



# Thailand Experience in Quality Improvement & Accreditation in Healthcare

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# The Healthcare Accreditation Institute (HAI)

A special independent government agency called '**Public Organization**'.

**Mission:** to promote, support and drive continuous quality improvement of healthcare system using self-assessment, external evaluation and knowledge sharing.

**Vision:** High standard & reliable healthcare system , with HAI as a change catalyst for quality culture

Half of the **operating cost** come from the government budget.

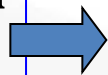


## Key Activities of the HA Institute

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



**Create Awareness  
Knowledge Dissemination  
Training**



**Stepwise Recognition**



**Collaboration/Learning Network**



**Evaluation &  
Accreditation**



# **Early Phase of Quality Improvement of Hospital in Thailand**





# Early Phase of QI & HA Program

CHIA HA



Under Health Systems Research Institute

**HA Project (R&D)**

Standard Implementation  
& Compliance Assessment

**Standard**

Review Concept & Requirement  
(US, Canada, Australia, UK)  
Seek Opinion from Stakeholders (Delphi)

**Hosp. Assess  
(SSO)**

Assessment Experience

**Social Security Scheme**

**TQM/CQI**

Improvement Tools

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# Social Security Scheme



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**The 1<sup>st</sup> capitation payment:** -> ILO concern about quality and encourage quality assurance program

**Set hospital standards:** Use Australia framework, but focus mostly on structure, use to encourage improvement

**Adverse event enquiry**

**Medical Committee:** set policy, set benefit package, set capitation fee, complaint review

**Incentive:** quota -> financial incentive



# TQM Pilot Project



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

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

TQM



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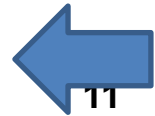
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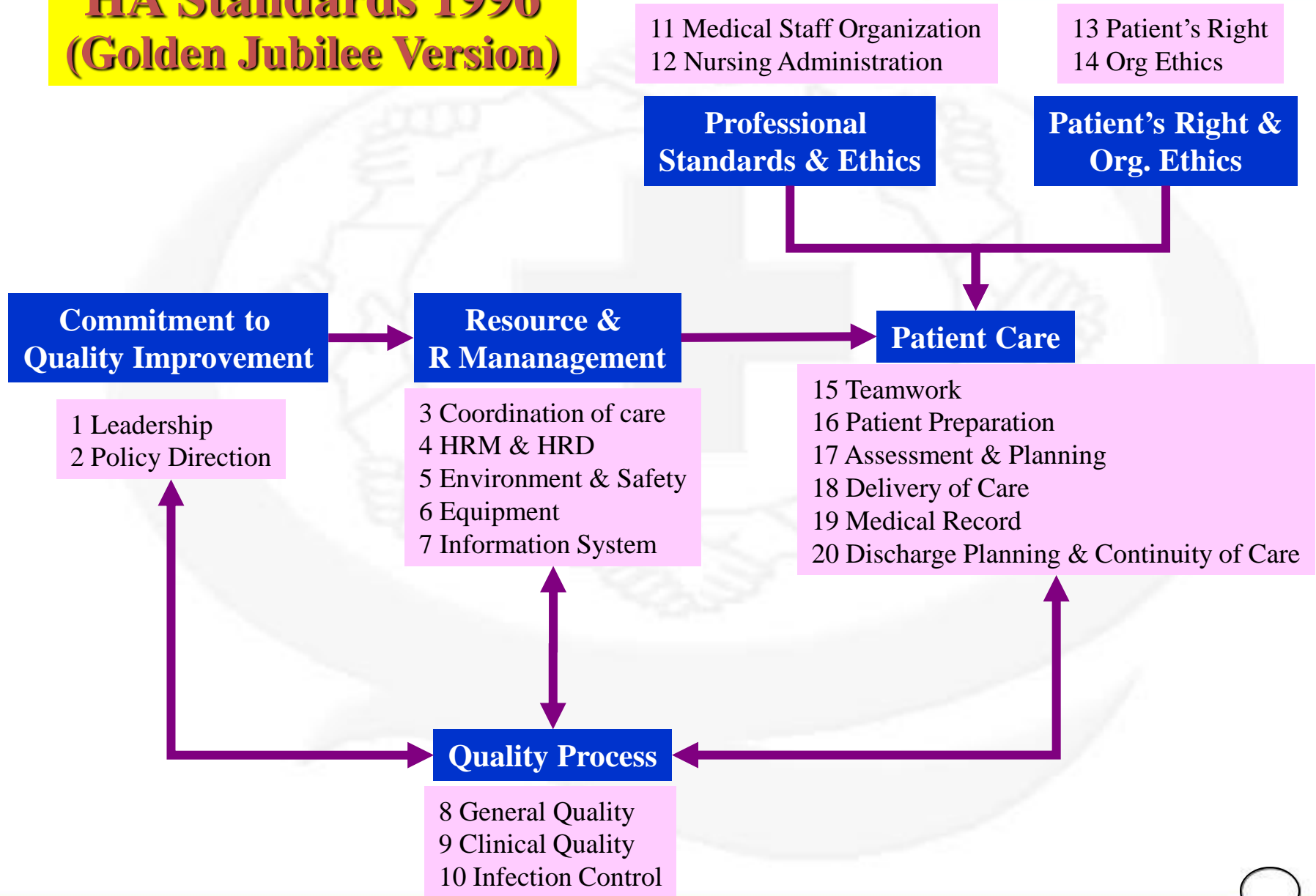
## Then we drafted a hospital standard

Review of Social Security Office (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)

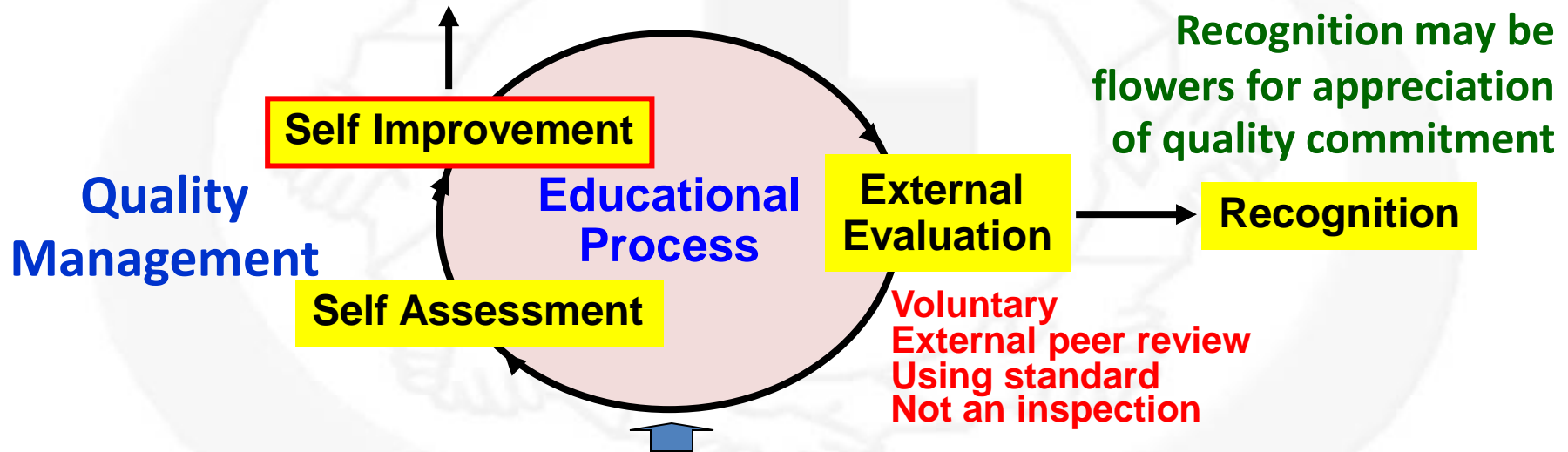




# **Hospital Accreditation in Thailand**



## Safety & Quality of Patient Care



## Core Concepts:

Flexible, context oriented  
System approach, integration

Positive approach

Evaluation to stimulate improvement

Special character of healthcare (uncertainty, autonomy & accountability)

# HA Program in Thailand



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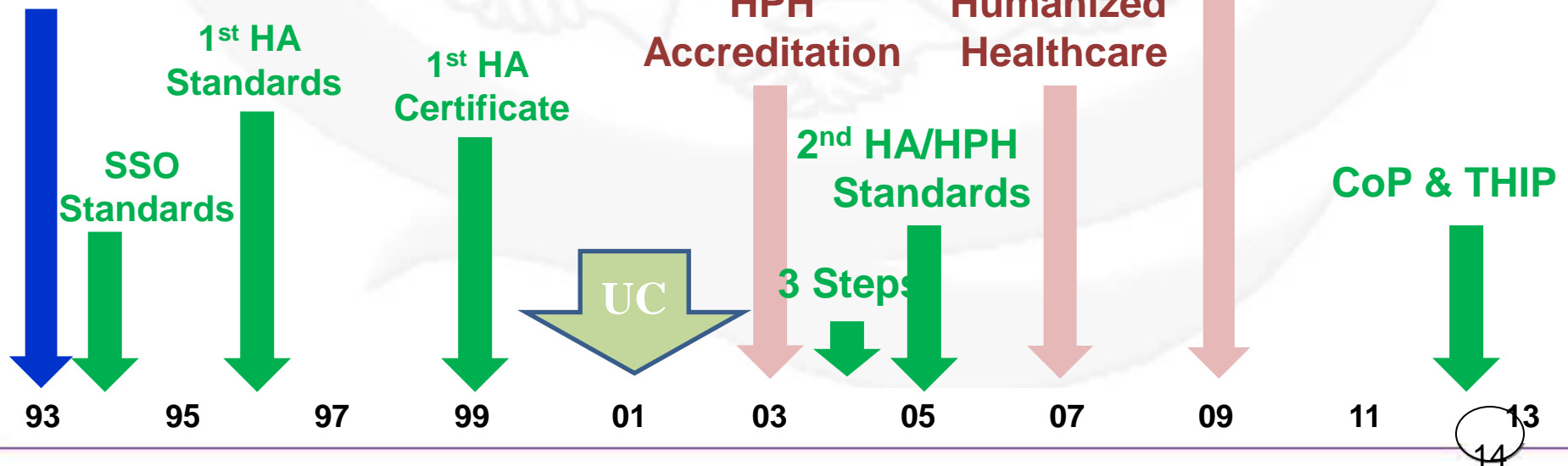
Spirituality

Health Promoting Hospital (HPH)  
Accreditation

Hospital Accreditation (HA)

Quality Improvement/Quality Management

TQM in  
8 Public Hospitals





# Hospital Accreditation Project

## What did we do?

- Use comprehensive framework
  - Cover the whole organization
- Encourage Paradigm shift
  - Accreditation as an educational process
- Give freedom to test during R&D phase

## Hospital Accreditation (HA)

## Quality Improvement/Quality Management

1<sup>st</sup> HA  
Standards



1<sup>st</sup> HA  
Certificate



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

## HA Project

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

### Initiatives

### Solutions

## Pilot Hospitals

**Adapt**  
**Seek more information**  
**Creativity**  
**Trial**  
**Learn**

Workshops

Consultants

**Knowledge**

**Questions**



# Stepwise Recognition



# Starting of the Universal Coverage



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## What did we do?

- Response to the policy makers strategically
- Use threat to scale up

TQM in  
8 Public Hospitals



**demand  
for quality  
& access**

1<sup>st</sup> HA  
Standards



1<sup>st</sup> HA  
Certificate



UC



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# 3 Steps to HA

Hospital Accreditation (HA)

Quality Improvement/Quality Management

3 Steps to HA

UC

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# Stepwise Recognition

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

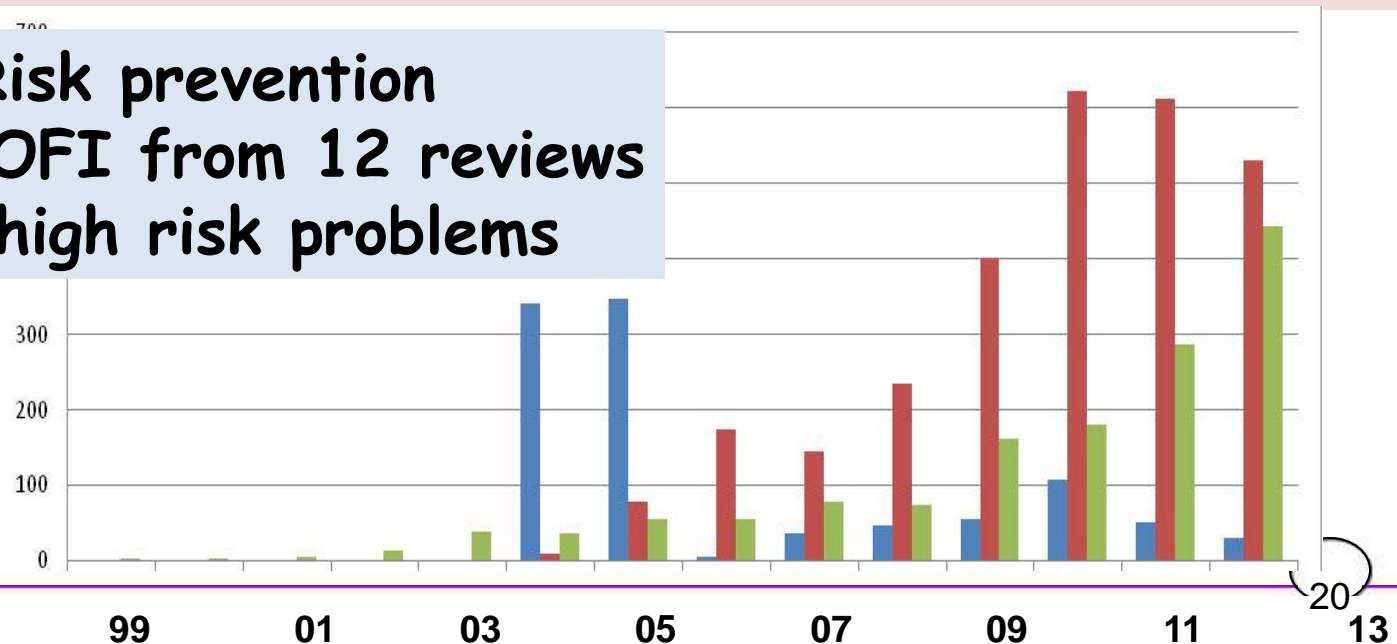
Identify OFI from goals & objectives of units

Focus on key process improvement

## Step 1: Risk prevention

Identify OFI from 12 reviews

Focus on high risk problems

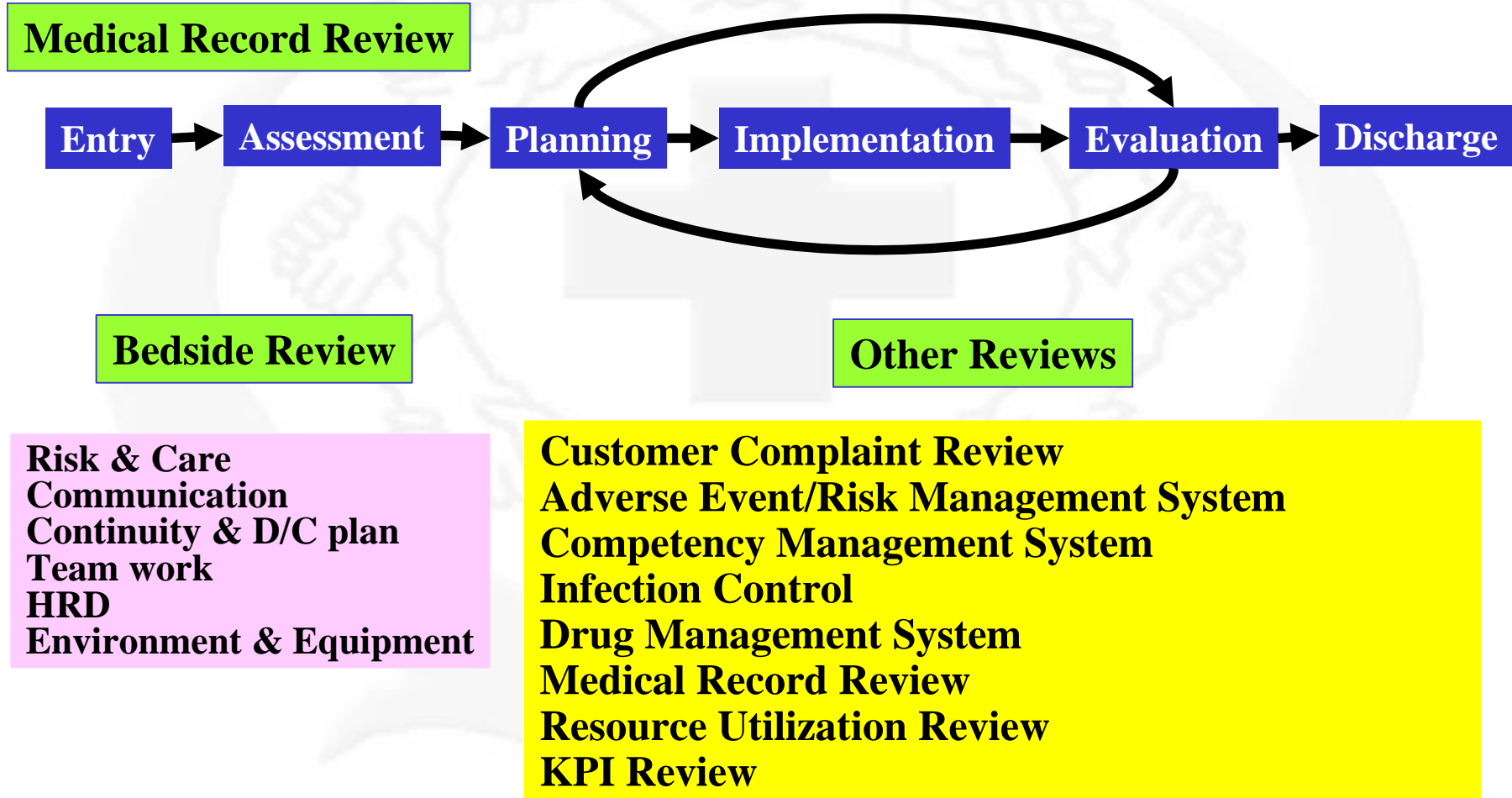


# Power of Recognition

- 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



# Quality Review: Tools to Identify Opportunity for Improvement

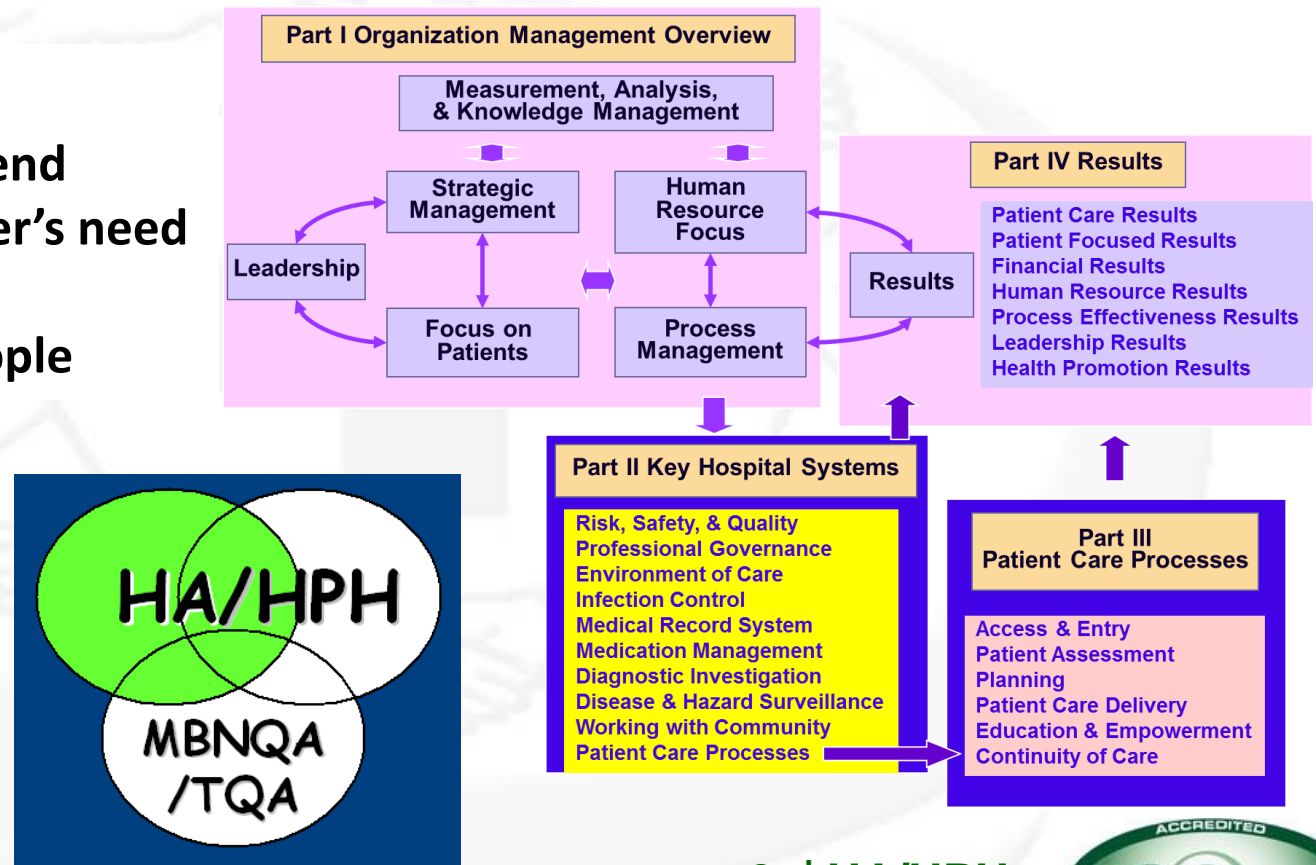




# Thai HA Standards Version 2

## What did we do?

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



1<sup>st</sup> HA  
Standards

HPH  
Accreditation

2<sup>nd</sup> HA/HPH  
Standards



1993

1996

1998

2000

2002

2004

2006

2008

2009



## Information & Knowledge Management



Strategic Planning

Staff Focus

Leadership

Patient Focus  
& Patient Right

Process  
Management

Results

## PART IV

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

## PART I

## 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

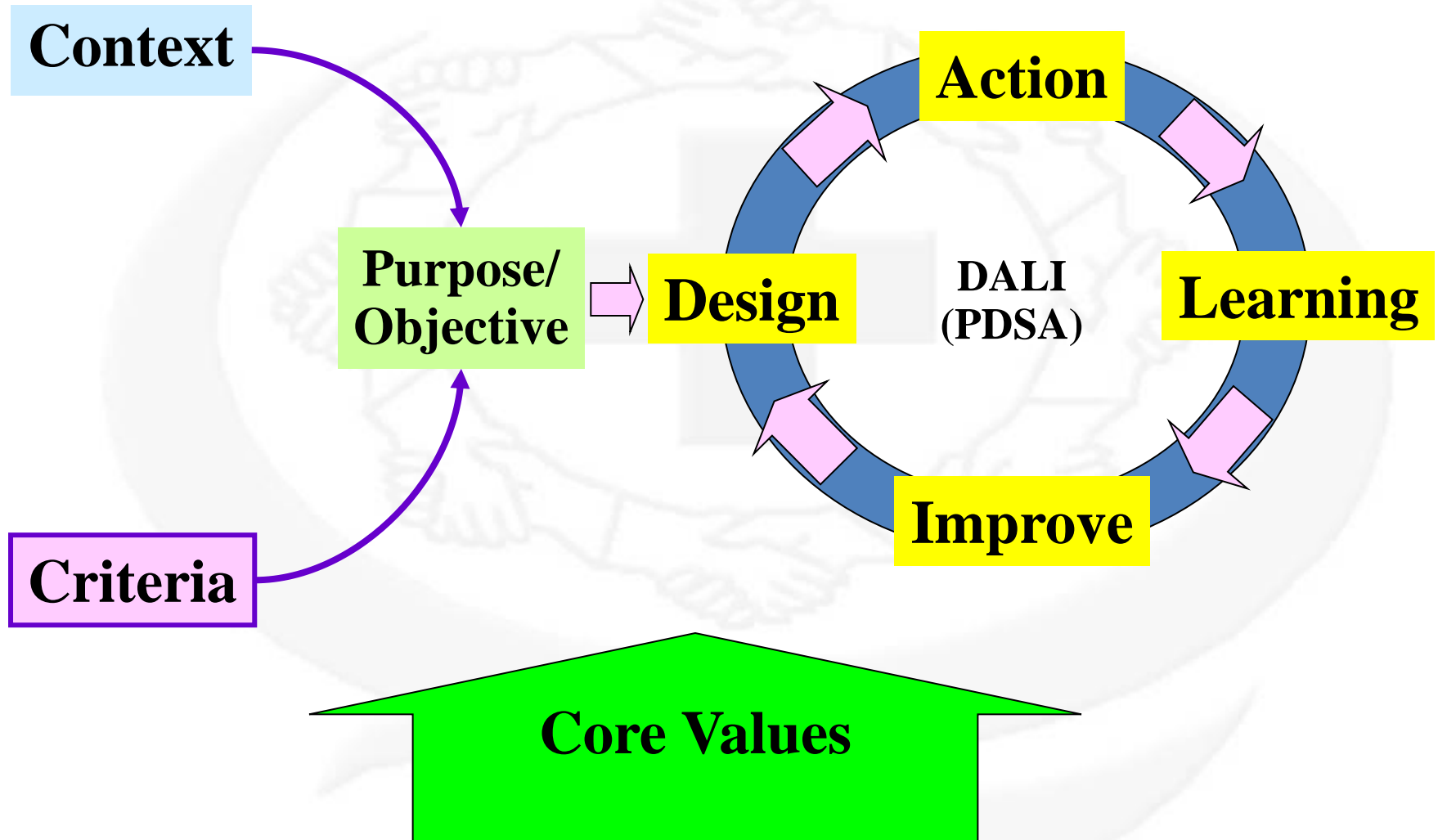
## PART III

## Patient Care Process

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

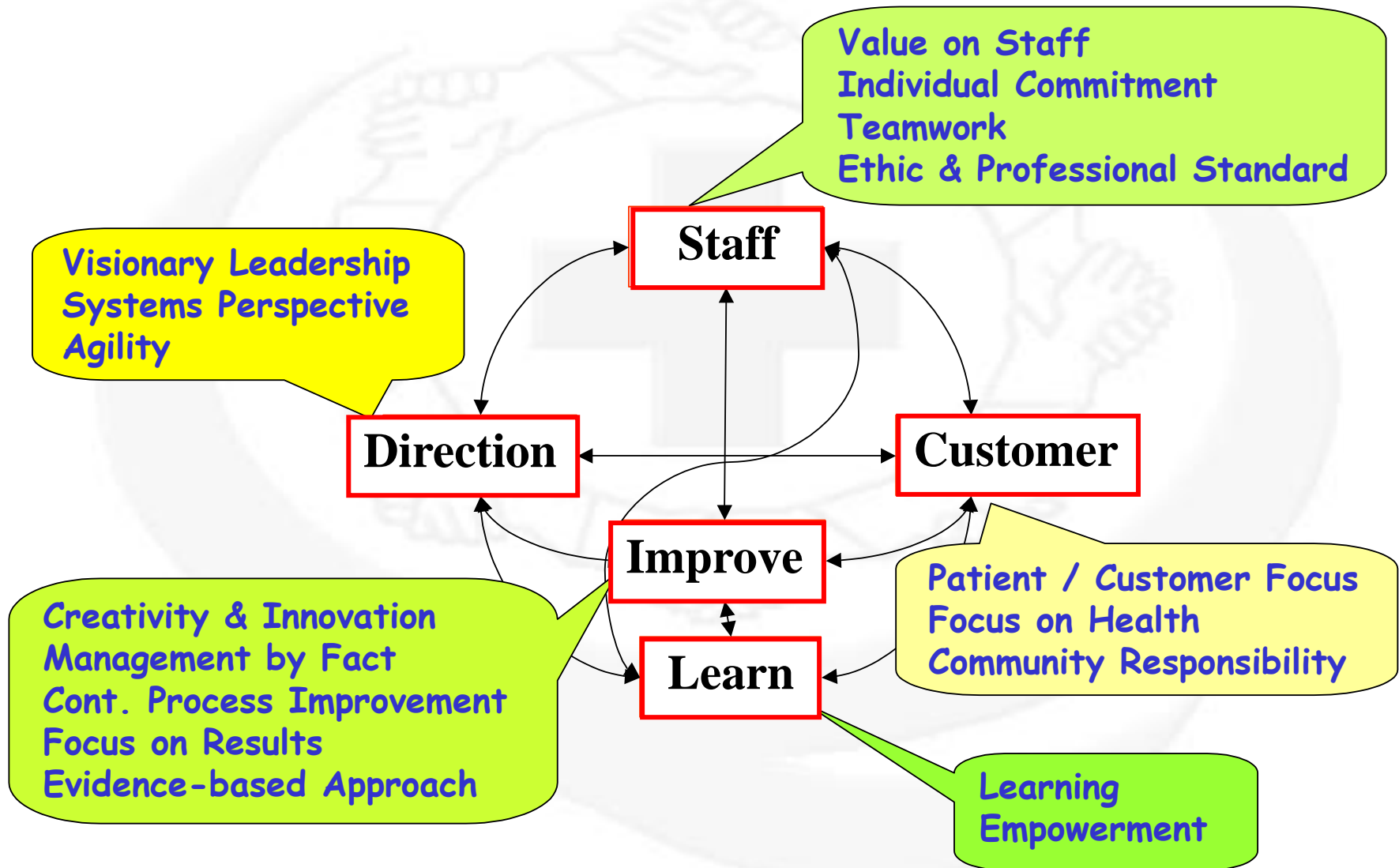
**HA Standards  
2006  
(Diamond Jubilee)**

# Cycle of Learning & Improvement





# Core Values & Concepts





# Scoring Guideline: For Continuous Improvement to Excellence

1

1.5

**Just Begin**

**Unsatisfied result**

Basic quality  
structure

Set team  
Set Frame  
Structure  
focus

React to  
problem

**Set Up**

**Set team & mission**

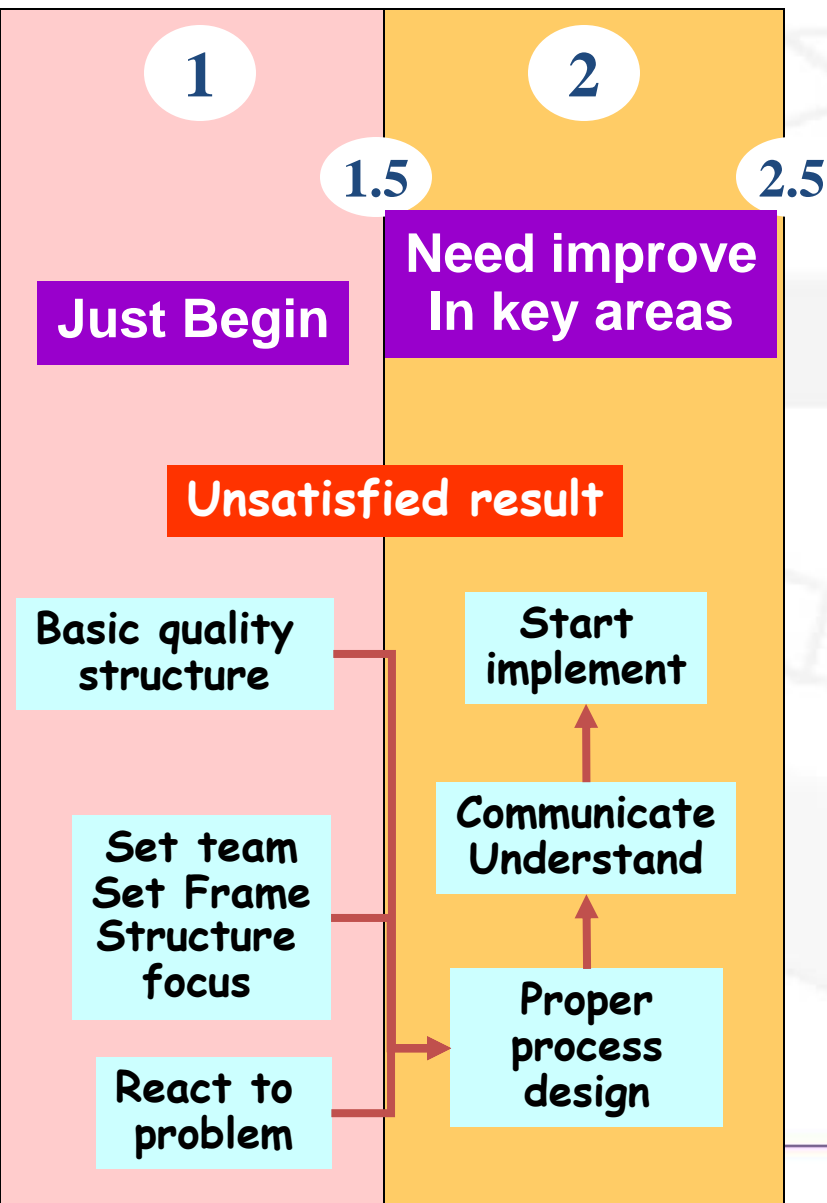
**Set guidelines**

**Problem analysis**

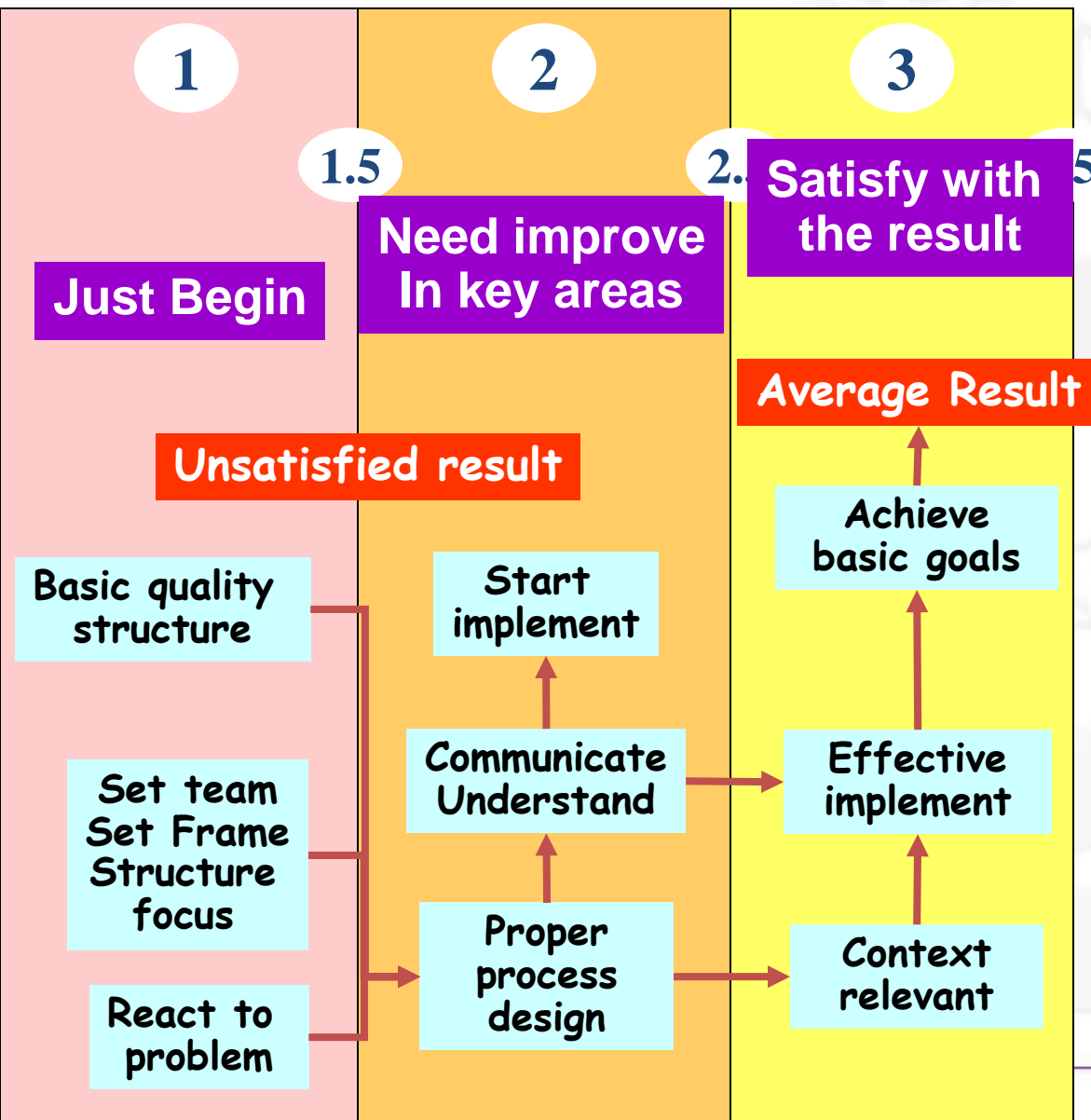
**Reactive response**

**Early improvement on simple issues**

# Scoring Guideline: For Continuous Improvement to Excellence

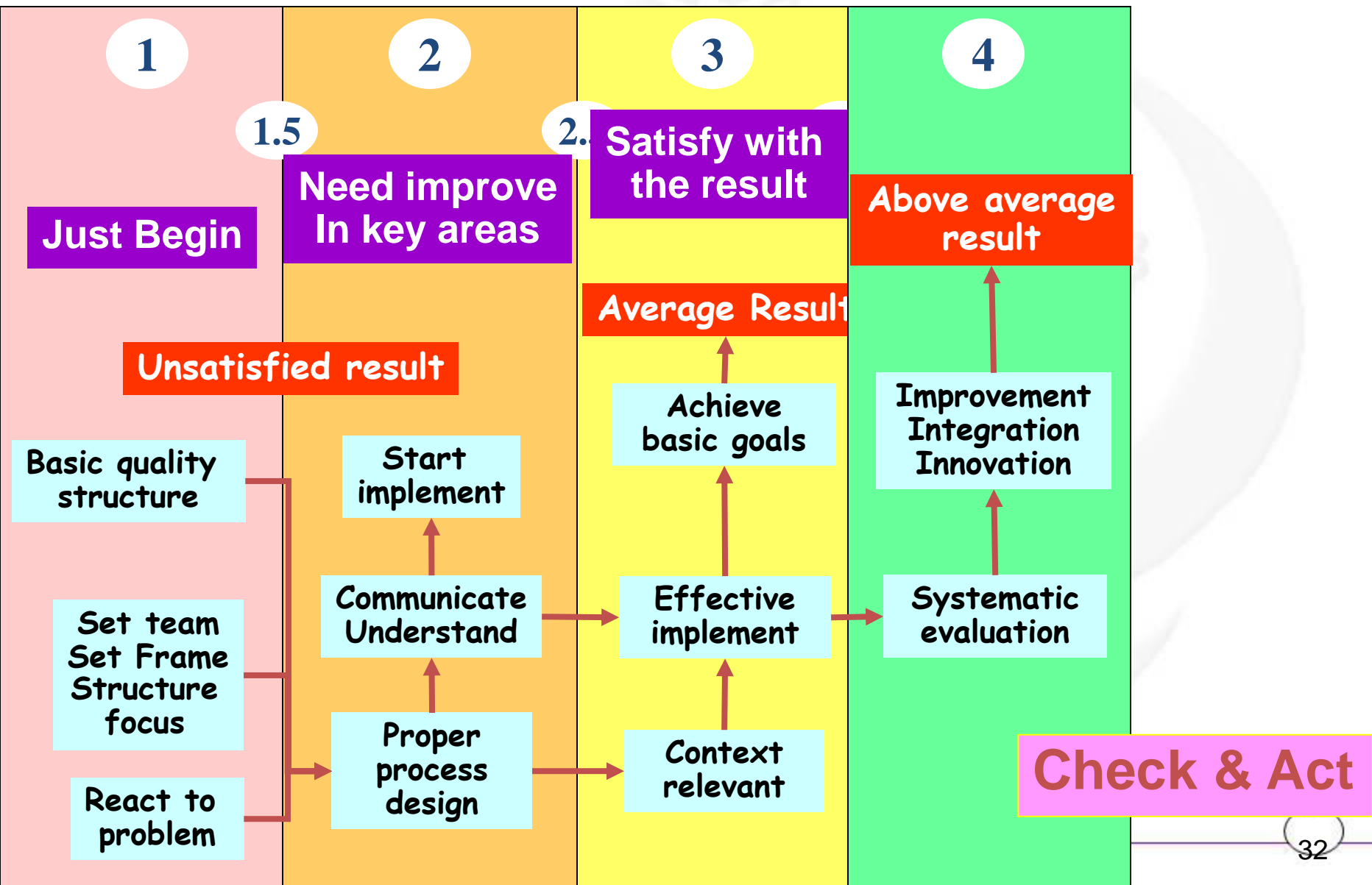


# Scoring Guideline: For Continuous Improvement to Excellence

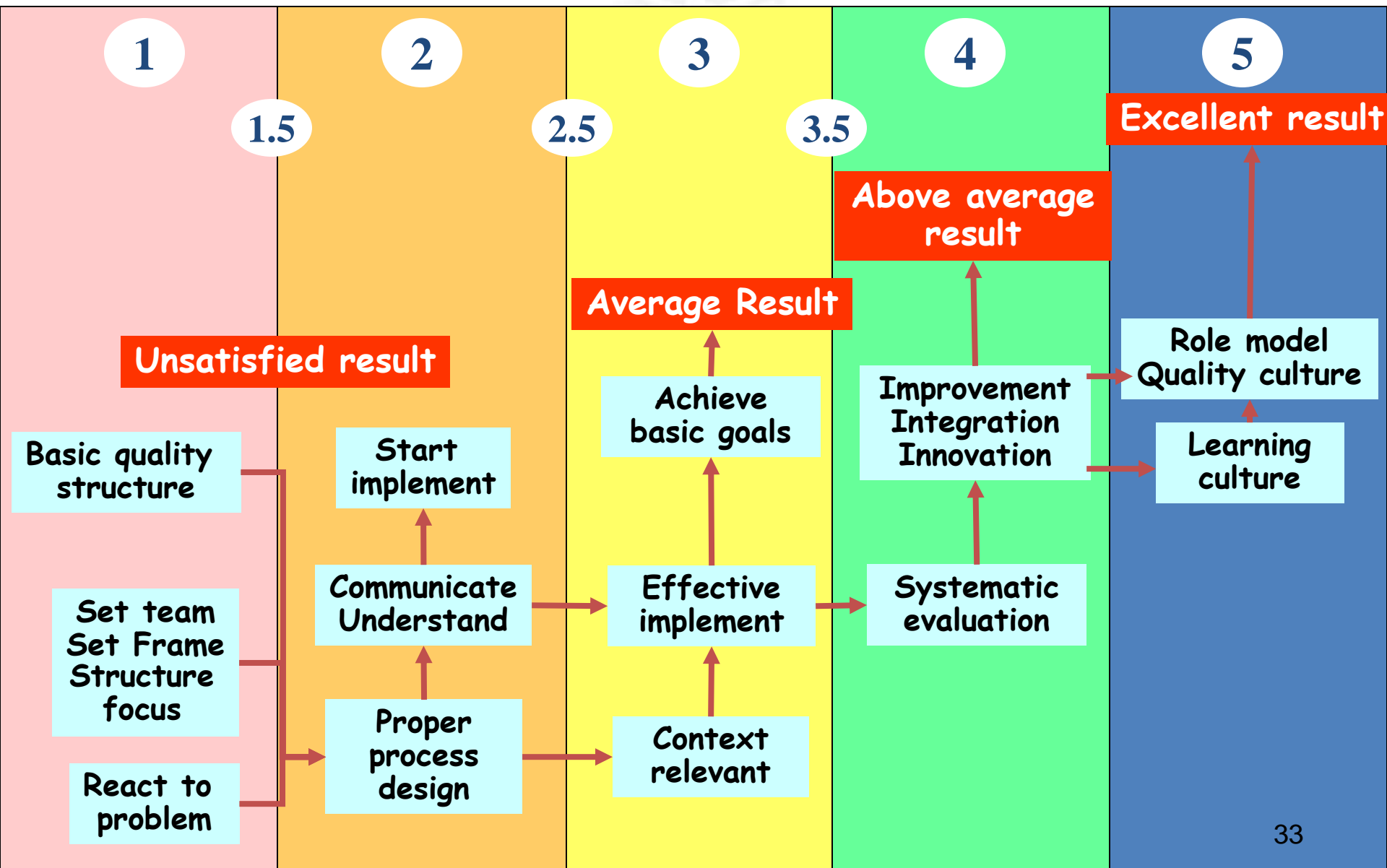


**Do & Check**  
Effective design (HFE)  
Deploy in all key areas  
Effective implement  
Qualitative assessment  
Achieve basic goals

# Scoring Guideline: For Continuous Improvement to Excellence

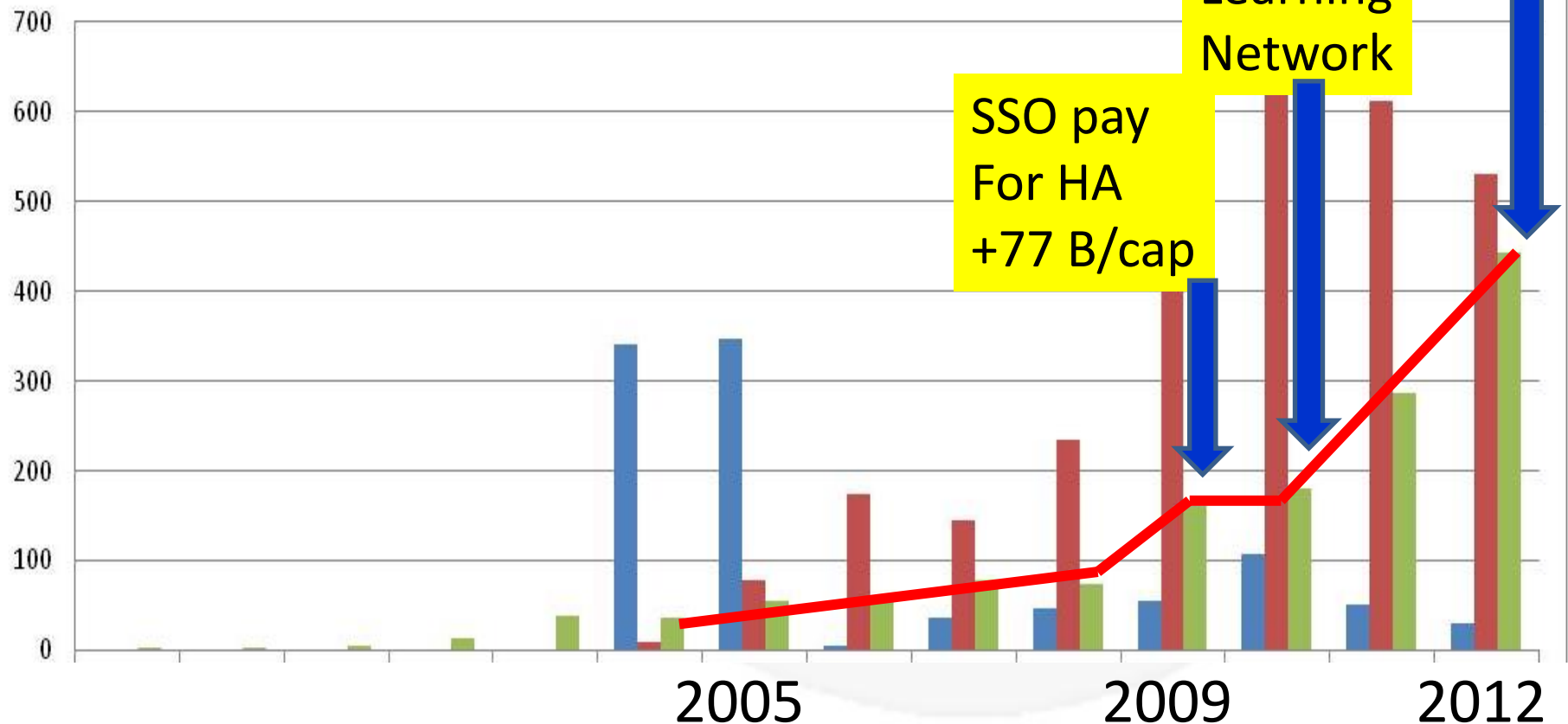


# Scoring Guideline: For Continuous Improvement to Excellence





# Rising in Number of the Accredited Hospital





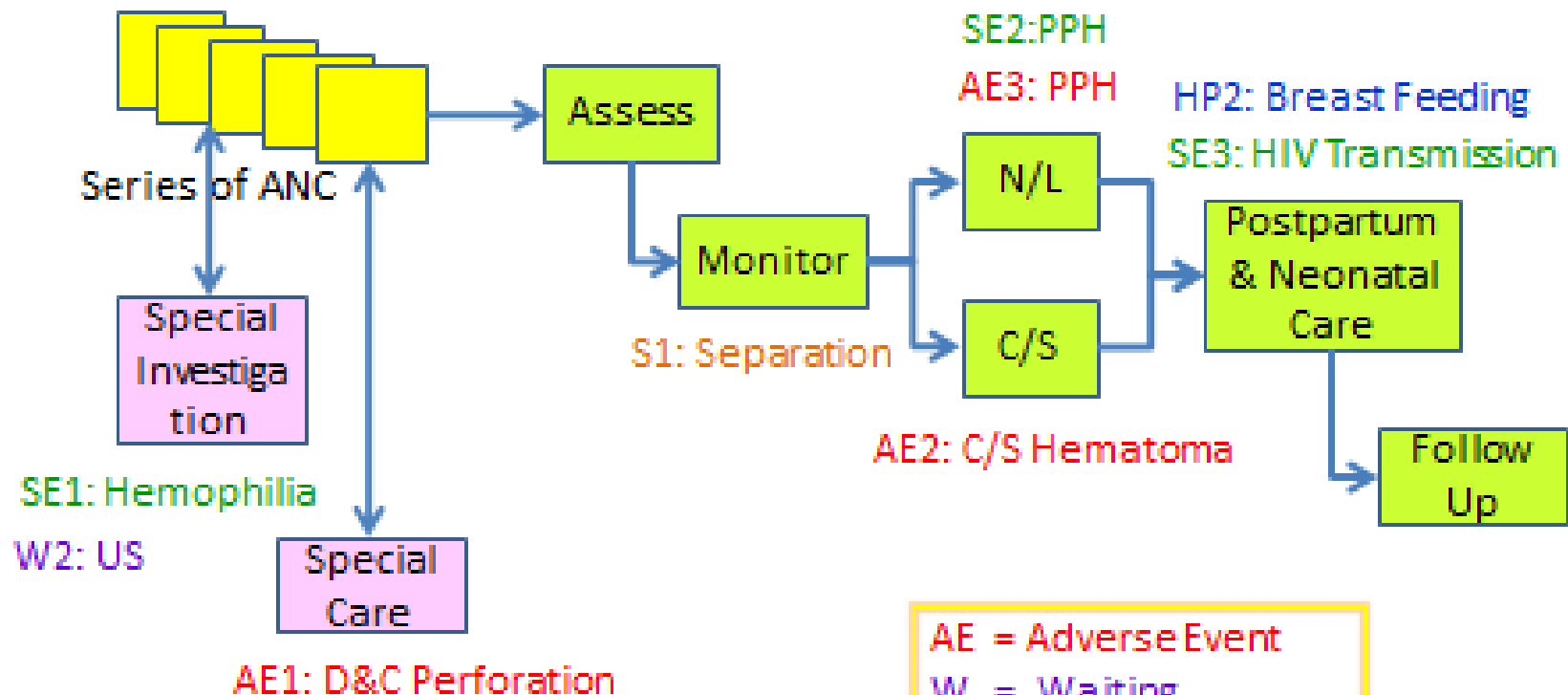
# Clinical Quality Improvement



## Identify OFI Using Various Concepts

## W1: ANC Queuing

## HP1: Fetal Movement Monitor



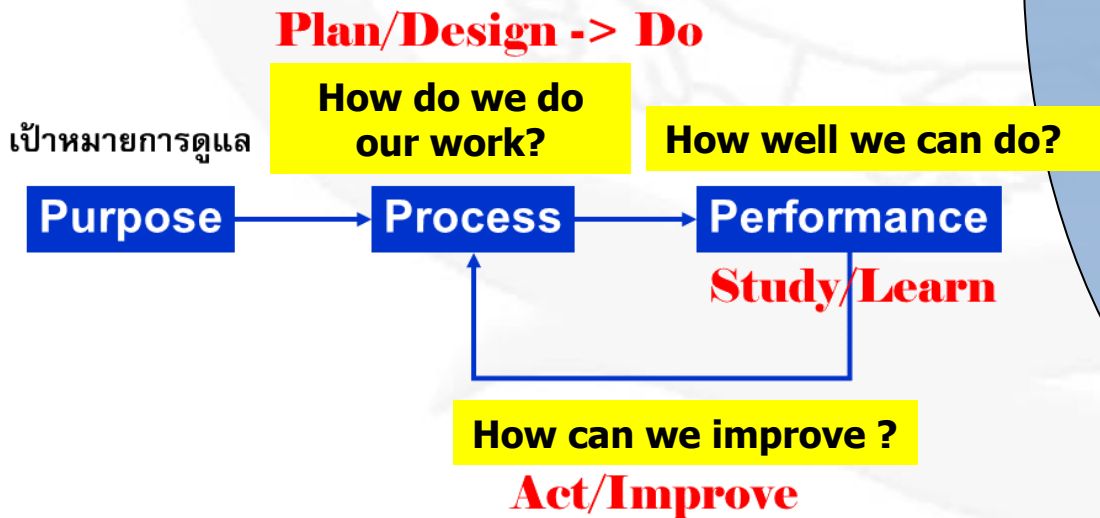
- Identify OFI
- Trace the progress of process improvement
- Review the outcome

AE = Adverse Event  
W = Waiting  
SE = Scientific Evidence  
S = Spirituality  
HP = Health Promotion  
R = Research





# Assessment from Various Dimension



Accessibility  
Appropriateness  
Acceptability  
Competency  
Continuity  
Coverage  
Effectiveness  
Efficiency  
Equity  
Humanized/Holistic  
Responsive  
Safety  
Timeliness



# Patient Safety

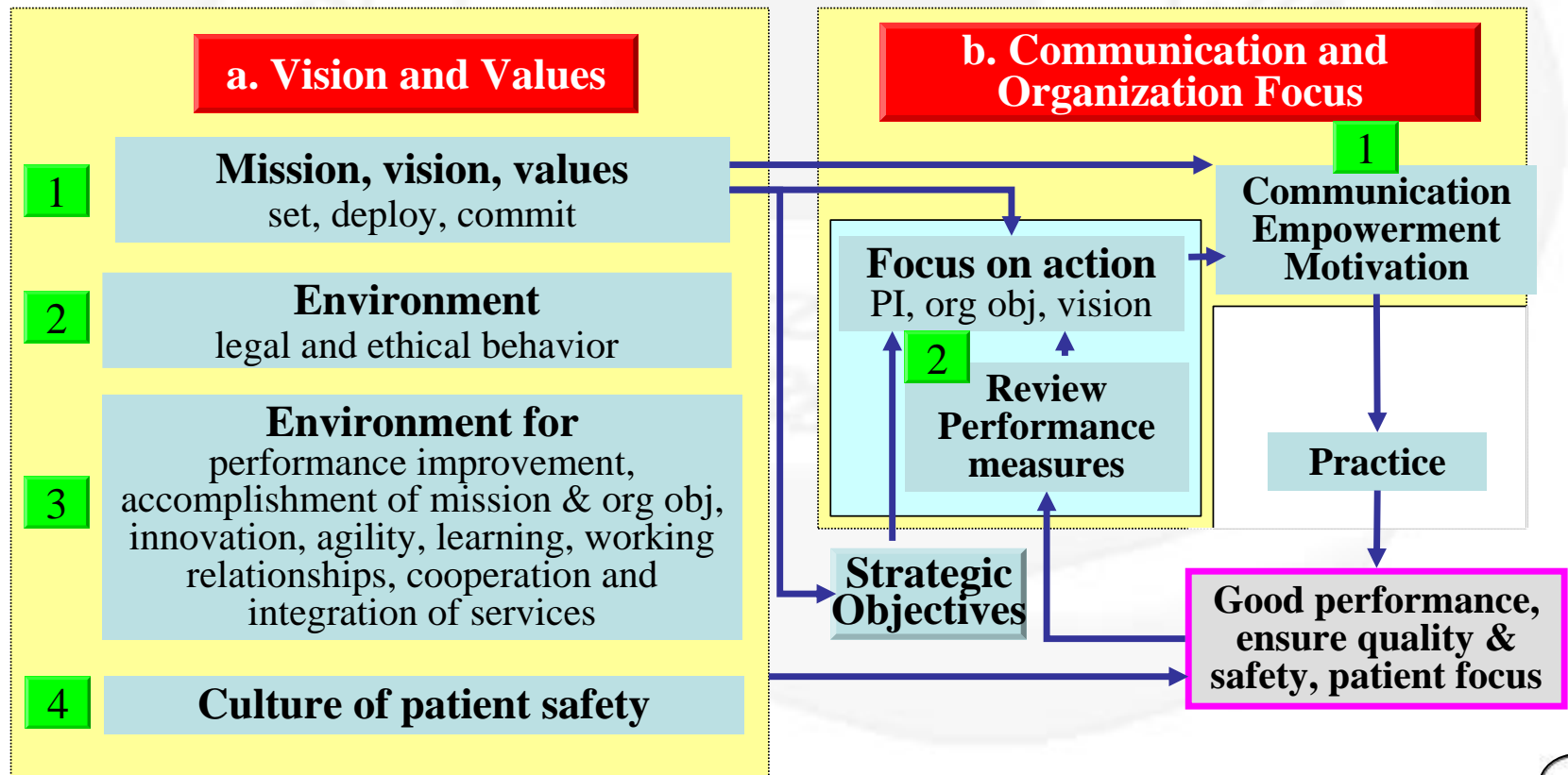




# HA Standards Part I: Management Overview

## I – 1.1 Senior Leadership

Senior leaders guide the organization. Senior leaders communicate with staff and encourage good performance, ensure quality and safety of care.

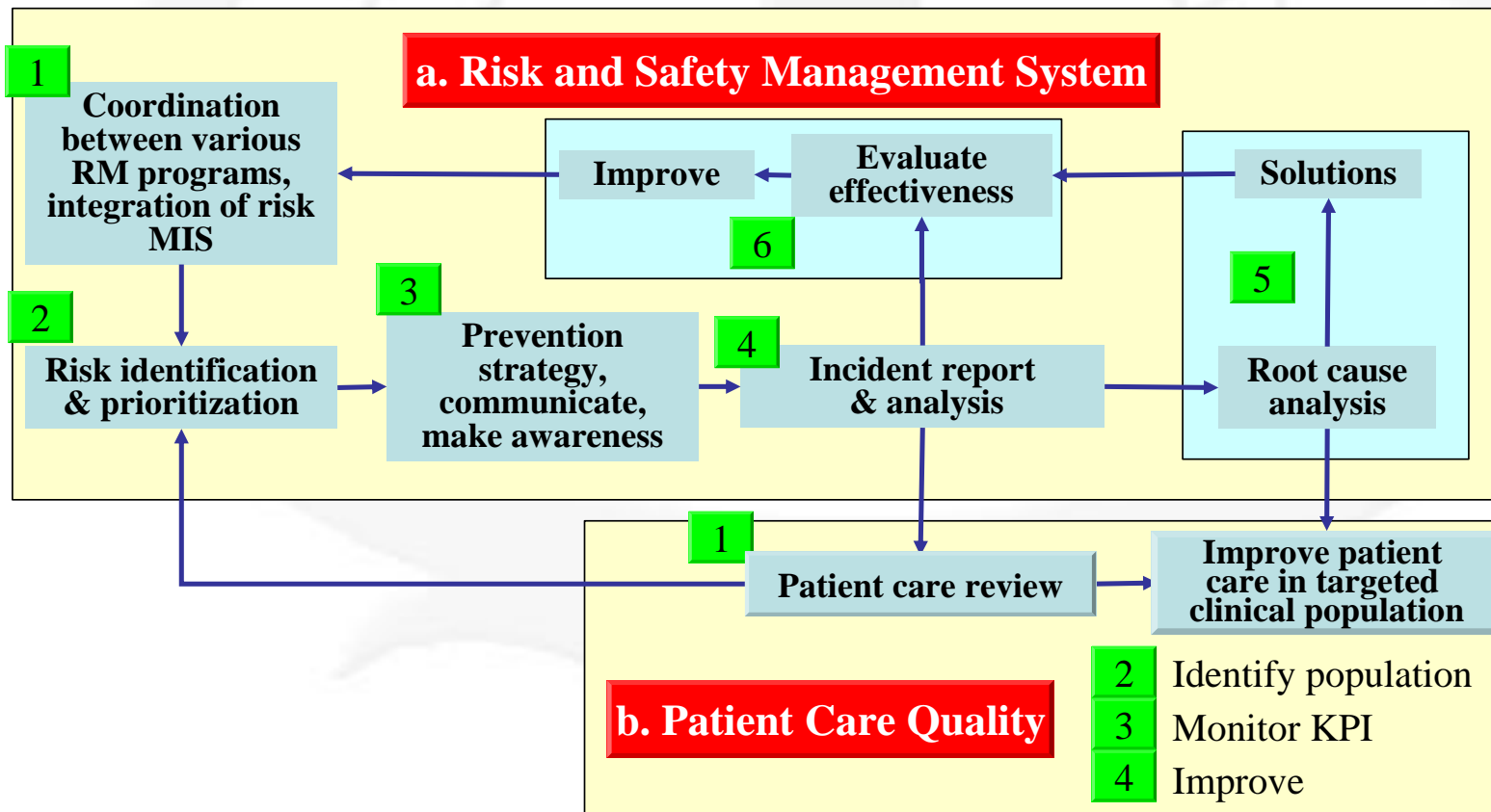




## HA Standards Part II: Key Hospital Systems

### II – 1.2 Risk, Safety, and Quality Management System

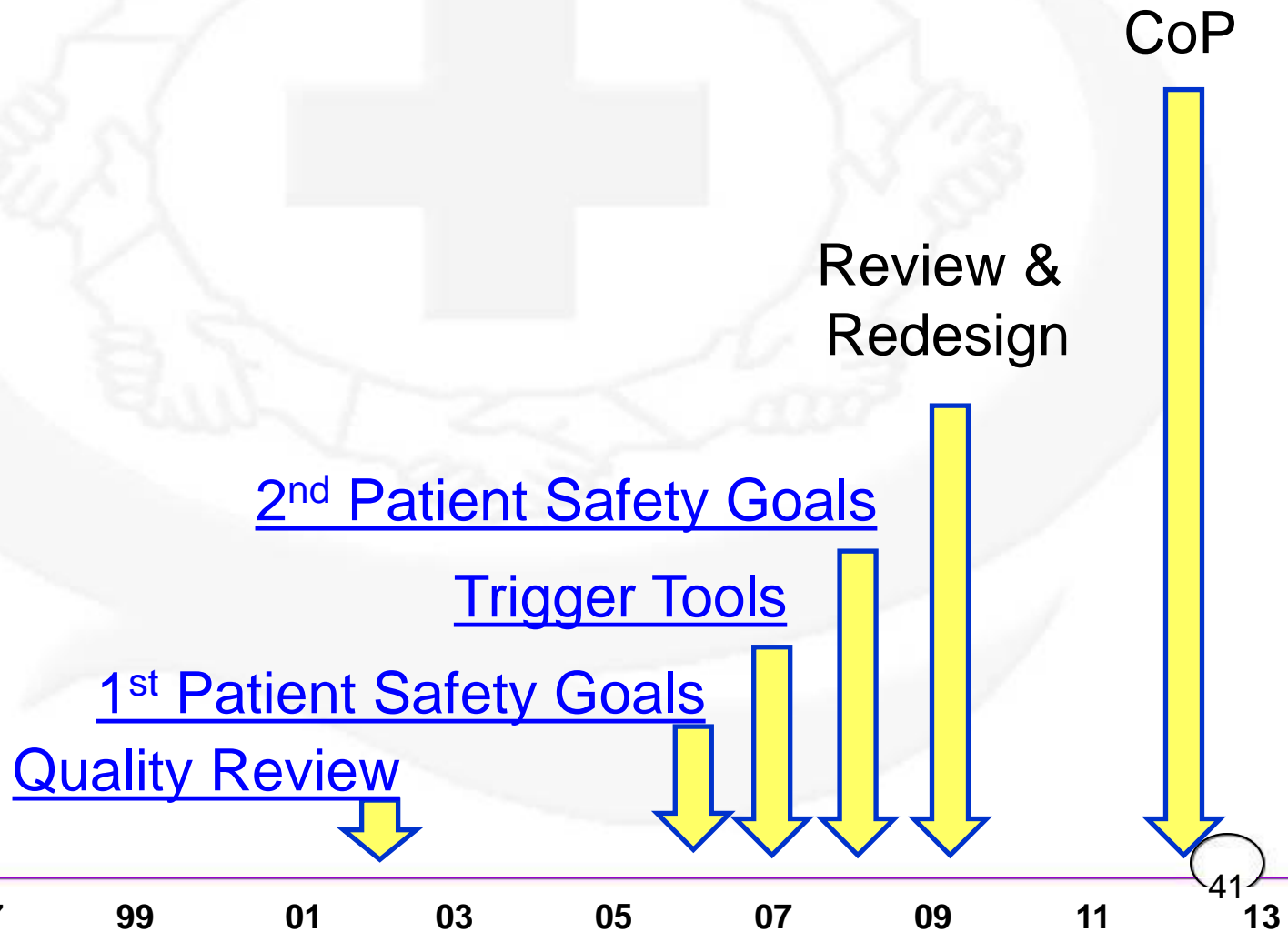
There is an effective and coordinated hospital risk, safety, and quality management system, including integrated approach for patient care quality improvement.



# Patient Safety

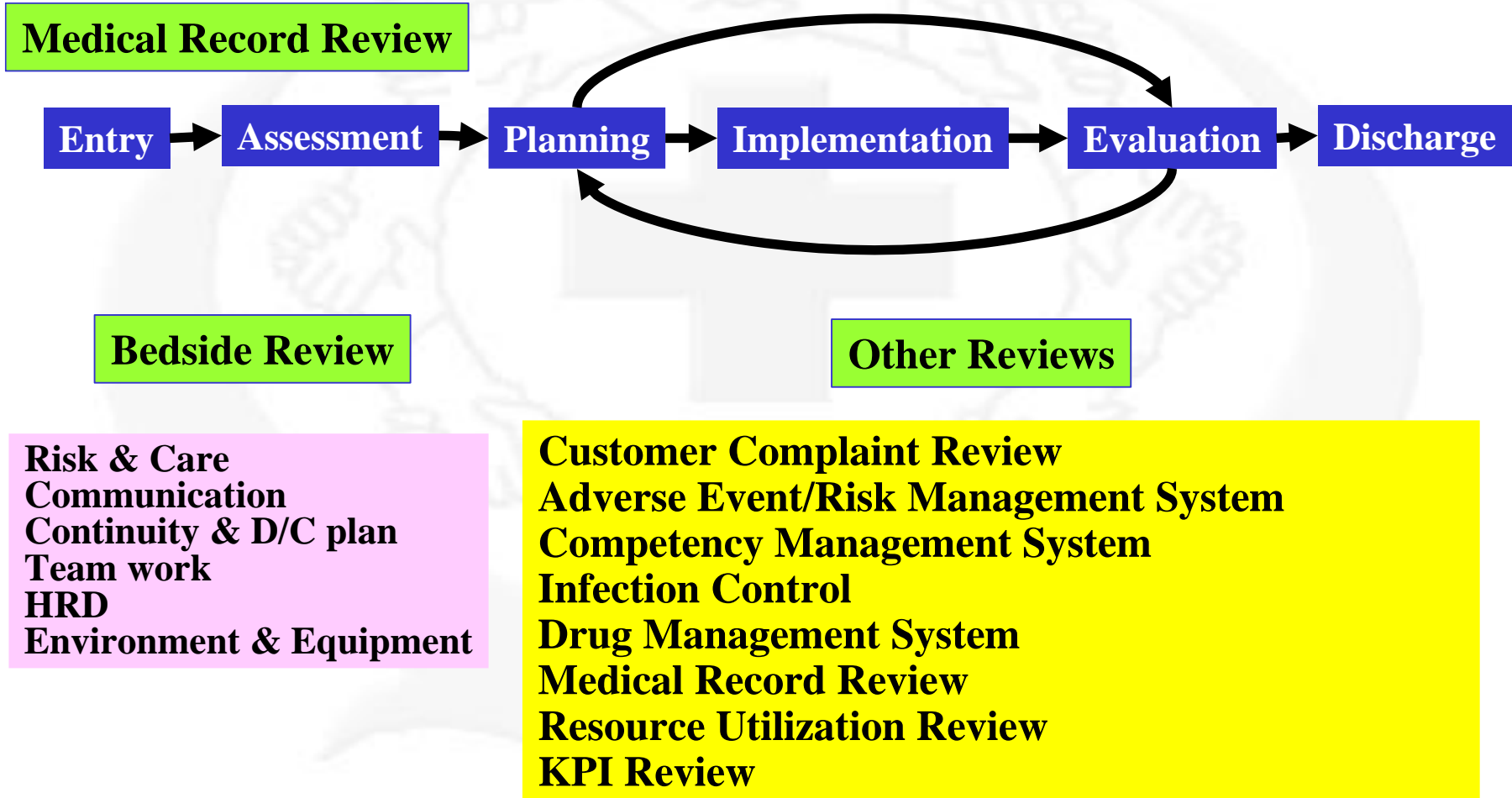


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# Quality Review : Tools to Identify the Case in Step 1





# Thai Patient Safety Goals 2006

Patient Identification  
Operation Safety  
Communication Failure

**HA**

Maternal  
& Neonatal  
Morbidities

Acute Coronary Syndrome  
Medical Unstable/  
Rapid Response Team

**PI  
OS  
CF**

**ACS  
MU/RRT**

**HAI**  
(VAP, Sepsis)

**Drug Safety**

**HAI**  
(others)

**IHI**

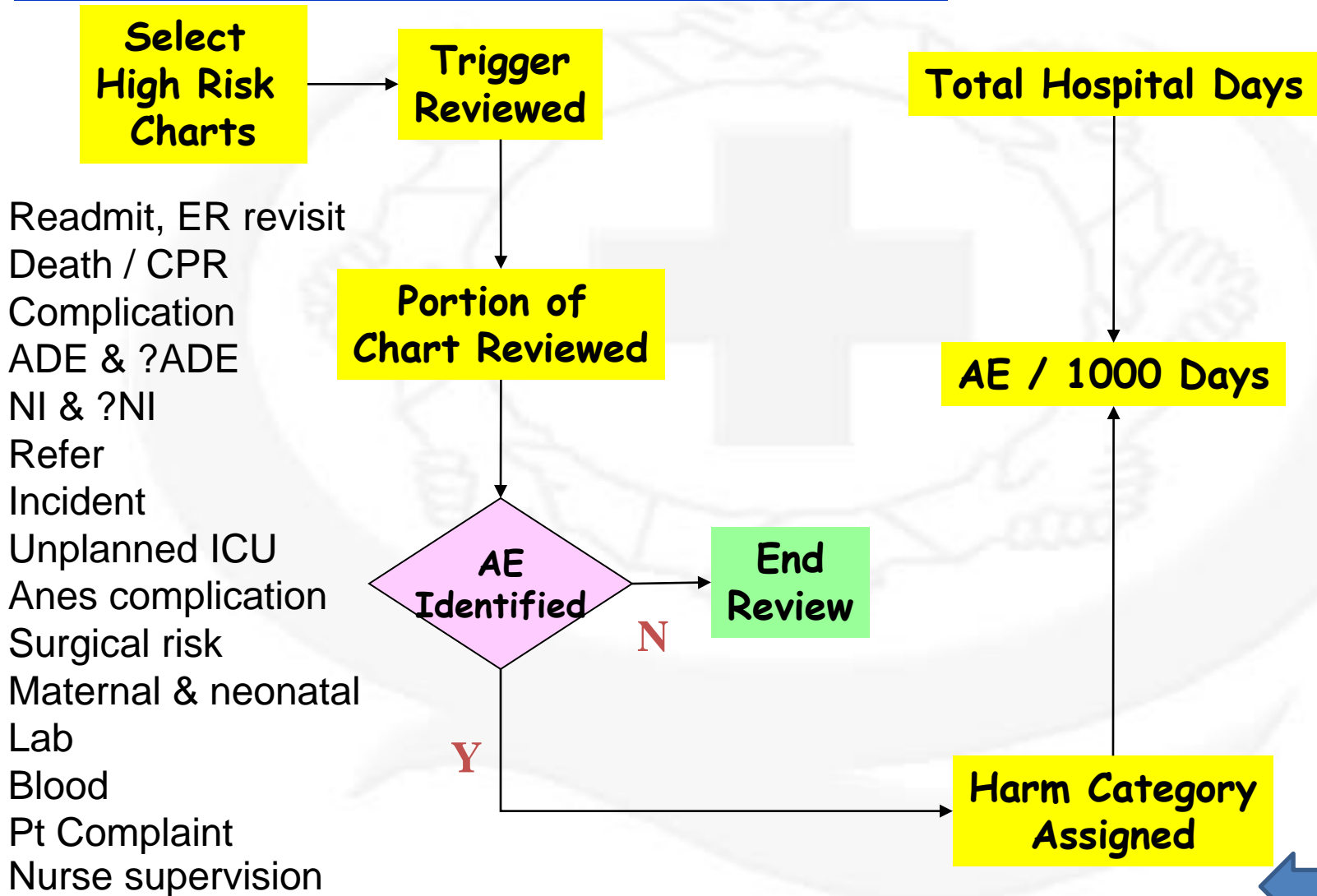
Infusion Pump  
Clinical Alarm System  
Drug Reconcile  
Fall  
Influenza  
Surgical Fire

**JCAHO**





# Triggered Chart Review to Identify Adverse Events





## 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

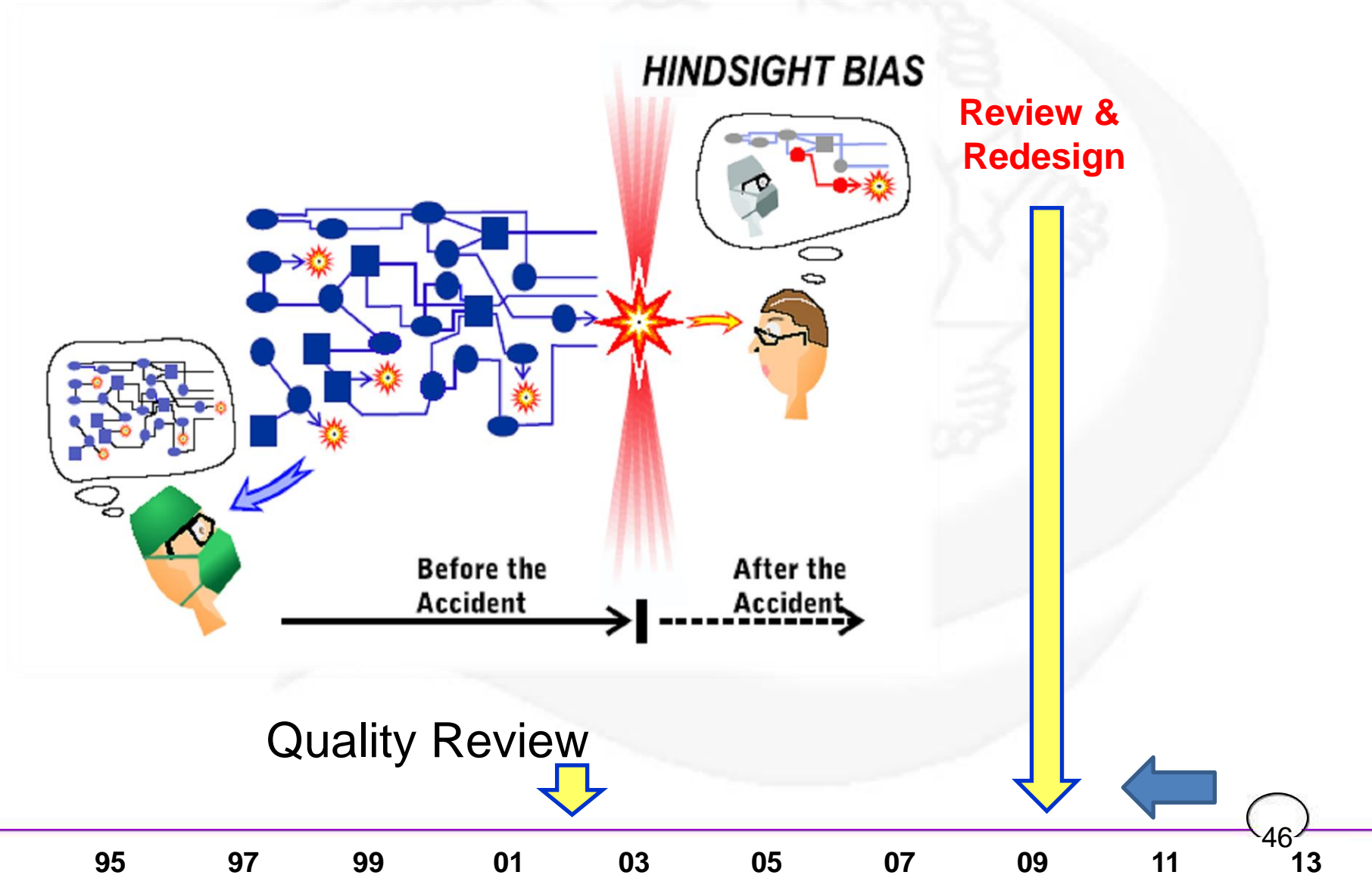
Mis-connection

### Emergency Response

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



# Review & Redesign





# Surveyor Competency Framework

**Knowledge**



**Skill**



**Task**



**Standard Work**

Quality Concept

Quality Tools

HPH Concepts

HA/HPH Standards

Assessment

Health System

Reading

Analysis

Wide perspective

Relationship Building

Observation

Listening

Questioning

Constructive Feedback

Learning Facilitation

Writing

Problem Solving

SA Analysis

Team Interview

Site Visit

Doc/Med Rec  
Review

Report Writing

Re-accreditation Survey

Accreditation Survey

Step 1/2 Assessment

ICV / CV

Learn & Share  
Workshop

Document  
Assessment



# HA National Forum

## A Forum for Appreciation, Campaign & Sharing

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



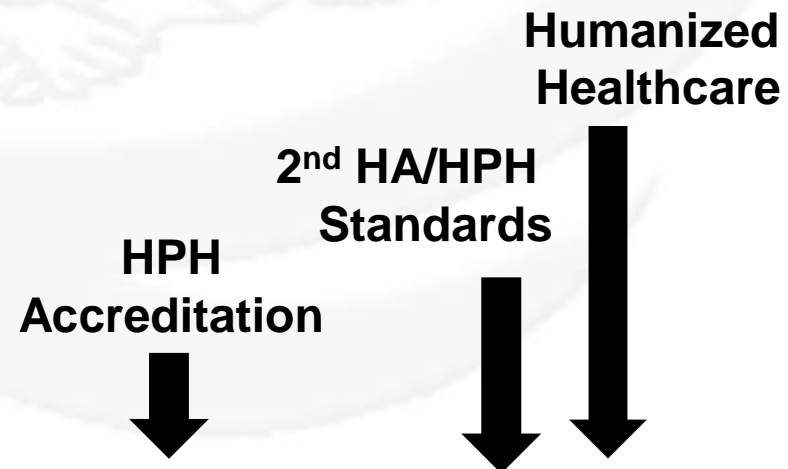
# Spiritual Dimension of Quality Improvement

**S**ustainable  
**H**ealthcare & Health Promotion by  
**A**ppreciation & Accreditation

**Spiritual HA**

Self: Awareness  
Patient: Humanized Healthcare, empowerment  
Team: Living Organization  
Env: Healing Environment  
Survey: Appreciation  
Tool: Narrative/storytelling

**SHA  
Program**



1996

1998

2000

2002

2004

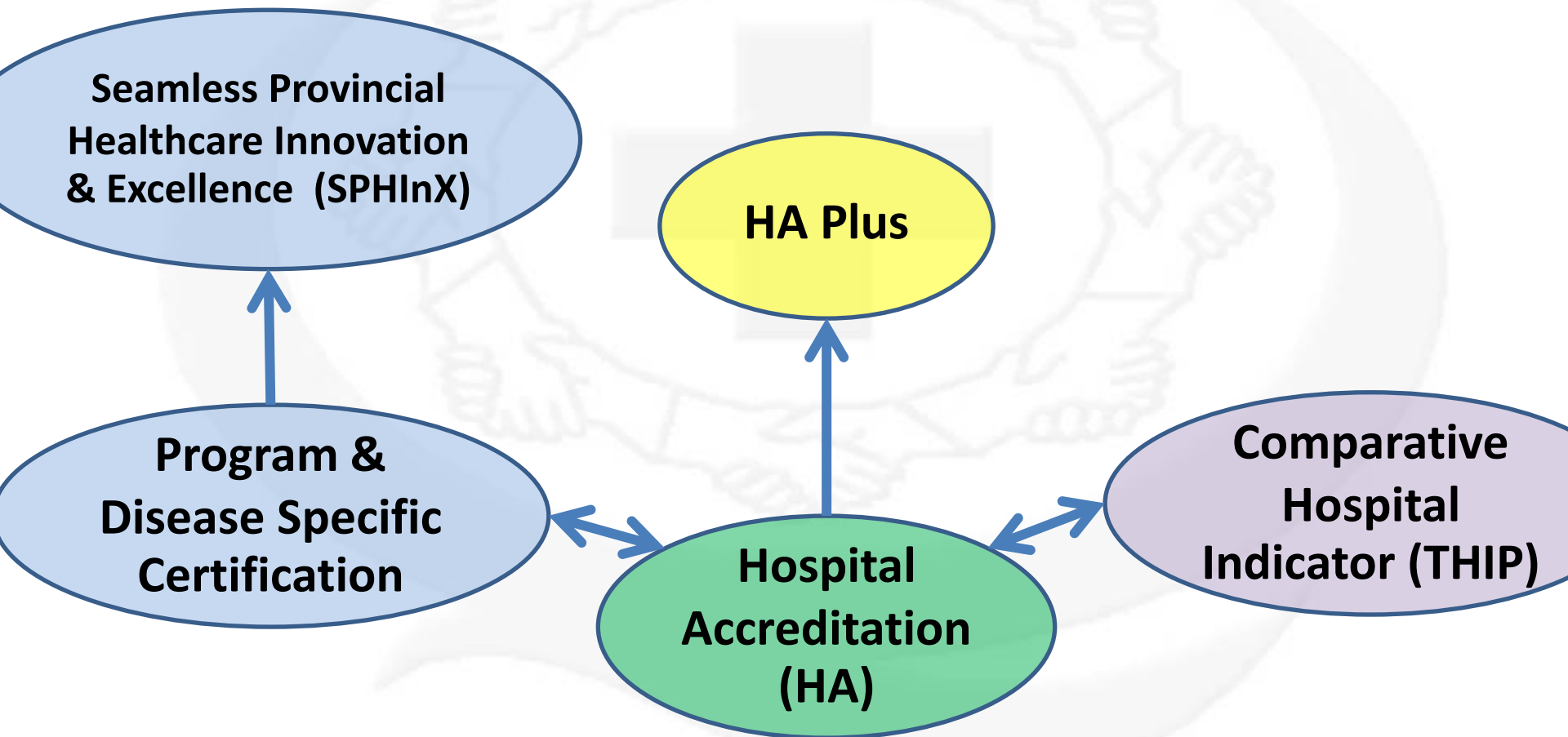
2006

2008

2009

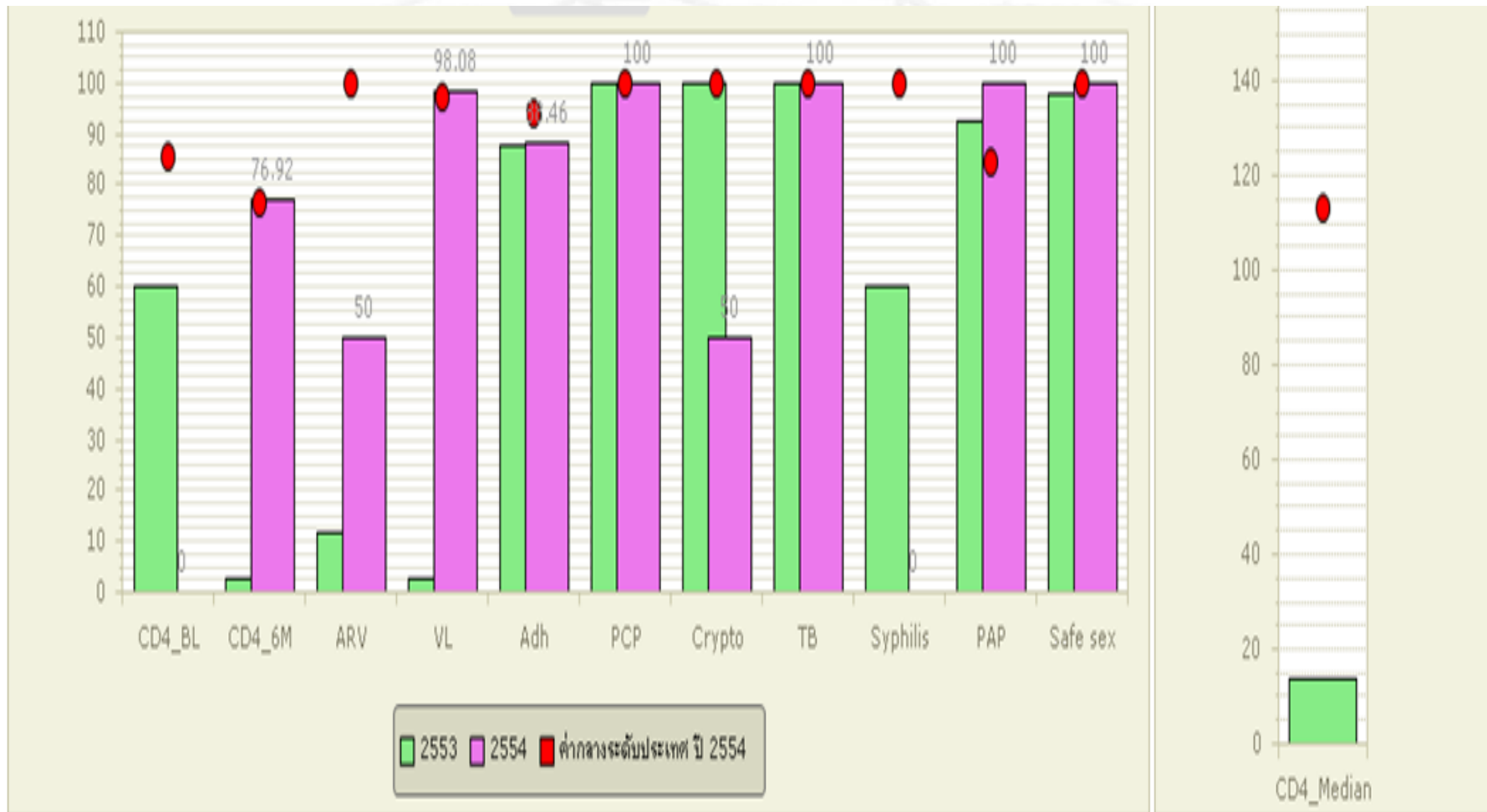


## New Programs





# Comparative Indicators



# Collaboration of HA with Key Stakeholders & Other Programs

