

4. The Standards for QA Organizations

The ICQ QA Advisory Committee expects that QA organizations should meet the standards that underpin the ICQ Quality Seal Award; however, it recognizes that there may be variation in the remit and scope of QA organizations so there may be instances where a standard or criterion is not applicable or may be met in a different way to that considered in this process. In these instances, the QA organization may write and ask for an exception to be made regarding the standard or criterion. Based on information received, the ICQ QA Advisory Committee will decide on whether a QA organization should be awarded the ICQ Quality Seal.

This section outlines the Standards, as well as the criteria, guidance and suggested evidence for each criterion. This section will support the QA organization's efforts in completing the *Application Form* for the ICQ Quality Seal contained in [Appendix 2](#).

***Please provide your responses in the [Application Form](#) provided in this guidance document and include your evidence in the body of your responses via links to specific material being referenced.

The glossary of terms is contained in [Appendix 1](#) of this document and can be utilized if more explanation of terms is required.

4.1 Standard 1: The QA Organization Supports Implementation of the Principles and Standards Outlined in the '[International Standards for the Treatment of Drug Use Disorders](#)' (2020/WHO/UNODC) and ICQ Advisory Committee values.

***Criterion 1a:** A written statement from the QA organization confirming they agree with the [International Standards for the Treatment of Drug Use Disorders](#) (2020, WHO/UNODC).

Guidance:

A written statement would be expected from a member of the QA organizations senior leadership team or senior governing body.

Suggested Evidence:

A written statement from the board of directors of the QA organization or the senior leadership team. This may be from the Chief Executive Officer, Director, or the senior leadership team of the QA organization.

The written statement confirms it supports implementation of the principles and standards outlined in the '[International Standards for the Treatment of Drug Use Disorders](#)', (2020, WHO/UNODC).

Criterion 1b: A written statement from the QA organization confirming they agree with ICQ values.

Guidance:

A written statement would be expected from a member of the QA organization's senior leadership team or senior governing body.

The organization's values may be published on their websites, and in promotional and information materials.

Suggested Evidence:

A written statement from the Board of Directors of the QA organization or the senior leadership team that confirms agreement with ICQ Values. This may be from the Chief Executive Officer, Director, or the senior leadership team of the QA organization.

4.2 Standard 2: The QA Organization has Expertise in Quality Assurance of Substance Use Disorders (SUD) Treatment Services and has Initiatives Underway.

***Criterion 2a:** The QA organization's staff or pool of assessors involved in the accreditation process for substance use disorders are competent in SUD treatment.

Guidance:

The QA organization's planning process may include:

- a plan outlining the expected workload related to the QA activity of SUD treatment providers and the defined assessor competencies required to perform the work.
- the assessor's, or assessment team's, training, qualification and experience required and appropriate for QA activity of SUD treatment providers.
- a program for ongoing assessor evaluation, education and training to ensure a competent workforce for QA activity of SUD treatment providers.

The QA organization's job descriptions may describe the defined competencies for QA activity of SUD treatment providers.

The competencies of the staff, as demonstrated in their CVs, are reflective of the QA organization's defined competencies in SUD treatment. This may include:

- professional qualifications in SUD treatment
- contemporary knowledge of the SUD field
- specialized knowledge relevant to the SUD field
- professional experience in SUD treatment
- behavioral competencies

Suggested Evidence:

Evidence the QA organization has clearly defined assessor competencies (knowledge, skills, abilities, behaviors, experiences and expertise) to be able to effectively assess SUD treatment services.

Evidence the QA Organization employs staff with clinical and managerial competence (in SUD treatment in its accreditation of SUD treatment services.

Evidence the QA organization has a process to evaluate the competencies.

Examples of job descriptions as well as assessor curriculum vitae (CV) or assessor team CV QA organizations:

- job descriptions
- human resources plan
- training plan and assessor attendance records
- professional development policy
- policies and procedures

If the QA organization utilizes QA assessment teams, evidence of the team composition and competencies for QA of SUD treatment services.

***Criterion 2b:** The QA organization has undertaken accreditation processes with substance use disorders treatment services and keeps a register of such clients (*client refers to SUD treatment providers with whom there is a contract or agreement for services*).

Guidance:

QA organization may include:

- QA activities of SUD treatment providers planned and completed
- data on facilities where QA activities are completed
- data on numbers of facilities completed
- sample QA reports and QI plans completed for SUD treatment providers

Feedback from clients of the QA organization who have undergone a survey.

Suggested Evidence:

Client register or summary of facilities assessed in last three years.

Evidence the QA organization has undertaken in the last 3 years QA assessment processes with a range of SUD treatment services.

Evidence of feedback received from organizations surveyed by the QA organization and how this feedback was utilized.

4.3 Standard 3: The QA Organization’s Standards for Substance Use Disorders Treatment Services are in Line with the ‘Quality Assurance in Treatment for Drug Use Disorders: Key Quality Standards for Appraisal’, (2021 pre-publication draft) UNODC/WHO, COPOLAD/CICAD (supported by OAS and PAHO), African Union Continental and European Union (EQUUS), and supported by EU Drugs Agency.

<p>*Criterion 3a: The QA organization attests that their standards are in line with the ‘Key Quality Standards’ (2021, UNODC et al).</p>
<p>Guidance: This may include a statement from the Board of Directors or the Senior leadership.</p> <p>The organization’s statement and alignment with the <i>Key Quality Standards</i> may be on their websites, and/or in promotional and information materials provided to their SUD treatment provider clients.</p>
<p>Suggested Evidence: A written letter from the QA organization senior leadership or Board stating their quality standards are wholly in line with the ‘Key Quality Standards’ (2021, UNODC et al).</p>
<p>*Criterion 3b: The QA organization demonstrates their conformance of the QA organization’s standards with the ‘Key Quality Standards’ (2021, UNODC et al).</p>
<p>Guidance: The QA organizations demonstration of conformance may include:</p> <ul style="list-style-type: none"> • Assessment of their standards against the ‘Key Quality Standards’ • Assessment against the defined criteria and evidence • Degree of compliance • Progress towards full compliance (if applicable)
<p>Suggested Evidence: A document from the QA Organization cross-referencing their standards with the ‘Key Quality Standards’ (2021, UNODC et al) demonstrating compliance.</p> <p>For criteria where there may not be full compliance – please, explain why there may be an exception to compliance.</p> <p>Quality improvement plan for full compliance (where applicable).</p>

4.4 Standard 4: The QA Organization has Standards and Processes for the Registration, Quality Assurance, Accreditation, or Certification of Substance Use Disorders Treatment Services. These Processes are Transparent, Fair and Open to Challenge and are Operated and Applied by Trained and Competent Assessors.

<p>*Criterion 4a: The QA organization publishes its QA processes.</p>
<p>Guidance: Information on processes and expectations may be on the QA organization’s website, and/or in promotional and information materials provided to the SUD treatment provider clients. Clients may be supported in preparing for the survey through education and this is documented.</p>
<p>Suggested Evidence: Electronic or paper-based Information for clients on the survey process. Examples of client communication and education on the organization’s QA processes. Evidence the QA organization’s QA processes are published and available to the public.</p>
<p>*Criterion 4b: The QA organization uses a consistent set of standards and evidence from services to rate services.</p>
<p>Guidance: Standardized client agreements outlining roles and expectations. The consistent set of standards to be utilized in an assessment and the evidence required to meet a standard. A standardized client assessment plan outlining assessor team, process and timeline for the provision of documentation and assessment timetable.</p>
<p>Suggested Evidence: Documented QA organization standards, and evidence requirements. A documented and transparent rating mechanism for SUD treatment services. Standardized client agreements for QA of SUD treatment providers. Documented and standardized client assessment plan or planning process for SUD treatment providers. Examples of standardized assessment tools provided.</p>

Criterion 4c: The QA organization has an appeals process for services that wish to challenge the scoring or rating they have been awarded.

Guidance:

The QA organization may:

- include the process in client contract or agreements.
- demonstrate their communication of the appeals process with their clients through the client contract or agreement.
- provide draft reports to their clients before finalizing QA scores and provide an opportunity for factual correction before reports are finalized.

Suggested Evidence:

Documentation of the QA organization established process and timeline for SUD treatment services to correct facts or to contest scoring or ratings.

Documented appeals process available electronically or in paper-based format.

Sample contract or agreement with the appeals process timeframes and responsibilities.

Sample draft reports for client review.

***Criterion 4d:** The QA organization has assessors who are trained in quality assurance.

Guidance:

Assessor contract or agreement with the QA organization may include:

- Commitment to maintain qualifications related to SUD treatment.
- Commitment to comply with the QA organizations values related to QA of SUD treatment services.
- Commitment to comply with ongoing training and education related to QA.

Assessors undergo an induction and ongoing training program for the QA assessment of SUD treatment providers which can include:

- QA assessment activities.
- survey techniques.
- mock survey processes.
- standards, evidence, and compliance.
- ethics or professional boundaries or equivalent.

Suggested Evidence:

Assessor contracts/agreements outlining commitments.

QA organization's standardized assessor induction and ongoing training program in the QA assessment of SUD treatment services.

Evidence on ongoing assessor supervision and evaluation.

4.5 **Standard 5: The QA Organization's Quality Assurance Processes Involve Feedback from Treatment Staff and Patients.**

***Criterion 5a:** The QA organization obtains and utilizes patient feedback in its quality assurance processes.

Guidance:

The goal of this criterion is that the QA organization obtains **direct** patient feedback in a meaningful and objective fashion and one that minimizes any bias.

To this end, the QA organization may have guidelines as part of their QA activities for assessors to follow to obtain this feedback directly from patients. The QA organizations will ideally pick the patients to interview in partnership with the treatment provider and may have a list of interview questions, a list of focus group questions or a protocol for interviewing patients.

The QA organization will interview the patient when the patient consents to be involved in the process.

Ways to collect patient feedback directly may include:

- interviews
- focus groups

If direct patient feedback is not possible, the QA organization can consider the organization's methods of collecting and utilizing patient feedback on an ongoing basis. This data may be collated and a report presented to staff on a regular basis for review and for development of any action plan to address the feedback received from those served.

Ways for assessors to collect feedback may include:

- Feedback surveys
- Anonymous reporting

The QA organization will include this feedback (direct or indirect) as part of their quality assurance assessment and reporting.

Suggested Evidence:

Documented resources or guidelines provided to assessors for obtaining patient feedback in its QA

processes, such as the protocols for interviewing patients and the interview questions used.

Documentation of training provided to assessors pertaining to patient feedback.

Evidence of the QA organization's process to systematically obtain and utilize feedback from patients (directly or indirectly) in its quality assurance assessment and reporting.

Criterion 5b: The QA organization obtains and utilizes staff feedback in its quality assurance processes.

Guidance:

The QA organization may have mechanisms and guidelines as part of their QA activities for assessors to follow to obtain feedback from staff. This may include:

- feedback surveys
- onsite interviews
- focus groups
- anonymous reporting

The QA organizations may have a list of interview questions, a list of focus group questions or a protocol for interviewing staff.

Suggested Evidence:

Documented resources or guidelines provided to assessors for obtaining staff feedback in its QA processes, such as the protocol for interviewing staff and the interview questions used.

Documentation of training provided to assessors.

Evidence the QA organization has a written process to systematically obtain and utilize feedback from staff in its quality assurance processes.

4.6 Standard 6: The QA Organization has Established Policies and Procedures to Address Corruption, Unethical Behavior, Conflict of Interest, Illegal Activities and Abuse of Human Rights if Discovered in a SUD Treatment Service.

***Criterion 6a:** The QA organization has established policies and procedures, including what actions it will take, if it finds corruption, unethical behavior, conflict of interest and illegal activities in a SUD treatment service it is assessing.

Guidance:

This may include the organization's definition of and approach to addressing corruption, unethical behavior, conflict of interest and illegal activities. The definition and approach will be in line with

ICQs values as per Standard 1. An established policy and procedure refer to the development of a written policy and procedure and consistent implementation of such. It may include policies and processes as well as any relevant committees or governance structures that address and act on these issues.

Actions the organization takes to communicate their policies and procedures to staff, assessors and clients may also be included.

The QA organization may provide an anonymized example of what action it has taken when it has found these in a SUD treatment service.

****See [Glossary of Terms](#) in appendix 1 on definition and resources related to corruption, unethical behavior, conflict of interest and illegal activities.*

Suggested Evidence:

QA organization’s documented statement/policy and process on corruption, unethical behavior, conflict of interest, and illegal activities.

Organizational chart outlining role of relevant structure or department involved in addressing these issues.

Examples of how the organization communicates their statement/policy to their staff, assessors and clients.

***Criterion 6b:** The QA organization has established policies and procedures, including what actions it will take, if it finds abuse of human rights in a SUD treatment service it is assessing.

Guidance:

This may include the organization’s definition of and approach to addressing abuse of human rights. The definition and approach will be in line with ICQs values as per Standard 1. An established policy and procedure refer to the development of a written policy and procedure and consistent implementation of such. It may include policies and procedure as well as any relevant structure or department that addresses and acts on this issue.

Actions the organization takes to communicate their policies and procedures to staff, assessors and clients may also be included.

The QA organization may provide an anonymized example of what action it has taken when it has found this in a SUD treatment service.

****See [Glossary of Terms](#) in Appendix 1 on definition and resources related to abuse of human rights.*

Suggested Evidence:

QA organization’s documented statement/policy and process related to abuse of human rights.

Organizational chart outlining role of relevant committees involved in addressing this issue.

Examples of how the organization communicates their statement/policy to their staff, assessors and clients

***Criterion 6c:** The QA organization will check whether a SUD service provider has systems, policies and processes for preventing and addressing corruption, unethical behavior, conflict of interest, illegal activities and abuse of human rights if it occurs.

Guidance:

The QA organization may have documented guidelines for assessors to follow to ensure that this is systematically addressed and reported on as part of the QA activity.

The QA organization’s expectations may be included in the report writing guidelines for assessors.

Suggested Evidence:

Examples of documented guidelines for assessors to follow to check if there is an established policy and procedure to address these activities as part of their QA activity.

Documented report writing guidelines addressing this in their reports.

4.7 Standard 7: The QA Organization has a Policy and Procedure to Promote Evidence-Based Practice.

***Criterion 7a:** The QA organization has an established policy and procedure for ensuring the interventions provided by the substance use disorders treatment service are evidence-based and in line with current national and/or international guidance.

Guidance:

The QA organization may have a statement or policy on evidence-based interventions to guide assessment.

The QA organization has provided an anonymized example of action taken by them when a non-evidence-based practice was found during a QA assessment.

The QA organization may have a set of current national guidelines or refer to the current ‘International guidelines for the Treatment of Drug Use Disorders’ (WHO/UNODC 2020)’ for assessors to systematically use in their QA activity.

Suggested Evidence:

A statement or policy on evidence-based interventions.

Evidence that the QA process includes an assessment of whether a practice is evidence-based.

Evidence on the use of current international standards and guidance for the treatment of substance use disorders.

4.8 Standard 8: The QA Organization has a Work Plan that Demonstrates Its Ongoing Commitment to the Standards that Underpin the Quality Seal Award Focused on Improving the Quality in Substance Use Disorders Treatment Services.

Criterion 8a: The QA organization has provided a written statement or a work plan reflecting their QA activities to improve the quality of SUD treatment services in line with current international guidelines.

Guidance:

This may include the QA organization's:

- strategy that reflects the standards that underpin the Quality Seal award
- goals and activities to:
 - communicate the award of recognition to staff, stakeholders and clients
 - promote the Quality Seal and its benefits to its stakeholders and clients
 - embed the quality seal recognition, and the standards in the self-assessment application or in its QA processes of SUD treatment service providers

Suggested Evidence:

A written statement or a work plan that embodies the standards that underpin the Quality Seal Award to improve the quality of SUD treatment services.

Criterion 8b: The QA Organization has provided a written statement agreeing to submit an annual report (every 12 months after the ICQ Quality Seal is awarded) of progress made on the written statement or work plan or activities. Where there have been recommendations for improvement, an update on these will be provided as well at this time.

Guidance:

This may include a written statement agreeing to submit an annual report including achievements made vis a vis the plan to improve the quality of SUD treatment services in line with current international guidelines.

Where applicable, a progress report on any recommendations for improvement provided by ICQ QA Advisory Committee will be provided as well.

Suggested Evidence:

A written statement from senior leadership or board of directors agreeing to submit an annual report on accomplishments made on the written statement provided with the application or the work plan to align its efforts with current international guidelines and quality improvement in SUD treatment services.

Where applicable, a progress report or additional evidence, on any recommendations for improvement provided by ICQ will be provided.

4.9 Standard 9: The QA Organization is Responsibly Governed to Meet its Defined Purpose.

***Criterion 9a:** The QA Organization is a legal entity and can be held legally responsible for its activities.

Guidance:

The QA Organization is a legal entity. This may be a governmental body, an independent body approved by government, a 'not for profit' organization or an independent company.

Suggested Evidence:

Articles of Association, Deed or Constitution's official documentation defining the structure, powers and constitution of the organization.

Governing legislation (if appropriate).

***Criterion 9b:** The QA organization is effectively managed to meet its strategic objectives.

Guidance:

The QA organization has a governing body that delegates responsibility for the management of the QA organization to a chief executive or equivalent.

The role of the chief executive is defined in a job description with clear lines of accountability and responsibility.

The governing body meets on a regular basis and at least quarterly.

Minutes of the meetings of the governing body are maintained.

There are written job descriptions for all staff, regular supervision meetings, and annual performance evaluations.

Suggested Evidence:

Documented details of the governing body

Minutes of meetings of the governing body

Chief executive job description

Organizational Chart

Written job descriptions and performance evaluations

***Criterion 9c:** The QA organization has a defined process in place for the management of ethical concerns and conflicts of interest in the QA organization which is communicated to all staff.

Guidance:

Ethical concerns and conflicts of interest may relate to the operation of the QA organization itself and its staff and pool of assessors in relation to clients, partners and stakeholders.

Ethical concerns, conflicts of interest and definitions of each are communicated to all staff and assessors.

There is a designated person to receive reports of ethical concerns including an anonymous process.

Suggested Evidence:

Documented process for addressing ethical concerns.

Documented process for declaring and managing conflicts of interest.

Examples of how these processes are communicated to all staff, their clients, partners and stakeholders.