

# Using Patient Surveys as a Key Part of your Quality Assurance Plan

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# What I'm Going to Tell You

- Patient surveys can be a useful tool to help assure the quality of SUD treatment services
  - They have distinct strengths and weaknesses compared to other tools
- Conducting patient surveys require attention to several methodological issues in order to maximize their effectiveness
- There are existing patient surveys that can be adopted/adapted for use in your programs

# Sources of Data—Cost and Value

<b>Administrative Data/Program Documents</b>	<p><b>Relative Cost:</b> Low – Actual costs depends on how accessible data are (e.g., is it in electronic format?). Minimizes impact on participants and staff because data already exists or can be integrated into existing “forms.”</p> <p><b>Relative Value:</b> Low to High – Value depends on fit between what data are available and what is needed. May have low validity. Reliability varies widely.</p>
<b>Standardized Instruments</b>	<p><b>Relative Cost:</b> High – Instruments may have to be purchased, often require extensive training for staff rating forms, can take a lot of time to complete.</p> <p><b>Relative Value:</b> High – Usually high reliability and validity. More able to measure specific indicators, especially complex constructs.</p>
<b>Surveys</b>	<p><b>Relative Cost:</b> Medium</p> <p><b>Relative Value:</b> Medium to High – Surveys can be tailored to specific indicators (more valid), but may not always be the most reliable and valid way to measure some indicators.</p>

# What is a Patient Survey?

- It's not just "patient satisfaction"
- Can also include:
  - Patient reported outcome measures (PROMs)
  - Perceptions of the treatment process
  - Perceptions of the quality of treatment
- Not a long history of patient surveys compared to other areas of healthcare, including MH

# Why Conduct Patient Surveys

- Flexible
- Patient perspective is critical
  - Supplements “objective data”
- Demonstrates respect for patients
- Less burden on valuable clinician time
- Doesn't require extensive training
  - Relatively easy to administer
- Doesn't require a lot of technology
- Good measures in public domain—free to use

# Patient Surveys & the UNODC/WHO Quality Assurance Tool

- Examples of using a patient survey for the UNODC/WHO QA tool:
  - Staff are respectful of patients
  - The service asks all patients to give informed consent to treatment
  - The service give patients information on treatment options and the standards of care they can expect
  - The service involves the patient in the development of their treatment or recovery care plan
  - Staff providing psychosocial interventions have a positive therapeutic relationship with their patients

# Methodological Issues

- Demand characteristics
  - Affected by survey process (instructions, who, how, where)
- Fear of losing services
- Confidentiality
  - Anonymous or unique ID if linking to other data
- Selection bias—miss dropouts and language
- Literacy/Reading level of patient population
- All of the above affect reliability and validity
  - Careful development, including cognitive and psychometric testing

# Examples of Patient Surveys

- Mental Health Statistics Program's Consumer Survey (MHSIP) (by SAMHSA)
- CAHPS® Experience of Care & Health Outcomes (ECHO) Survey (by NCQA)
- Washington Circle Modular Survey (by SAMHSA)
- South African Addiction Treatment Services Assessment (SAATSA)

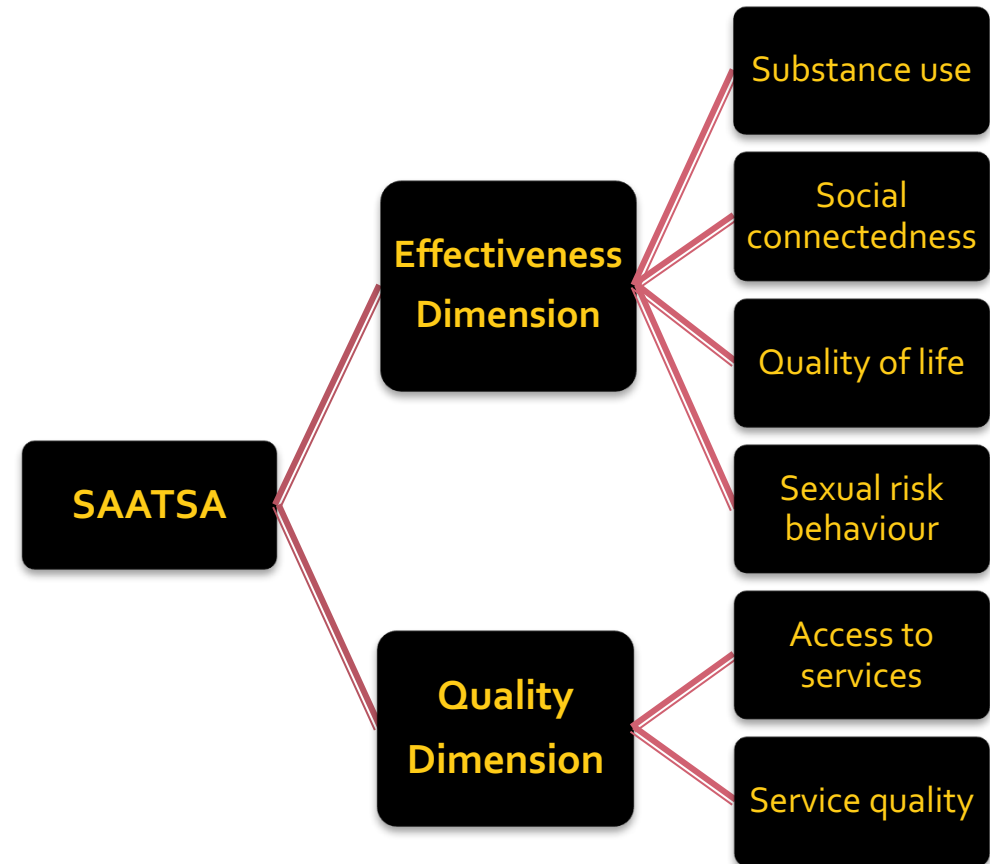


## South African Addiction Treatment Services Assessment (SAATSA)

Patient identifying number

Please read each statement below and think about the treatment you have received from the staff at this treatment centre. Please tick the box that best describes how you feel about these treatment services. Treatment services include in-take; screening; assessment and treatment planning; medications; individual, group and family counselling; information and referral; and information and support groups for the family.

		Disagree	Somewhat Agree	Agree	Strongly Agree	
For the statement below, please indicate the extent to which you agree						
1	The amount of time I had to wait to get services was acceptable to me.					
2	I can afford the treatment I want to receive. (If you are receiving free treatment, then tick 'Does not apply').					Does not apply
3	The location of this treatment centre is convenient for me.					
4	I feel safe travelling to this treatment centre.					
5	It is easy for me to obtain the treatments offered by this centre.					
6	I can afford the transport costs of getting to this treatment centre.					
7	The staff at this treatment centre treat me with respect.					
8	The people I went to for treatment services at this centre spent enough time with me.					
9	I have a say in deciding about my substance abuse treatment that I am receiving here.					
10	The staff at this treatment centre told me about services in my area that will help me stay off drugs and alcohol.					
11	The staff at this treatment centre are sensitive to my background.					



# Reliability (internal consistency) Coefficients for Final Scales

Scale	Cronbach's Alpha
Substance Use	.72
Social Connectedness	.89
Quality of Life	.81
Sexual Risk Behavior	.81
Access to Services	.76
Service Quality	.74

# PROVIDERS' PERCEPTIONS OF THE SAATSA

## Benefits

- "We thought, oh heck, a little bit more to do. It wasn't easily received. But when we were going through the questionnaire, we realized how relevant the information was...and we knew it was going to be beneficial."

## Compatibility with existing practices

- "It kind of fitted in quite easily into our program... it was not a huge adjustment to what we were doing."

## Simplicity of Implementation

- "easy to implement".
- "I think it was great because whenever we were uncertain about certain things we could ask someone and we would get feedback immediately."

## Usefulness of feedback

- "The report gives us performance feedback on various indicators and we were able to improve our service delivery in certain areas."

# Best Practices—Survey Development

- ALWAYS involve key stakeholders
  - Identify QA indicators/criteria from multiple perspectives
- Write (and re-write) survey items and/or “borrow” from existing surveys
- Conduct a lexile analysis to ensure appropriate reading level
- Make available in all major languages
- Conduct cognitive testing with similar population
- Pilot test (procedures & psychometrics)
- Revise and pilot again

# Best Practices—Survey Procedures

- Determine the best person to administer the survey—consider demand characteristics and organizational norms/procedures
  - Clinician
  - Administrative staff
  - Volunteer
- Select the “right ” time to administer the survey
  - Standard Treatment interval – recommended for OP services
  - Cross-sectional-- recommend for OP services
  - Discharge – recommend for IP services
  - Follow-up
- Use survey procedures that fit program structure and reduce staff burden—involve stakeholders
- Provide extensive training to program staff and ongoing support

# Best Practices—Survey Procedures

- Ensure patient confidentiality; e.g. sealed box for depositing completed surveys
- Assign responsibility to one person for managing completed surveys
- Provide assistance to patients when needed



# Best Practices—Reporting and Using Results

- Reports should be easy to read and understand by key stakeholders
  - May need separate reports for different groups
- Need a formal process to interpret and develop QI plan that involves
  - Management
  - Clinicians
  - Patients/Families

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# SAATSA/SQM Publications

Myers, B., Petersen, Z., Kader, R., Koch, J.R., Manderscheid, R., Govender, R. & Parry, C.D. (2014). Identifying perceived barriers to monitoring service quality among substance abuse treatment providers in South Africa. *BMC Psychiatry*, 14(1), pp. 31.

Myers, B., Govender, R., Koch, J.R., Manderscheid, R., Johnson, K., & Parry, C.D. (2015). Development and psychometric validation of a novel patient survey to assess perceived quality of substance abuse treatment in South Africa. *Substance Abuse Treatment, Prevention, and Policy*. <https://doi.org/10.1186/s13011-015-0040-3>

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Myers, B., Williams, Govender, R., Manderscheid R., Williams, P.P., Johnson, K. & Koch, J.R. (2017). Need for and readiness to implement a performance measurement system for South Africa's substance abuse treatment services. *International Journal of Mental Health & Addiction*. 15, 795-800.

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Magidson, J.F., Lee, J.S., Johnson, K., Burnhams, W., Koch, J.R., Manderscheid, R. & Myers, B. (2018). Openness to adopting evidence-based practices in public substance use treatment in South Africa: Caseload size matters. *Substance Abuse*. 39(2), 162-166.

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