



Domains of people- centered health care

Domain 3: Efficient and benevolent health care organizations

Dr. Anuwat Supachutikul

Chief Executive Officer

Institute of Hospital Improvement and Accreditation, Thailand

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People at the Centre of Care : WPRO-SEARO Initiative

Vision: IFC are served by a health system that is designed around their holistic needs and trusted by them

Mission: To enable IFC to collaborate with health practitioners, healthcare organizations, and health systems in driving improvements in the quality of healthcare experience so that people and their needs are place at the centre of the health system

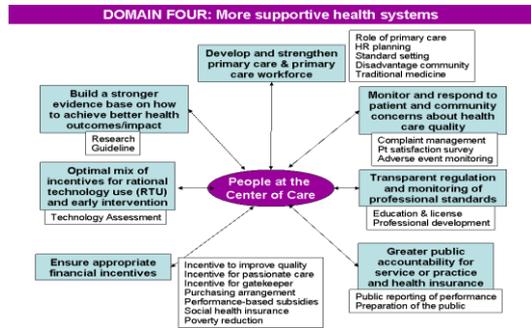
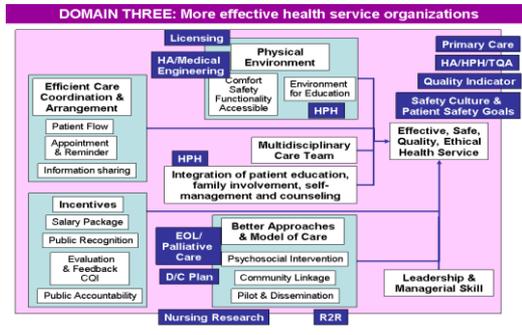
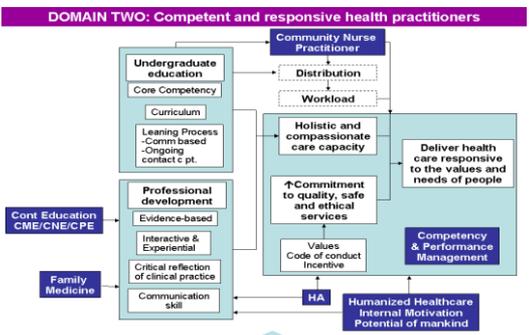
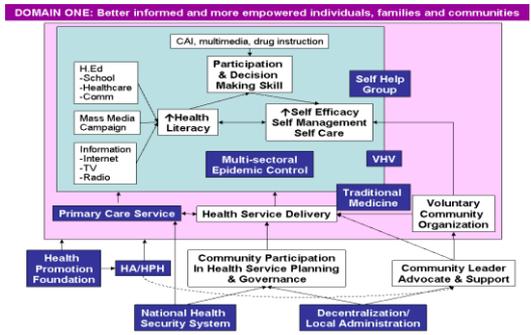
I = Individuals
F = Families
C = Communities

Culture of Care & Communication

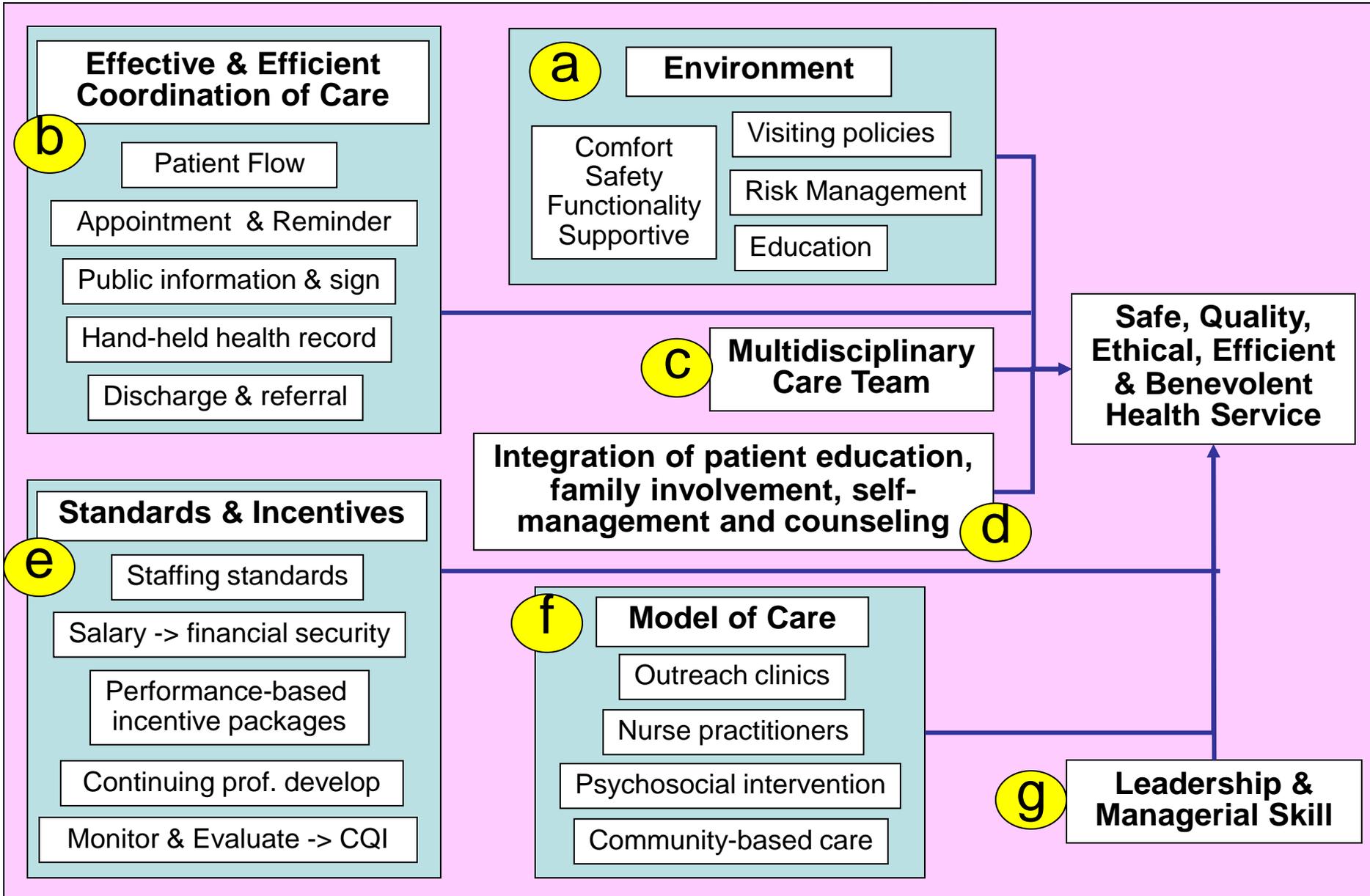
Appropriate Health Service Model

Responsible, Responsive, Accountable Services

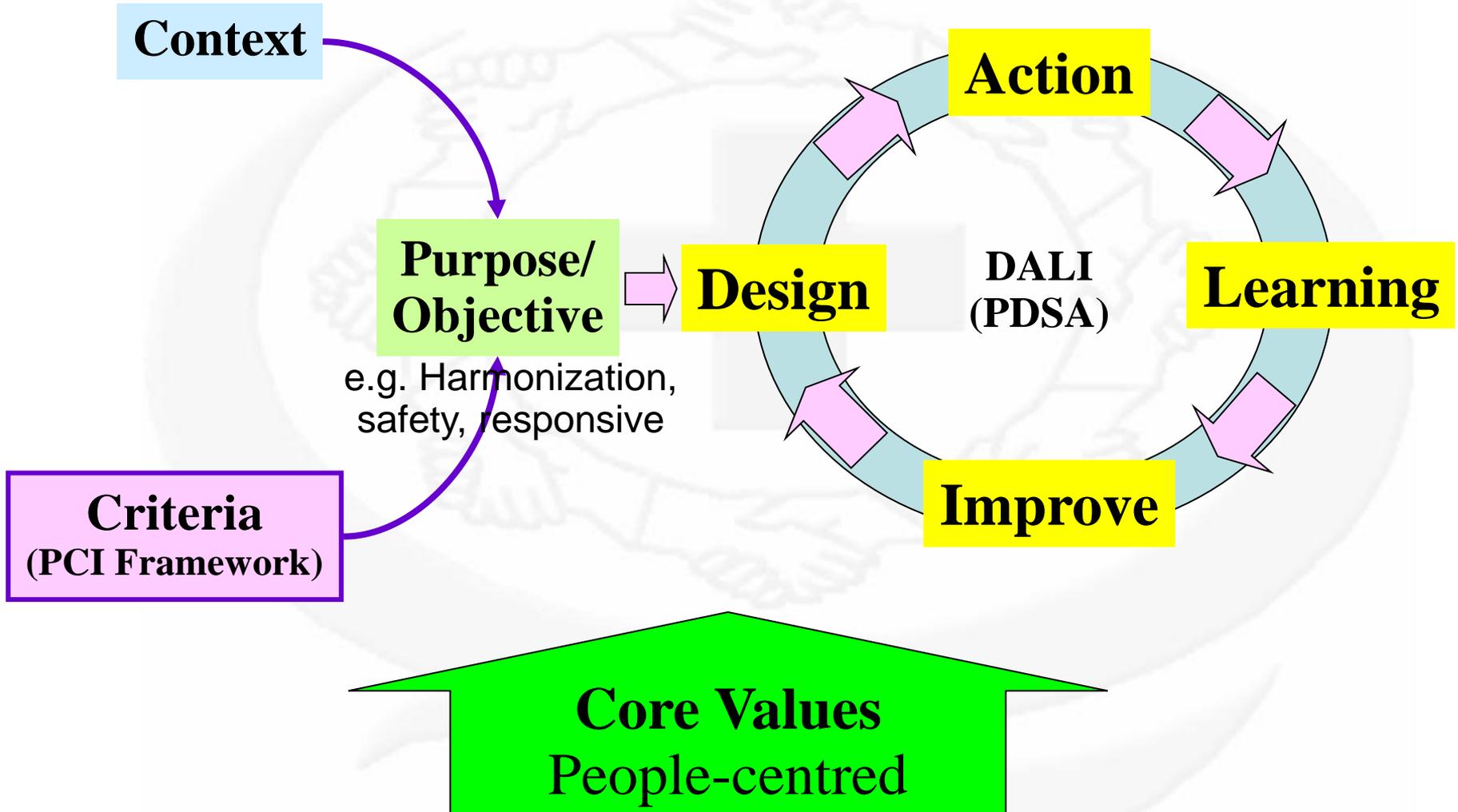
Empathetic Environment Support



DOMAIN THREE: Health Care Organizations



Cycle of Learning & Improvement



Forces **FOR** change

Simple & easy →

Joyful →

Visible benefits →

Recognition →

Social demand →

Professional responsibility →

Reputation →

People-Centred Healthcare

Forces **AGAINST** change

← Workload

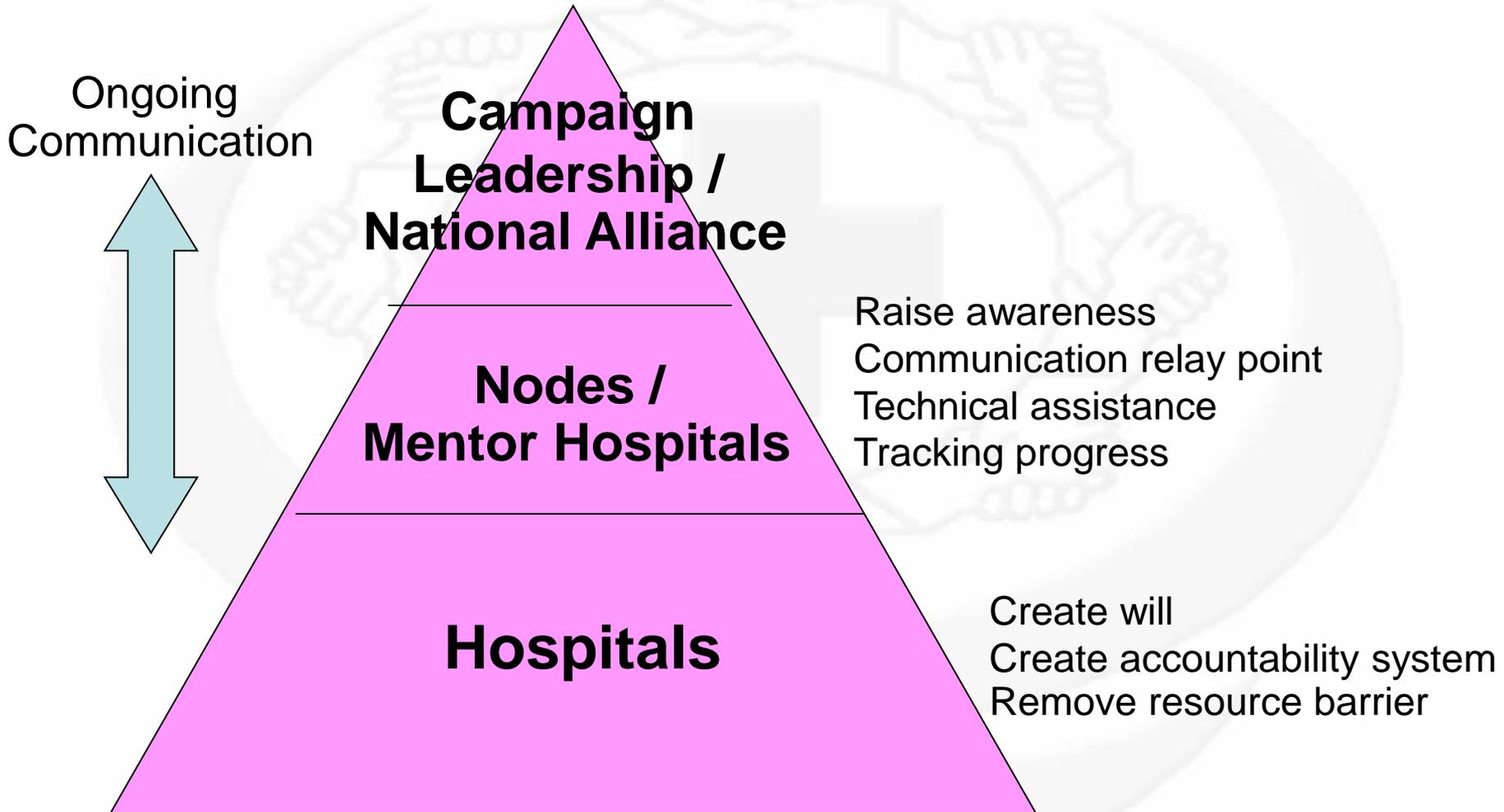
← Complicate, difficult

← Overwhelm with changes

← Professional autonomy

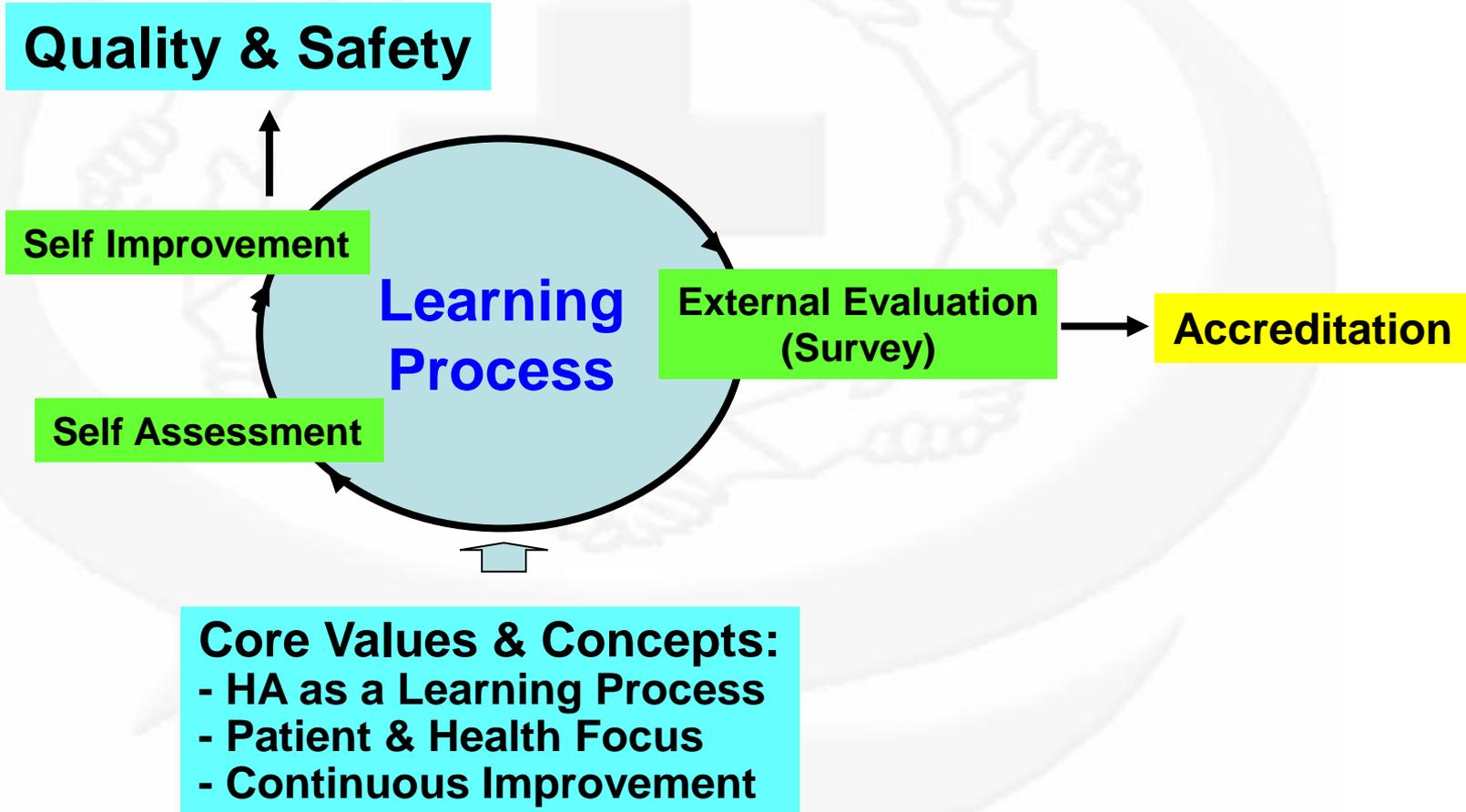
← Never heard before

Campaign & Continuous Drive





Hospital Accreditation (HA) as a Platform for Change & Learning





HA Thailand: Key Activities

**Collect & Create Knowledge/
Guideline for Quality Improvement**

**Evaluation &
Accreditation**

**Create Awareness
Knowledge Dissemination
Training**

Stepwise Recognition

Collaboration/Learning Network





Lesson 1: Start with R & D

Voluntary Process
Educational Process, Not Inspection
Encourage Civil Society Movement
Self Reliance, Independence, Neutral
Emphasis Self Assessment & Improvement

HA Project

Pilot Hospitals

Organization Alignment
Multidisciplinary Team
Med Staff Org
Clinical Quality
Risk Management
Self Assessment
Internal Survey

Initiatives

Workshops
Consultants

Adapt
Seek more information
Creativity
Trial
Learn

Knowledge

Solutions

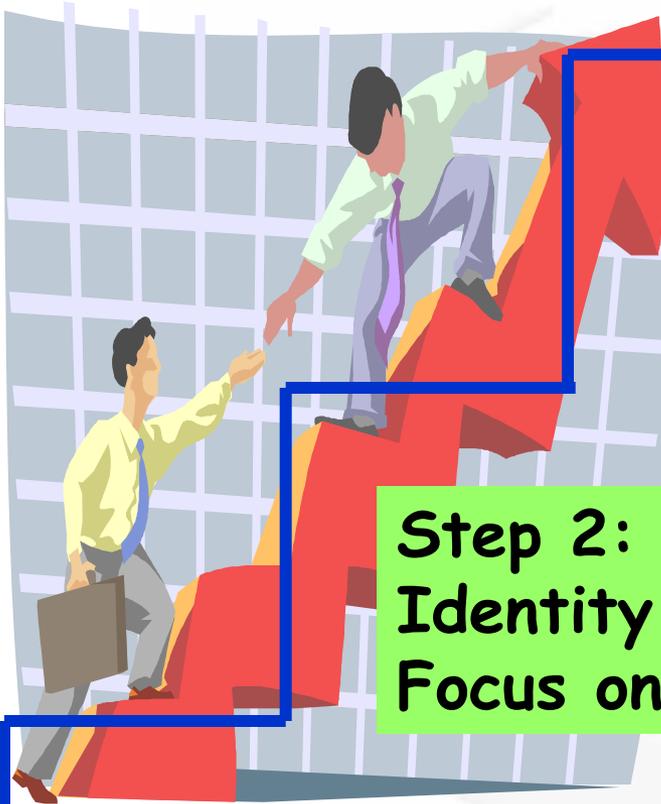
Questions



Lesson 2: Power of Recognition

- Willingness to open their house
- High level of collaboration, at least temporarily
- Positive reinforcement
- More friendly than top-down policy
- No one want to stay behind
- Make the impossible possible
- Any level of achievement can be recognized

Lesson 3: Stepwise approach

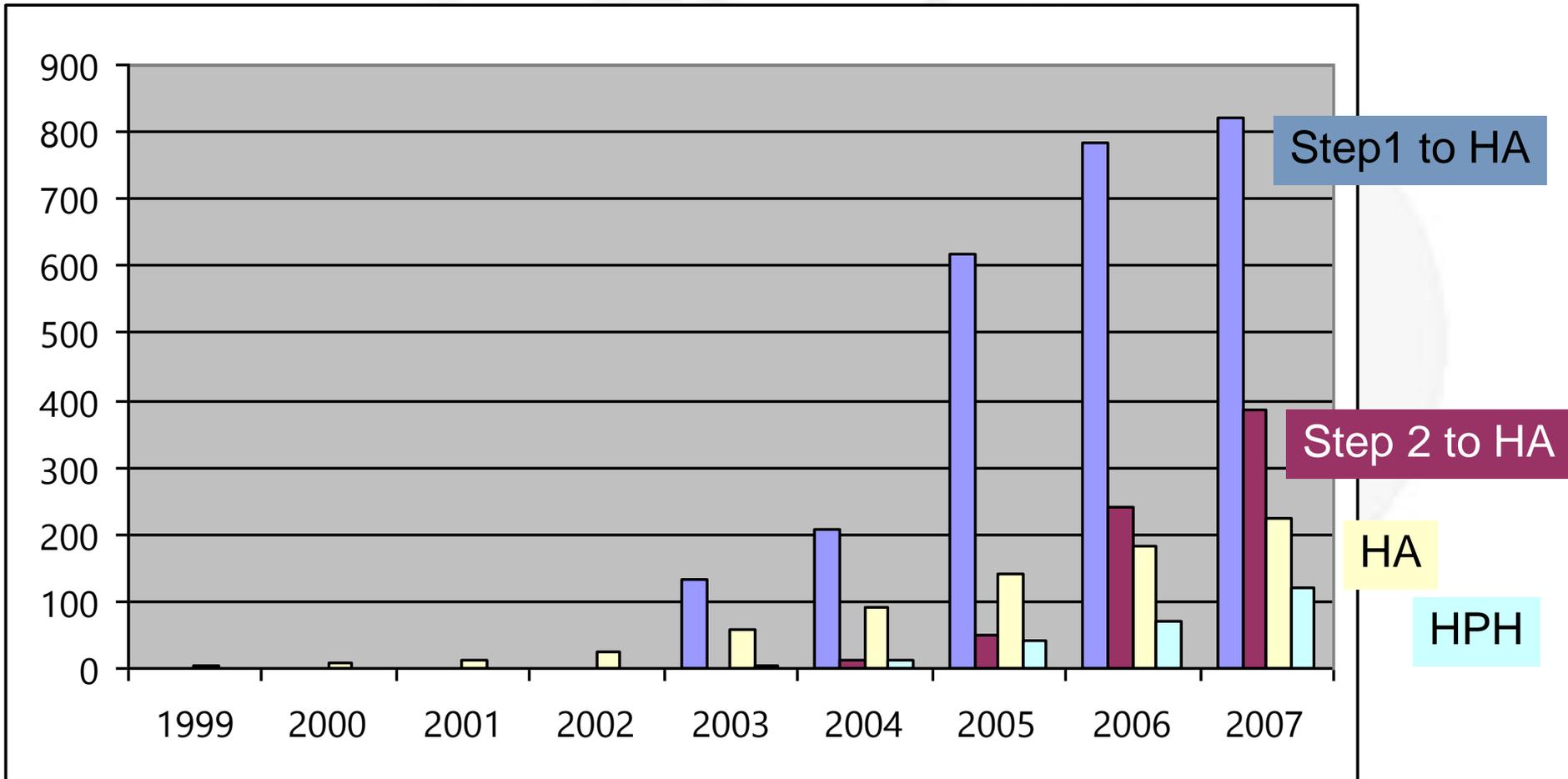


Step 3: Quality Culture
Identify OFI from standards
Focus on integration, learning, result

Step 2: Quality Assurance & Improvement
Identify OFI from goals & objectives of units
Focus on key process improvement

Step 1: Risk prevention
Identify OFI from 12 reviews
Focus on high risk problems

Number of HA Recognition



Stepwise People-Centred Healthcare



Step 3: Comply with all requirements in the framework
Culture of **people-centred**
(quality, safety, & learning)
Better outcome

Step 2: Make **PCI** a routine work
Focus on key process improvement to
implement **PCI** in all units & services

Step 1: Learn from experience of a small people
Learn from those who suffer
Learn to practice "Love Our Patients"

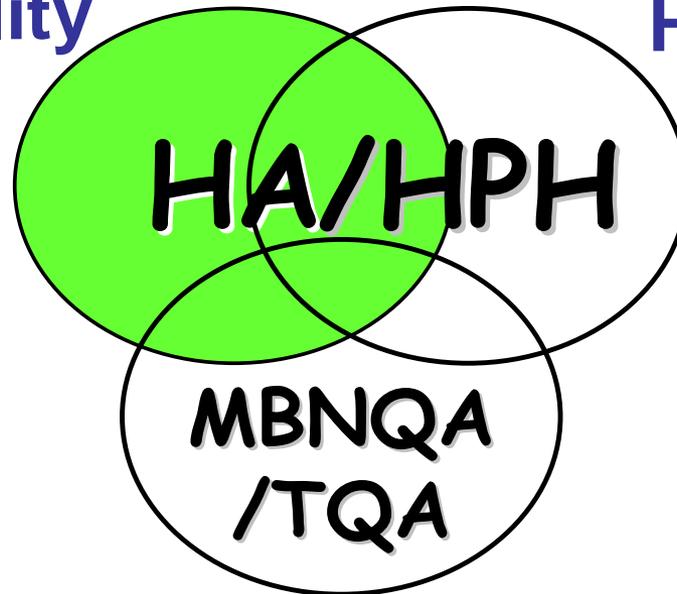
Lesson 4: Integrate with Others



Sources of HA Standard 2006

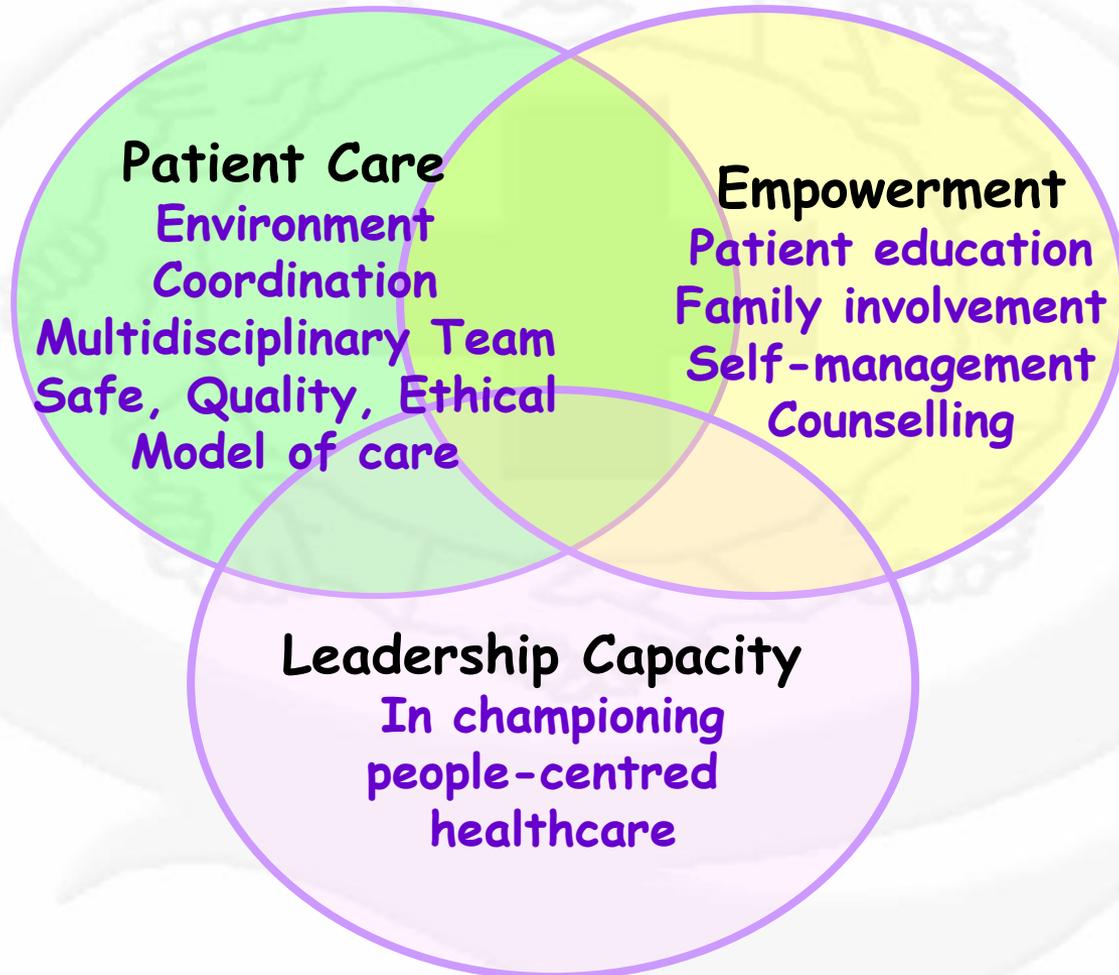
Ssafety & Quality

Health **P**romotion



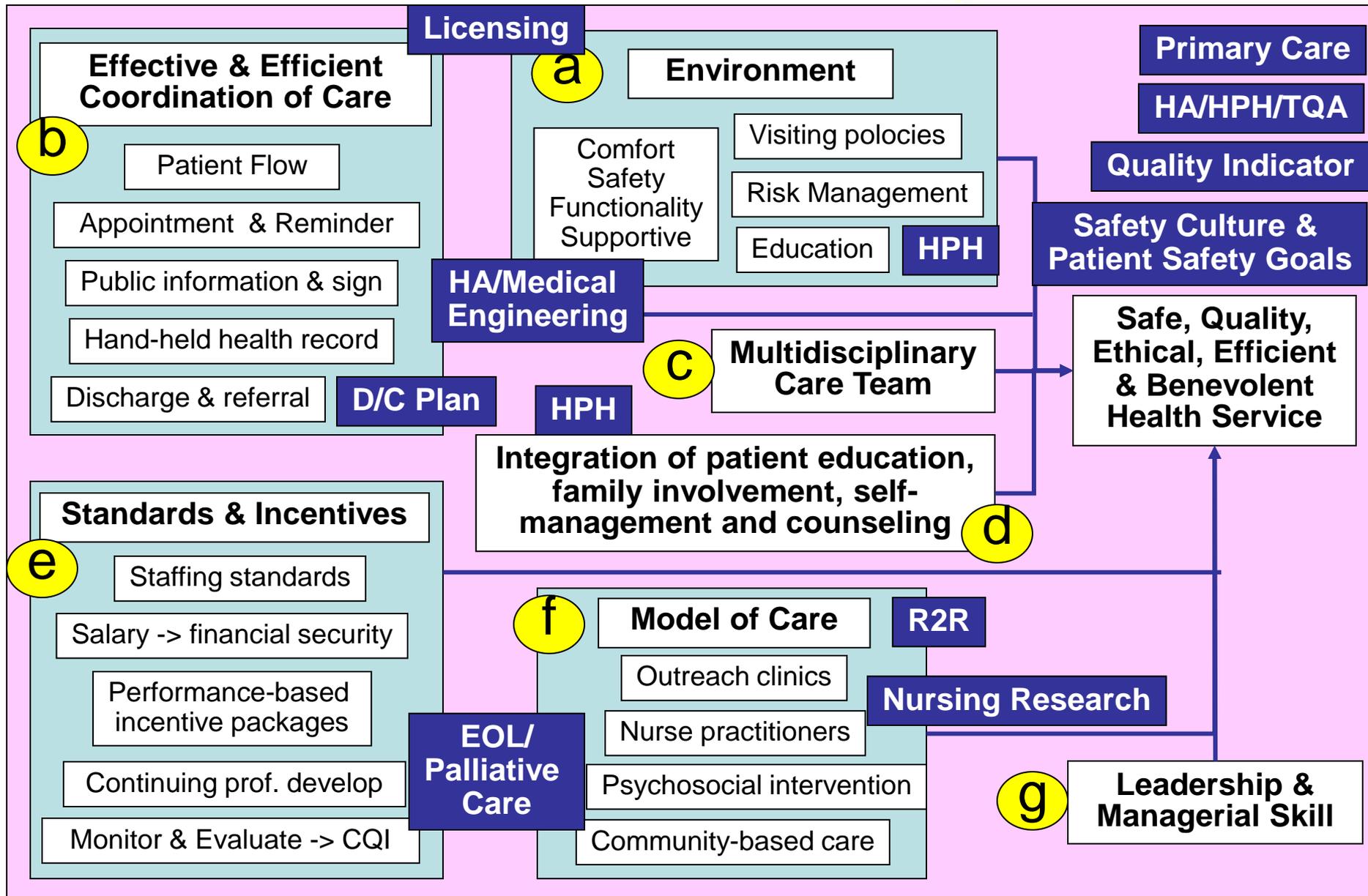
Learning & Integration

Key Components in Domain 3 of PCI



PCI can be integrated with the existing initiatives

Initiatives in Thailand related with DOMAIN THREE



Part I Organization Management Overview



HA Standard 2006

Measurement, Analysis, & Knowledge Management



Strategic Management

Human Resource Focus

Leadership

Focus on Patients / Customer

Process Management

Results

Part IV Results

Patient Care Results
Patient Focused Results
Financial Results
Human Resource Results
Process Effectiveness Results
Leadership Results
Health Promotion Results

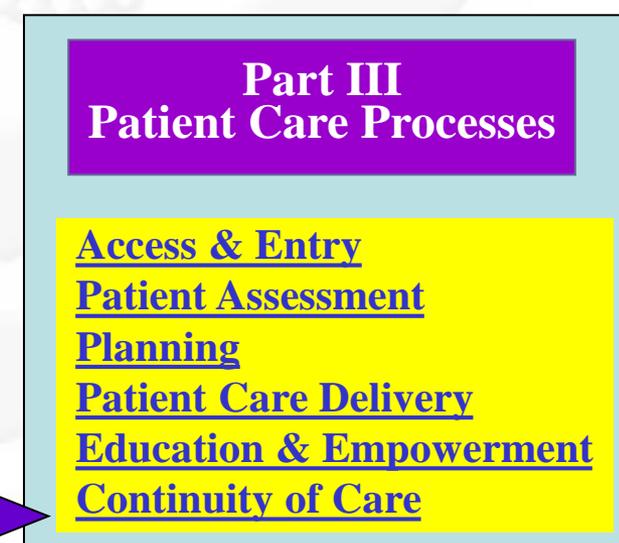
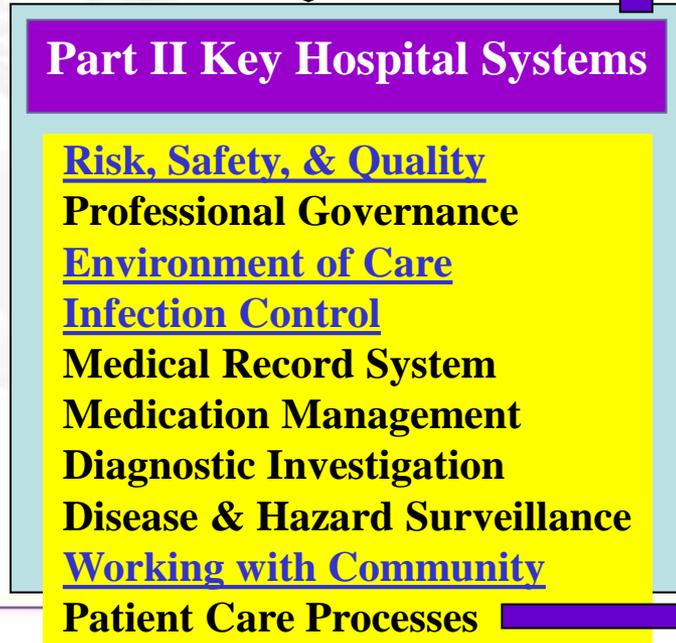
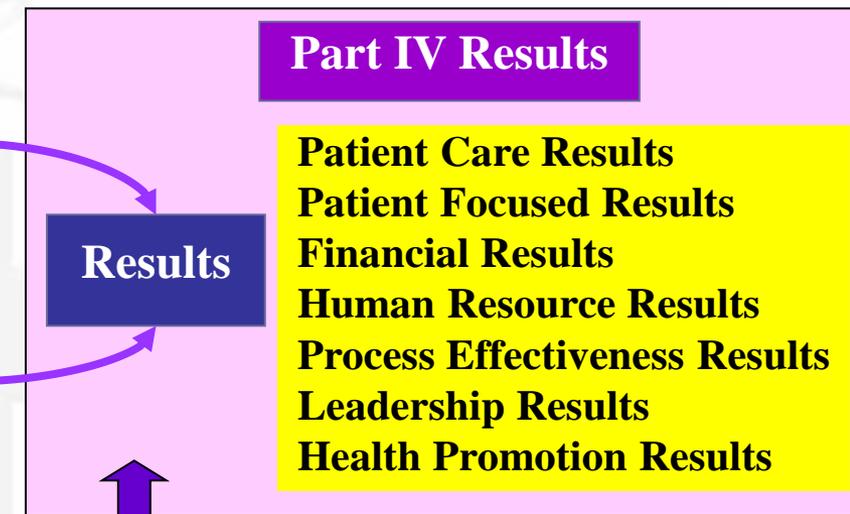
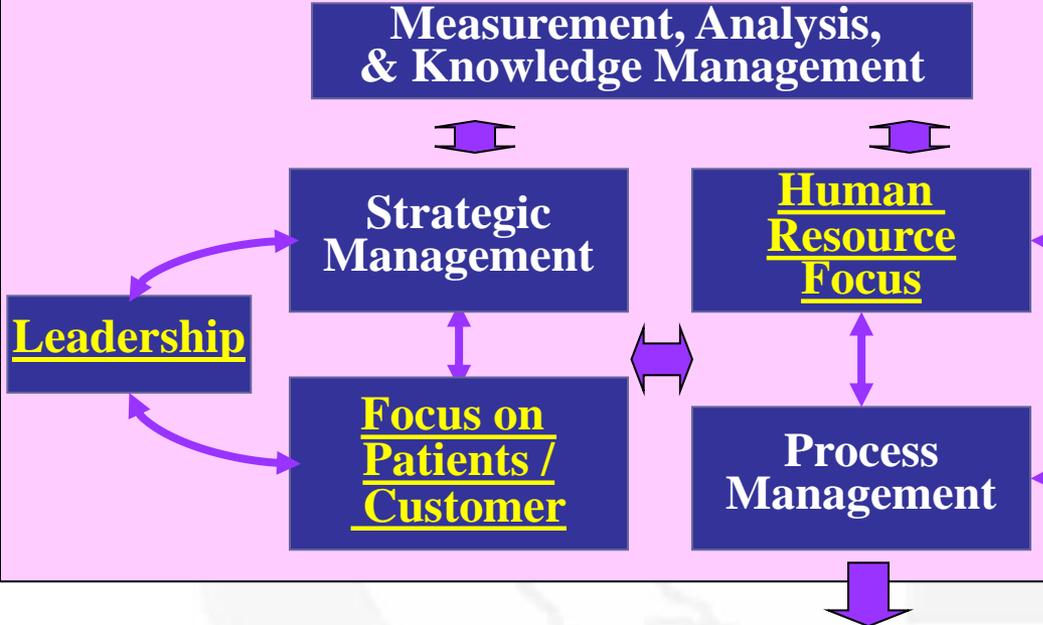
Part II Key Hospital Systems

Risk, Safety, & Quality
Professional Governance
Environment of Care
Infection Control
Medical Record System
Medication Management
Diagnostic Investigation
Disease & Hazard Surveillance
Working with Community
Patient Care Processes

Part III Patient Care Processes

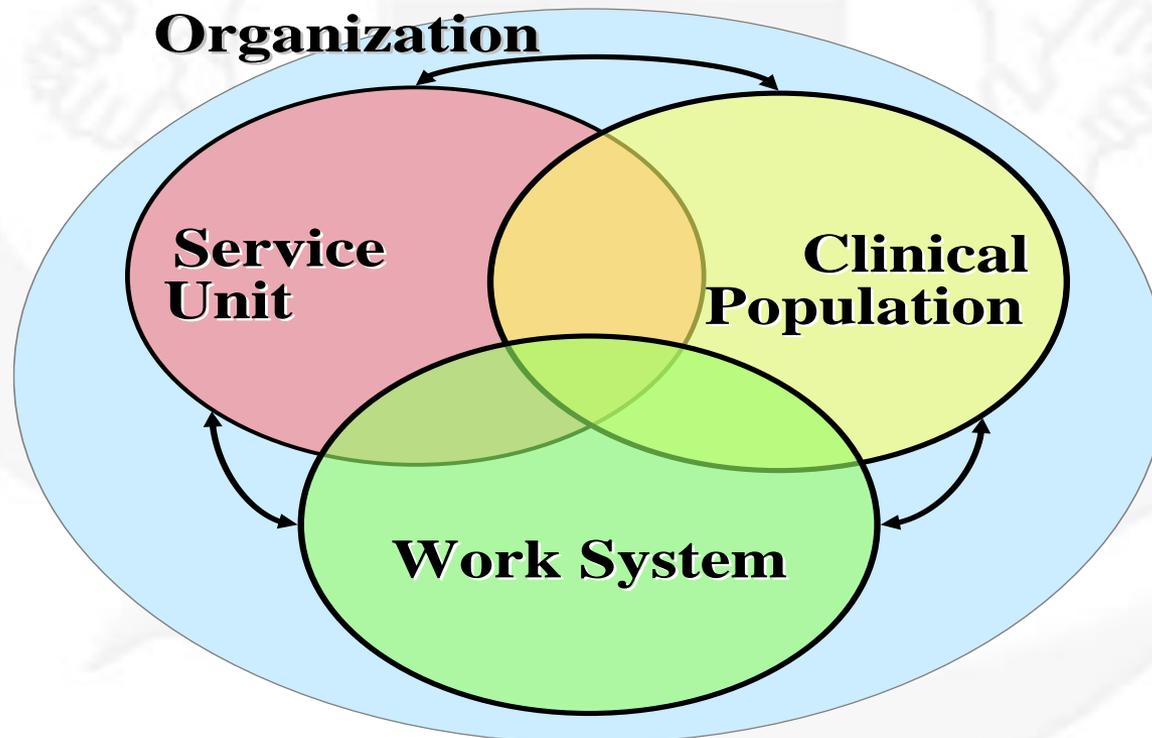
Access & Entry
Patient Assessment
Planning
Patient Care Delivery
Education & Empowerment
Continuity of Care

Common requirements with People-Centred Healthcare Framework



Lesson 5: Move the Whole Organization

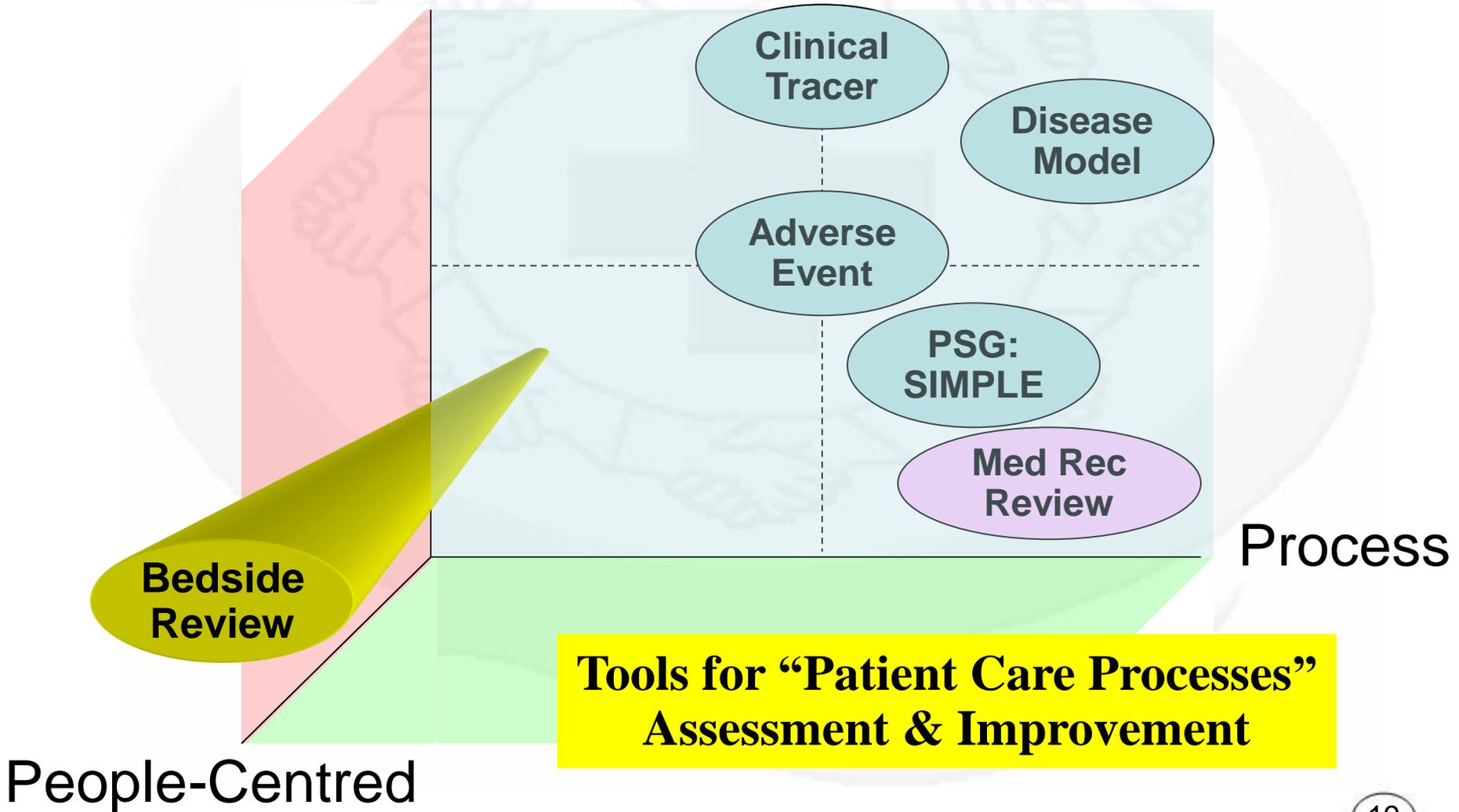
How can we be more People-Centred ?



Lesson 6: Multiple tools



Clinical Population



Lesson 7: Forum for Campaign & Sharing

9th (2008): Living Organization

8th (2007): Humanized Healthcare

7th (2006): Innovate, Trace & Measure

6th (2005): Systems approach

5th (2004): Knowledge Management for Balance of Quality

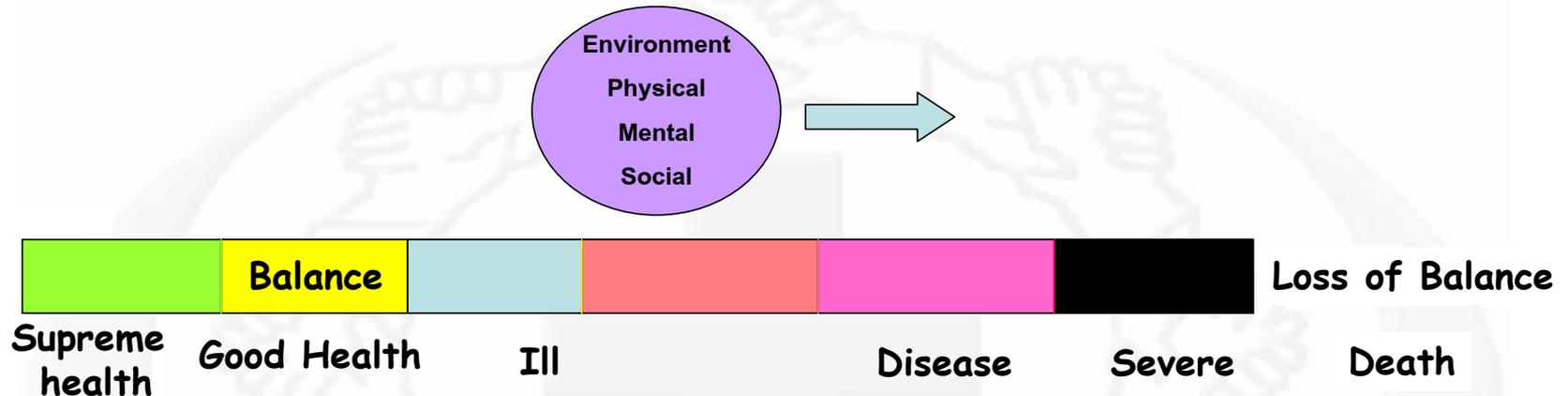
4th (2003): Knowledge Management for Patient Safety

3rd (2002): Simplicity in a Complex System

2nd (2000): Roadmap for a learning Society in Healthcare

1st (1999): Hospital Accreditation

Lesson 8: Humanized Healthcare



- New concept of health
- Modernization is not enough
- Balance of bio-medical & spiritual approach
- Low cost, high touch
- Providers' satisfaction & maturity
- Patients are teachers



From Love to Benevolent

- Love ourselves
- Love our patients
- Love our friends
- Love our works & workplace
- Mindfulness & Spirituality

Love Your Patients

ความรักต่อเพื่อนมนุษย์ (Agape Love)

ความรักต่อเพื่อนมนุษย์ไม่ใช่เป็นนามธรรมที่สัมผัสได้ยาก แต่สามารถนำมาปฏิบัติได้อย่างเป็นรูปธรรม ยิ่งปฏิบัติมากเท่าไร ก็ยิ่งเข้าถึงหัวใจของความเป็นมนุษย์มากยิ่งขึ้นเท่านั้น
ความรักของผู้ให้การดูแลผู้ป่วยไม่ใช่ความรู้สึก แต่เป็นการกระทำ อาจจะไม่สำคัญที่เราารู้สึกอย่างไร
สิ่งสำคัญคือทำที่การแสดงออกของเรา
ที่บ่งบอกถึงการให้ความรัก เมื่อแสดงออกแล้วความรู้สึกจะตามมา



Compassion ความรักจากหัวใจ

Respect ความรักจากสปีด

Humility (ลดอัตตา) ความรักจากวุฒิภาวะ

ใครเป็นใคร

- Patients** มีใจเพียงผู้ป่วย แต่เป็นคนที่ใส่ใจ เป็นกังวล เดือดร้อน ต้องการได้รับข้อมูลเกี่ยวกับอาการเจ็บป่วยของคนที่คุณรัก หรือคนที่ตนเกี่ยวข้องด้วย
- Caregivers** คือใครก็ตามที่มีโอกาสสัมผัส มีปฏิสัมพันธ์กัน หรือตอบสนองต่อ **Patients**



Scott Louis Diering

“Love Your Patients! Improving Patient Satisfaction with Essential Behaviors That Enrich the Lives of Patients and Professionals”

www.loveyourpatients.org

Value on oneself

**Value come from a peaceful mind
Work with awakening, follow the breath**

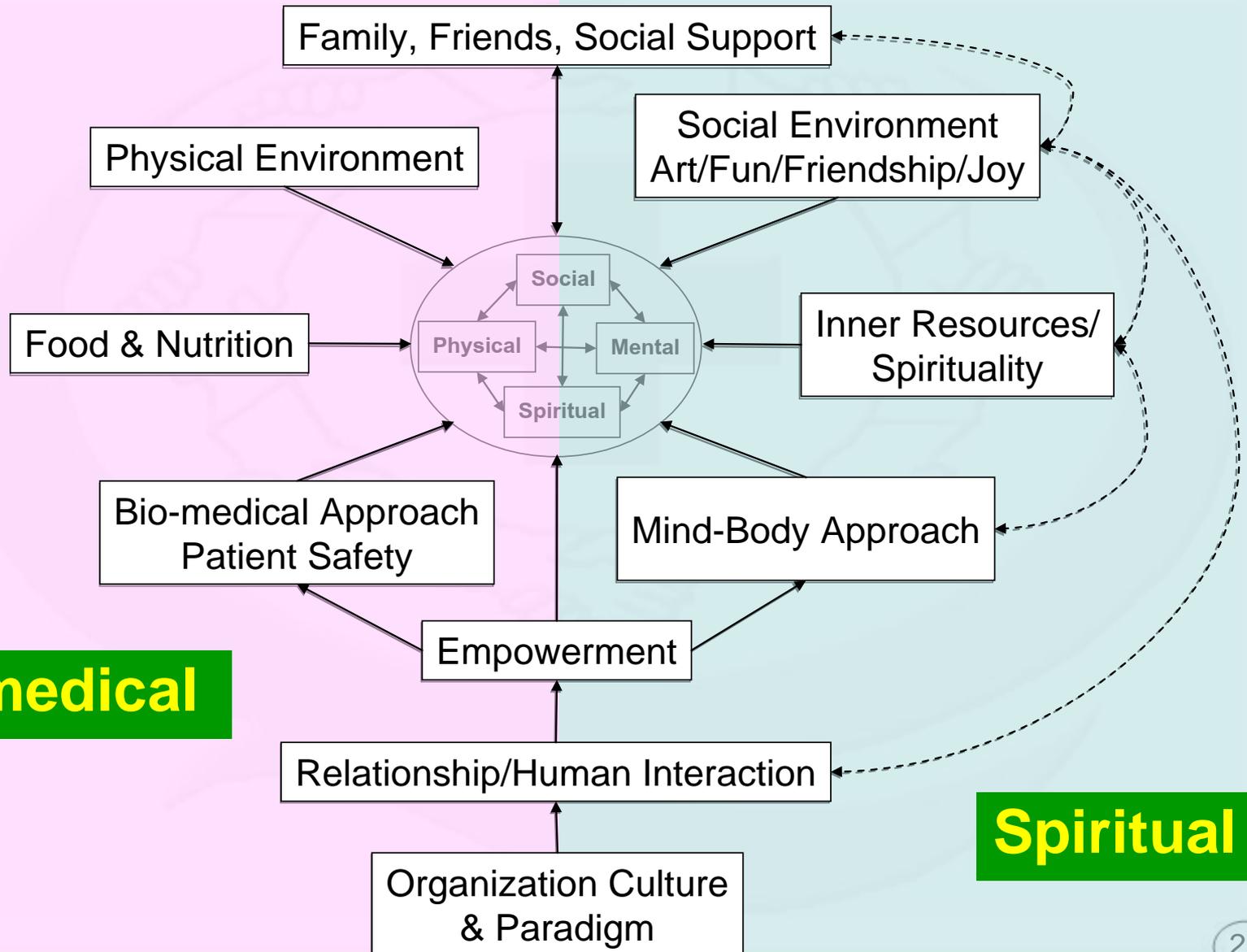
Working together

**Deep listening
Reflection without bias
Positive thinking**

Organization's core values

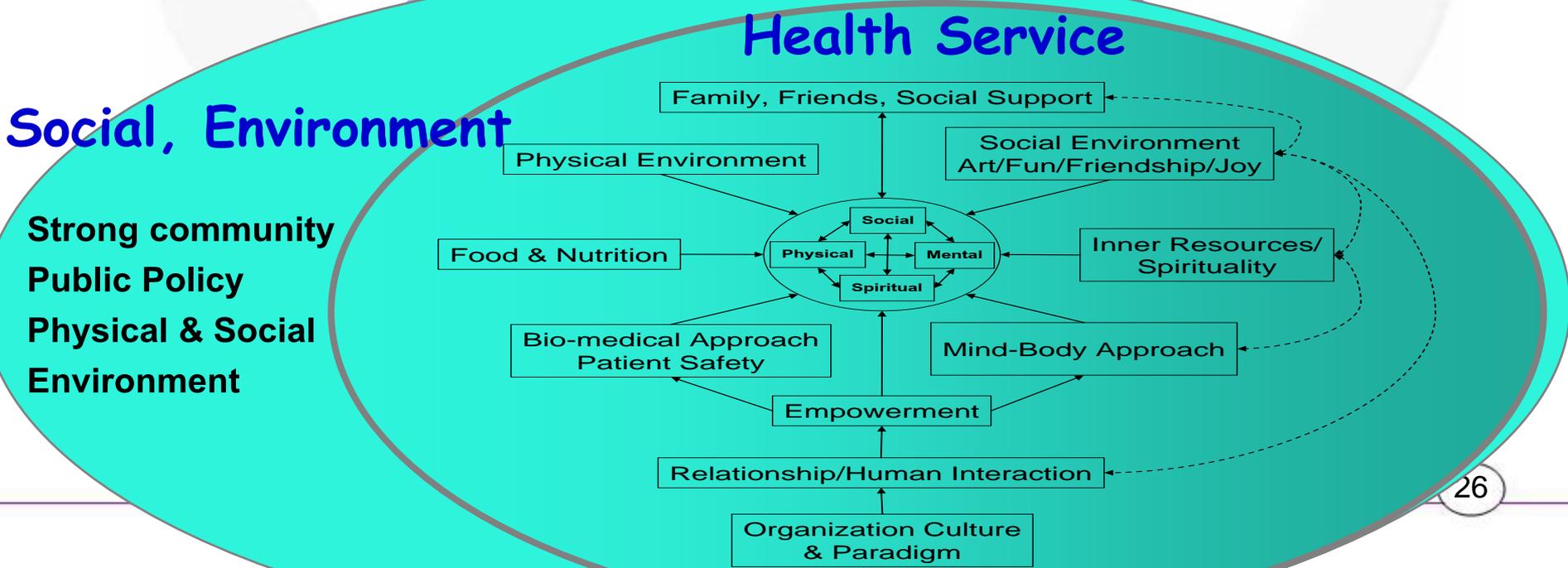
**Build core values from experience
Create supportive system
One minute pause & peace
brief-in, brief-out**

Balance of Bio-medical & Spiritual



Humanized Healthcare

Health of Individual, Family, Community
Truth, Goodness, Beauty
Freedom, Connectedness



Healing Environment

- Physical structure give the impression of healing or else
- Placement of chair in circle -> social support & healing
- Hospital with garden -> less burn out of staff
- Natural light -> more healing, demand less analgesics
- TV -> more stress to patient, raise BP
- Visual stimulation is important
- Sound in an incubator may be as loud as 95 dB
- Repeated sound is stressful
- Sound is associated with perceived workload & burn out
- Music can reduce stress & shorten length of stay





Lesson 9: Living Organization

- **Living system : open, self-organizing system, flexible/adaptive, creative, learning capability, spirituality**
- **Leadership is the person who put a right influence at a right time**
- **Efficient communication is through informal network, allow free interpretation of information**
- **The staff should have opportunities to work on what value and have meaning to them**
- **Turning & listening to one another, deep listening, dialogue, U theory**
- **HRD need to consider spiritual development**

Lesson 10: Collaboration with Educational Sector

- **Medical school as a role model**
- **Learning at the workplace**
- **Teaching at the bedside**
 - **From individual patient -> quality system**
 - **Health promotion / empowerment**
 - **Risk management**
- **Assignment for student**

How to Move the Elephants

1. Start with R & D
2. Power of Recognition
3. Stepwise Approach
4. Integrate with the others & existing initiatives
5. Move the whole organization
6. Multiple tools
7. Forum for campaign & sharing
8. Humanized Healthcare
9. Living Organization
10. Collaboration with the educational sector
11. From “Training” to “Doing & Learning”