Drinking-Driving Programs and Quality Control: Assessing Consistency of Program Implementation

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Abstract
Legislation enacted by the Province of Ontario on September 30, 1998 stipulated that all convicted drinking drivers must complete a rehabilitative or remedial measures requirement before they can seek relicensing after the mandatory period of license suspension. Therefore, in order to meet the requirements of the legislation, the remedial measures program had to be made available to Ontario residents in all areas of the province, and a requirement of the program was that it be offered consistently and at a similarly high level of quality at all locations. This paper describes some of the measures that have been taken to ensure this standard through monitoring the consistency and quality of the programs across the province. We focus in this paper on the client satisfaction data, and on the consistency of the assessments conducted.

Introduction
Beginning September 30, 1998, every convicted impaired driver in the province of Ontario was required to complete a rehabilitative or remedial measures program called Back on Track (BOT) before his or her driver’s license could be reinstated after the period of mandatory license suspension. Prior to that time, a small number of programs had existed in some localities of the province (1). However, the increasing evidence for the beneficial effects of remedial measures programs (2,3) prompted the province to increase the numbers of convicted offenders receiving these programs by linking them to license return. The BOT program consists of a web-based assessment followed by an education or treatment program and a follow-up interview (in the first two years of the program all first offenders were assigned directly to the education program without being assessed or completing a follow-up interview). An individual's results on the assessment determine whether he or she has to complete the 8 hour education program or the 16 hour treatment program. Further information about the program can be found on the program website (4).

Ontario is Canada's most populous province (11,675,497 in 1998) and its second largest geographically. The BOT program is provided at 28 sites across the province. A major concern in introducing this program was that clients be treated equitably and receive a similarly high quality of service across the province. In recent years concern over quality control issues in health care has increased substantially (e.g., 5,6). However, in the published literature there is little documentation on issues of comparability of health service provision across sites, and in the
literature on rehabilitative programs for convicted drinking drivers specifically there appears to have been no consideration of this issue. We describe some of the procedures undertaken to monitor quality and ensure consistency in the introduction of the BOT program. Specifically, we discuss comparing client satisfaction and assessment consistency across the 28 program sites.

**Consistency of Client Satisfaction Measures.**
The assessment of client satisfaction has been, from the outset of the program, a major concern. Patient satisfaction has become a critical issue in the medical care field because of the increased emphasis placed on patients as consumers of services (7-9). Researchers have shown that individual preference about the delivery of care and factors not under the control of the medical care system are correlated. Patient satisfaction ratings tend to be directly related to such factors as length of time to get an appointment, travel time and distance to care facility, waiting time at the place where care is received, and amount of effort to obtain required information (8,9). In an evaluation process, it is important, therefore, to differentiate between what happens when patients seek care and how patients are treated when the care is provided. The actual care program/provider should not be held responsible for factors that might make an individual become more critical.

Researchers at the RAND Corporation in Santa Monica, California have investigated the psychometric properties of client satisfaction and have found it to be a multidimensional construct (10,11). However, there is substantial co-variation among the factors that suggests the presence of a general satisfaction factor that can be measured by a combination of measures. The Centre for Addiction and Mental Health has adapted measures initially developed by RAND corporation researchers (10,11) to the Canadian context for use in a large mental health and addictions facility that has both in- and out-patient programs.

At the end of the program, BOT clients are instructed to complete the satisfaction instrument before leaving. In addition, each client is invited to give their opinions about the service provided and suggestions on how this service could be improved. The instrument and comments are completed anonymously.

Factor analysis of the instrument has revealed four factors or dimensions, which have been labeled Total Satisfaction, Satisfaction with the Service, Negative Qualities of Facilitators and Positive Qualities of Facilitators. Summary scores for these four factors are generated for each questionnaire. A fifth score, termed Personal Utility, is also obtained. It is a single item response asking about the perceived usefulness of the program.

The data described here are for the period from the beginning of the program to the end of January 2000, when approximately 900 individuals had completed the program across the province. These data are of particular interest because they cover the period when the program was initially being introduced across the province. Table 1 presents data on the personal utility measure. The large majority of program participants found the program useful. Additionally, this observation was generally consistent across sites, as indicated by the lack of significant differences between respondents in programs in the North and South of the province. Table 2 presents data on the other four measures from the instrument. Here as well it is clear that respondents are reporting, on average, a positive perception of the program and its facilitators.
Again, as an indicator of the consistency with which the program was implemented, no significant differences were observed between programs in the north and the south of the province.

Table 1: Mean Personal Utility Measure by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>The Program Was Useful</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
</tr>
<tr>
<td>North - N</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>-%</td>
<td>4.0</td>
<td>1.3</td>
</tr>
<tr>
<td>South - N</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>-%</td>
<td>3.5</td>
<td>2.8</td>
</tr>
<tr>
<td>Total - N</td>
<td>28</td>
<td>20</td>
</tr>
<tr>
<td>-%</td>
<td>3.6</td>
<td>2.5</td>
</tr>
</tbody>
</table>

The results presented here demonstrate a very high level of overall satisfaction for both the services being provided across Ontario and for the facilitators within each service unit. Early concerns that the client group for this program (convicted drinking-drivers) might be resistant to it appear to be unfounded, at least in terms of the client satisfaction data presented here. In addition, the data show that these clients are finding the programs to be valuable and useful.

Table 2: Mean Client Satisfaction Measures by Region

<table>
<thead>
<tr>
<th></th>
<th>Total Satisfaction (Best score=70)</th>
<th>Satisfaction with Service (Best score=30)</th>
<th>Negative Qualities-Facilitators (Worst score=20)</th>
<th>Positive Qualities-Facilitators (Best score=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>59.67</td>
<td>23.14</td>
<td>6.53</td>
<td>18.11</td>
</tr>
<tr>
<td>South</td>
<td>60.04</td>
<td>23.92</td>
<td>6.89</td>
<td>18.27</td>
</tr>
<tr>
<td>Total</td>
<td>59.97</td>
<td>23.90</td>
<td>6.83</td>
<td>18.25</td>
</tr>
</tbody>
</table>

Consistency of Assessments.
A central element of the program is the assessment, which determines whether an offender attends an eight-hour education program or a 16-hour treatment program. The assessment instrument includes the Research on Addictions Self Inventory (RIASI, 12-14), the Alcohol Dependence Scale (ADS: 15) and the Drug Abuse Screening Test (DAST: 16), plus additional items adapted from the clinical assessment conducted at the Centre for Addiction and Mental
Health. In order to assure the quality of the program to all residents of Ontario, it is important that the assessment is conducted consistently by the 28 program providers across the province.

The literature on assessing convicted drinking drivers or individuals with alcohol problems provides no specific guidance for determining the consistency of assessment across assessment providers. We therefore adapted the Quality Control Chart technique from industrial psychology (17). This technique involves the graphic presentation of the performance of individual samples against some expected level of performance. The inclusion of confidence limits (2 and 3 standard deviations away from the mean) on the chart allows the determination of samples which fall outside of the range of performance expected or desired.

Figure 1 is the Quality Control Chart for the proportion of first offenders assigned by each provider to the education program. The expected level of performance chosen for comparison was the mean assignment levels for all providers. Figure 1 indicates that the proportion of first offenders assigned to education by most providers is consistent with the average assignment levels observed across the province. A small number of providers fell outside the 2 and 3 SD limits. In these specific cases we noted that sample sizes were often small. As well, in other analyses we observed that age, income, number of offenses, employment status and education showed an association with assignment to the education or treatment programs, and some programs that fell outside these limits had client groups characterized by one or more of the variables associated with program assignment.

Discussion
Our quality control information on the implementation of the BOT program in Ontario provides a useful perspective on the implementation of a remedial measures program for convicted drinking drivers on a large scale. Substantial efforts were taken at the outset of the program to ensure that consistent and high quality services were provided across the province, and to implement monitoring procedures to assess progress towards these goals. So far, the evidence
indicates that these goals are being met. Clients report very high levels of satisfaction with the program, with the services and information received and with the service providers. As well, the assessments appear to be conducted similarly across sites, and any differences between sites in levels of assignment to the two programs appear to be explainable by small sample sizes or the characteristics of the sample seen at different sites. Among other things, these data have alleviated concerns in the addiction services community that this client group would be excessively difficult to deal with and would not benefit from the kinds of services provided in these programs. It is also likely that the degree of success in program implementation achieved here is due in large part to the professionalism and high standards of the program providers, who are primarily drawn from the province's addiction services providers.

Many or most rehabilitative programs for convicted drinking drivers are mandatory programs required by governments. These programs are often implemented at multiple sites over a large geographic area. It is surprising that, to date, there appears to have been no reports on efforts to ensure that these programs offer consistent and high quality levels of service across sites. We have described some of the measures taken to monitor the implementation of Ontario's BOT program for convicted drinking drivers. These measures have provided valuable information for ensuring the quality of the programs offered to clients in 28 sites across the province. Clients in remedial measures programs for convicted drinking drivers deserve the same high standards of care and service provision as any other health care clients, and thus more efforts in this area are necessary.

References


