



SACENDU

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE

Treatment Demand Data • Service Quality Measures (SQM)
• Community-Based Harm Reduction Services

Service Quality Measures (SQM): a performance measurement system for substance use service providers in SA

Kim Johnson



The Service Quality Measures (SQM)

Building an accountable and person-centered substance misuse treatment system in South Africa

What is the SQM Initiative



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A performance measurement system designed specifically for South Africa's substance use treatment services.

- This system collects data on patient-reported outcomes of treatment and on perceived access and process of care.
- The system uses three forms (SACENDU, SAATSA and Discharge) to generate information on a core set of indicators of treatment quality.
- Operational only in the Western Cape Province up until 2021 and currently expanding nationally.

Goal of the SQM Initiative



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- **Goal:** To improve the quality of South African substance misuse treatment services through the routine use of service quality measures (SQMs)
- **Aims:**
 - To develop a system of SQMs for South Africa's substance misuse treatment system
 - To use these SQMs to assess the performance of treatment services in key domains
 - To use findings to guide policy, planning and service improvement initiatives



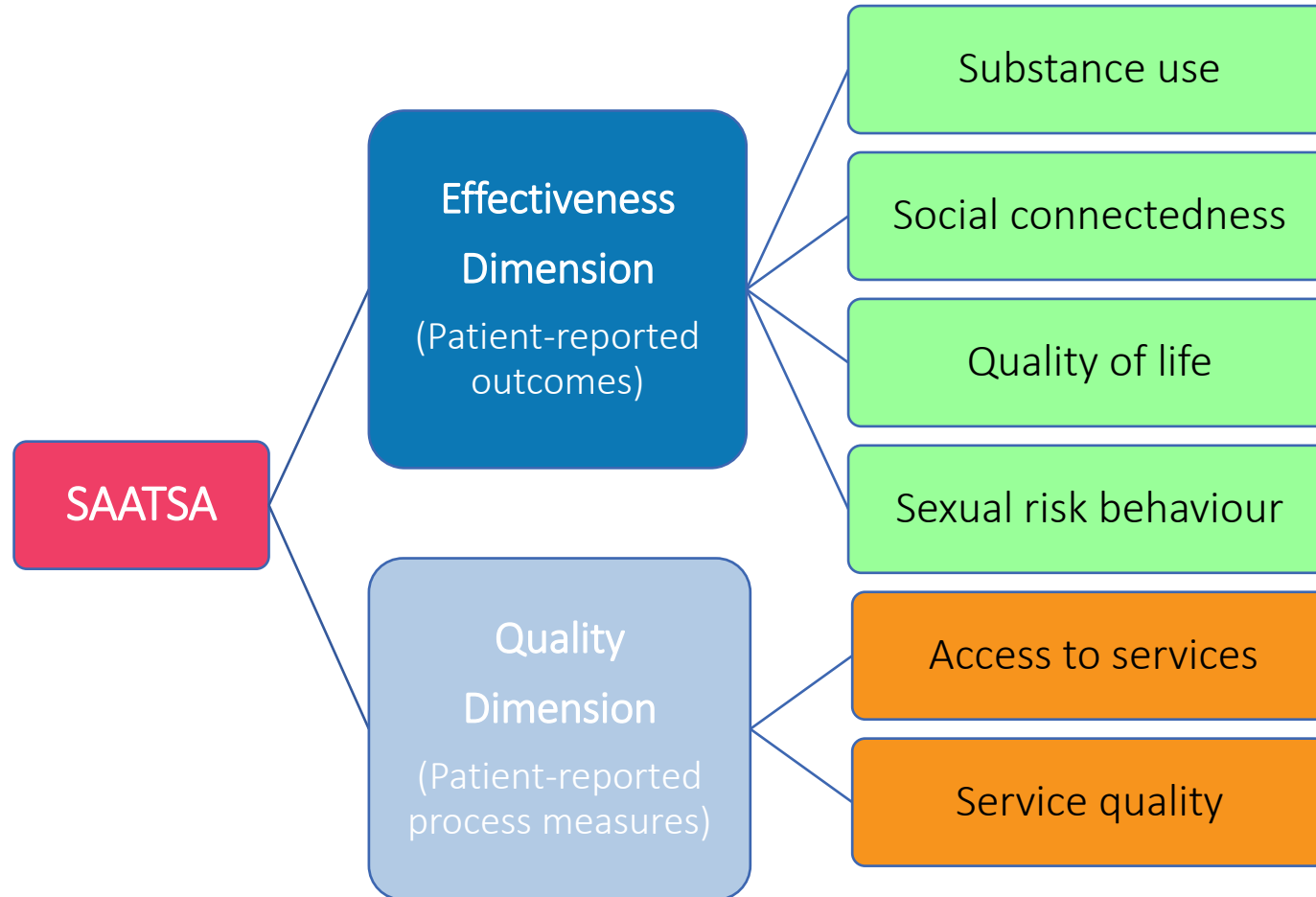
Composition of the SAATSA



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Example of key findings



Key findings for the 2023 period



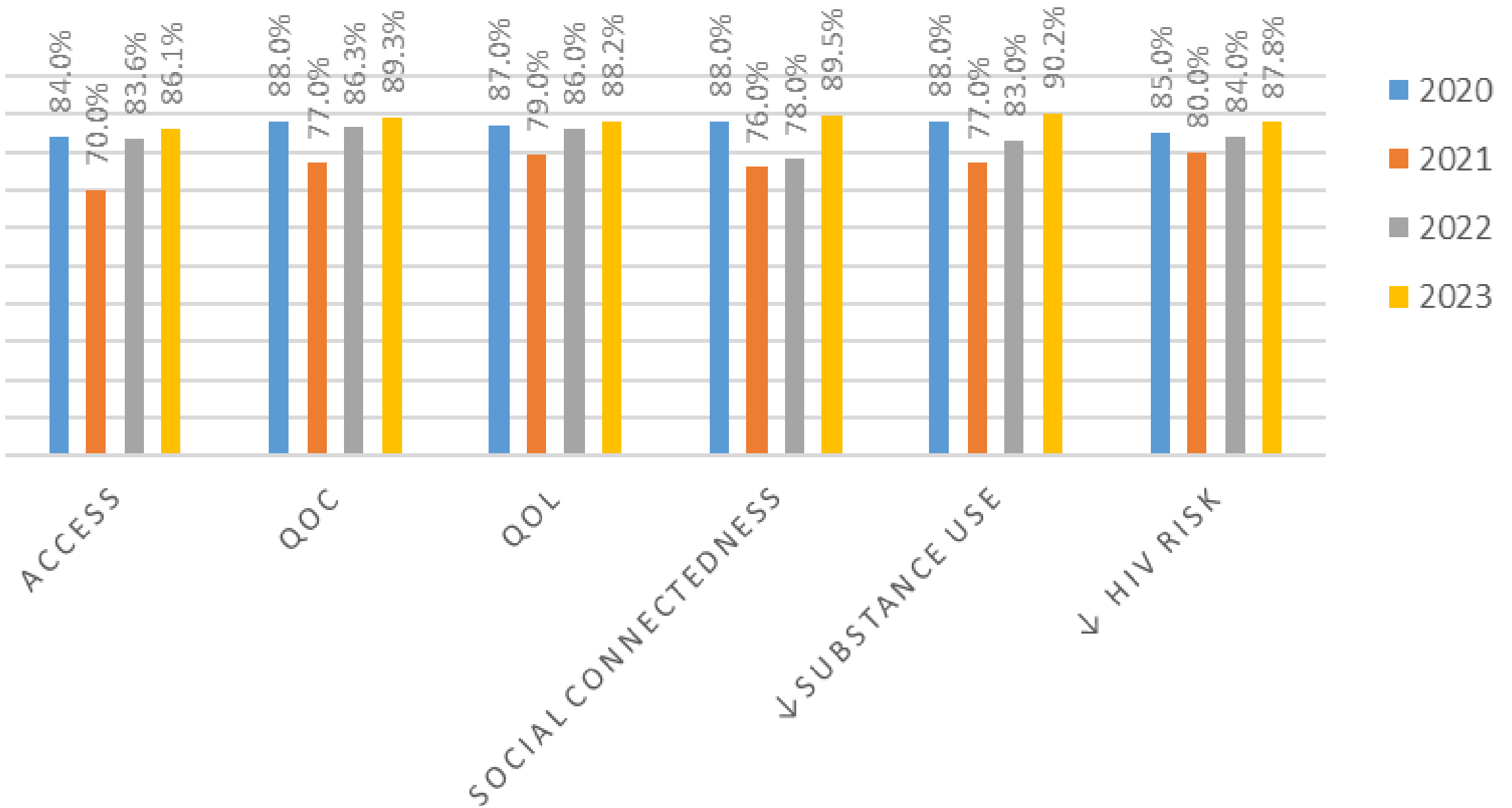
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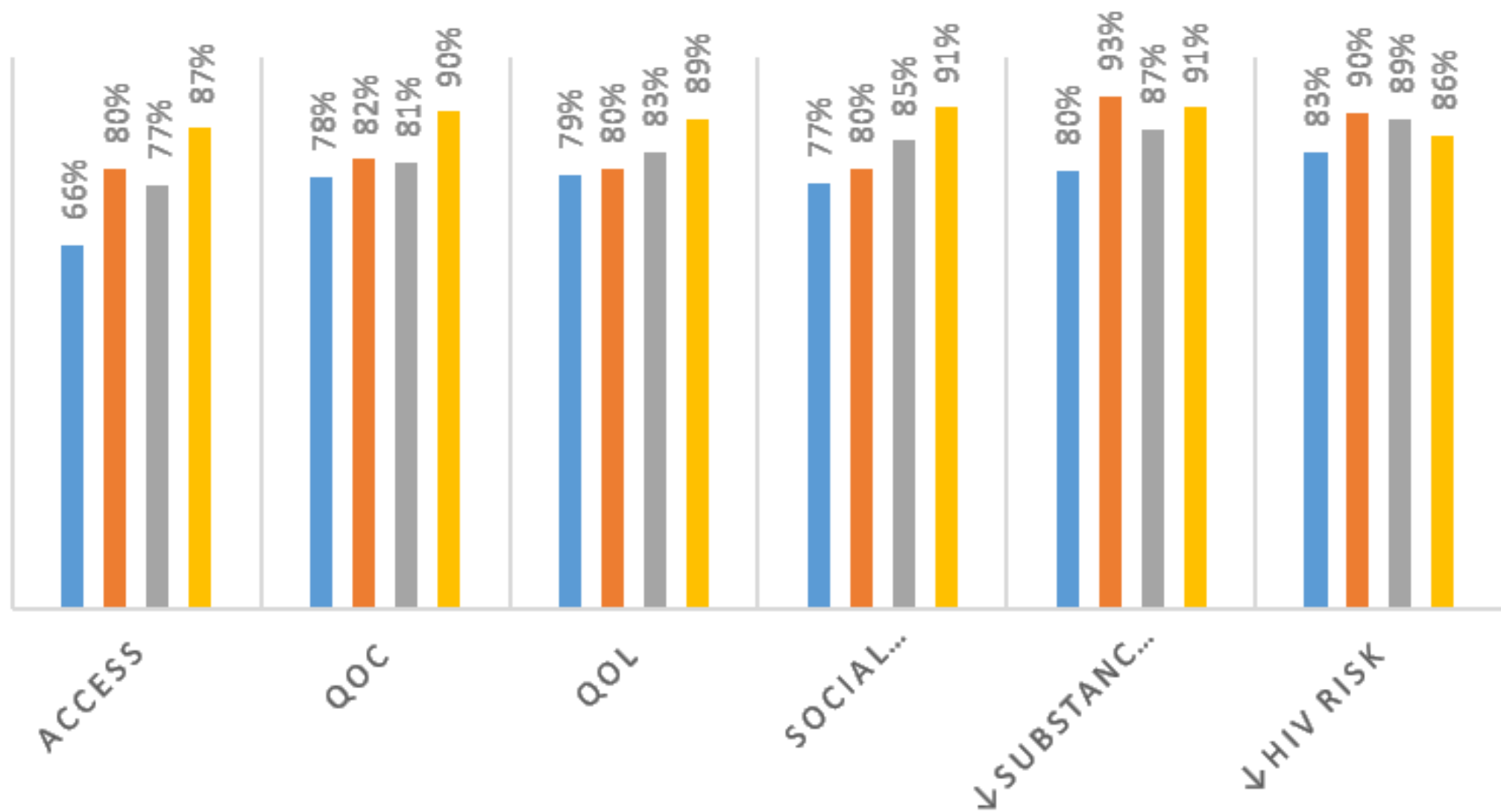
- For this reporting period (January to December 2023) data were collected across **X treatment sites**.
- The system was implemented for 2793 adult patients between the ages of 18-73 years.
- Of this population, **69.7%** were males and **30.2%** were females.
- Of these patients, **24.6%** were enrolled at inpatient facilities and **75.4%** at **outpatient/community based** facilities.

PATIENTS PERCEPTIONS



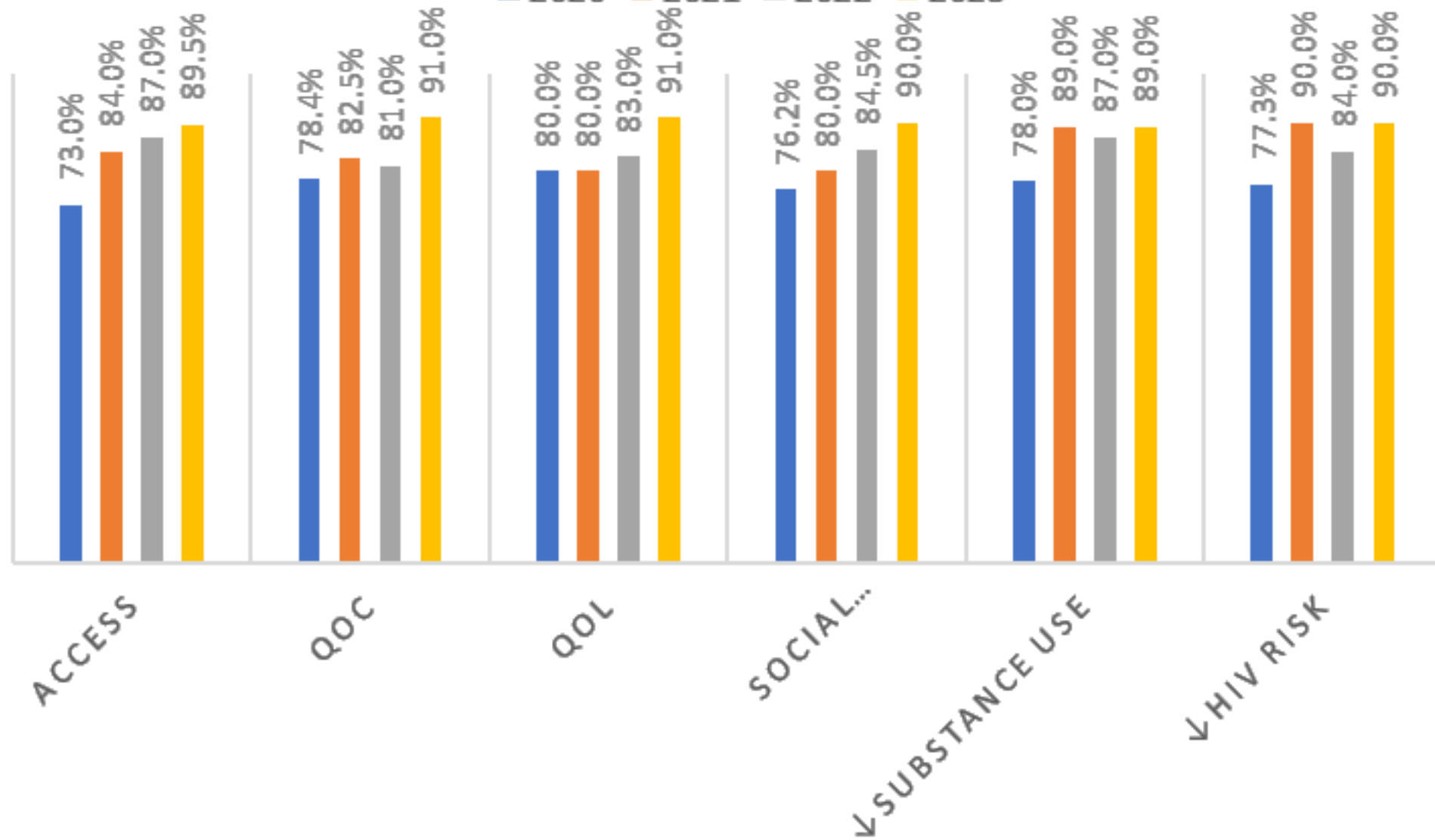
INPATIENT

■ 2020 ■ 2021 ■ 2022 ■ 2023



OUTPATIENT

■ 2020 ■ 2021 ■ 2022 ■ 2023



SAATSA outcomes by gender



	2020		2021		2022		2023	
	M	F	M	F	M	F	M	F
Access	63%	72.3%	83%	82.5%	82.3%	83.5%	90%	89%
Quality of Care	74%	76.9%	82.5%	81.6%	86.5%	85.3%	89.2%	88%
Quality of Life	76.9%	81.6%	82%	80.8%	85%	85%	90%	87.89%
Social Connectedness	71.3%	78.3%	81.5%	80%	89%	85.8%	89.6%	89%
Substance Use	79.6%	88%	93%	92.7%	88%	90%	91%	90%
HIV risk	73%	67.85%	90%	92%	86.4%	90%	90%	89%



SAATSA outcomes by age



	2020		2021		2022		2023	
	18-24	>=25	18-24	>=25	18-24	>=25	18-24	>=25
Access	64.58%	64.05%	84%	83%	83.4%	83.5%	86.5%	90%
Quality of Care	75.62%	74%	83%	82.5%	87%	88.5%	87.8%	92%
Quality of Life	74.3%	77.5%	82.5%	81%	88%	88.5%	85%	91%
Social Connectedness	70%	82%	82.5%	81.6%	88%	89%	93%	92.3%
Substance Use	74%	72.3%	93%	93%	89%	90.8%	85%	93%
HIV risk	64%	71.14%	89%	91%	85.7%	88.2%	81.4%	90%



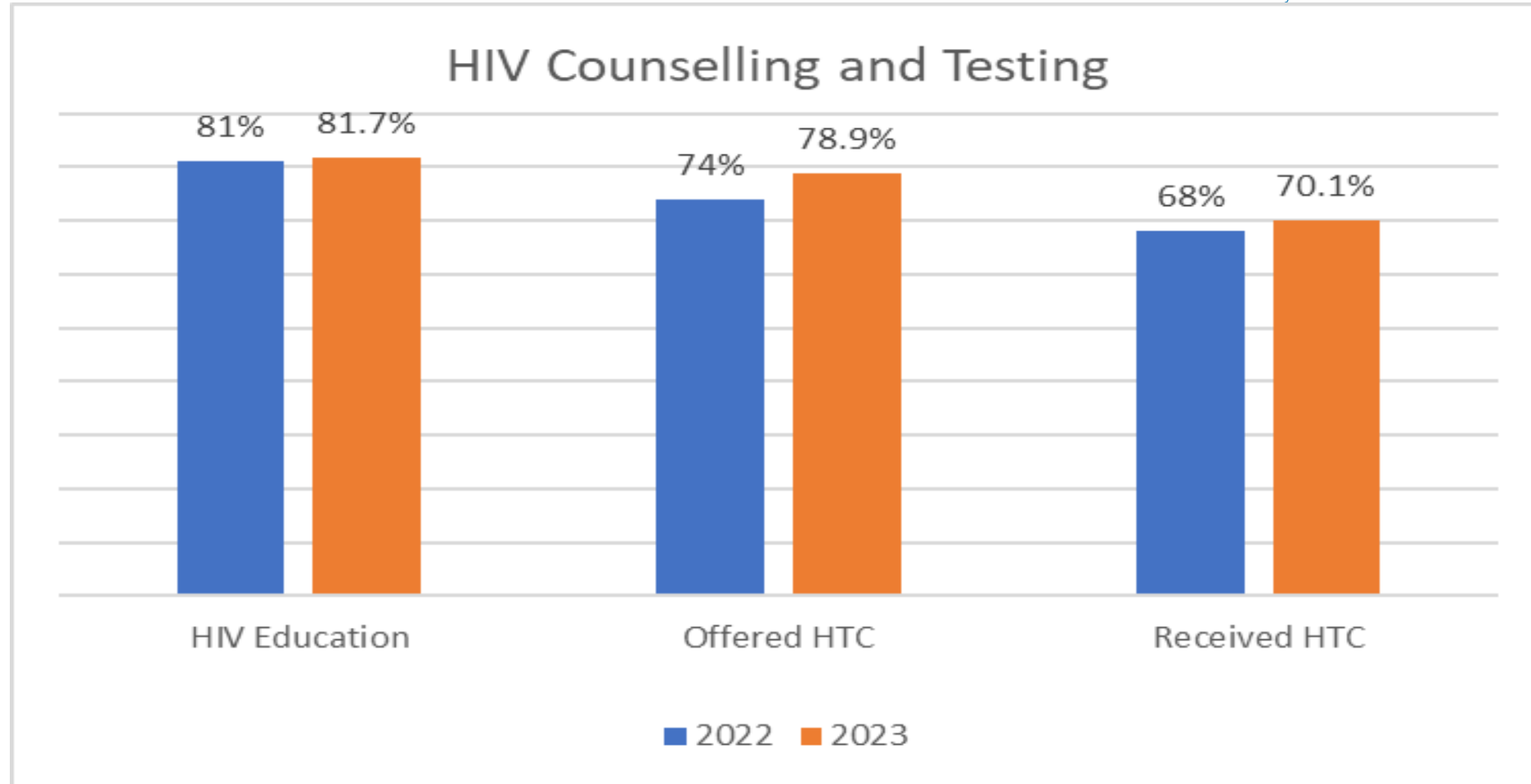
HIV services



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Proportion of patients who completed and dropped out of services



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Variable	Overall	Inpatient	Outpatient
Completed	56.82%	91.5%	56.4%
Dropped out	43.18%	8.5%	43.5%
Terminated due to non-compliance	8.72%	2%	10.39%
Transferred to other care	6.6%	8.7%	5.9%



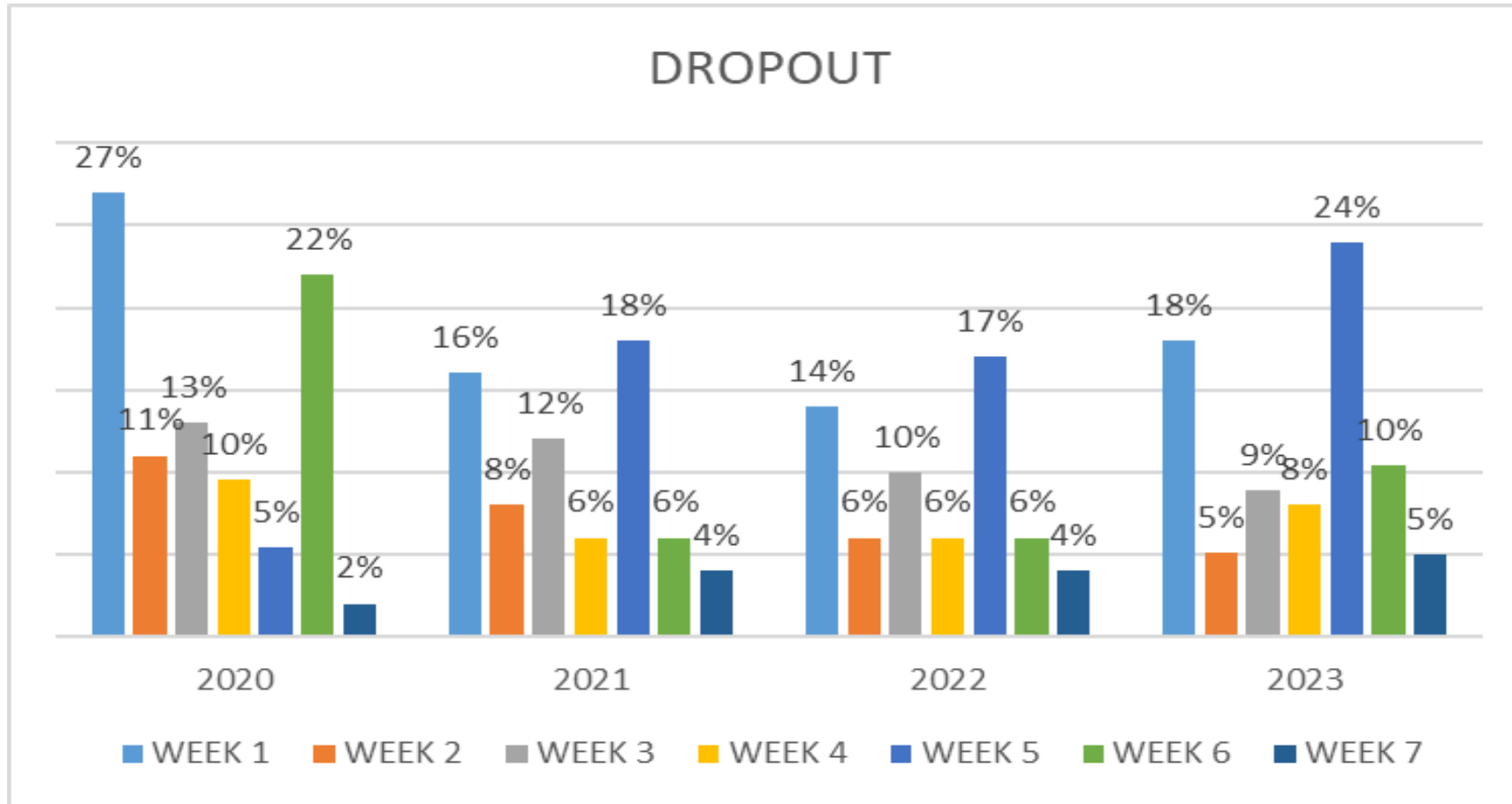
Dropout rate by week of treatment programme



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Summary of findings



In this implementation period, the SQM measurement system continues to generate useful findings that can be used to guide policy and clinical decisions around service provision.



A decrease can be seen in the number of centres that participated for this period.



Treatment centres performance on patient reported outcomes remained stable despite circumstances.

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Summary of findings

Number of women accessing treatment remains much less in comparison to men

Increase in HIV education has a positive impact on HIV risk behaviour

Summary of findings

HIV information and education continues to have a positive impact on HIV risk behaviour.

High levels of drop out and early drop out of treatment remains a problem. In order to promote longer stays in treatment and prevent early drop out, facilities should strive to reduce barriers to retention in services and seek to provide care that patients find acceptable and satisfactory.

Limitations



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- SAATSA form to be completed from week 3 of treatment and is often forgotten
- Patient unique identifier which serves to link form is recorded incorrectly or not at all
- SAATSA form to be completed from week 3 of treatment and is often forgotten
- Discharge form should be completed 30 days after no contact with patients, sometimes only completed after a year





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THANK YOU TO OUR PARTNERS AND THE
TREATMENT CENTRES THAT PROVIDE US
WITH INFORMATION AND SUPPORT.

