Healthcare Quality Improvement & Hospital Accreditation (HA) In Thailand
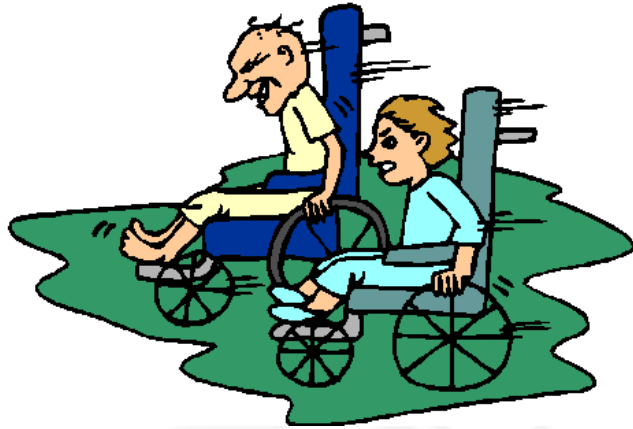
Anuwat Supachutikul, M.D.
CEO, Healthcare Accreditation Institute, Thailand

Help, our hospitals are at fire!

• **Public hospital: long waiting time, inconvenient, unfriendly**

• **Private hospital: expensive, unnecessary treatment?**

• **Many visits without knowing what is our illness, will be cure or not, what to do?**

• **Severe patients not survive**

• **Legal cases with very high claim**

Hospital in a Patient's Dream

- **Take care as people with feeling**

- **Willing to listens and solve any problems**

- **Let us know and participate**

- **Take care of us with full capability**

- **Optimal investigation and treatment**

- **Take duty with care**

Case Study

A Patient with HIV+ & TB lymph node, no anti-TB treatment. Admit with rash.

What is the quality problem?
How can we know?
How can we prevent?
Who should be responsible?

A child with severe asthma, a nurse at ER said that it's too severe and should bring the patient home.

What is the quality problem?

How can we know?

How can we prevent?

Who should be responsible?

Case Study 3

A patient with acute appendicitis, was seen by many physicians, yet only symptomatic treatments were given. Many investigations were done and made anxiety to the patient because of splenomegaly. The patient ended up with appendiceal abscess.

What is the quality problem?

How can we know?

How can we prevent?
Who should be responsible?

Healthcare Accreditation Institute, Thailand

A patient with CA ovary, post TAH & bilat SO, regularly got hormonal therapy with a gynecologist. One day she had met with another gynecologist, whom did not prescribe hormone to her and badly discourage her.

What is the quality problem?

How can we know?

How can we prevent?

Who should be responsible?

How was the QI Program Started in Thailand

Review the Journey

- **1981 Community hospital management**
- **1983 Nursing service**
- **1984 STAR the hospitals**
- **1985 Rural healthcare system & network**
- **1989 Nursing quality assurance**

MOPH

Quality Improvement

R&D Program Under The HSRI

**TQM in
8 Public Hospitals**

What did we do?

- **Find the right people**
- **Analyze the current trends**
- **Work with the people on what they have**
- **Learn with them**

| 93 | 95 | 97 | 99 | 01 | 03 | 05 | 07 | 09 | 11 | 13 |

The first step is learning how to apply various quality improvement tools.

Basic tools: 5S, suggestion system

ESB (Excellence Service Behavior):

　　　e.g. facing, eye contact, smile, greeting, inquire

Teamwork: brainstorm, decision tool (multi-voting)

CQI steps

Tools for idea & data: affinity diagram, tree diagram, various charting esp. control chart

Experience of Implementing QI

Start with QI Tools

+ Good preparation for teamwork & learning
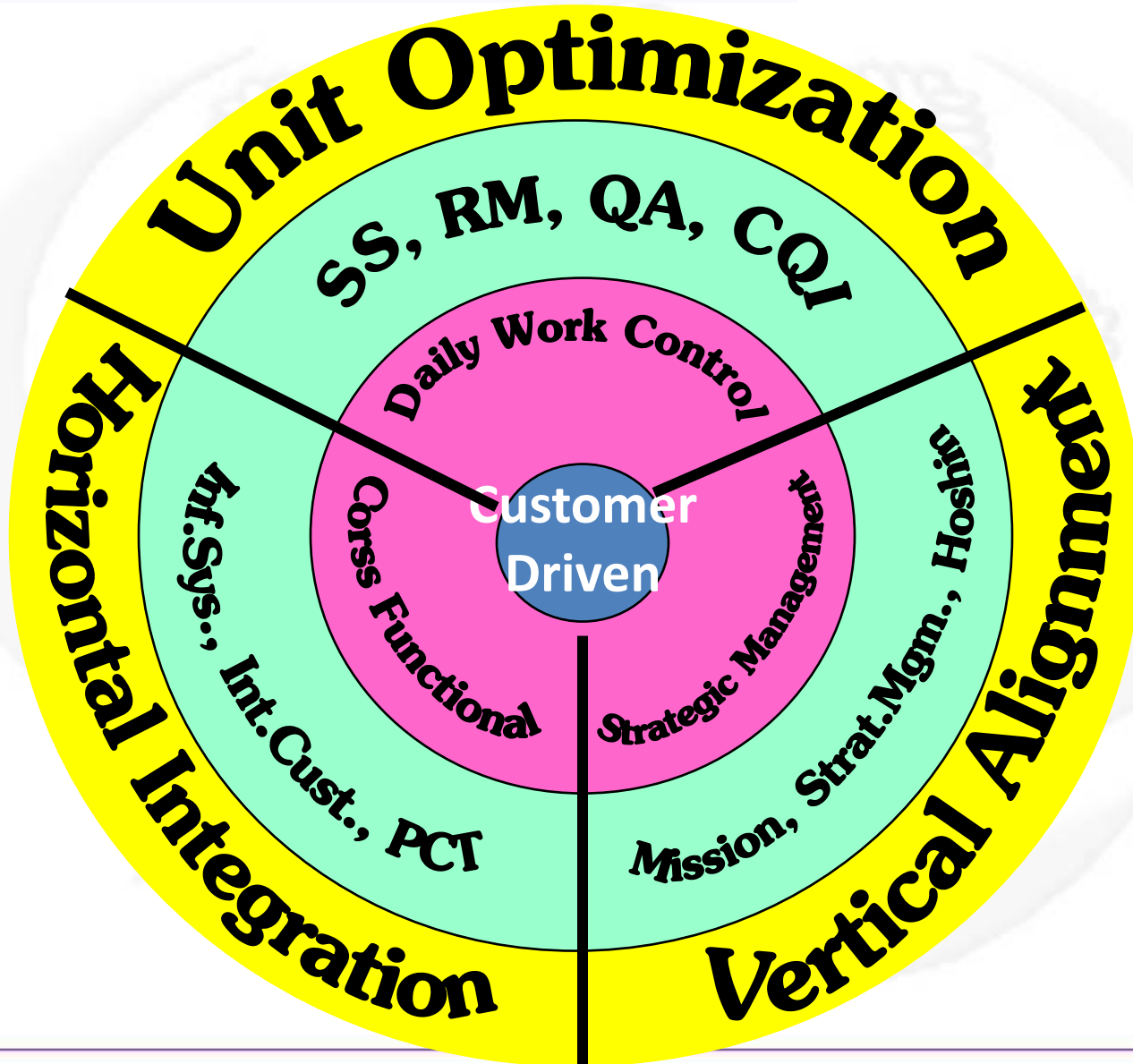- Delay in applying standard, fragmented

Start with Standards

+ Clear direction & expectation
- Focus on system more than patients

Start with Tangible Experience

+ Clinicians feel happier
+ Improvement activities closer to the patients

Total Quality Management

Unit Optimization

SS, RM, QA, CQI

Horizontal Integration

Vertical Alignment

Daily Work Control

Inf.Sys., Int.Cust., PCT

Corss Functional

Customer Driven

Strategic Management

Mission, Strat.Mgm., Hoshin

"T" Total

- **People:**
  - **Everyone, everywhere, all level**
  - **Collaboration as teams**
  - **Collaboration between management and staff**

- **Works:**
  - **All systems, all steps**

- **Customers:**
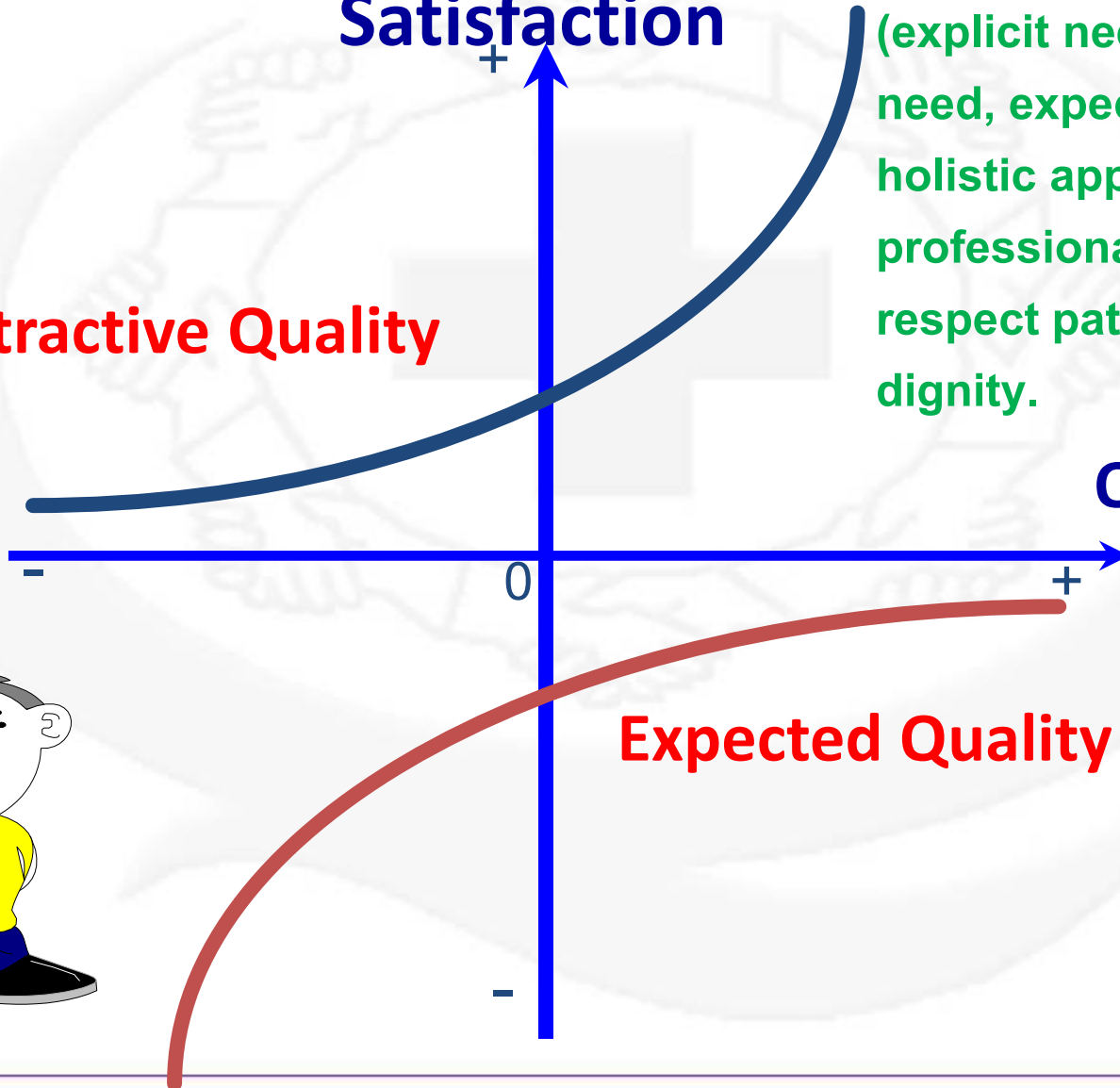 - **Everyone, every groups, every requirement**
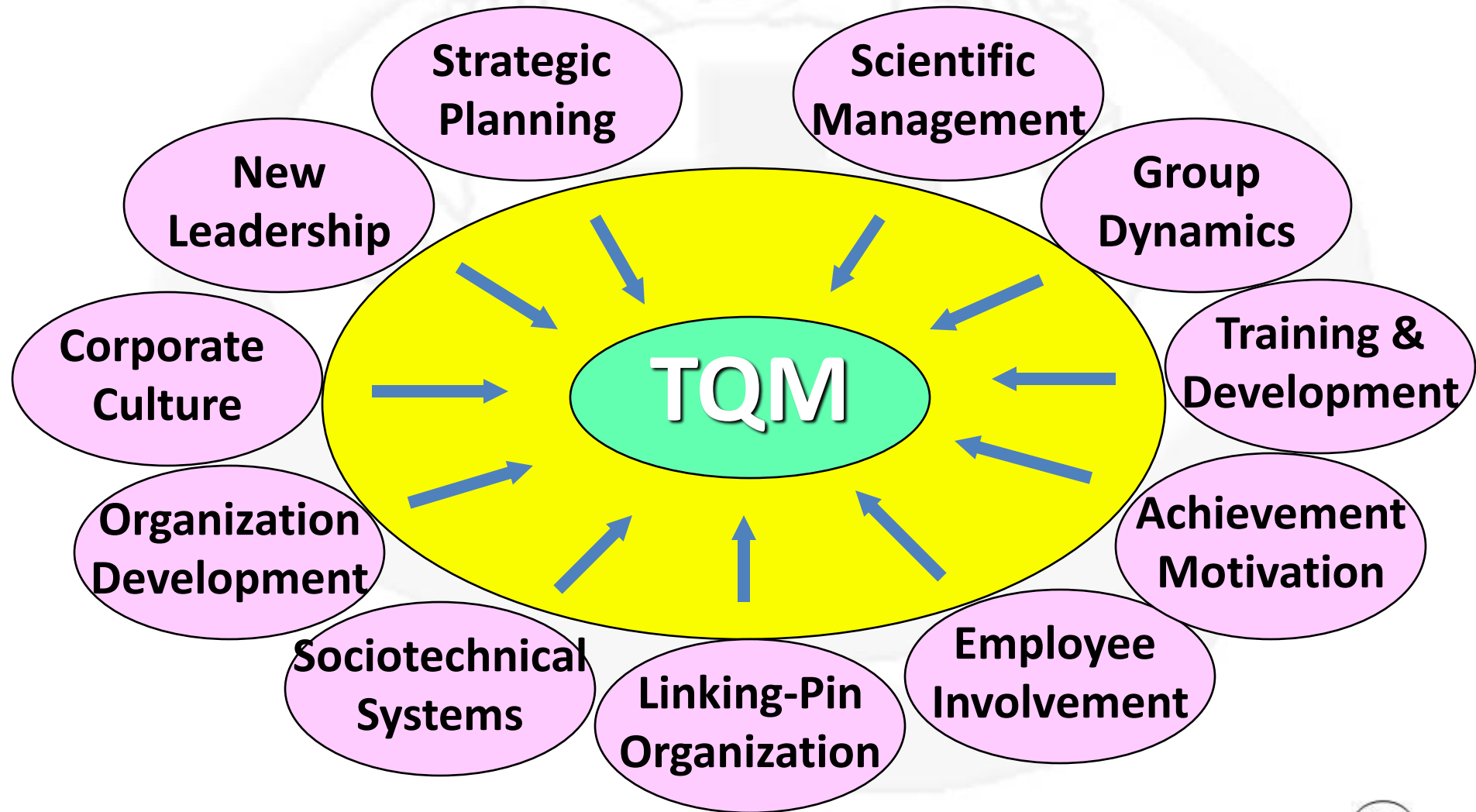
"Q" Quality

Satisfaction

Response to patient's need (explicit need, implicit need, expectation), with holistic approach, base on professional standards, respect patient's right & dignity.

Attractive Quality

Quality Level

-   0   **+**

Expected Quality

-

Noriaki Kano

"M" Management

Creativity

Use 'Pencil' to design a 'House'

- **Graphite at the center**
- **Rubber at the head**

- **Hexagon**
- **Sharp end**
- **Metallic sheet**
- **Made of wood**
- **Golden color**

- The most useful area at the center
- Living room at the far end, easy to clean

- Attractive hexagonal shape
- High roof
- Decorate with metal outside
- Mostly wood
- Blight color, peaceful

From Manager to Leader

Manager	**Leader**
• Control	Coach
• Quantity	Quality
• Opinion	Use information
• Resist to change	Willing for change
• People as cost	People as asset
• Doubt, mistrust	Trust
• Follow	Commitment
• Internal focus	Customer focus
• Individual	Teamwork
• Inspection	Prevention

GROW Model of Coaching

What would we like to talk?

What is the decision?

TOPIC
initial
understanding

WRAP-UP
clarity/commitment,
support

GOAL
for session

What do you want to achieve?

OPTIONS
what's possible?

REALITY
who/what/where
how much

What can we do?

What is happening right now?

adapted from 'Coaching for Performance' by Sir John Whitmore
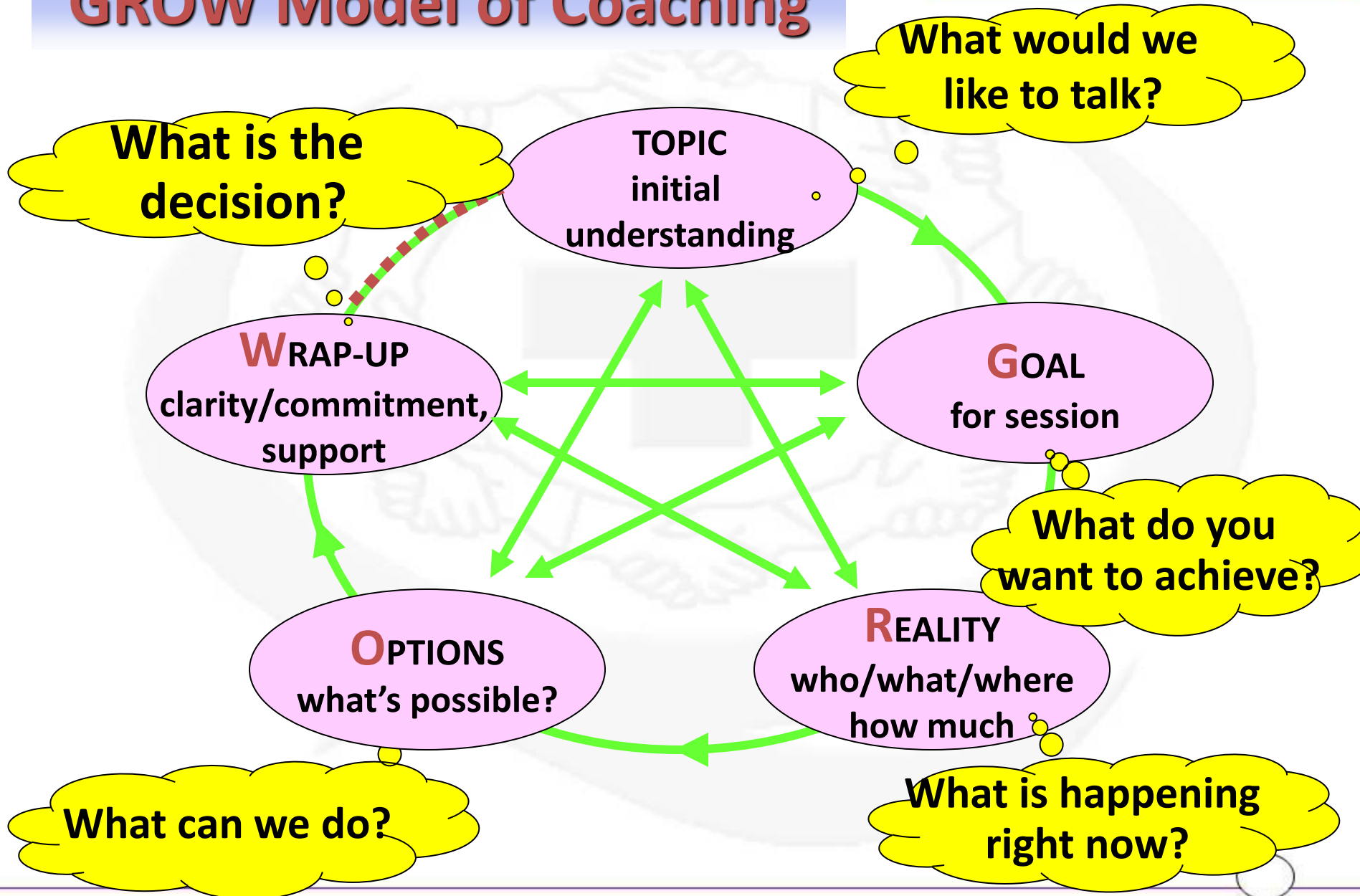
GROW Model of Coaching

Goals

1. What do you want to achieve long term?
2. How will you know when you have got there? What will you see, what will you hear, what will you feel to know you have made progress. What actions and outcomes will have been completed?
3. How much personal control or influence do you have over your goal or goals?
4. What would be a milestone on the way to achieving your goal(s)?
5. By when do you want to achieve it?
6. Is that positive, challenging and attainable?
7. How will you measure it?

GROW Model of Coaching

Reality

8. What is happening right now? What is really happening at the moment. (WHAT, WHEN, WHERE, HOW MUCH, HOW OFTEN)
9. Who is directly and indirectly involved?
10. If things are not going well with this issue, who else gets drawn in?
11. If things are not going well, what happens to you?
12. How have you dealt with this so far and with what results?
13. What is missing in this situation?
14. What is holding you back from finding a way forward?
15. Intuitively, what is really going on here?

GROW Model of Coaching

Options

16. What options do you have for steps to resolve this issue?
17. What else might you do?
18. What if you had more time for this issue, what might you try?
19. What if you had less time? What might that force you to try?
20. Imagine you had even more energy and confidence than you have right now, what could you try then?
21. What if somebody said: "Money is no object" What might you try then?
22. If you had total power, what might you try then?
23. What should you do?

GROW Model of Coaching

Will

24. What option or options do you choose?
25. To what extent does this meet all of your objectives? If t doesn't, what's missing?
26. What are your criteria and measurements for success?
27. When, precisely, will you start and finish each action or step?
28. What could hinder you taking these steps?
29. What personal resistance do you have to taking these steps?
30. What will you do to eliminate these external and internal factors?
31. Who needs to know what your plans are?
32. What support do you need, and from whom?
33. Now think about the how, your approach. How do you want things to go?
34. What commitment, on a 1 – 10 scale do you have to taking these agreed actions?
35. What prevents this from being a 10?
36. What could you do to alter or raise your commitment closer to 10?
37. What one small action can you take within the next 4 or 5 hours to move you forwards right now?
38. Do it! Commit to this action now!

Phase of Quality Implementation

Preparation	Development	Implementation	Integration

Management Education Workshop

Pilot Project

Unit Optimization (SS, RM, QA, CQI)

Structure

Vision & Mission

Skill

Horizontal Integration

Quality Structure
-Steering Team
-Facilitator Team

Strategic Plan

System
-Measurement
-Compensation

Vertical Alignment

Communication

Baseline Assessment
-Waste/Gap
-Customer need
-Environment
-Compliance to Standard

Education

Performance Monitor Progress Review

Culture

Mistake in Implementing TQM

1. Treat TQM/CQI as another project, not embed into the organization culture
2. Not able to demonstrate beneficial result in a short term
3. Not emphasis customer and patient focus
4. No linkage with organization strategy and management system
5. No linkage with performance management system & reward
6. Too high or too low target
7. Can not change the culture of command and control
8. Inadequate training

How was the HA Program Started in Thailand

Then we drafted a hospital standard.

Review of SSO Hospital Standards & HA
   Standards of other countries
Use Delphi technique to get agreement
Implementation in 35 pilot hospitals
Revise the standard structure from unit specific
   standards to a more general standards, use
   unit specific standards as guidelines for self
   evaluation

HA Standards 1996 (Golden Jubilee Version)

11 Medical Staff Organization
12 Nursing Administration

13 Patient's Right
14 Org Ethics

Professional Standards & Ethics

Patient's Right & Org. Ethics

Commitment to Quality Improvement

1 Leadership
2 Policy Direction

Resource & R Mananagement

3 Coordination of care
4 HRM & HRD
5 Environment & Safety
6 Equipment
7 Information System

Patient Care

15 Teamwork
16 Patient Preparation
17 Assessment & Planning
18 Delivery of Care
19 Medical Record
20 Discharge Planning & Continuity of Care

Quality Process

8 General Quality
9 Clinical Quality
10 Infection Control

Suggestion for drafting a standard

- Make it simple, not an ideal one
- A structure that fit for the country
- Balance between ease of assessment and filling the gap
- Half of the hospitals should be able to comply within a few years

Healthcare Accreditation Institute, Thailand

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

HA Project

Pilot Hospitals

Initiatives

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

Workshops
Consultants

Adapt
Seek more information
Creativity
Trial
Learn

Knowledge

Solutions ← **Questions**

93   95   97   99   01   03   05   07   09   11   13

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Standard Implementation & Assessment

Critical issue
Major risk
Specific condition
Target group

Context

Priority

Standard

Purpose

Key Process Requirement

Check
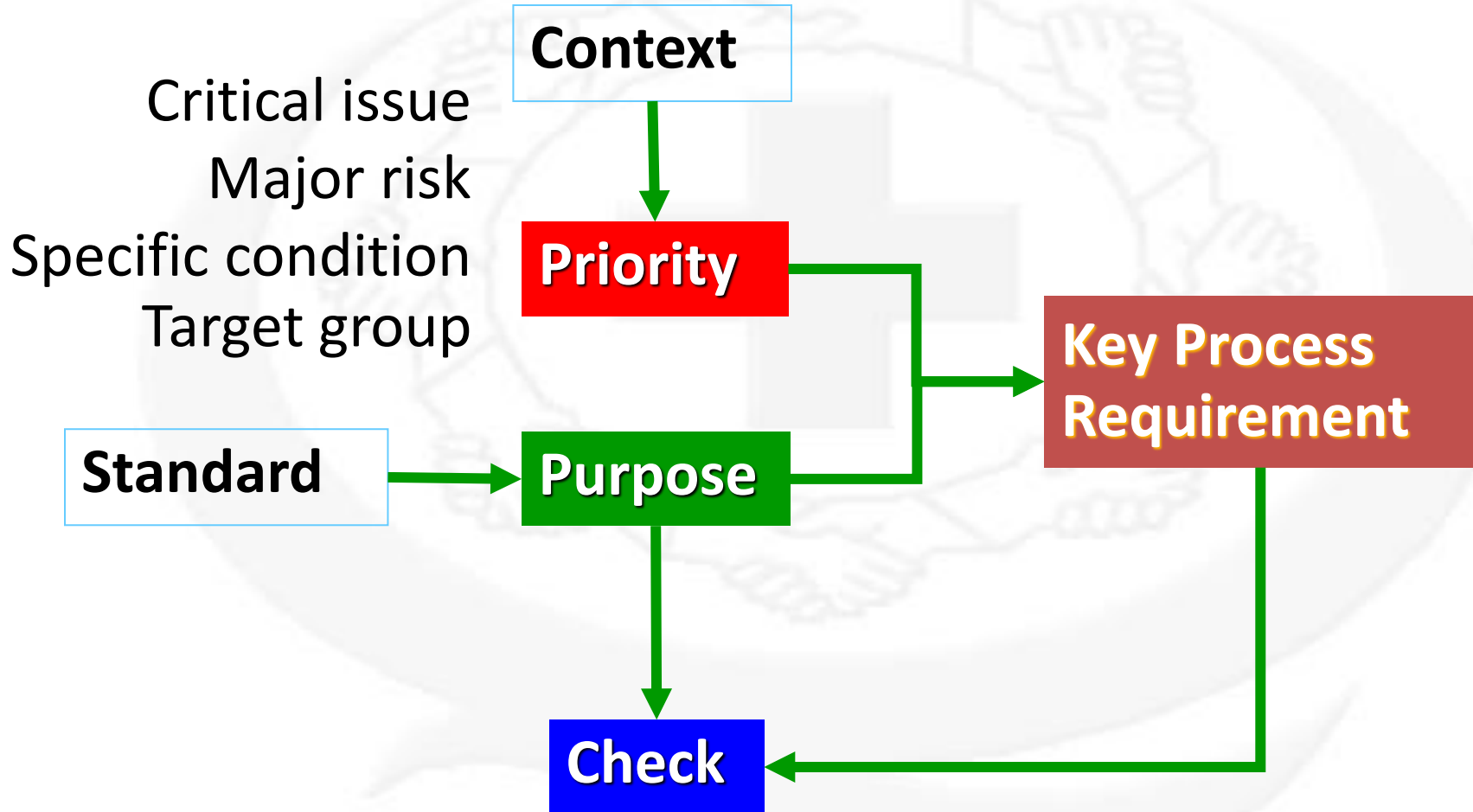
Without context specific, implementation of standards is meaningless

Key Principle of HA Program Thailand

Basic Concepts of Hospital Accreditation

Safety & Quality of Patient Care

Self Improvement

Educational Process

External Evaluation

Recognition

Not an inspection

Self Assessment
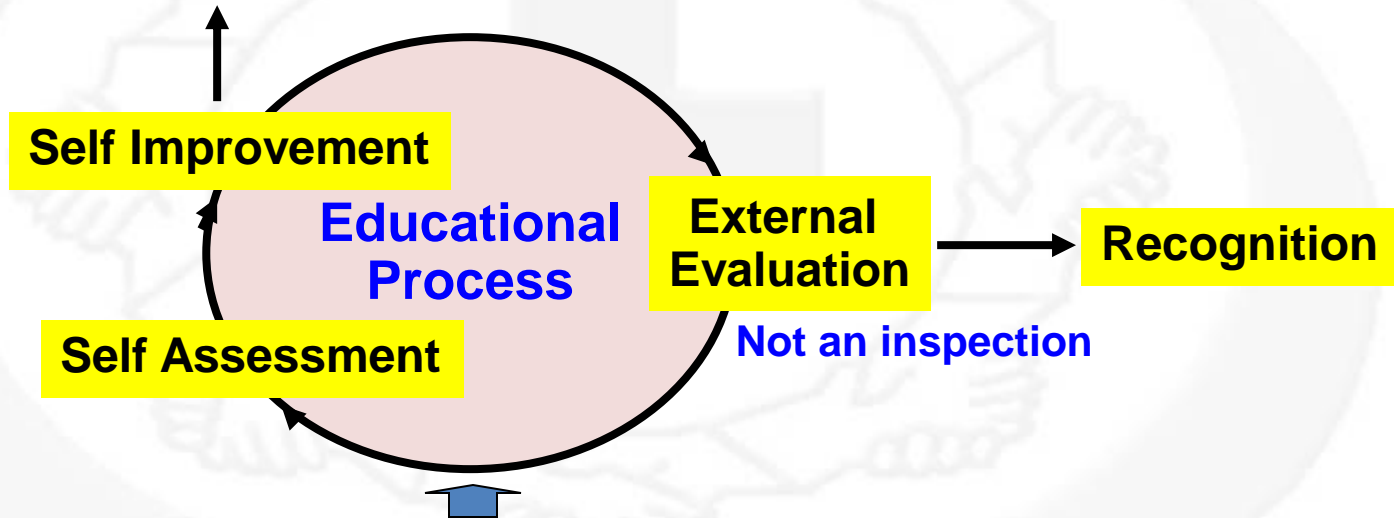
Core Concepts:
Flexible, context oriented
System approach, integration
Positive approach
Evaluation to stimulate improvement
Special character of healthcare (uncertainty, autonomy & accountability)

Benefit of the HA Program

Satisfaction
Safety
More Responsive
Patient's Right Protection
Holistic care & Health Promotion

Population

Hospital   **System/Society**

Reputation
Accountability
Good Governance
Professional Practice
Knowledge-based Org.
Commitment & Participation
Financial Incentive

National Indicator
Public Participation
Consumer Protection
Access to Quality Care
Efficient Use of Resources

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3C-PDSA

Core Values & Concepts

Indicators	**Study/Learning**

Criteria / Standards → **Purpose / Objectives**

Do **Act/Improve**

Plan/Design

Context → **Key Issues / Key Risks / Key Customer Need**

Core Values & Concepts

Value on Staff
Individual Commitment
Teamwork
Ethic & Professional Standard

Visionary Leadership
Systems Perspective
Agility

Staff

Direction

Customer

Improve

Patient / Customer Focus
Focus on Health
Community Responsibility

Creativity & Innovation
Management by Fact
Cont. Process Improvement
Focus on Results
Evidence-based Approach

Learn

Learning
Empowerment

Learning & Planning Tools

Context

Purpose/ Objective

Criteria (HA Standards

Design

Action

DALI (PDSA)

Learning

Improve

Core Values
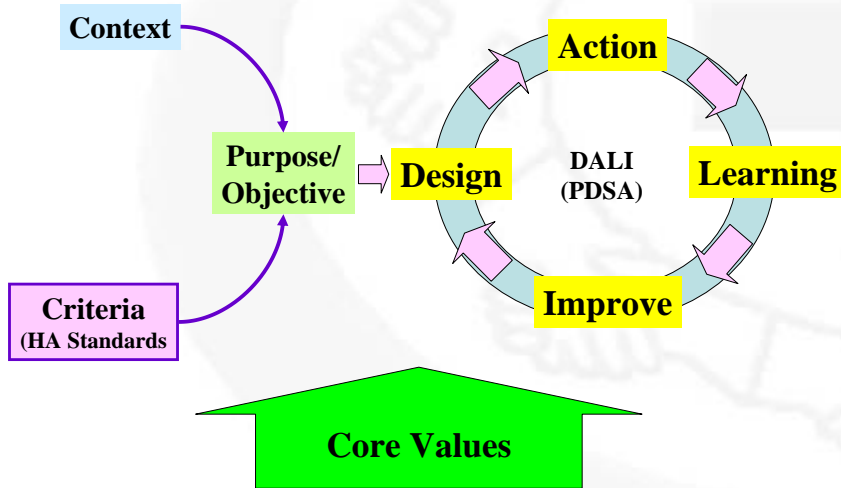
- **Knowledge Management**
- **Performance Improvement**
  - **CQI**
  - **Lean**
  - **Six Sigma**
- **Self Assessment**
  - **Identify opportunities for improvement**
  - **Clinical review / audit**
    - **By case**
    - **By clinical population**
  - **Performance review**
  - **Self enquiry**
  - **Internal survey**
  - **Scoring**
- **Research**

Key Quality Dimension

Access
Appropriate
Acceptability
Competency
Continuity
Coverage
Effective
Efficiency
Equity
Humanized/Holistic
Responsive
Safety
Timeliness

3 Steps to HA

A strategy to gain acceptance and expand coverage
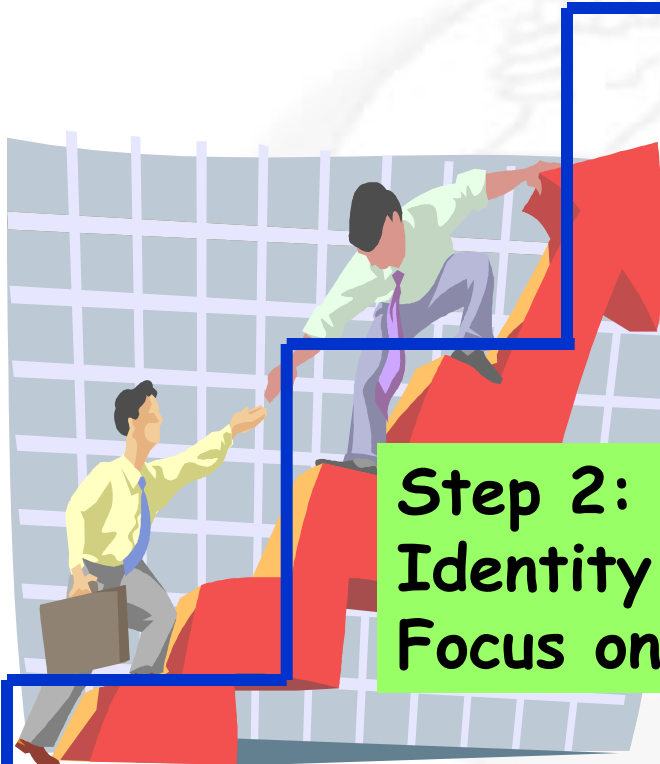
**Step 3: Quality Culture
Identify OFI from standards
Focus on integration, learning, result**

**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**

What did we do?
- **Response to the policy makers strategically**
- **Use threat to scale up**

TQM in
8 Public Hospitals

**demand
for quality
& access**

1st HA
Standards

1st HA
Certificate

UC

93   95   97   99   01   03   05   07   09   11   13

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Stepwise Recognition

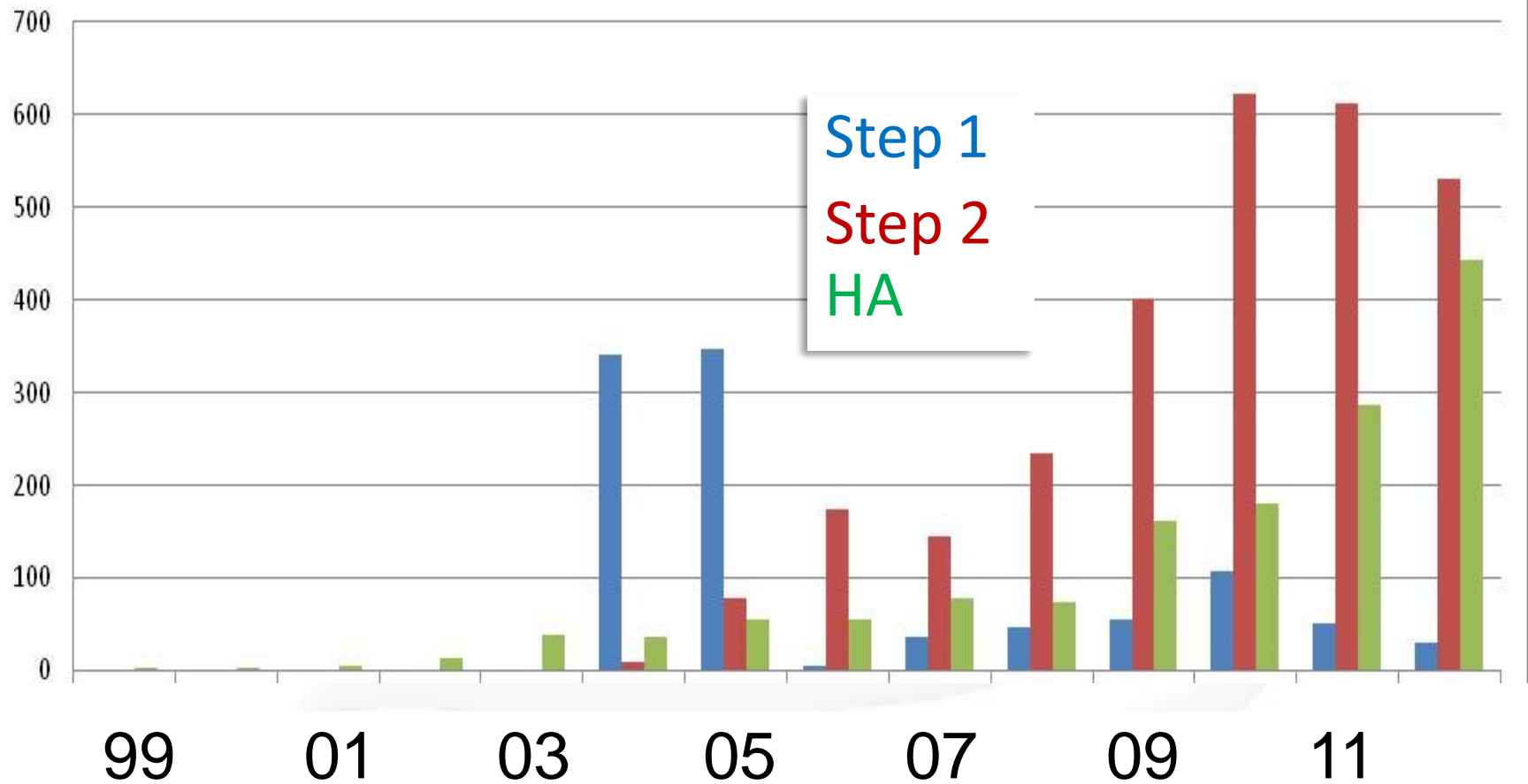**Step 3: Quality Culture**
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93   95   97   99   01   03   05   07   09   11   13
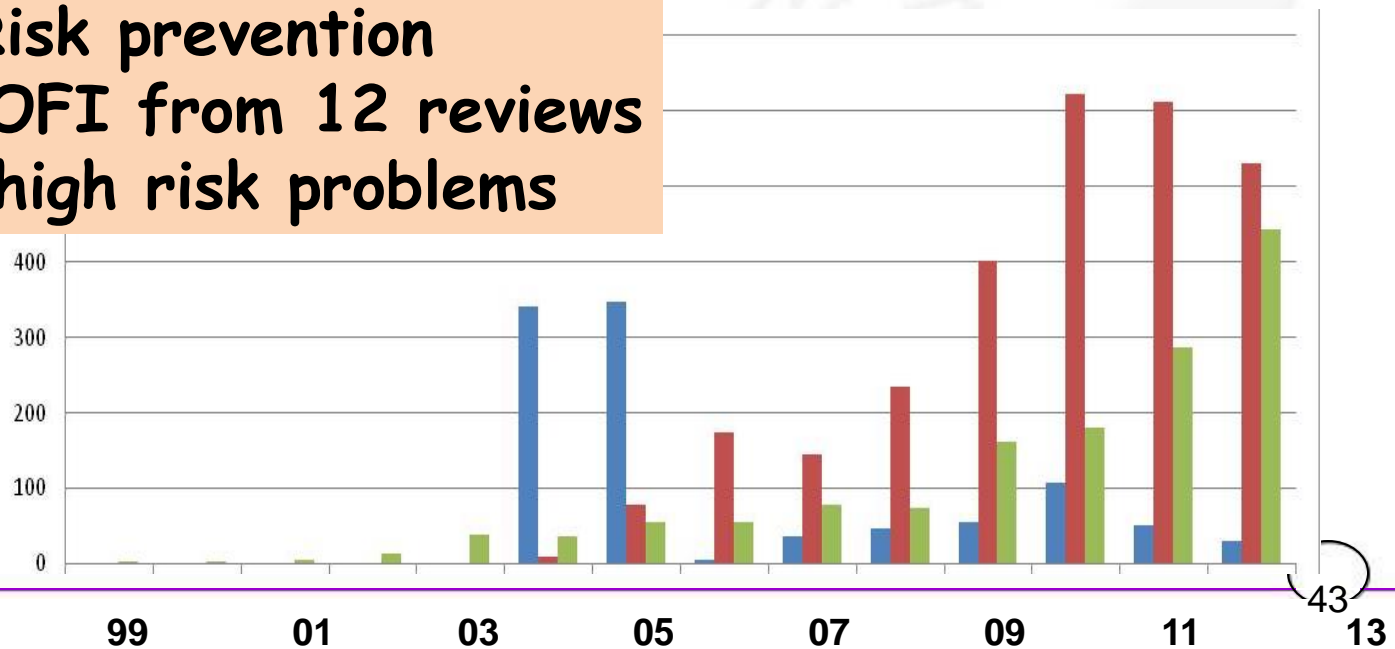
Power of Recognition

- 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

	Step 1	Step 2	Step 3
Overview	Reactive	Proactive	Quality Culture
Starting Point	Review Problems & Adverse Events	Systematic Analysis of Goal & Process	Evaluate Compliance with HA Standards
Quality Process	Check-Act-Plan-Do	QA: PDCA CQI: CAPD	Learning & Improvement
Success Criteria	Compliance with Preventive Measures	QA/CQI Relevant with Unit Goals	Better Outcomes
HA Standard	Not Focus	Focus on Key Standards	Focus on All Standards
Self Assessment	To Prevent Risk	To Identify Opportunity for Improvement	To Assess Overall Effort & Impact of Improvement
Coverage	Key Problems	Key Processes	Integration of Key Systems

Quality Review :
Tools to Identify the Case in Step 1

Medical Record Review

| Entry | → | Assessment | → | Planning | → | Implementation | → | Evaluation | → | Discharge |

Bedside Review

Other Reviews

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

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

Scoring of Step 1 to HA

	Just start Structure Guideline	Change Communicate Facilitate	Meet purpose Understand Basis for CQI	Above average Coordinate Evaluate Expand	
	Begin 1/3	**Fair** 2/3	**Good** 1	**Very Good** 1	**Excellent** 1
Review					
Coverage					
Preventive Measures					
Communication					
Practice					

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

| Purpose | → | Process | → | Performance |

Organization

- Service Unit
- Clinical Population
- Work System
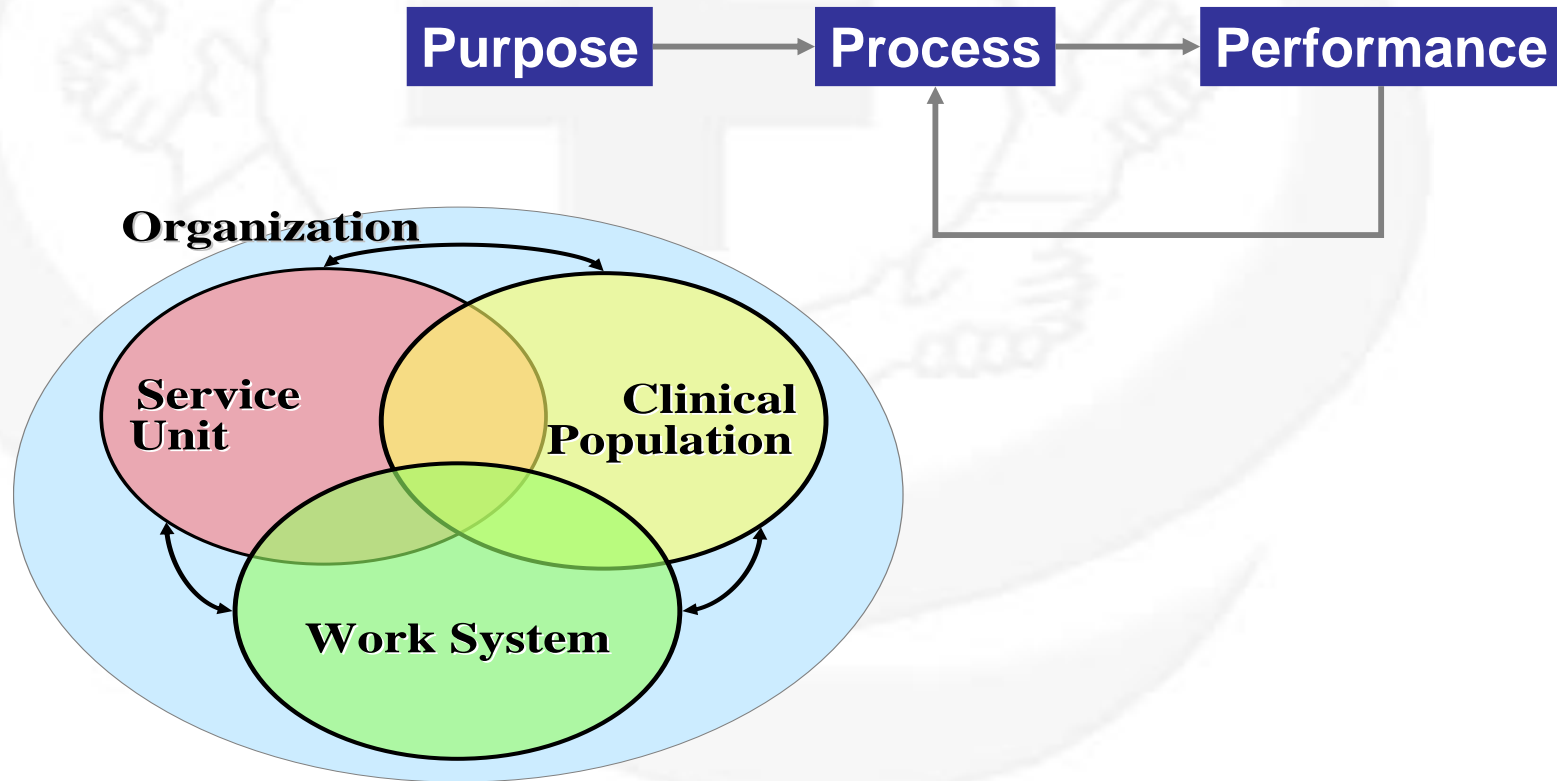
Service Profile

Purpose:

Scope of Service:

Key Customer Requirements:

Key Internal Co-ordination Requirements:

Key Service Characteristics:

Key Quality Issues:

Key Staff:

Key Technology & Equipment:

Key HPH Issues:

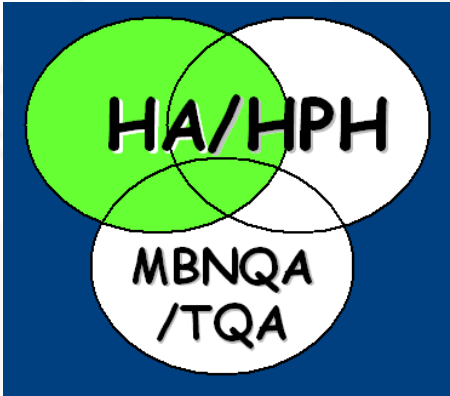# Thai HA Standards Version 2

What did we do?

- **Scan the situation & trend**
- **Response to stakeholder's need**
- **Move one step ahead**
- **Gradually convince people**

Part I Organization Management Overview

Analysis,
Management

Human Resource Focus

Results

Process Management

Part IV Results

Patient Care Results
Patient Focused Results
Financial Results
Human Resource Results
Process Effectiveness Results
Leadership Results
Health Promotion Results
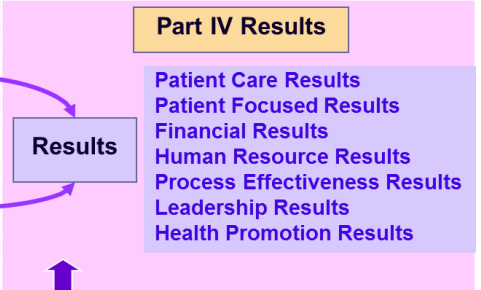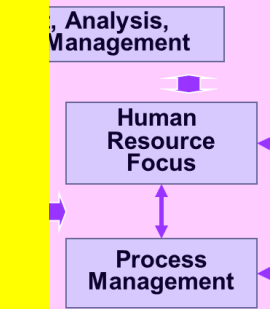
Part II Key Hospital Systems

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

HA/HPH

MBNQA /TQA

ACCREDITED **ISQua** **STANDARDS**

2nd HA/HPH Standards

HPH Accreditation

1st HA Standards

| 93 | 95 | 97 | 99 | 01 | 03 | 05 | 07 | 09 | 11 | 13 |

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Information & Knowledge Management

Strategic Planning

Staff Focus

PART IV

Clinical Results
Patient & Customer Results
Financial Results
Staff & Work System Results
Organization Effectiveness
Leadership & Social Resp
Health Promotion

Leadership

Results

Patient Focus & Patient Right

Process Management

PART I

MBNOA/TOA Model

HA Standards 2006 (Diamond Jubilee)

Key Hospital Systems PART II

Risk, Safety & Quality
Clinical Governance
Environment of Care
Infection Control
Medical Record System
Medication Management
Clinical Investigation System
Disease Surveillance
Work with Community
Patient Care Process

PART III

Patient Care Process

Entry
Assessment
Planning of Care
Delivery of Care
Education & Empowerment
Continuous Care

Linkage in the Standards Part I (from MBNQA)
Overview of Organization Management

Baldrige Health Care Criteria for Performance Excellence Framework: A Systems Perspective
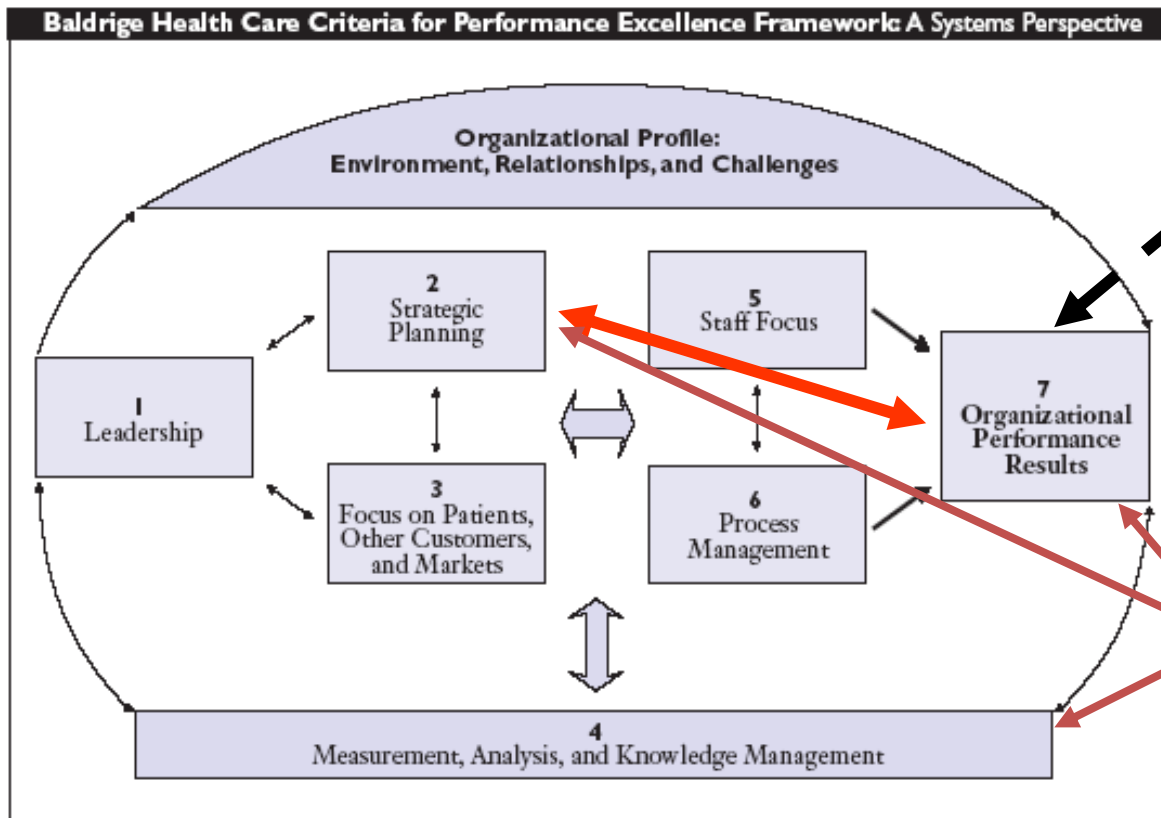
Focus on result Use composite score -> ensure balance of strategies

Goal alignment Measures -> deploy overall requirement Learning: PDCA

1

1.5

Just Begin

Unsatisfied result

Basic quality structure

Set team Set Frame Structure focus

React to problem

Set Up

Set team & mission

Set guidelines

Problem analysis

Reactive response

Early improvement on simple issues

54

1

2

1.5

2.5

Just Begin

Need improve In key areas

Unsatisfied result

Basic quality structure

Set team Set Frame Structure focus

React to problem

Start implement

Communicate Understand

Proper process design

Plan & Do

Scoring Guideline:
For Continuous Improvement to Excellence

1 **2** **3**

1.5   2.   5

Just Begin

Need improve In key areas

Satisfy with the result

Unsatisfied result

Average Result

Basic quality structure	Start implement	Achieve basic goals
Set team Set Frame Structure focus	Communicate Understand	Effective implement
React to problem	Proper process design	Context relevant
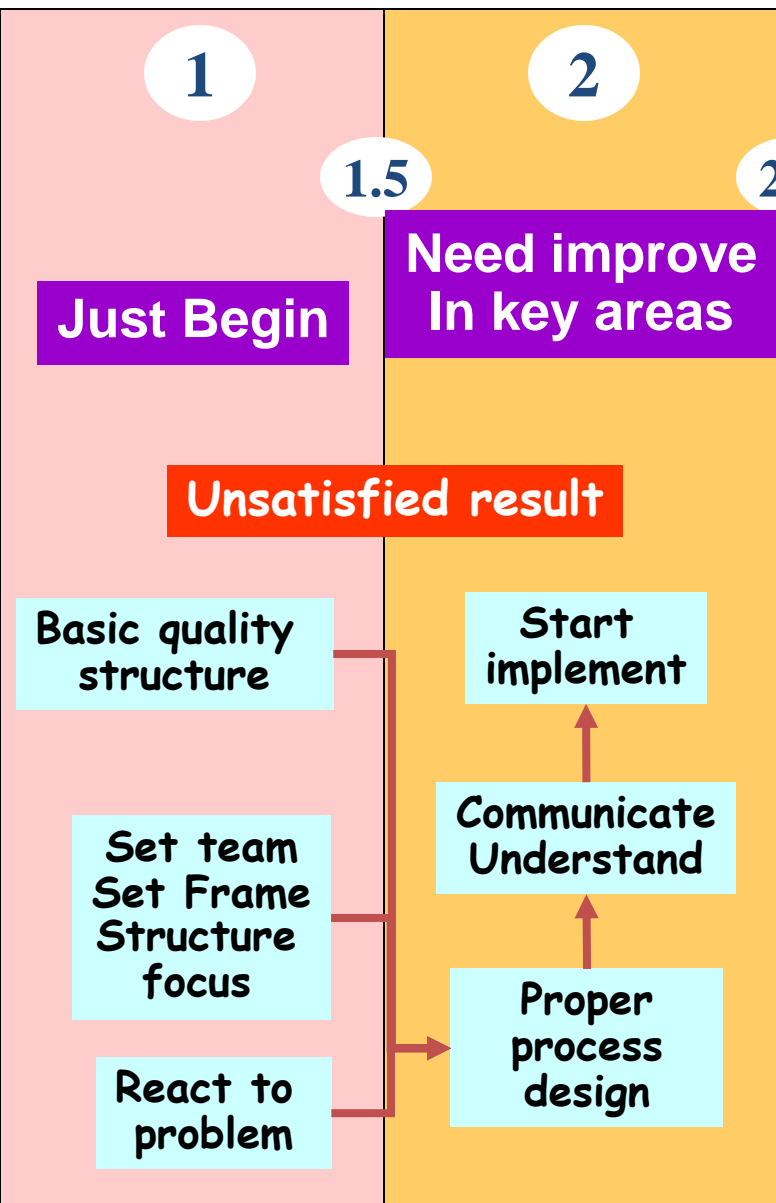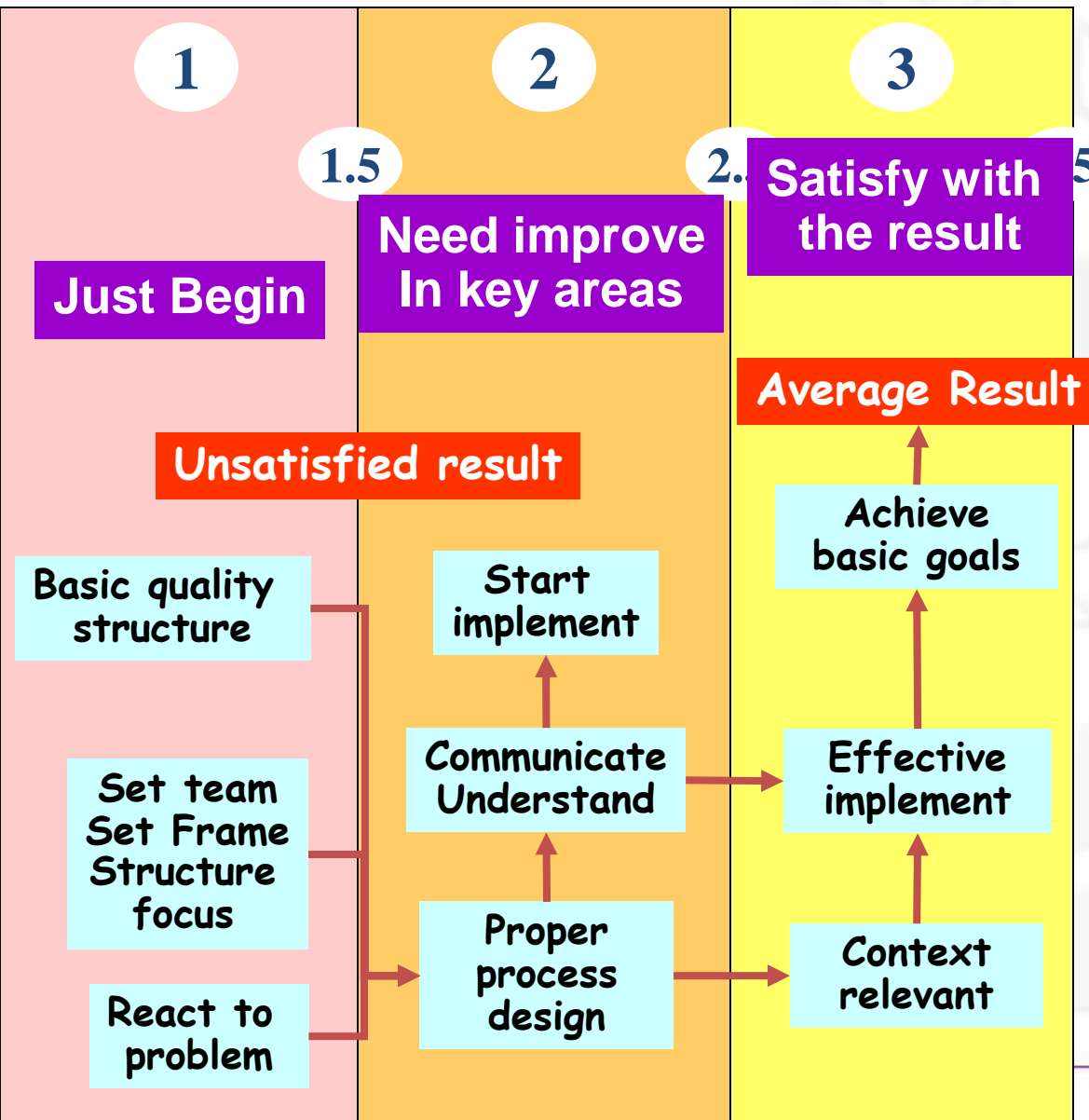
Do & Check
Effective design (HFE)
Deploy in all key areas
Effective implement
Qualitative assessment
Achieve basic goals

Scoring Guideline:
For Continuous Improvement to Excellence

1	**2**	**3**	**4**

1.5 **2.**

Just Begin

Need improve In key areas

Satisfy with the result

Above average result

Unsatisfied result

Average Result

Basic quality structure

Set team Set Frame Structure focus

React to problem

Start implement

Communicate Understand

Proper process design

Achieve basic goals

Effective implement

Context relevant

Improvement Integration Innovation

Systematic evaluation

Check & Act

Scoring Guideline:
For Continuous Improvement to Excellence

1   **2**   **3**   **4**   **5**

1.5   **2.5**   **3.5**

Excellent result

Above average result

Average Result

Unsatisfied result

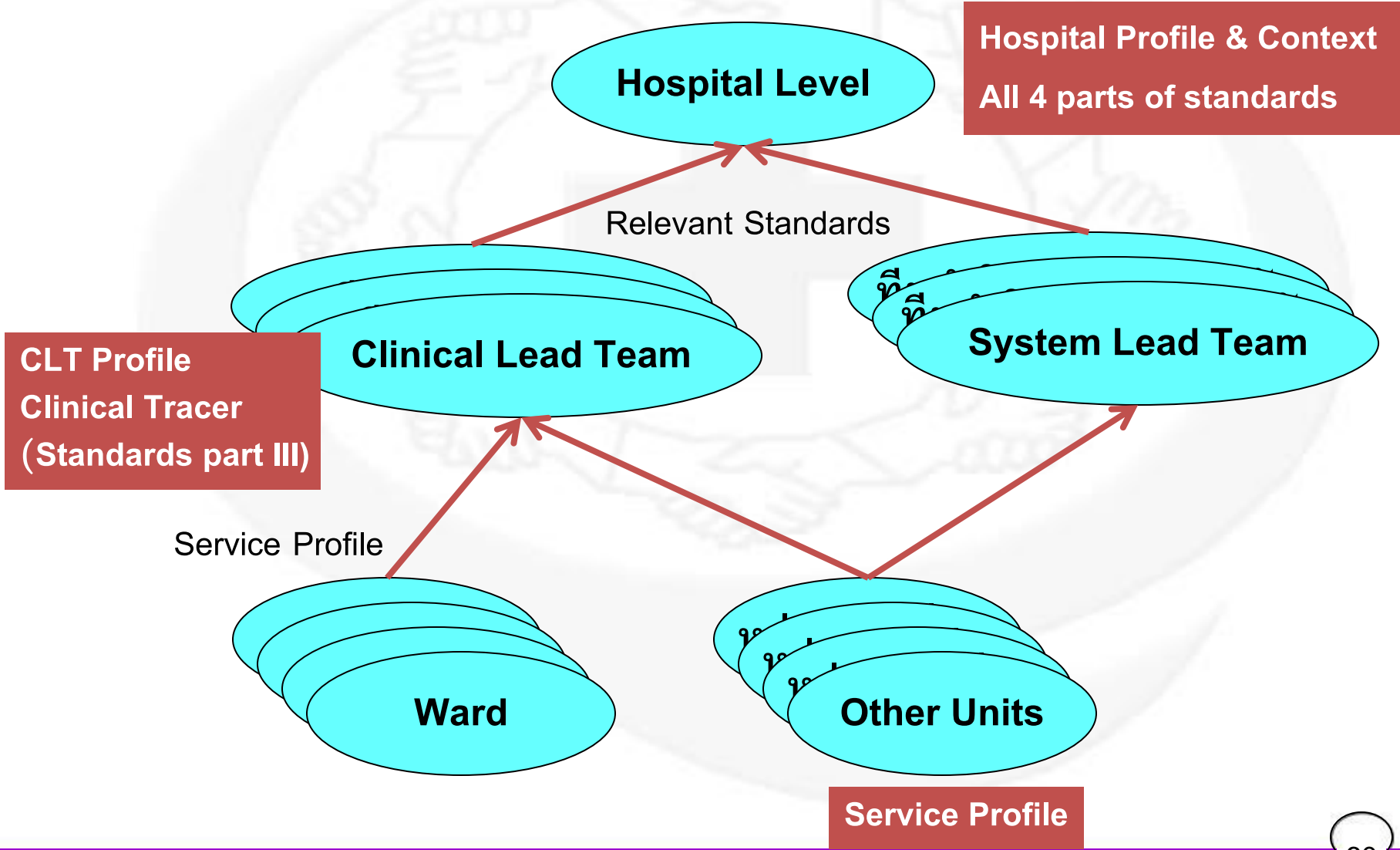| Level 1	Level 2	Level 3	Level 4	Level 5
Basic quality structure	Start implement	Achieve basic goals	Above average result	Role model Quality culture
Set team Set Frame Structure focus	Communicate Understand	Effective implement	Improvement Integration Innovation	Learning culture
React to problem	Proper process design	Context relevant	Systematic evaluation	

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Use of Self Assessment

Level of Self Assessment Document

Get Standards into Daily Operation

Systematic Evaluation

What are the strength & weakness?

Can we measure them?

Trace Daily Practice

What are we doing?

Are we doing it well?

Dialogue
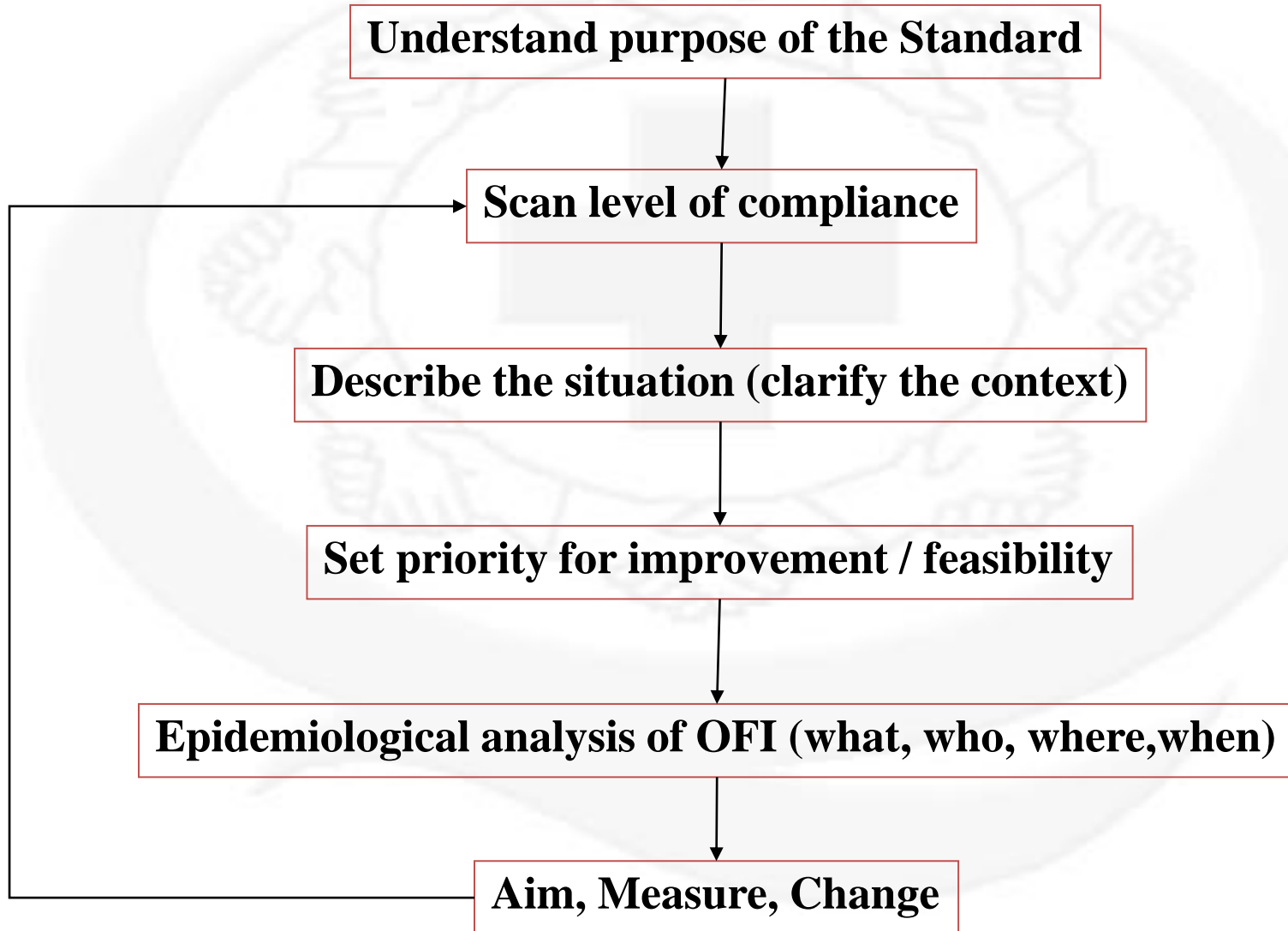
What's in it for me?

What's our major risks?

Study Purpose of the Standard

Focus on Safety, Health Promotion, Learning

Understand purpose of the Standard

↓

Scan level of compliance

↓

Describe the situation (clarify the context)

↓

Set priority for improvement / feasibility

↓

Epidemiological analysis of OFI (what, who, where,when)

↓

Aim, Measure, Change

Patient Safety

What did we do?
- **Simplify & communicate**
- **Integrate into our framework**

Organization

Service Unit

Clinical Population

Work System

1st Patient Safety Goals

Quality Review

93   95   97   99   01   03   05   07   09   11   13

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Patient Safety

Patient Safety Goals / Guides : SIMPLE

Safe Surgery → SSI Prevention
Safe Anesthesia
Correct Procedure at Correct Site
Surgical Safety Checklist

Infection Control → Hand Hygiene
Prevention of CAUTI, VAP, Central line infection

Medication & Blood Safety → Safe from ADE, conc e'lyte, High-Alert Drug
Safe from medication error, LASA
Medication Reconciliation
Tackling antimicrobial resistance
Blood Safety

Patient Care Process → Patient Identification
Communication (SBAR, handovers, critical test results, verbal order, abbreviation)
Proper Diagnosis
Preventing common complications (Pressure Ulcers, Falls)

Line, Tubing, Cathether → Mis-connection

Emergency Response → Sepsis
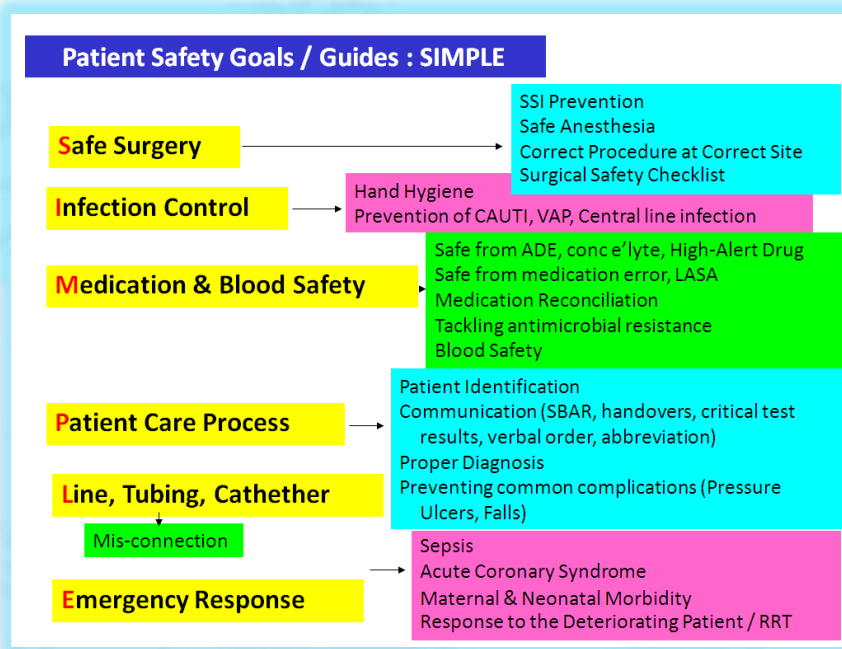Acute Coronary Syndrome
Maternal & Neonatal Morbidity
Response to the Deteriorating Patient / RRT

Readmit, ER revisit
Death / CPR
Complication
ADE & ?ADE
NI & ?NI
Refer
Incident
Unplanned ICU
Anes complication
Surgical risk
Maternal & neonatal
Lab
Blood
Pt Complaint
Nurse supervision
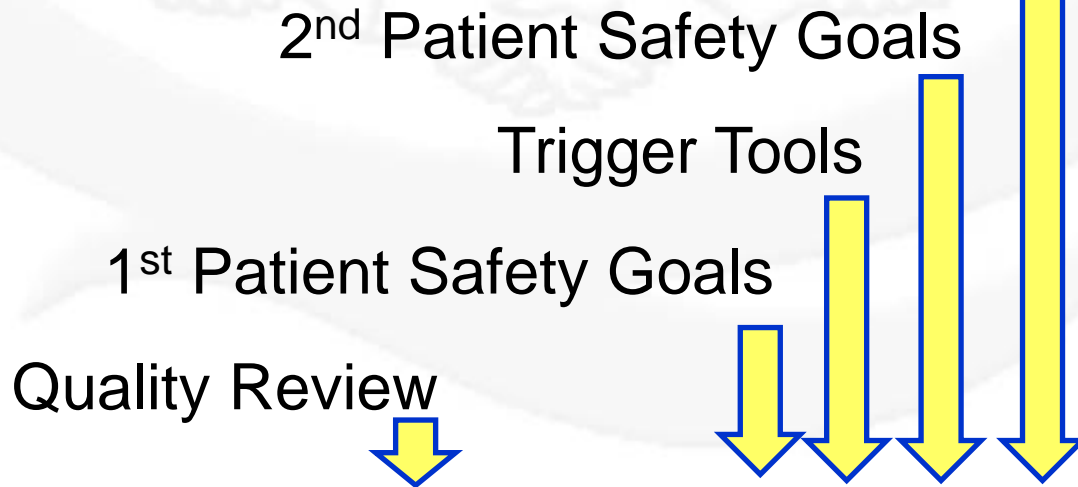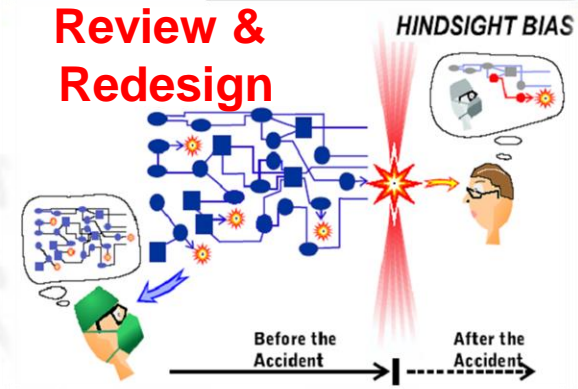
2nd Patient Safety Goals

Trigger Tools

1st Patient Safety Goals

Quality Review

| 93 | 95 | 97 | 99 | 01 | 03 | 05 | 07 | 09 | 11 | 13 |

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Patient Safety

Review & Redesign

HINDSIGHT BIAS

Before the Accident | After the Accident

2nd Patient Safety Goals

Trigger Tools

1st Patient Safety Goals

Quality Review

| 93 | 95 | 97 | 99 | 01 | 03 | 05 | 07 | 09 | 11 | 13 |

65

Surveyor Training

HA Expert Competency Framework

Knowledge ➡ **Skill** ➡ **Task** ➡ **Standard Work**

Knowledge	Skill	Task	Standard Work
Quality Concept	Reading	SA Analysis	Re-accreditation Survey
Quality Tools	Analysis	Team Interview	Accreditation Survey
HPH Concepts	Wide perspective	Site Visit	Step 1/2 Assessment
HA/HPH Standards	Relationship Building	Doc/Med Rec Review	ICV / CV
Assessment	Observation	Report Writing	Learn & Share Workshop
Health System	Listening		Document Assessment
	Questioning		
	Constructive Feedback		
	Learning Facilitation		
	Writing		
	Problem Solving		

Surveyor Training

- 5 days on concepts & standards
- 5 Days on application & practice
- A number of field practice
- Accompany the surveyor team in a real setting

HA National Forum
A Forum for Appreciation, Campaign & Sharing

1st (1999): **Quality Improvement to Serve the Public**
2nd (2000): **Roadmap for a Learning Society in Healthcare**
3rd (2002): **Simplicity in a Complex System**
4th (2003): **Best Practices for Patient Safety**
5th (2004): **Knowledge Management for Balance of Quality**
6th (2005): **Systems Approach: A Holistic Way to Create Value**
7th (2006): **Innovate, Trace & Measure**
8th (2007): **Humanized Healthcare**
9th (2008): **Living Organization**
10th (2009): **Lean & Seamless Healthcare**
11th (2010): **Flexible & Sustainable Development**
12th (2011): **Beauty in Diversity**
13th (2012): **The Wholeness of Work & Life**
14th (2013): **High Reliability Organization (HRO)**