Thailand's Quality Improvement Journey

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The Hospital Accreditation Institute

Under the governance of the Health Systems Research Institute

Collect & Create Knowledge/ Guideline for Quality Improvement

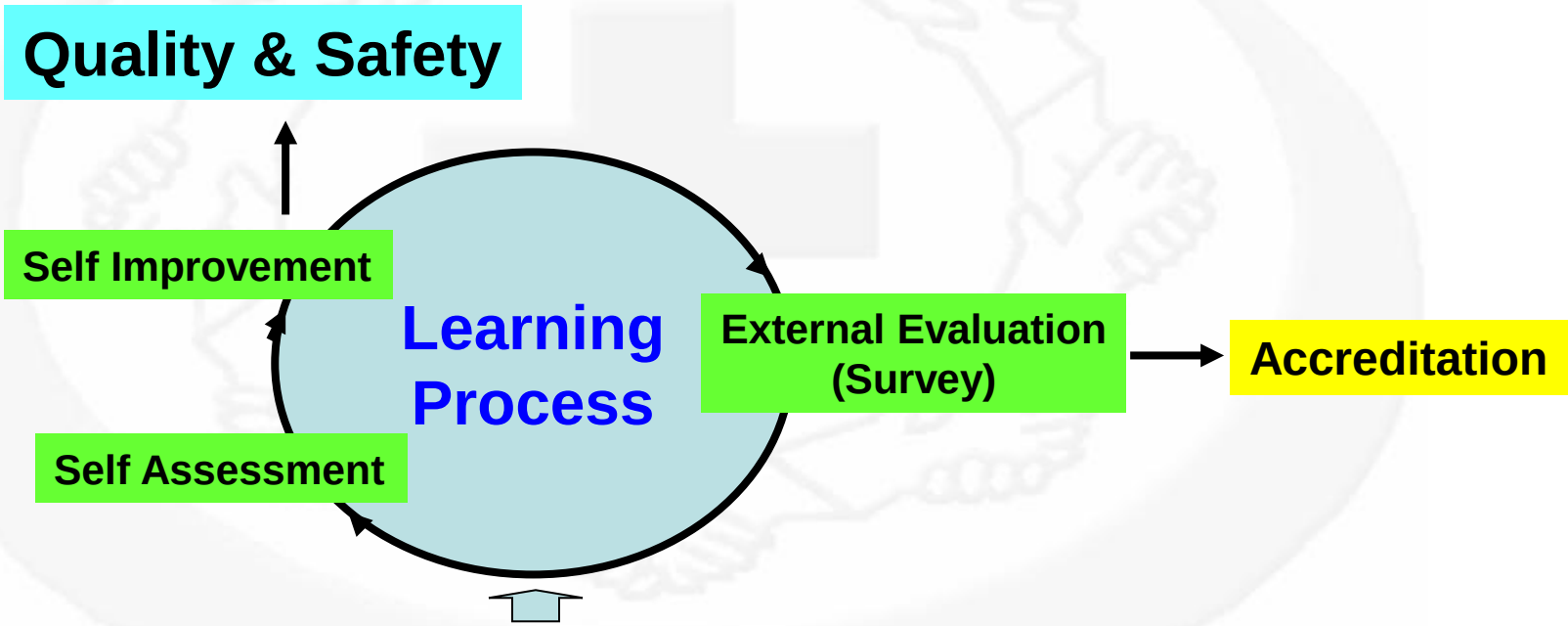
Evaluation & Accreditation

Create Awareness
Knowledge Dissemination
Training

Stepwise Recognition

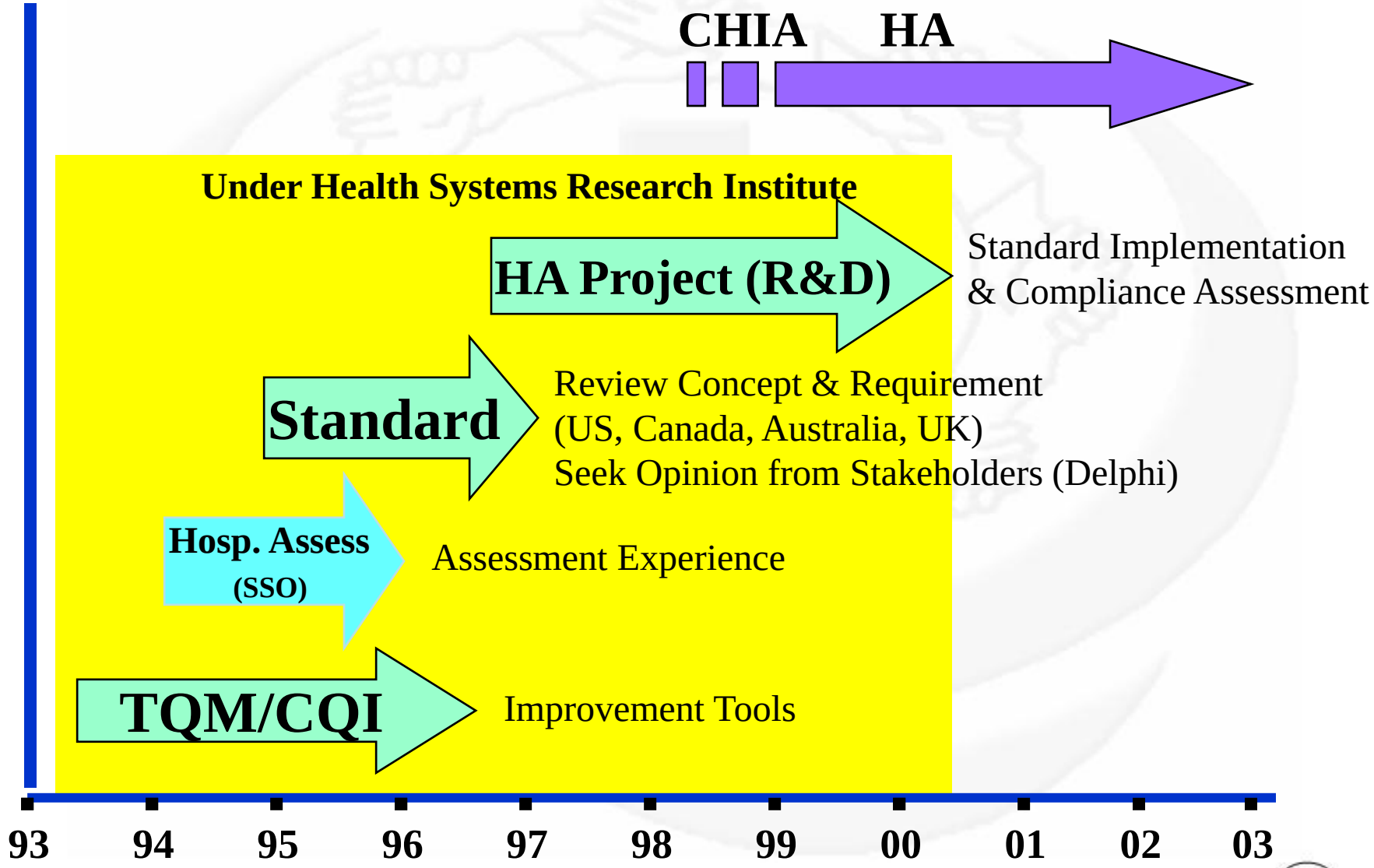
Collaboration/Learning Network

Basic Concept of Hospital Accreditation



Core Values & Concepts:
- HA as a Learning Process
- Patient & Health Focus
- Continuous Improvement

Development of QI & HA Program in Thailand



Start Accreditation as 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

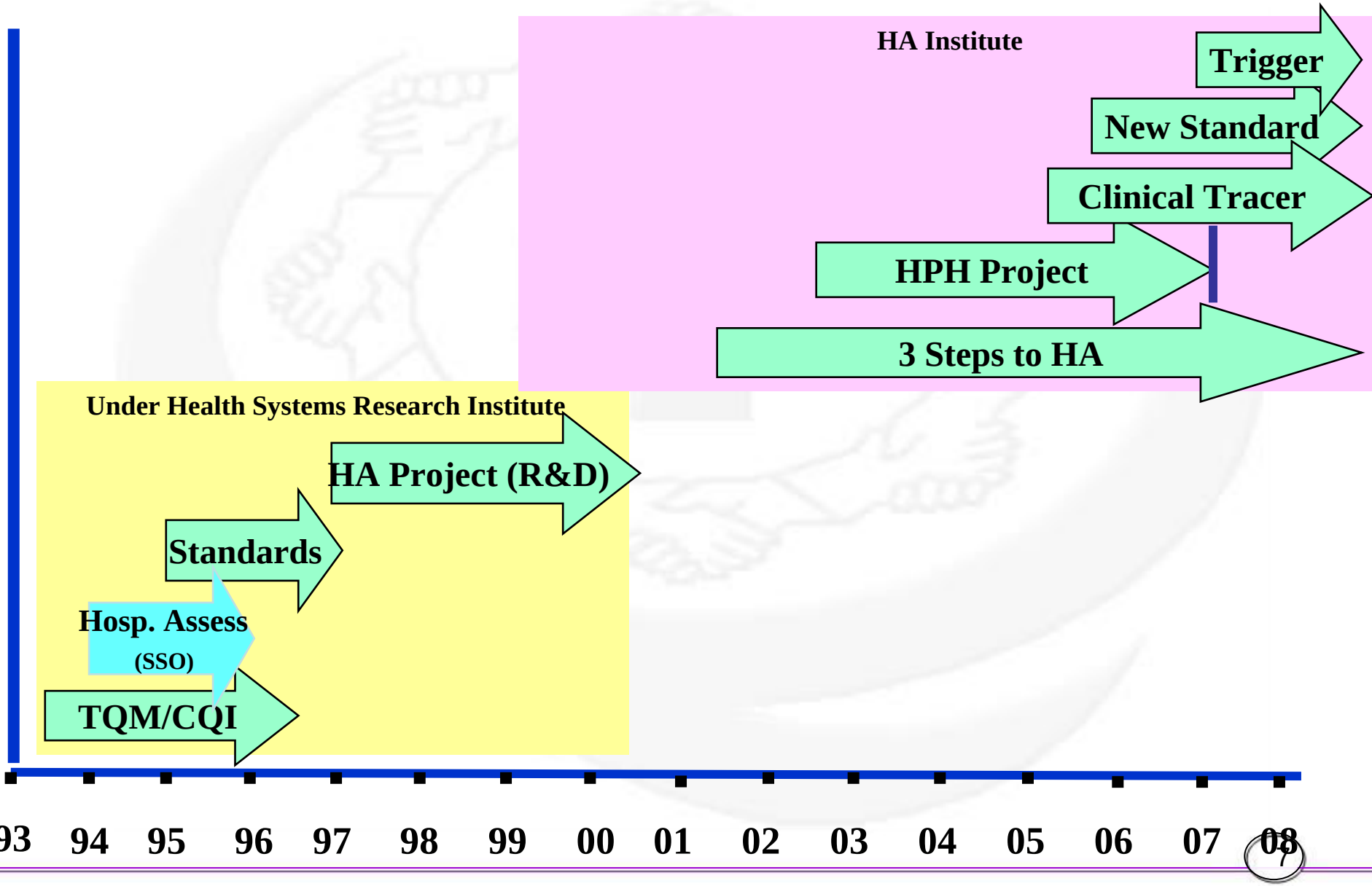
Questions

Solutions

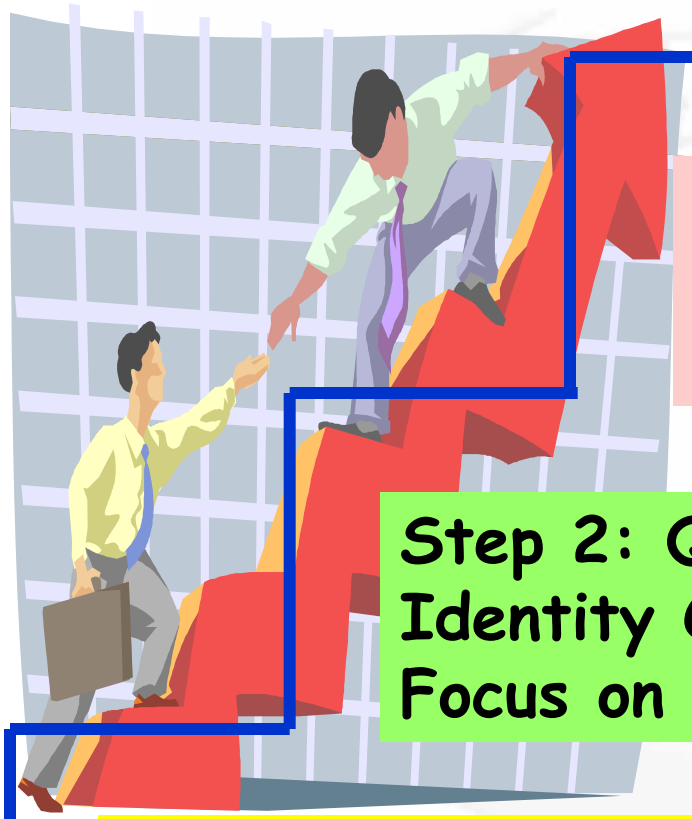
Power of Recognition

- 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

Development of HA



3 Steps to HA

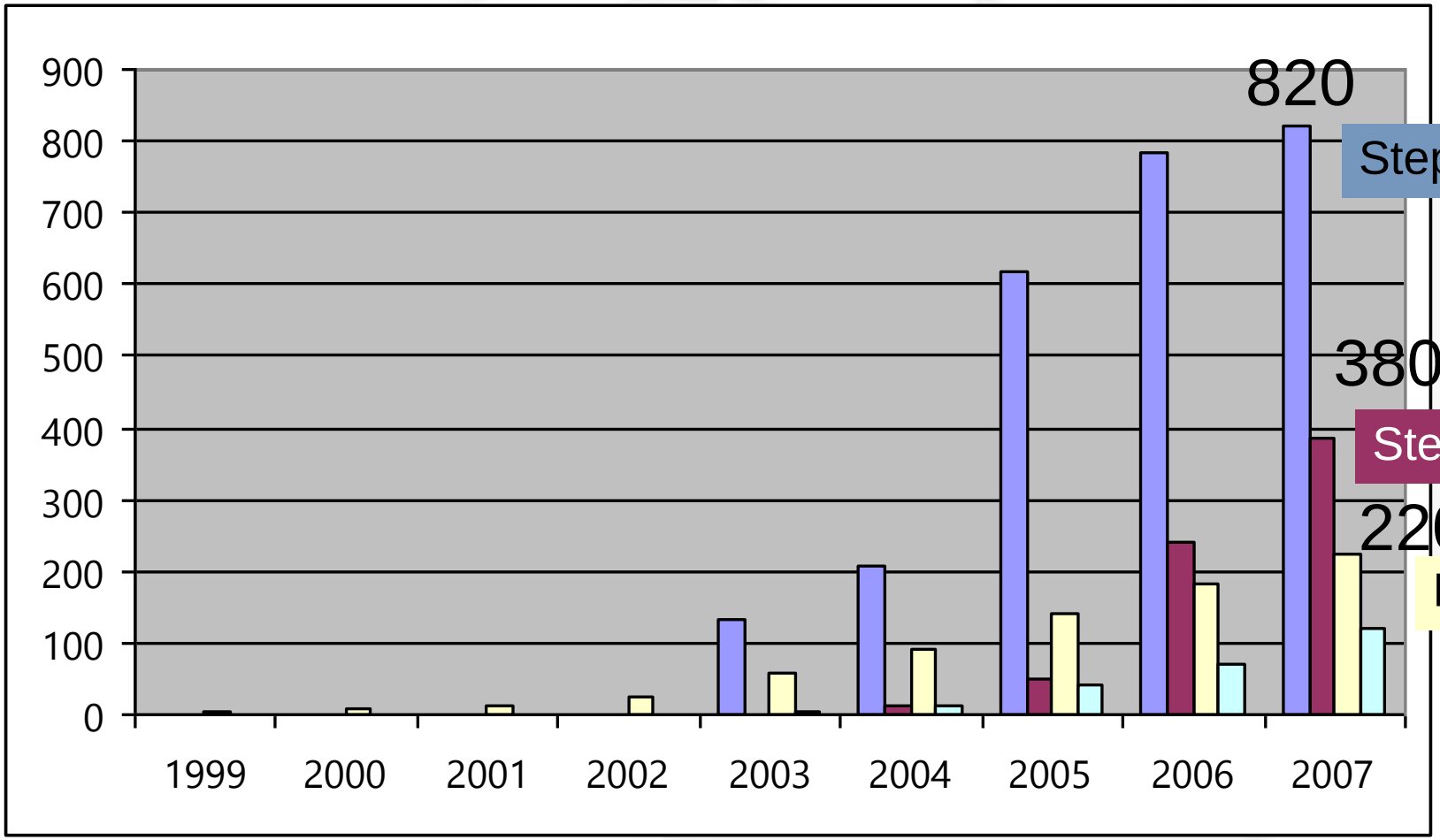


Step 3: Quality Culture
Identify OFI from standards
Focus on integration, learning, result

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

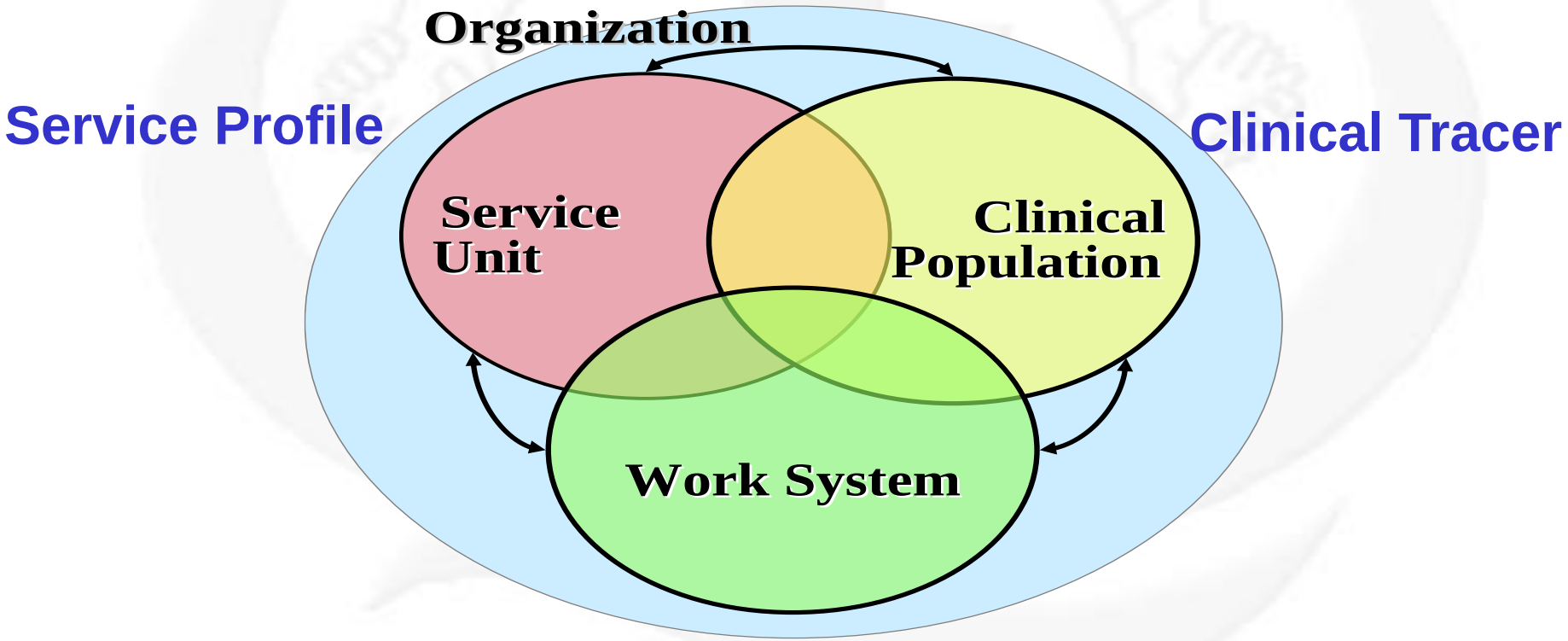
Step 1: Risk prevention
Identify OFI from 12 reviews
Focus on high risk problems

Number of HA Recognition

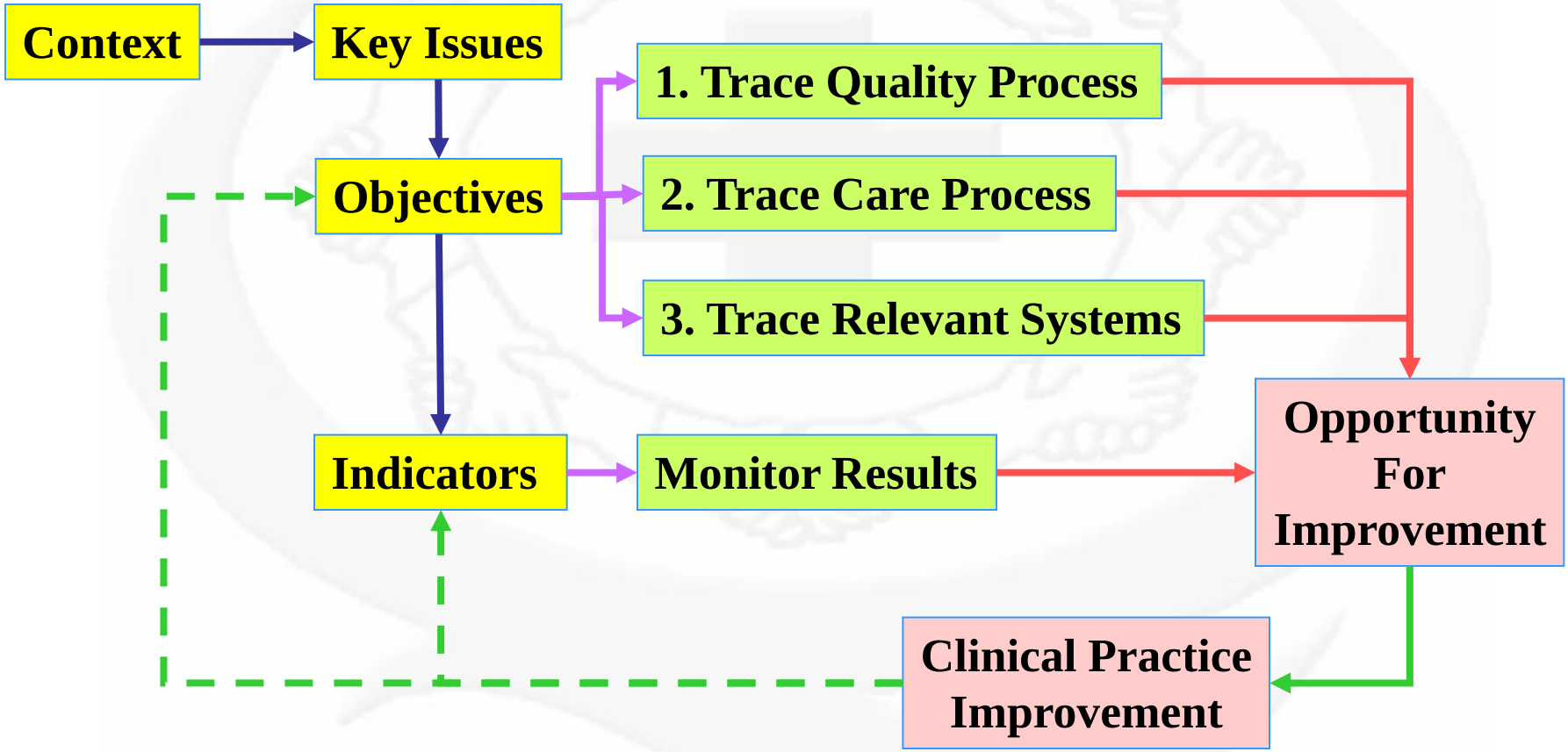


Move the Whole Organization

3P : Purpose – Process -Performance



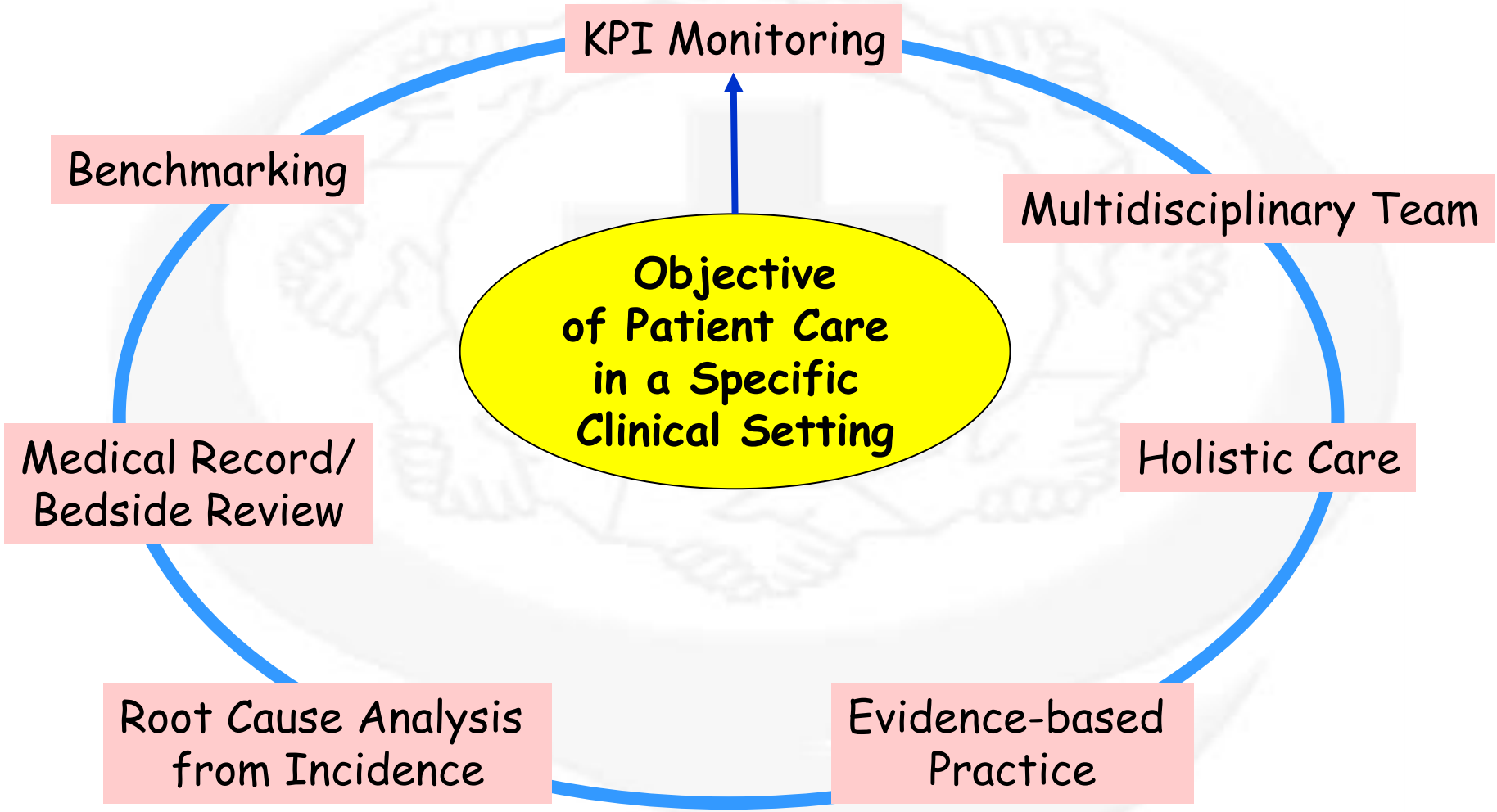
Clinical Tracer as a Self Assessment Tool To Improve Clinical Practice



Similar concept to disease specific accreditation & Value Stream Mapping in lean thinking

Clinical CQI

Integrated approach, patient focus, clear purpose



CPG -> Gap Analysis ->
Any use of evidence to meet the goal

Why Clinical Tracer?

More concrete
Multidisciplinary attractive
Start from what the team already have
Lead to clinical CQI
Identify the high risk area
Natural implementation of Core Values

- -Patient focus
- -Management by fact / focus on results
- -Continuous improvement
- -Evidence-based practice

Hospital Profile 2008 (Context, Direction, Result)

1. Basic Information

3. Policy Direction

Mission, Vision, Values

Strategic Plan & Objectives, Hoshin

4. Results

(1) Diseases that are important health problems in the area

(2) Diseases that are OFI or limited in services

(3) Policies or situations that affect hospital performance

(4) Key problems that hospital is trying to overcome

(5) Other strategic challenges

2. Organization Context

a. Organizational Environment

2.1 Scope of services

2.2 Responsible population

2.3 Staff profile

2.4 Facilities, technologies & equipment

b. Organizational Relationship

2.5 Organization structure

2.6 Key patients and customer

2.7 External relationship

c. Organizational challenges

2.8 Competition, growth, success

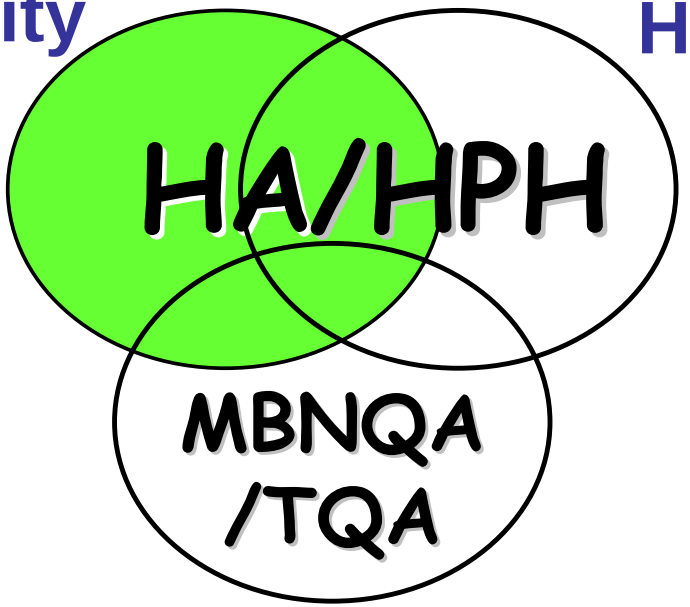
2.9 Key challenges

2.10 Quality improvement & learning

Integration of Health Promotion and Performance Excellence into HA Standards 2006

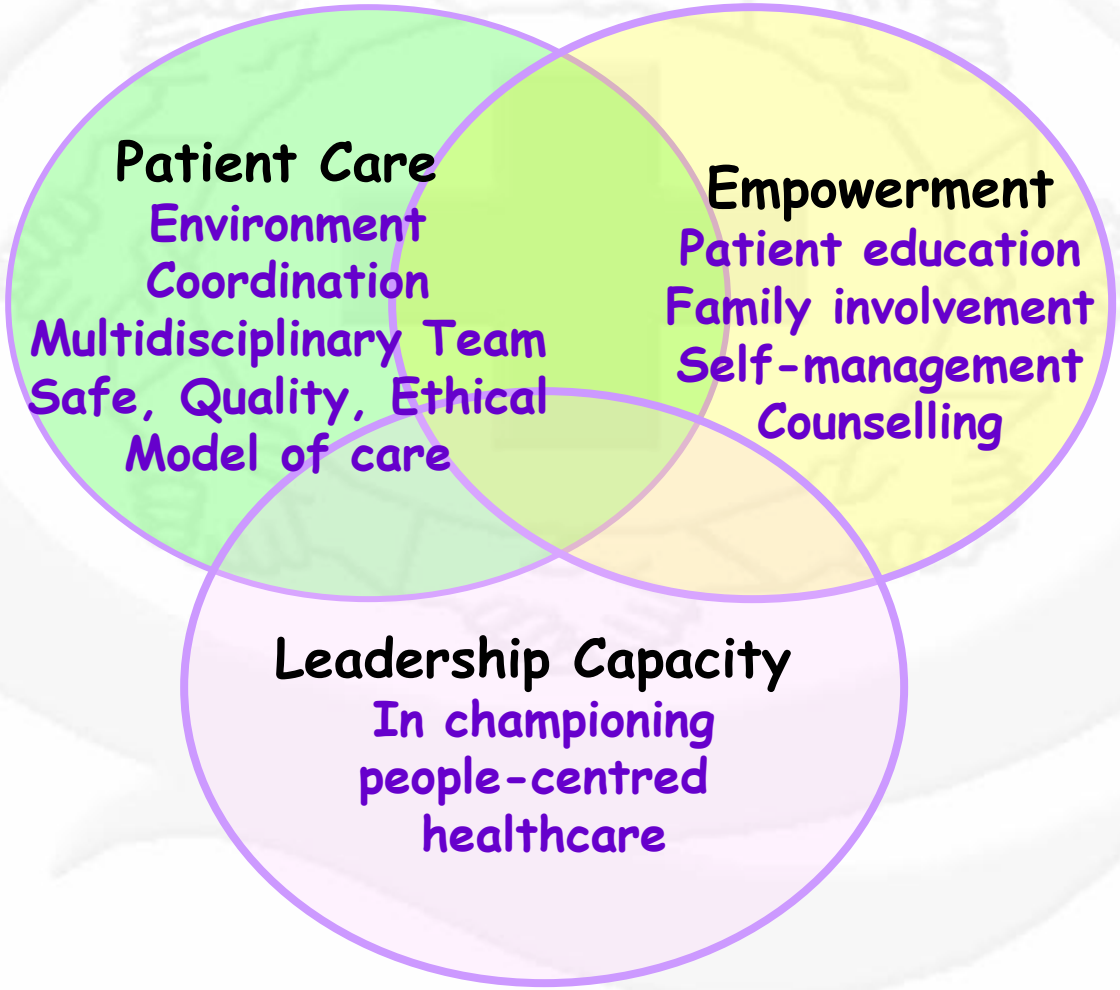
Safety & Quality

Health Promotion

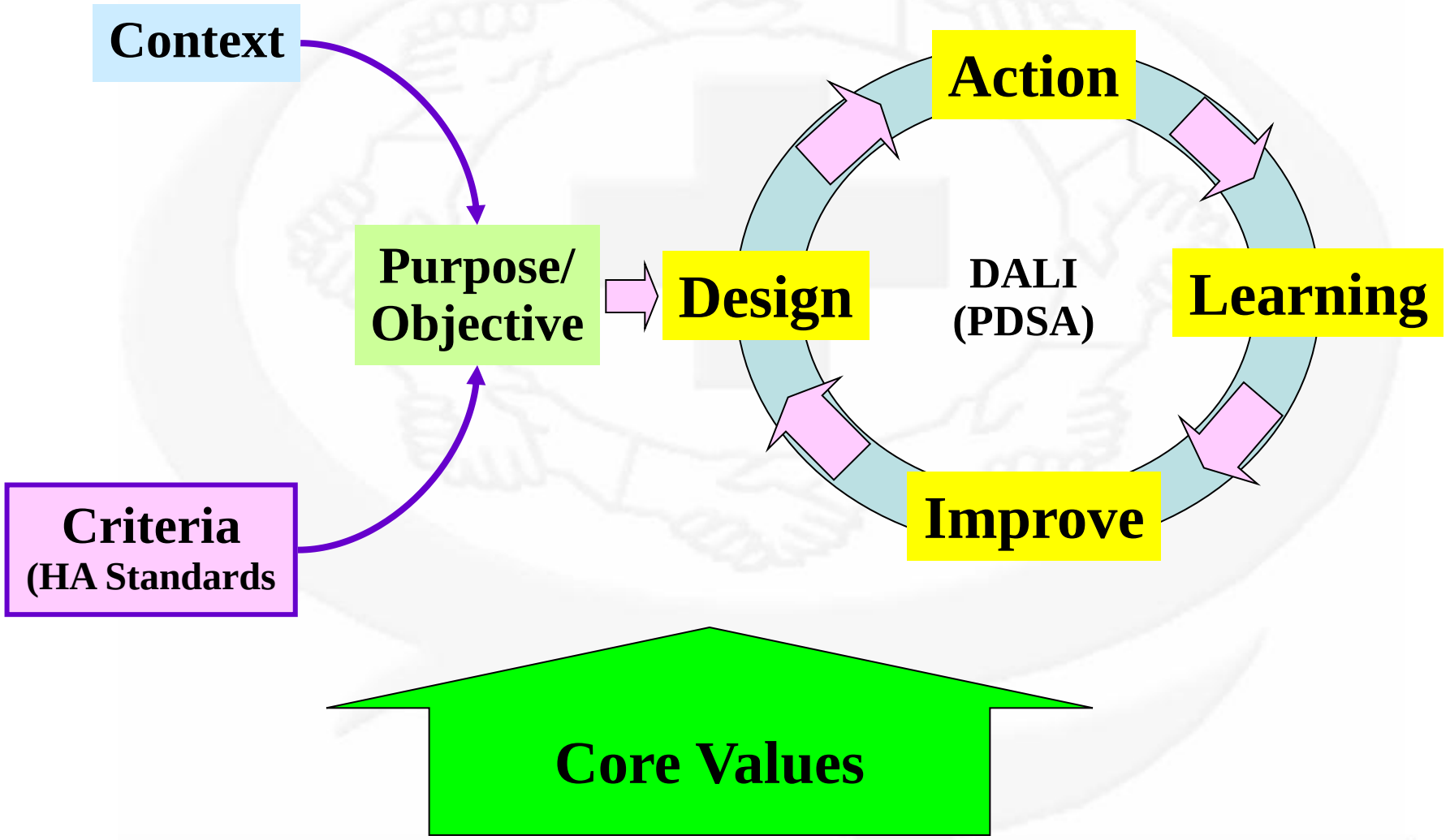


Learning & Integration

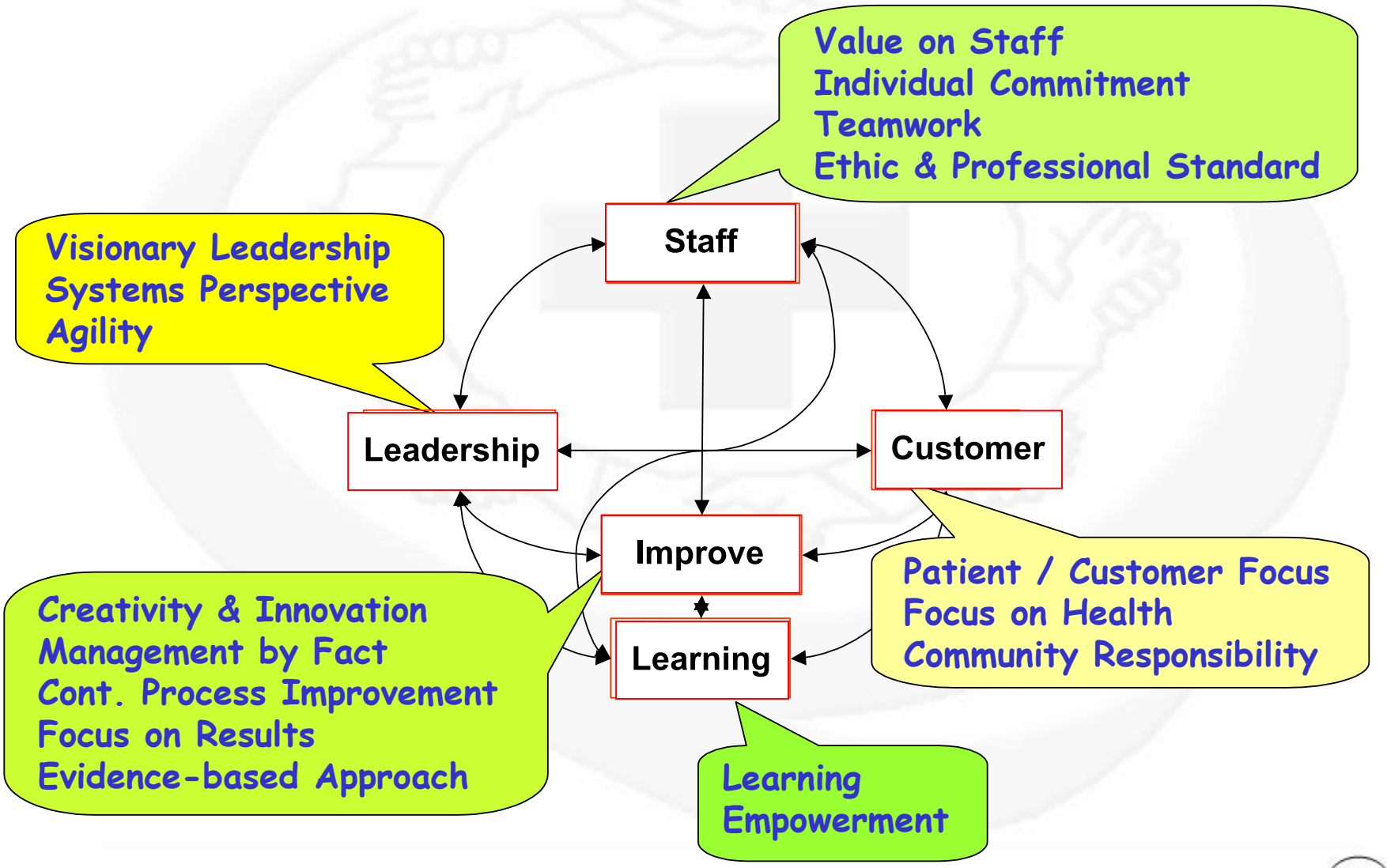
Integration with People-Centered Care Initiated by WPRO



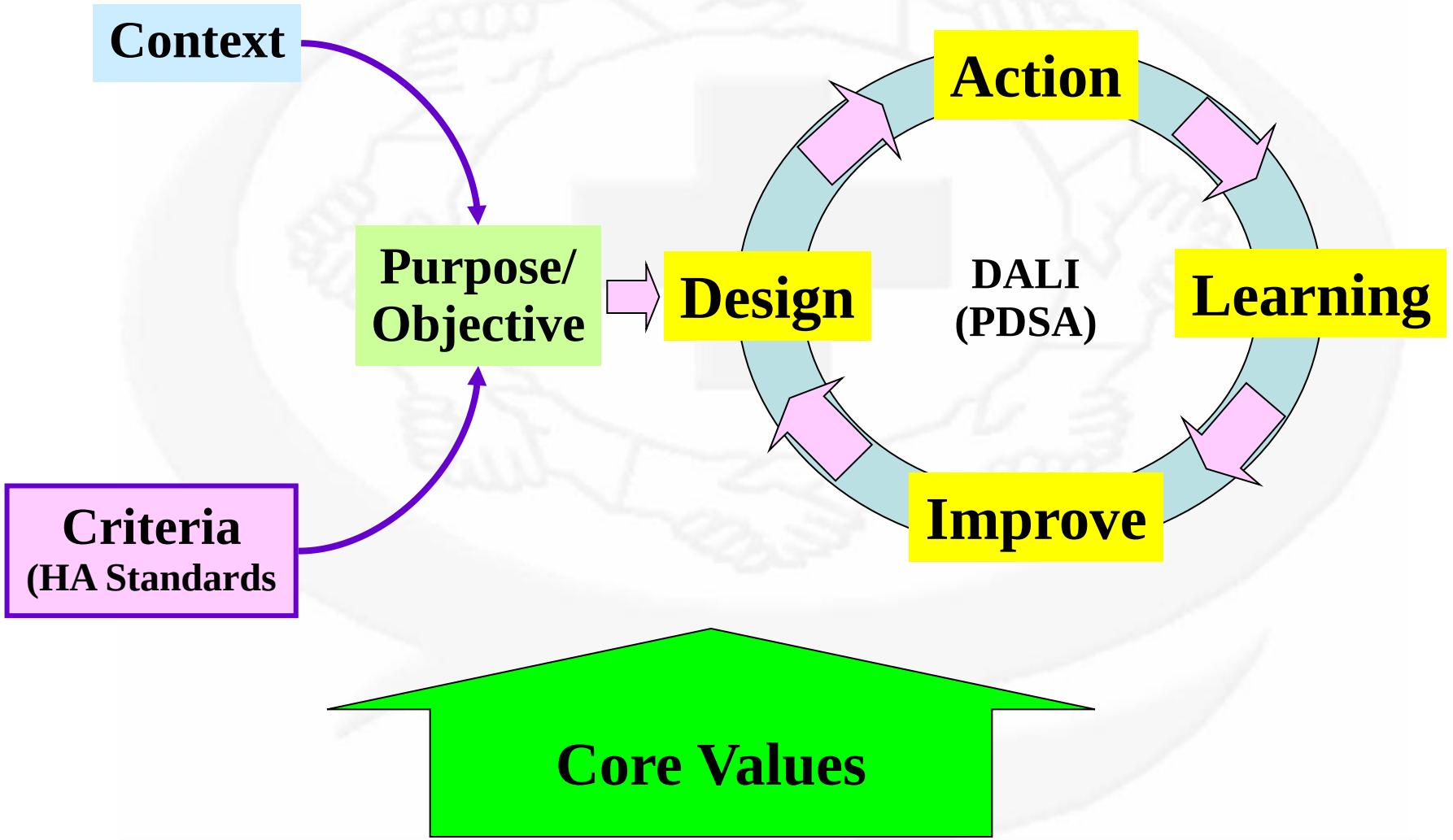
3C-PDSA
Cycle of Learning & Improvement



Core Values


Value on Staff
Individual Commitment
Teamwork
Ethic & Professional Standard
Staff
Visionary Leadership
Systems Perspective
Agility
Leadership
Customer
Improve
Learning
Patient / Customer Focus
Focus on Health
Community Responsibility
Creativity & Innovation
Management by Fact
Cont. Process Improvement
Focus on Results
Evidence-based Approach
Learning
Empowerment

3C-PDSA
Cycle of Learning & Improvement



Look at HA by Other Perspectives

Safety Perspective

Quality Review
Risk Management System
Patient Safety Goals
Trigger Tools to Identify Adverse Event

Standard Perspective

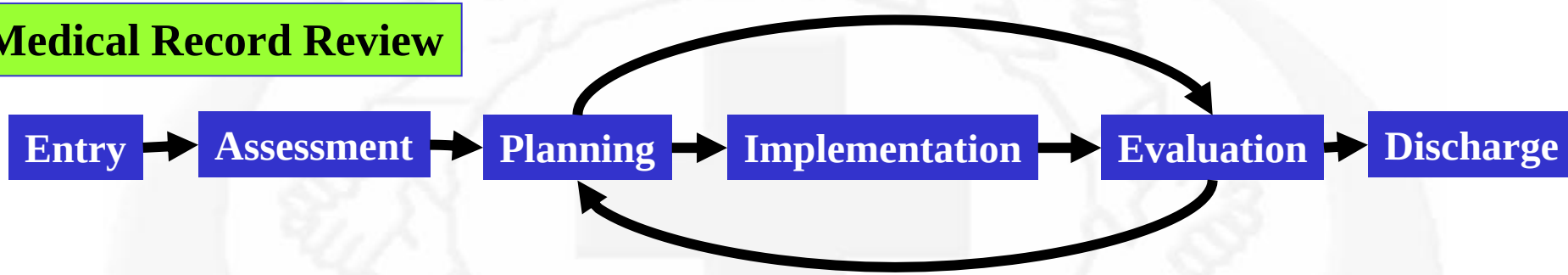
Hospital Standards
3C-PDSA
Self Assessment Tools
Scoring System

Spirituality Perspective

Humanized Healthcare
Living Organization

Quality Review

Medical Record Review



Bedside Review

- Risk & Care
- Communication
- Continuity & D/C plan
- Team work
- HRD
- Environment & Equipment

Other Reviews

- Customer Complaint Review
- Adverse Event/Risk Management System
- Competency Management System
- Infection Control
- Drug Management System
- Medical Record Review
- Resource Utilization Review
- KPI Review

Patient Safety Goals : SIMPLE

S: Safe Surgery	
S 1	**SSI Prevention**
S 2	**Safe Anesthesia**
S 3	**Safe Surgical Team**
S 3.1	Correct procedure at correct body site (High 5s / WHO PSS#4)
S 3.2	
I: Infect	
I 1	
I 2	
I 2.1	
I 2.2	
I 2.3	

M: Medication & Blood Safety	
M 1	**Safe from ADE**
M 1.1	Control of concentrated electrolyte solutions (WHO PSS#5) Managing concentrated injectable medicines (High 5s)
M 1.2	
M 2	
M 2.1	
M 3	
M 4	

P : Patient Care Processes	
P 1	**Patients Identification** (WHO PSS#2)
P 2	**Communication**
P 2.1	Effective Communication –SBAR
P 2.2	Communication during patient care handovers (High 5s / WHO PSS#3)
P 2.3	Communicating Critical Test Results (WHO PSS)
P 2.4	
P 2.5	
P 3	
P 4	
P 4.1	
P 4.2	

L : Line, Tube & Catheter	
L 1	Avoiding catheter and tubing mis-connections (WHO PSS#7)
E: Emergency Response	
E 1	**Response to the Deteriorating Patient / RRT**
E 2	**Sepsis** (HA)
E 3	**Acute Coronary Syndrome** (HA)
E 4	**Maternal & Neonatal Morbidity** (HA)

Patient Safety Goals : SIMPLE

S: Safe Surgery	
S 1	**SSI Prevention**
S 2	**Safe Anesthesia**
S 3	**Safe Surgical Team**
S 3.1	Correct procedure at correct body site (High 5s / WHO PSS
S 3.2	Surgical Safety Checklist
I: Infection Control (Clean Care is Safer Care)	
I 1	**Hand Hygiene / Clean Hand** (High 5s / WHO PSS#9)
I 2	**Prevention of Healthcare Associated Infection**
I 2.1	CAUTI prevention
I 2.2	VAP prevention (HA)
I 2.3	Central line infection prevention (WHO PSS)

Patient Safety Goals : SIMPLE

M: Medication & Blood Safety	
M 1	**Safe from ADE**
M 1.1	Control of concentrated electrolyte solutions (WHO Managing concentrated injectable medicines (High
M 1.2	Improve the safety of High-Alert Drug
M 2	**Safe from medication error**
M 2.1	Look-Alike Sound-Alike medication names (LASA
M 3	**Medication Reconciliation / Assuring medication transition in Care** (High 5s / WHO PSS#6)
M 4	**Blood Safety**

Patient Safety Goals : SIMPLE

P : Patient Care Processes	
P 1	**Patients Identification** (WHO PSS#2)
P 2	**Communication**
P 2.1	Effective Communication –SBAR
P 2.2	Communication during patient care handovers (High 5s
P 2.3	Communicating Critical Test Results (WHO PSS)
P 2.4	Verbal or Telephone Order / Communication (JC)
P 2.5	Abbreviations, acronyms, symbols, & dose designation
P 3	**Proper Diagnosis** (HA)
P 4	**Preventing common complications**
P 4.1	Preventing pressure ulcers (WHO PSS)
P 4.2	Preventing patient falls (WHO PSS)

Patient Safety Goals : SIMPLE

L : Line, Tube & Catheter	
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E: Emergency Response	
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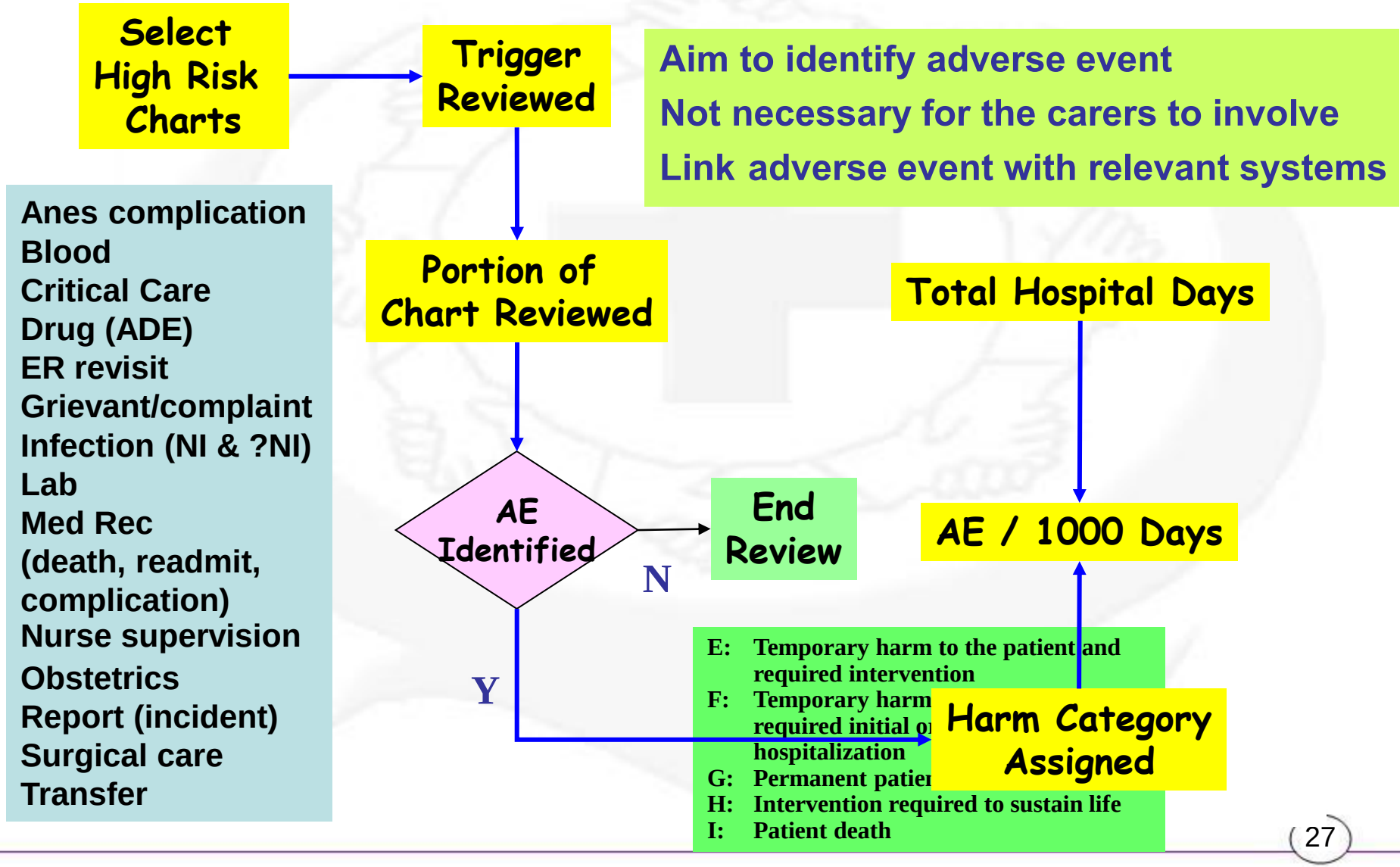
Use SIMPLE as patient safety guide
Trace the practice of SIMPLE by the hospitals' team

Thai HA Trigger Tool
A Screening Tool to Identify Adverse Events



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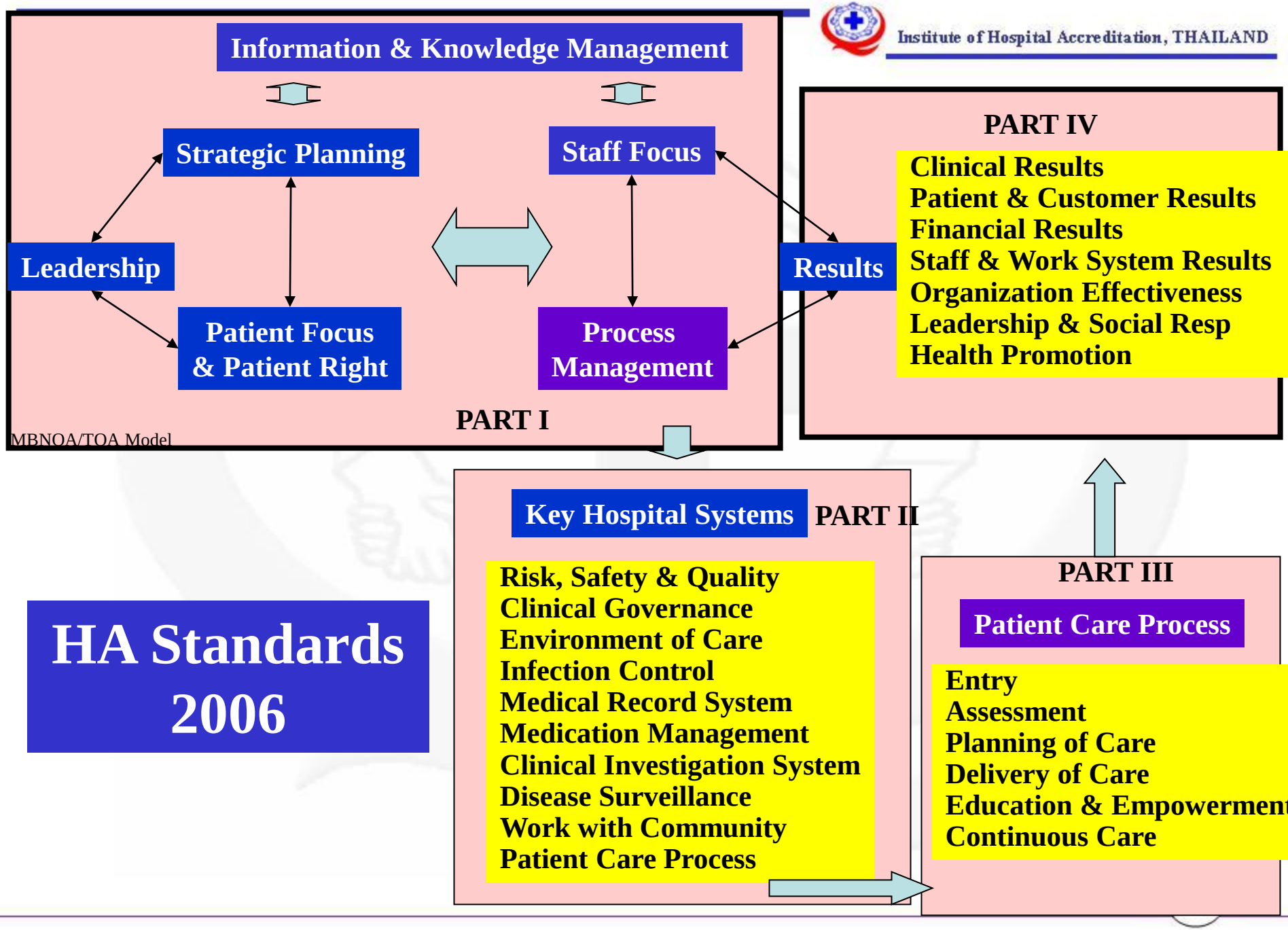


HA Standards 2006

HA Standards

A basis for comparison.

A principle use for the measure of quality.

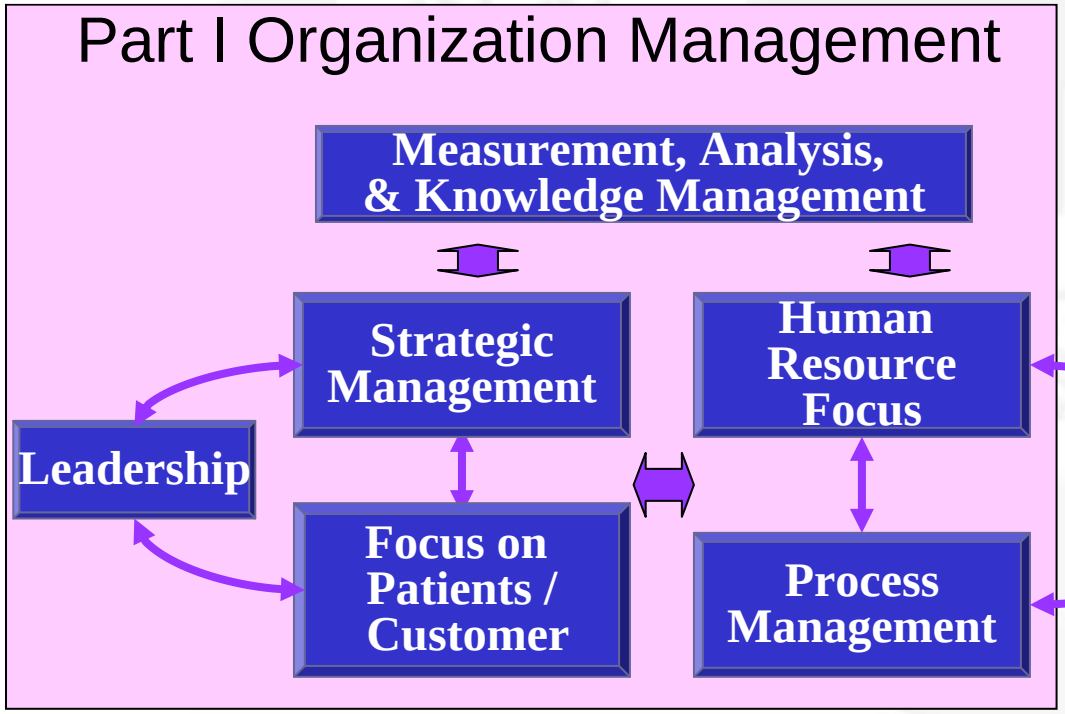
Usual, common, customary.

An explicit statement of expected quality

Performance specifications that, will lead to the highest possible quality in the system.

Box & Arrow

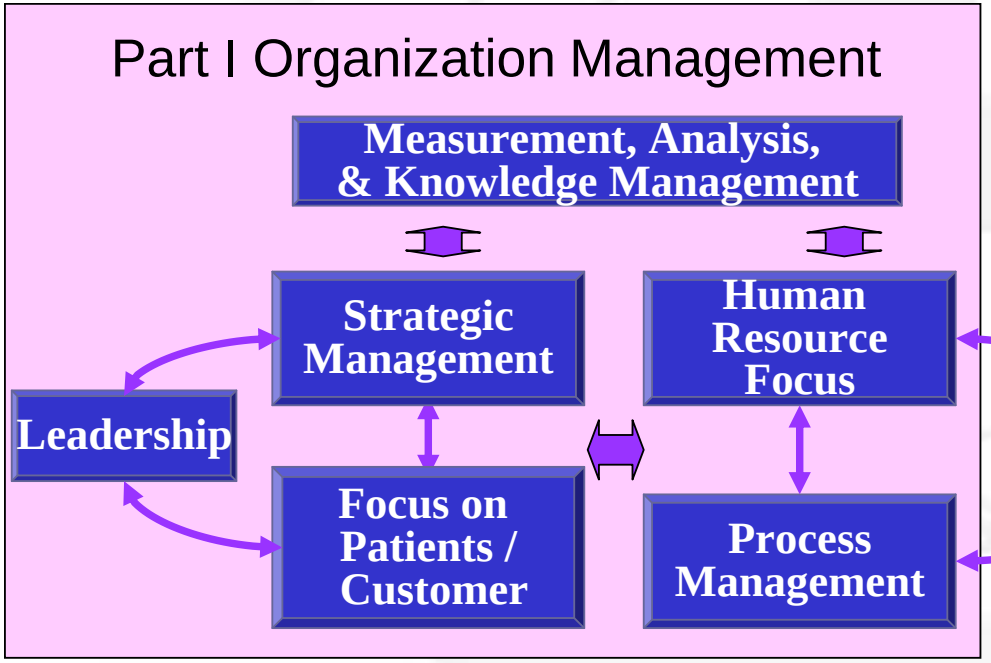
Within a box, should consider how well it is
Lines & arrows are as important as the boxes



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

3C-PDSA

C-Criteria Understand the intention of each standard



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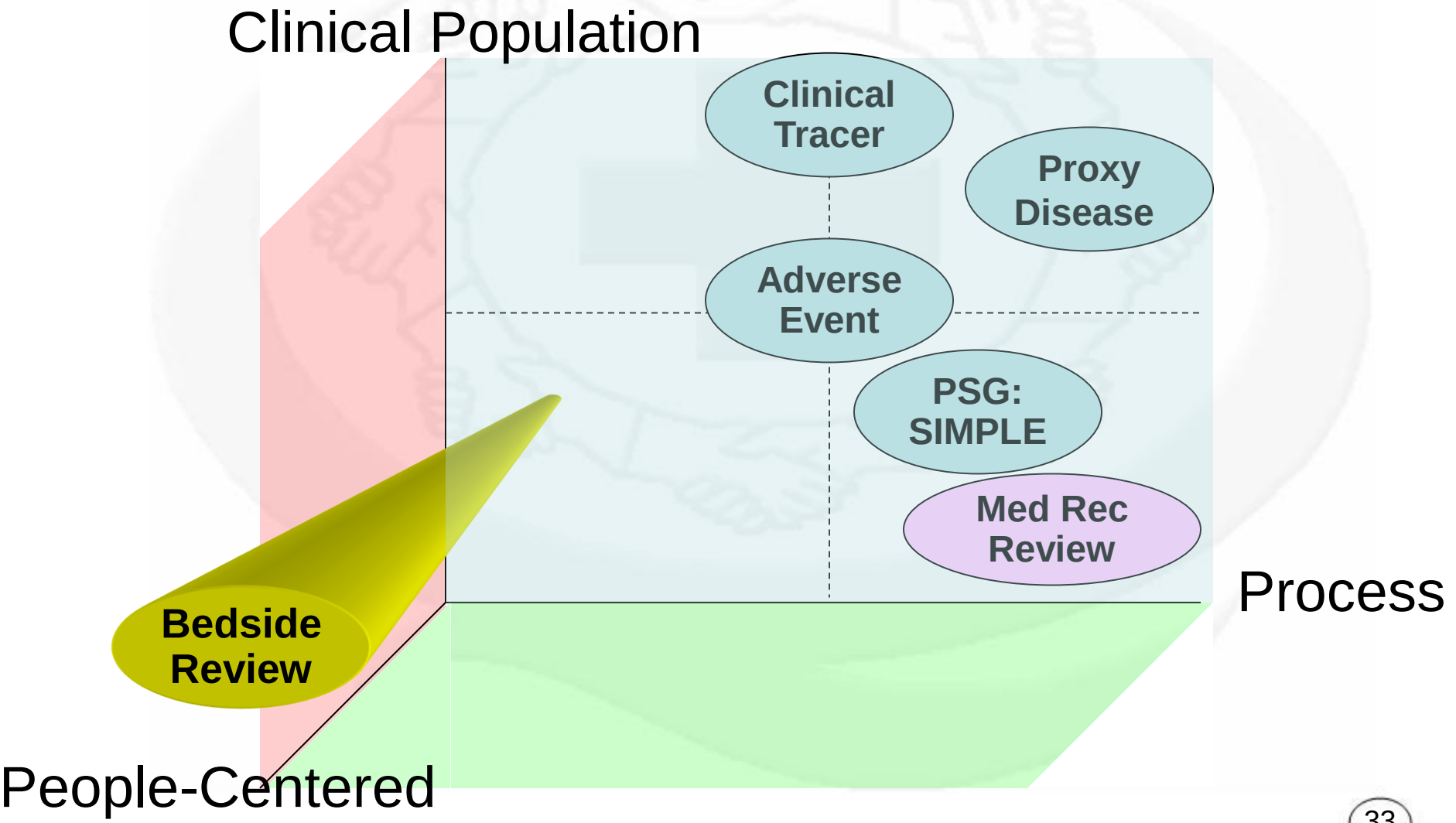
Process Effectiveness Results
Leadership Results
Health Promotion Results

C-Context Ask what is our specific problem/situation

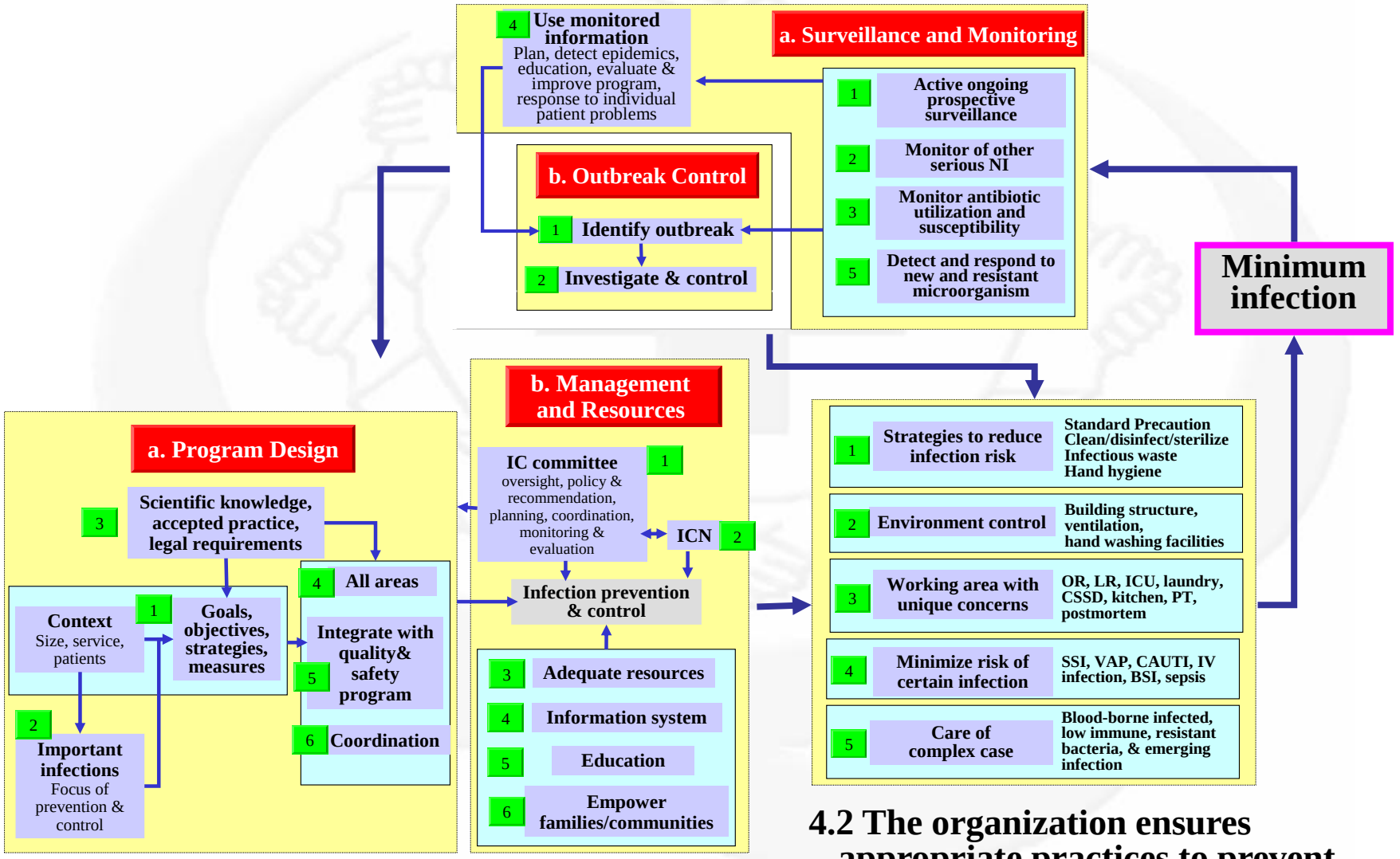
C-Core Values Apply core values for each standards

Tools for "Patient Care Processes" Assessment & Improvement



II – 4 Infection Prevention and Control

4.3 The organization performs appropriate methods of surveillance and monitoring to detect and control infections, and manage nosocomial outbreak situations.

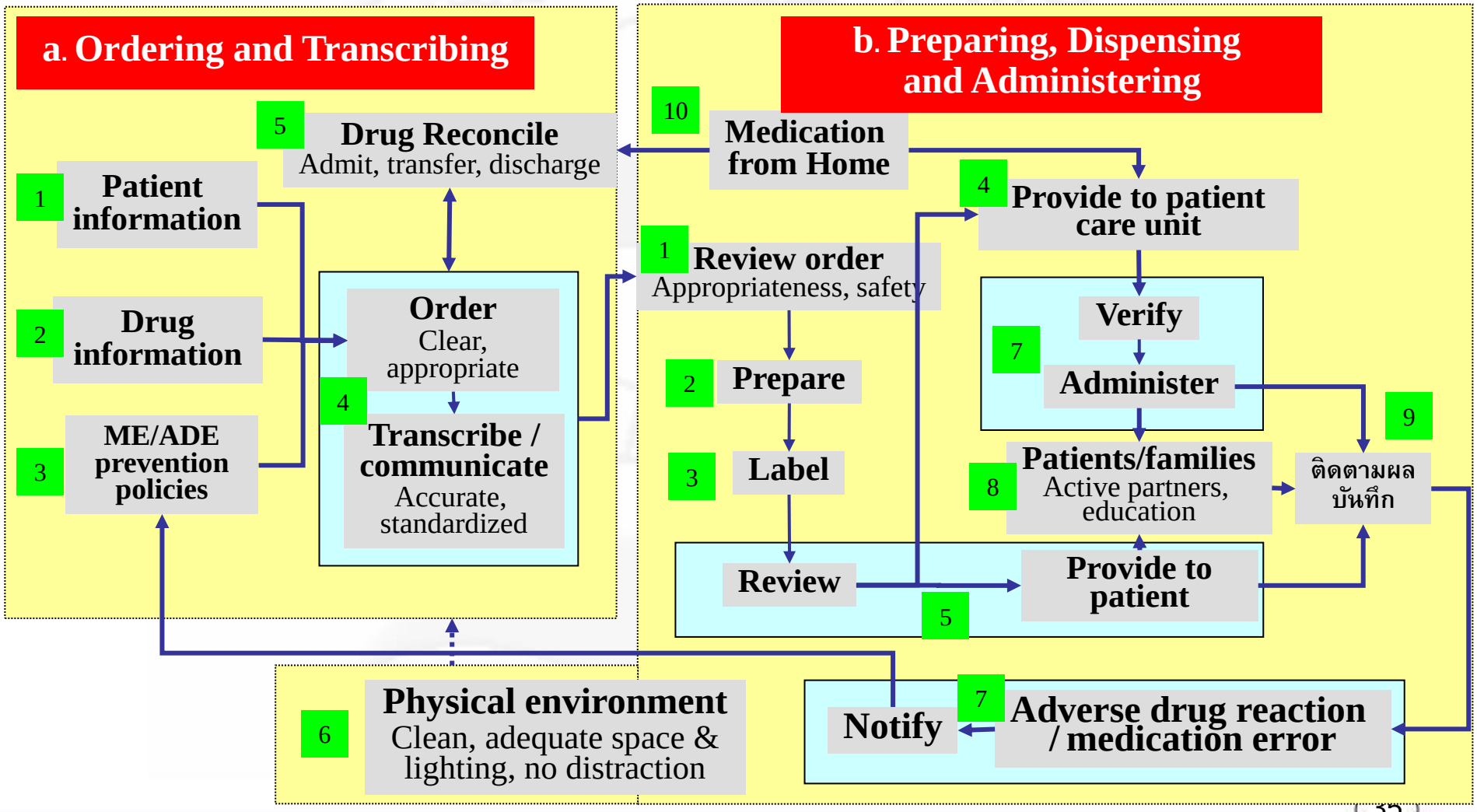


4.1 The organization's infection prevention and control program is appropriately designed, adequately supported, and well coordinated.

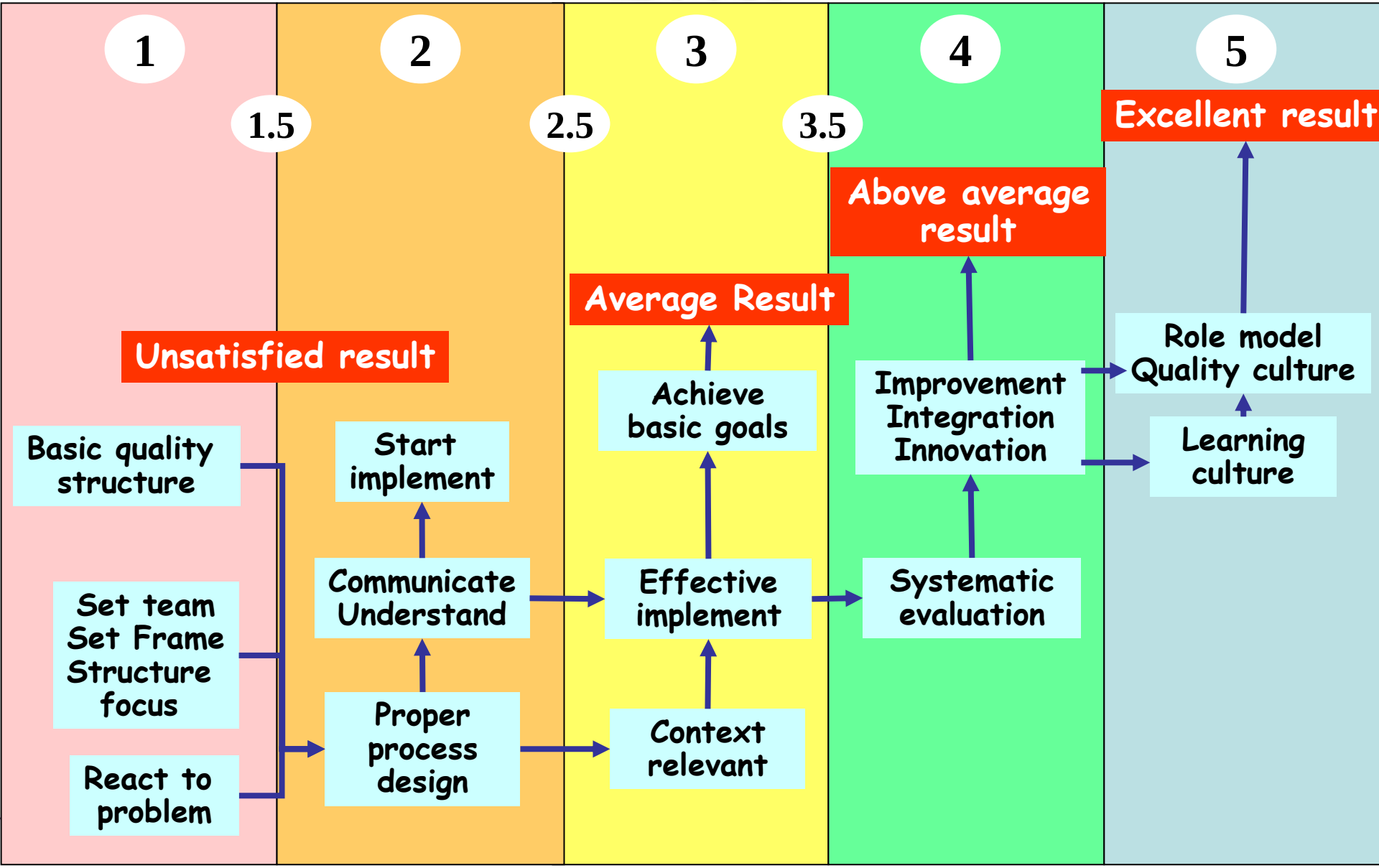
4.2 The organization ensures appropriate practices to prevent nosocomial infection.

II – 6.2 Medication Use

The organization ensures safety, accuracy, appropriateness and effectiveness in the prescribing and administration of the medication.



Scoring Guideline:
For Continuous Improvement to Excellence



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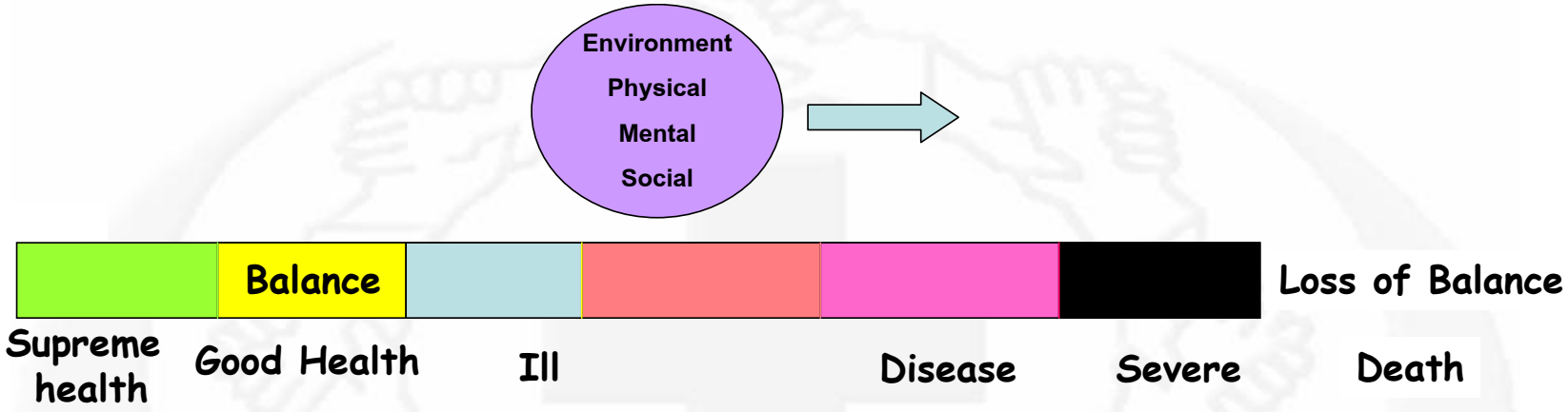
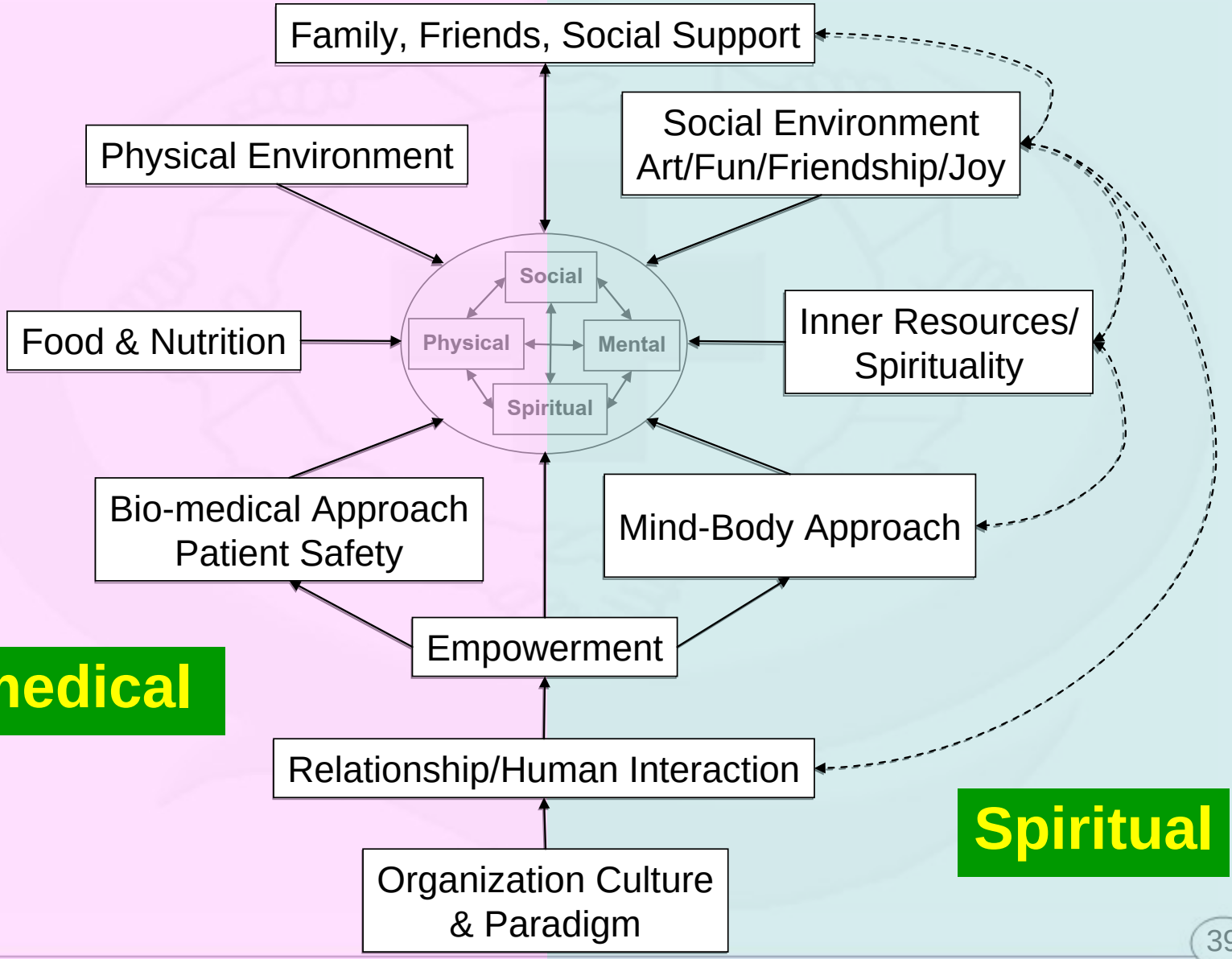


- New concept of health
- Modernization is not enough
- Balance of bio-medical & spiritual approach
- Low cost, high touch
- Providers' satisfaction & maturity
- Patients are teachers

Balance of Bio-medical & Spiritual



Humanized Healthcare

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

Respect Value, Dignity, Capability

Self-balanced Individual

Effective Interaction

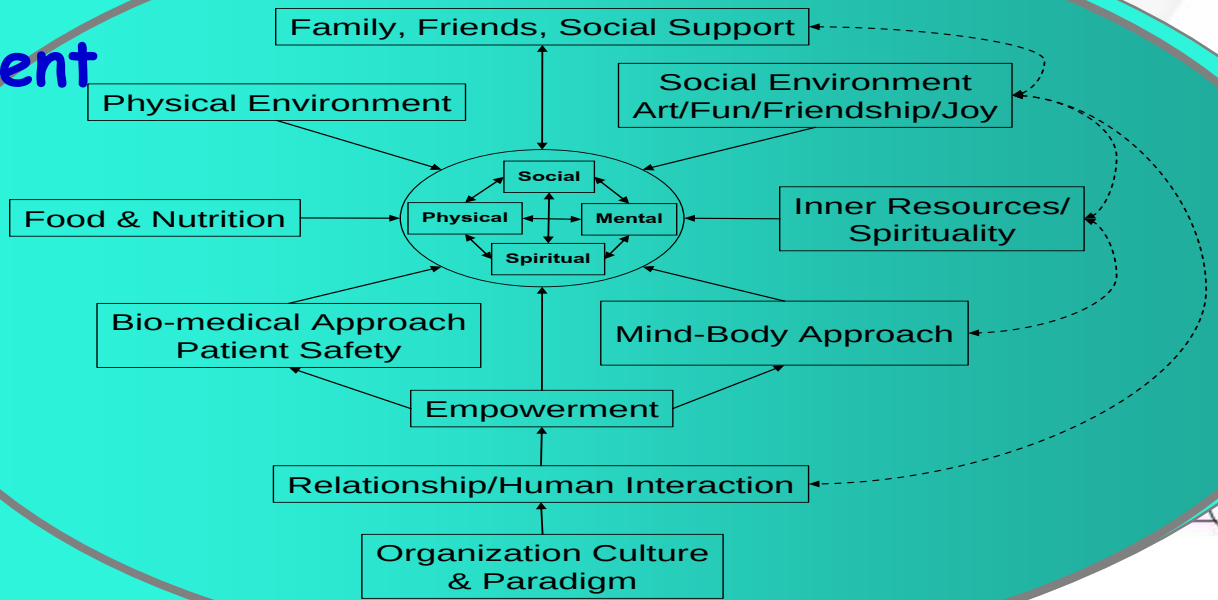
Learning Humanity

Humanized Healthcare Team

Social, Environment

- Strong community
- Public Policy
- Physical & Social Environment

Health Service



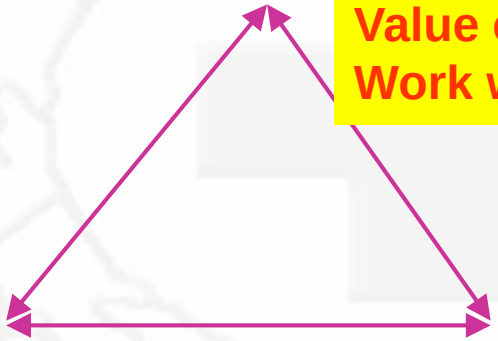
Living Organization

Application of new sciences with org. management

- **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**

Spirituality in Healthcare

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

HA National Forum
Forum for Campaign & Sharing

A History of Journey

10th (2009): Lean & Seamless Healthcare

9th (2008): Living Organization

8th (2007): Humanized Healthcare

7th (2006): Innovate, Trace & Measure

6th (2005): Systems approach

5th (2004): Best Practice 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

Challenges

- Resistance to change, change management
- Integration with other initiatives, policy support
- High & extreme expectation from different stakeholders
- Adequacy of qualified consultants/surveyors
- Funding
- Rapid change of health care system & financing
- Internal factors: leadership, conflict, workload, MD participation, capable facilitator

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 professional organization
11. From “Training” to “Doing & Learning”

International Conference on

Health Promotion and Quality in Health Services

(IHPQS)

Global Sharing : People and Integration as Key to Success

- Fostering Safety Culture (by Sir Liam Donaldson)
- People At the Center of Care (by Dr. Shigeru Omi)
- Accreditation, Health Promotion, KM, Systems Approach, Palliative Care, Mind-Body Medicine, Humanized Healthcare

19 – 21 November 2008

At Centara Grand and Bangkok Convention Center

Bangkok Thailand

www.ihpqs2008.org