms that cover some standard areas or criteria eg
  - Management of medicines
  - Staff qualifications (particularly medical staff)
  - Hospital registration for in-patient services
  - Rules around consent and confidentiality
- There is good evidence well-managed and well-led services have better outcomes than those that are not

Interventions		
1. Advice & information	1. Outreach	1. Children and young people
2. Outreach interventions to SBIRT	2. Buildings based services	2. Parents who use drugs (including pregnant women)
3. Psychosocial Interventions		3. People in the criminal justice system who use drugs
4. Pharmacological interventions		4. Access & suitability for diverse groups
5. Sustained recovery management		

Standards with measurable criteria & evidence

Criteria

Standard statement

Suggested Scoring

Evidence/ verification

Standards statement			
SyS5: Area drug treatment funders or commissioners should support the on-going quality and performance improvement of local drug treatment system			
Criteria		Scoring	Data
A	Funders or commissioners of drug treatment should monitor the drug treatment system performance and effectiveness using key performance indicators and take early action where services need support	Met / Partially met / Not met	Evidence of monitoring of local KPIs and improvement plans (if required) / Partial monitoring of KPIs and improvement planning (if required) * / No evidence of KPIs, monitoring or improvement planning
B	Funders and commissioners of drug treatment will support local drug treatment system to adhere to UNODC/WHO or other quality standards frameworks ***	Met / Partially met / Not met	Evidence of a range of drug treatment system quality support ** / Evidence of partial drug treatment system quality support / No system level quality support
Notes			
* see XX example of key performance indicators			
** see XX examples of system clinical governance mechanisms, clinical audits, quality improvement plans, staff development training and development tracking etc			
***by supporting system-wide training, clinical governance mechanisms, audits and improvement opportunities.			

Various sources of evidence for the QA process

- Document review
- Monitoring data
- Patient survey,
- Staff/manager interview
- Patient record audit
- Staff record audits

Key points
- Consistency of methodology is important
- Patient feedback is essential for high quality QA – this is a culture change in some countries

Assess, rate, report, improvement planning

Assessment results in a rating

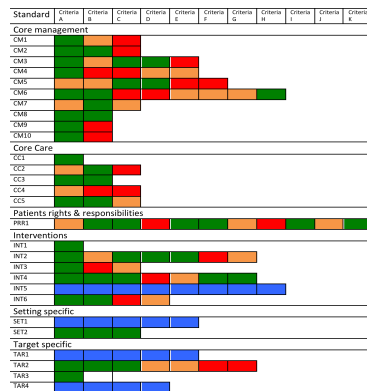## % or BRAG rating

►**Blue** = Not Applicable

►**Red** = Not met

►**Amber** = Partially met

►**Green** = Met

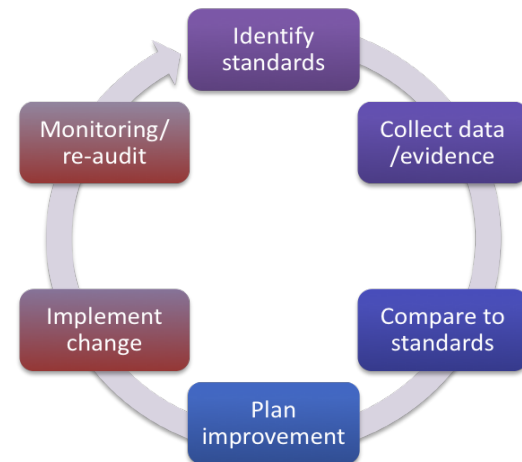Services receive a report and are requested to create 'Improvement plans' to improve Red and Amber areas

Key point
- UNODC have found the BRAG system culturally transferable

Key point
- The aim is service improvement in line with ISTDUD
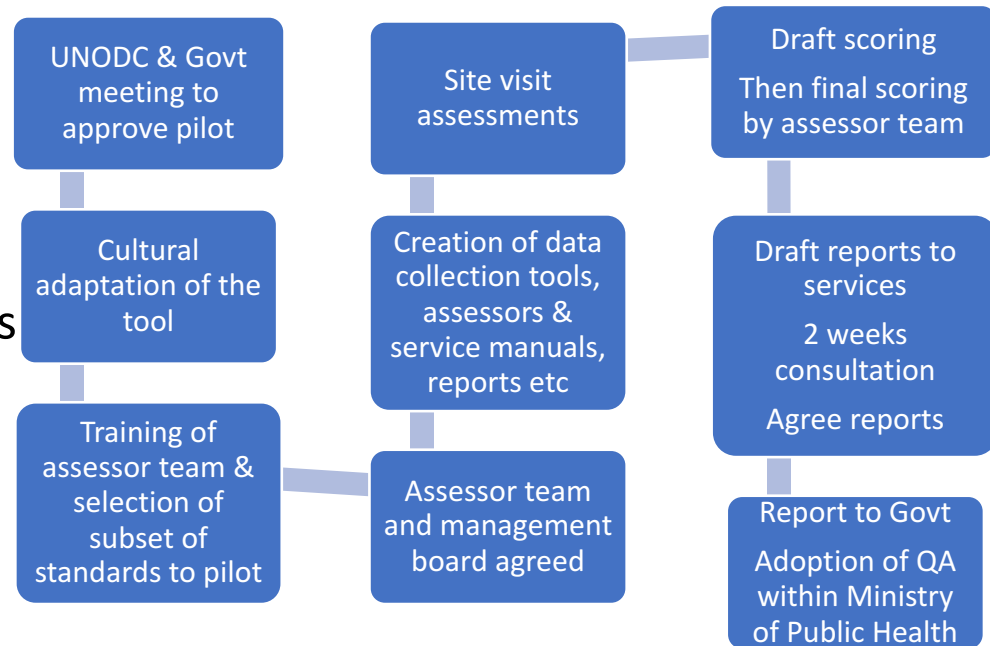- QA should embed a culture of continuous quality improvement

UNODC QA (services) successfully piloted in Afghanistan 2017

Government level support and funding from USA - INL

Cultural adaptation of tool and subset of standards chosen

Assessor team trained and 16/20 services inspected

Government (Public Health) adopted & agreed national roll-out 2018

UNODC & Govt meeting to approve pilot

Cultural adaptation of the tool

Training of assessor team & selection of subset of standards to pilot

Site visit assessments

Creation of data collection tools, assessors & service manuals, reports etc

Assessor team and management board agreed

Draft scoring

Then final scoring by assessor team

Draft reports to services

2 weeks consultation

Agree reports

Report to Govt

Adoption of QA within Ministry of Public Health

Key points
- The team had to work to overcome some fear of scrutiny and initial resistance
- Process also identified system issues eg lack of guidelines' protocols

Experts from 12 countries trained in UNODC QA

- **Egypt**
- **Vietnam**
- **Laos**
- **Indonesia**
- **Nigeria**
- **UAE**
- **Kyrgyzstan**
- **Uzbekistan**
- **Tajikistan**
- **Kazakhstan**
- **Turkmenistan**

Key Points
- All countries are asked how to plan how to implement the UNODC QA services mechanism
- For example: 5 Central Asia countries are reviewing the UNODC standards & criteria against existing QA mechanisms and will then plan to pilot areas not covered

Significant amount of QA work already undertaken in DUD treatment by many countries and international bodies including

► EMCDDA (minimum standards and EQUS project)

► COPOLAD Project (CICAD/OAS, PAHO/, EMCDDA, CARICOM) Latin America and Caribbean quality standards for drug demand reduction – Teresa Salvador

► UNODC DUD QA project
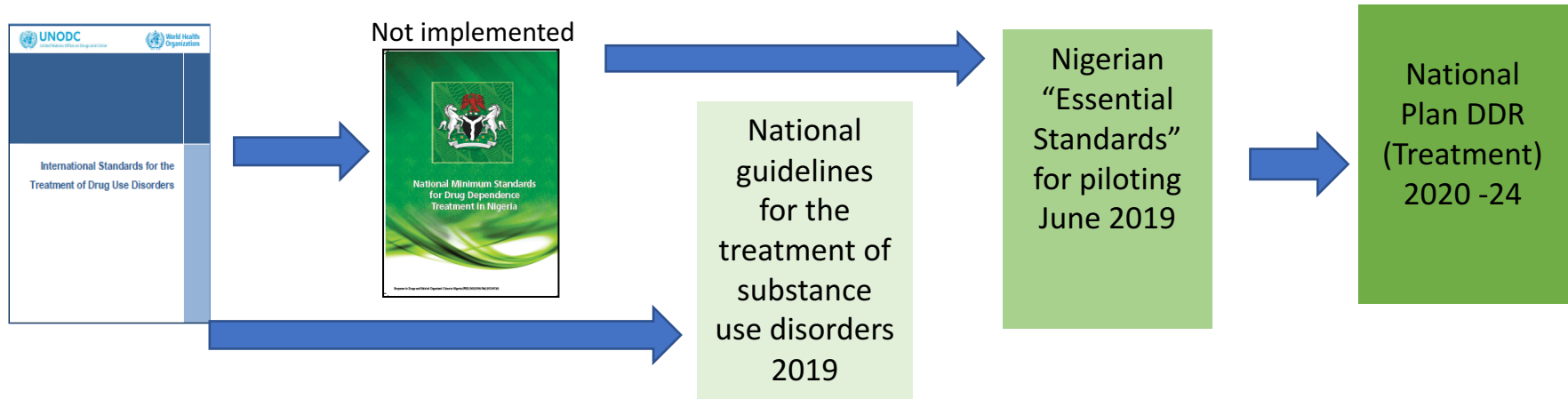
Huge overlap: quality standards, methods, evidence etc

Project to define subset of agree core or **'Essential Standards'** for drug use disorder treatment between the international projects…..

Key points
- QA implementation should start with a small number of standards
- In UNODC training, countries chose 80% of the same standards they felt they needed to pilot

Nigerian Quality Assurance work

International Standards for the Treatment of Drug Use Disorders

Not implemented

National Minimum Standards for Drug Dependence Treatment in Nigeria

National guidelines for the treatment of substance use disorders 2019

Nigerian "Essential Standards" for piloting June 2019

National Plan DDR (Treatment) 2020 -24

Nigerian QA pilot in Kano state (UNODC with EU funding):

► expert assessor team trained (QA Gladiators)

► subset of standards chosen based on draft 'Essential Standards'

► Standards culturally adapted

► Scoring decided and assessor manual developed

Nigerian QA pilot in Kano state

▶ 15 services assessed in June

▶ Tested a 3-point RAG rating & a 5-point scoring

3-point scale	Not Met	Partially met		Met	
					★
5-point scale	Very Poor	Poor	Fair	Good	Excellent
	1	2	3	4	5

Some results:

Services very variable – good, hospital-based services run by addiction psychiatrists to very basic 'residential services' unaware of evidence-based practice.

The positives – the 'poor' were the only free services, staff willingness to be trained, learn and improve.

Next steps

▶ targeted improvement

▶ disseminate treatment guidelines

▶ Higher quality services (trained staff) help the poorer services

▶ Consolidate QA in roll-out of national plan

People with substance use disorders are entitled to the same effective and high quality services as any patient group

Quality assurance **can help** implement international guidelines

Quality assurance can ensure benefits of training are retained via clinical supervision and intervention protocols and procedures

Quality is everyone's responsibility

THANK YOU!

Contact details for more information

Annette Dale-Perera: adpconsultancy@icloud.com, Dr Elizabeth Saenz: UNODC elizabeth.saenz@un.org