Thailand Experience in Quality Improvement & Accreditation in Healthcare

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The Healthcare Accreditation Institute (Public Organization)
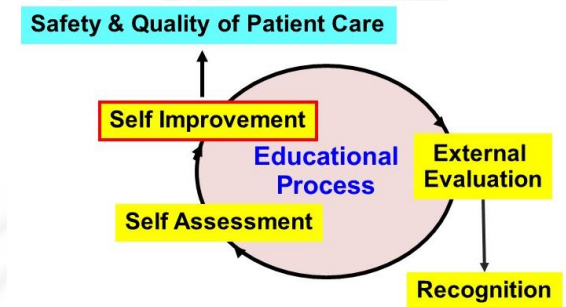
A special independent government agency called **'Public Organization'**.

VISION: "Thailand has standard healthcare that is reliable to the society, of which the HAI has a role in encouraging quality culture movement (change catalyst)"
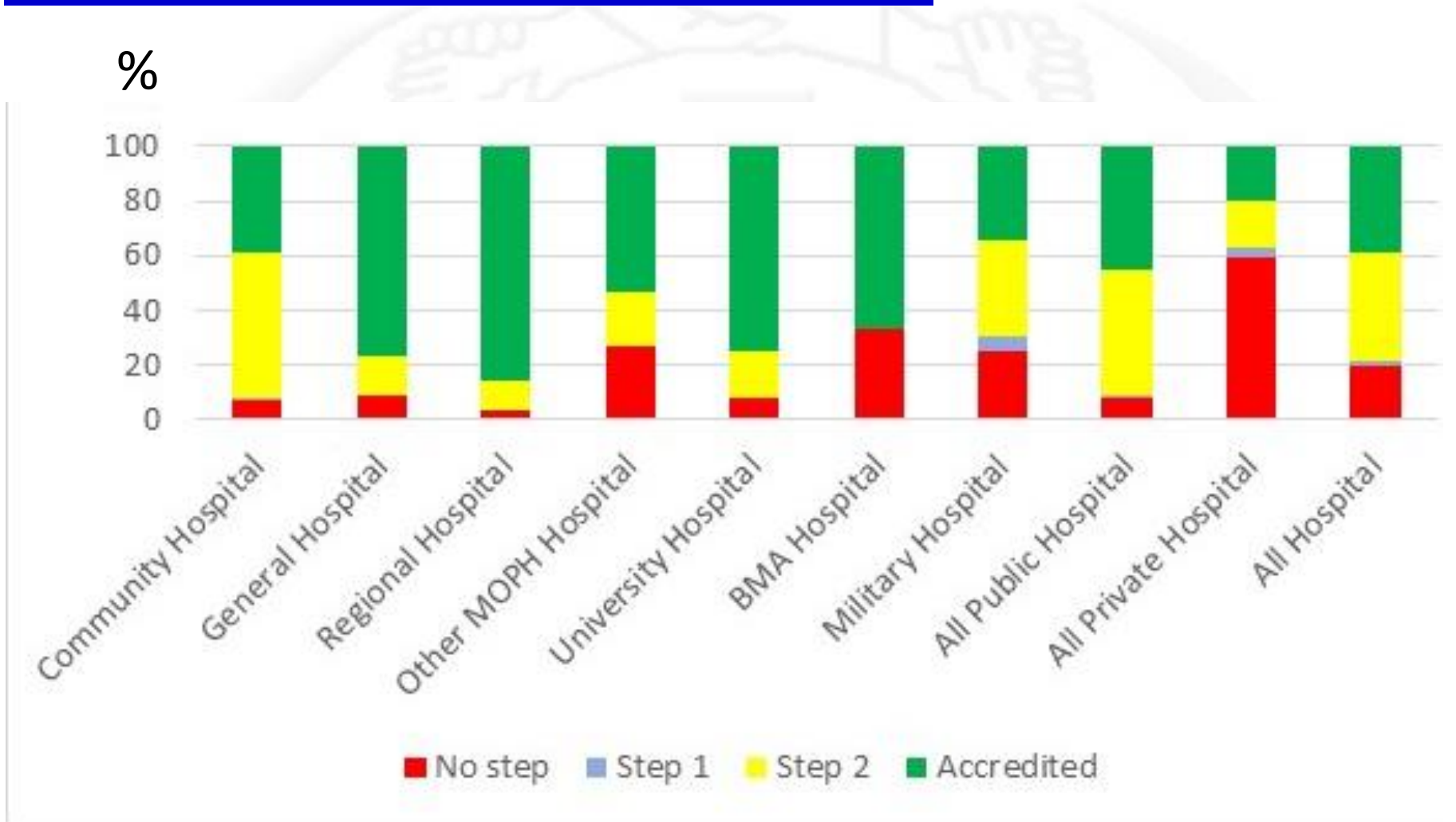
MISSION:

"To encourage, support, and drive quality improvement of the healthcare system; using self assessment, external survey, recognition and accreditation, and knowledge sharing as leverage mechanism"

Safety & Quality of Patient Care

Self Improvement

Educational Process

Self Assessment

External Evaluation

Recognition

STRATEGIES:

Collaboration Excellence

Knowledge for Change

Valued Recognition

Organization Excellence

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

Achievement of Hospitals by Level of Recognition

%

Legend: No step, Step 1, Step 2, Accredited

Categories: Community Hospital, General Hospital, Regional Hospital, Other MOPH Hospital, University Hospital, BMA Hospital, Military Hospital, All Public Hospital, All Private Hospital, All Hospital

Key Activities of the HA Institute

Collect & Create Knowledge/ Guideline for Quality Improvement

Evaluation & Accreditation

Create Awareness Knowledge Dissemination Training

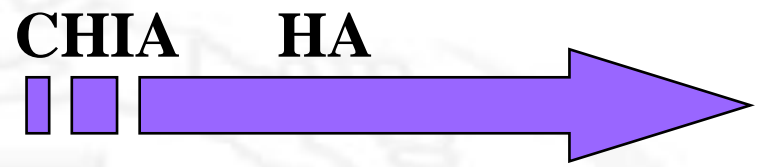**Stepwise Recognition**

Collaboration/Learning Network

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

93   94   95   96   97   98   99   00   01   02   03

Social Security Scheme

The 1ˢᵗ 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
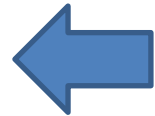
The first step is learning how to apply various quality improvement tools.

TQM

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
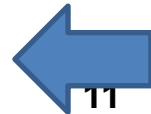
Then we drafted a hospital standard

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)

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

Resource & R Mananagement

Patient Care

1 Leadership
2 Policy Direction

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

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

Hospital Accreditation

in Thailand

Hospital Accreditation

Safety & Quality of Patient Care

Quality Management

Self Improvement

Self Assessment

Educational Process

External Evaluation

Recognition

Recognition may be flowers for appreciation of quality commitment

Voluntary
External peer review
Using standard
Not an inspection
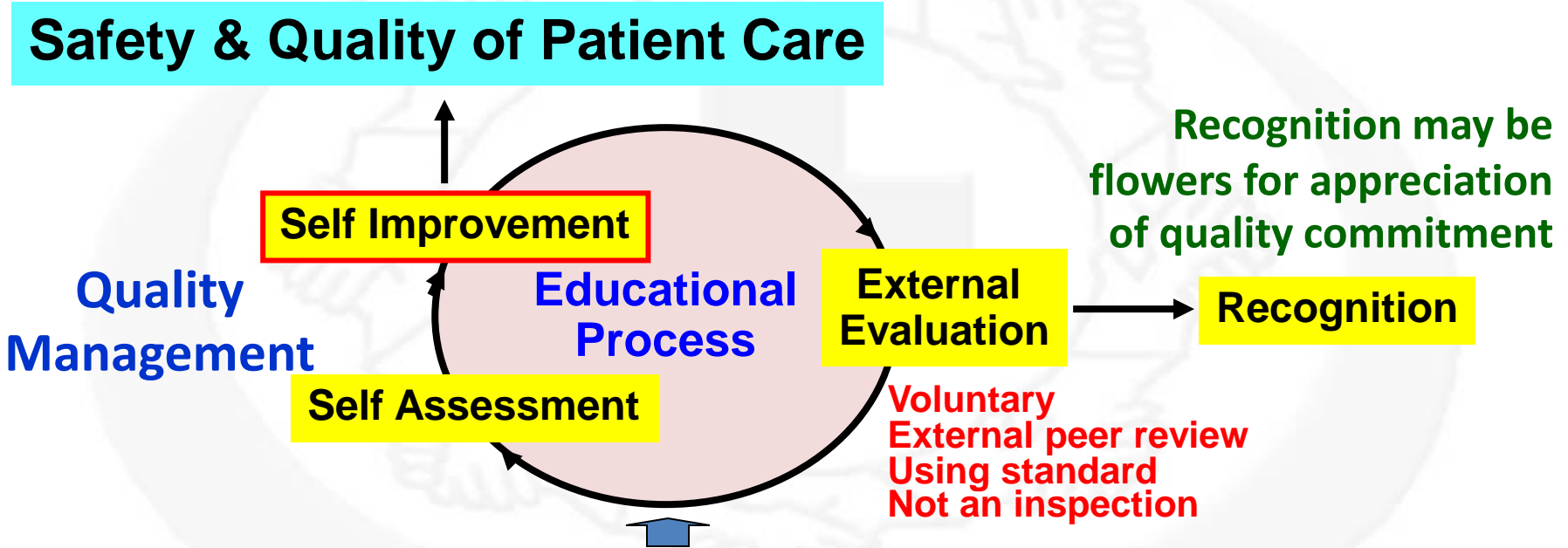
Core Concepts:
Flexible, context oriented
System approach, integration
Positive approach
Evaluation to stimulate improvement
Special character of healthcare (uncertainty, autonomy & accountability)

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

1st HA Standards

1st HA Certificate

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

20

HA Project

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

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**

Stepwise Recognition

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

3 Steps to HA

Hospital Accreditation (HA)

Quality Improvement/Quality Management

3 Steps to HA

UC

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

24

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
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
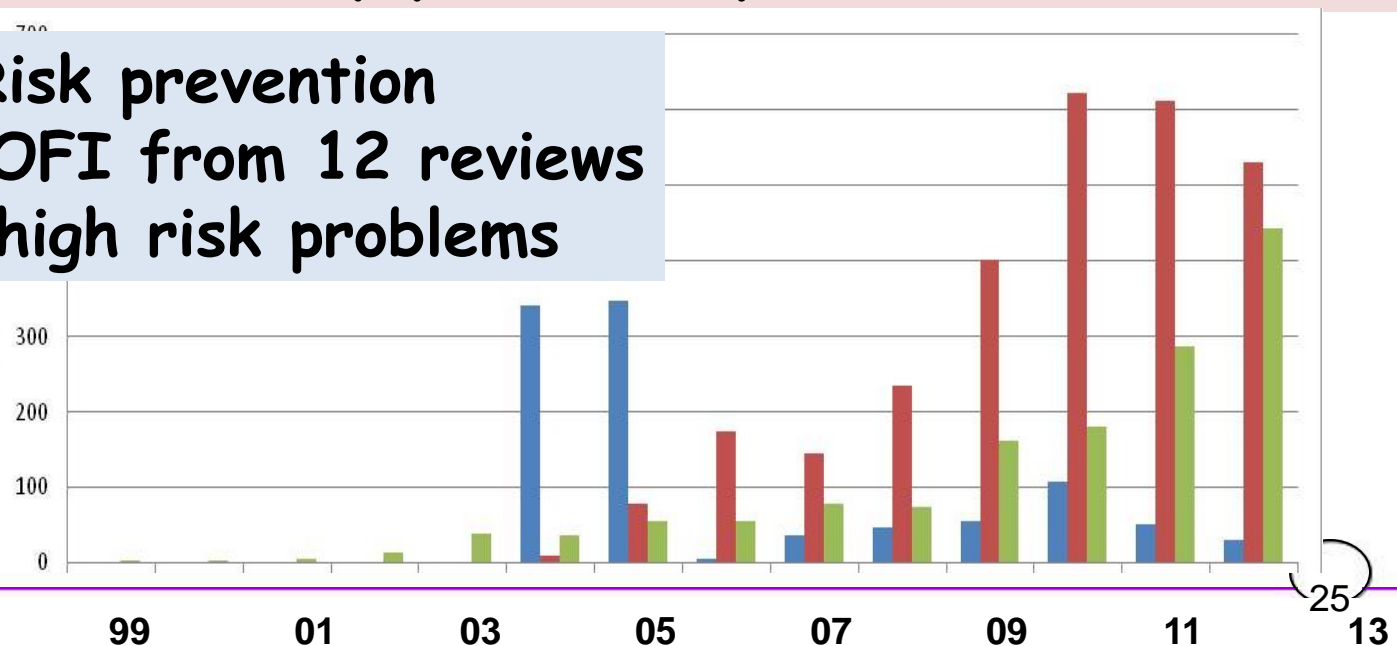
Power of Recognition

- 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

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

Thai HA Standards Version 2

What did we do?

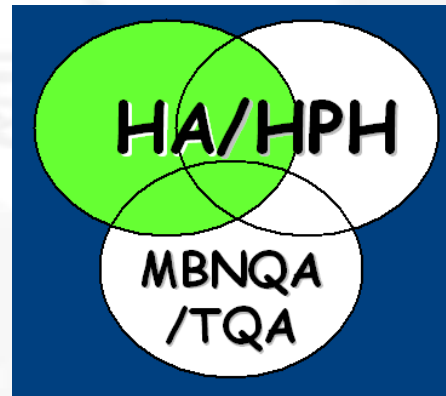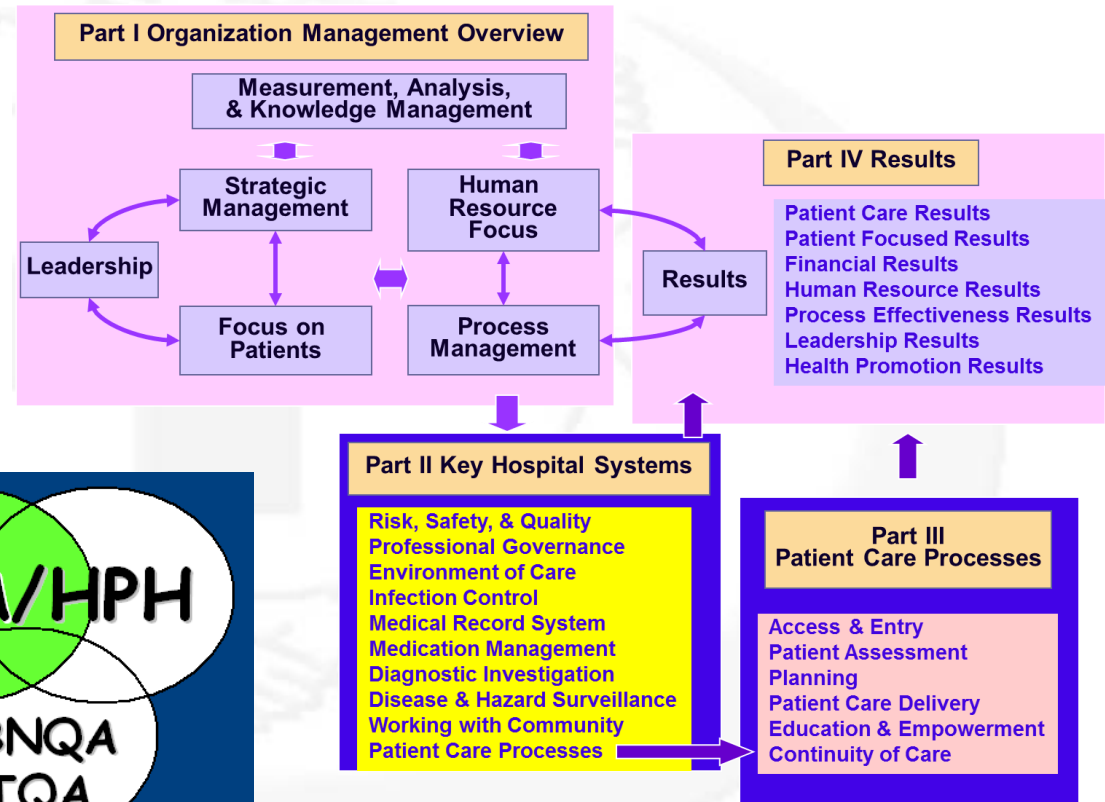- **Scan the situation & trend**
- **Response to stakeholder's need**
- **Move one step ahead**
- **Gradually convince people**

Part I Organization Management Overview

Measurement, Analysis, & Knowledge Management

Leadership

Strategic Management

Human Resource Focus

Focus on Patients

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

HA/HPH
MBNQA /TQA

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

1st HA Standards

HPH Accreditation

2nd HA/HPH Standards

| 1993 | 1996 | 1998 | 2000 | 2002 | 2004 | 2006 | 2008 | 2009 |

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

MBNQA/TQA 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
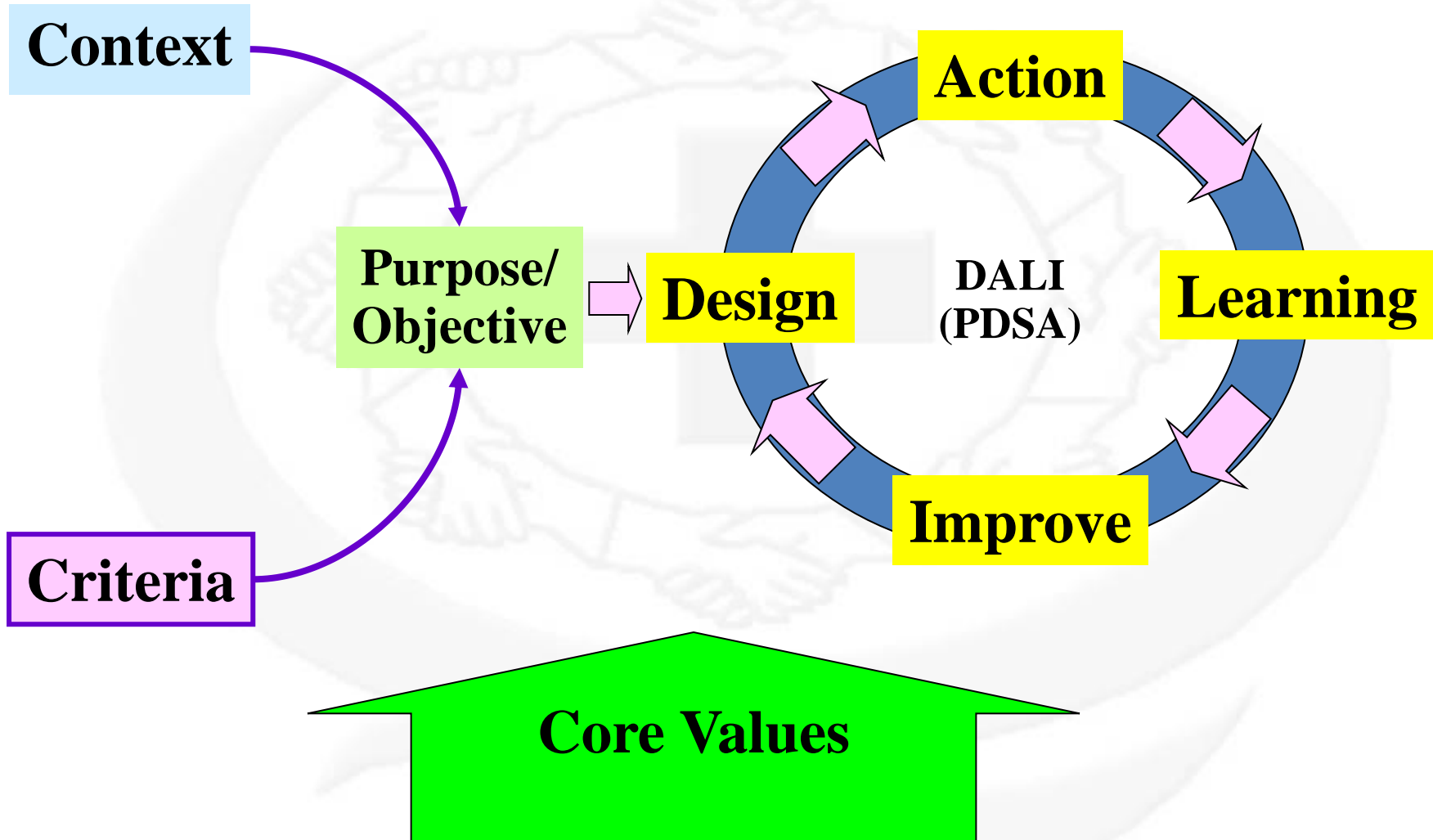
PART III

Patient Care Process

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

Cycle of Learning & Improvement

Healthcare Accreditation Institute, Thailand

Context

Criteria

Purpose/ Objective

Design

DALI (PDSA)

Action

Learning

Improve

Core Values

The Bi-Regional Forum of Health Care Organizations on People-Centered Health Care, Philippines, 26 March 2009

Core Values & Concepts

Healthcare Accreditation Institute, Thailand

Value on Staff
Individual Commitment
Teamwork
Ethic & Professional Standard

Visionary Leadership
Systems Perspective
Agility

Staff

Direction

Customer

Improve

Learn

Patient / Customer Focus
Focus on Health
Community Responsibility

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

Learning
Empowerment

1

1.5

Just Begin

Unsatisfied result

Basic quality structure

**Set team
Set Frame
Structure
focus**

React to problem
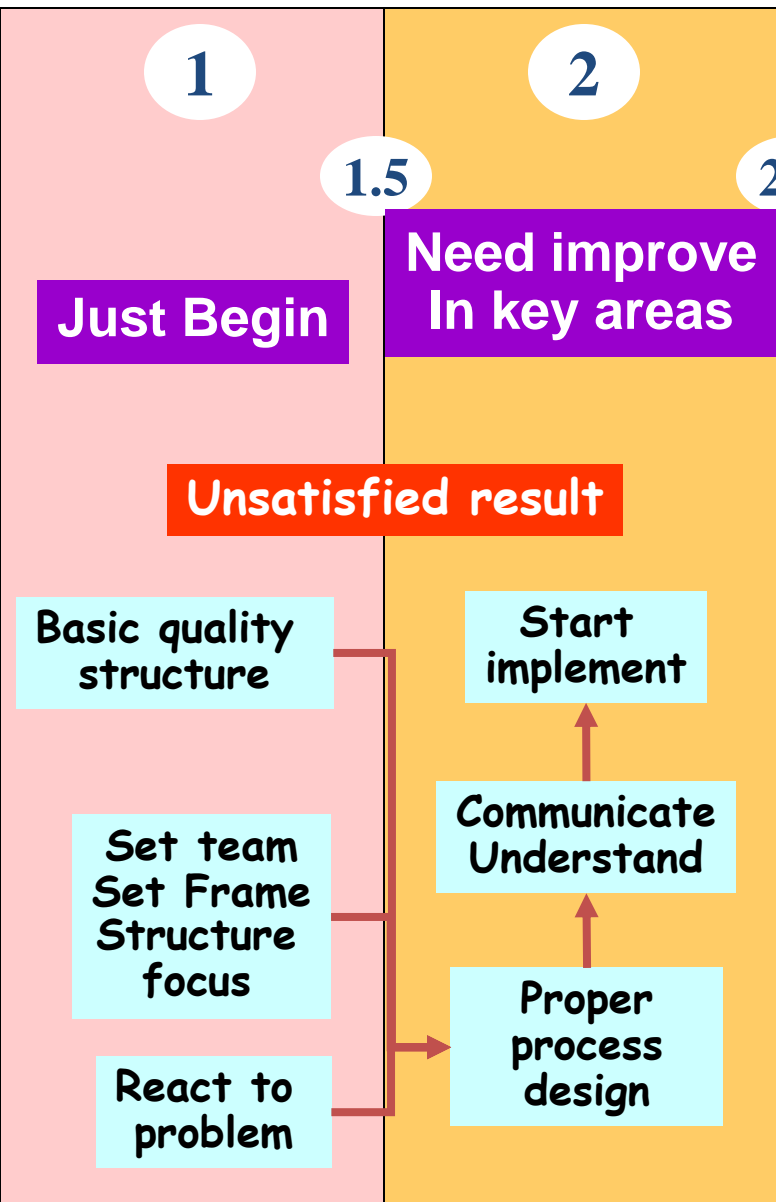
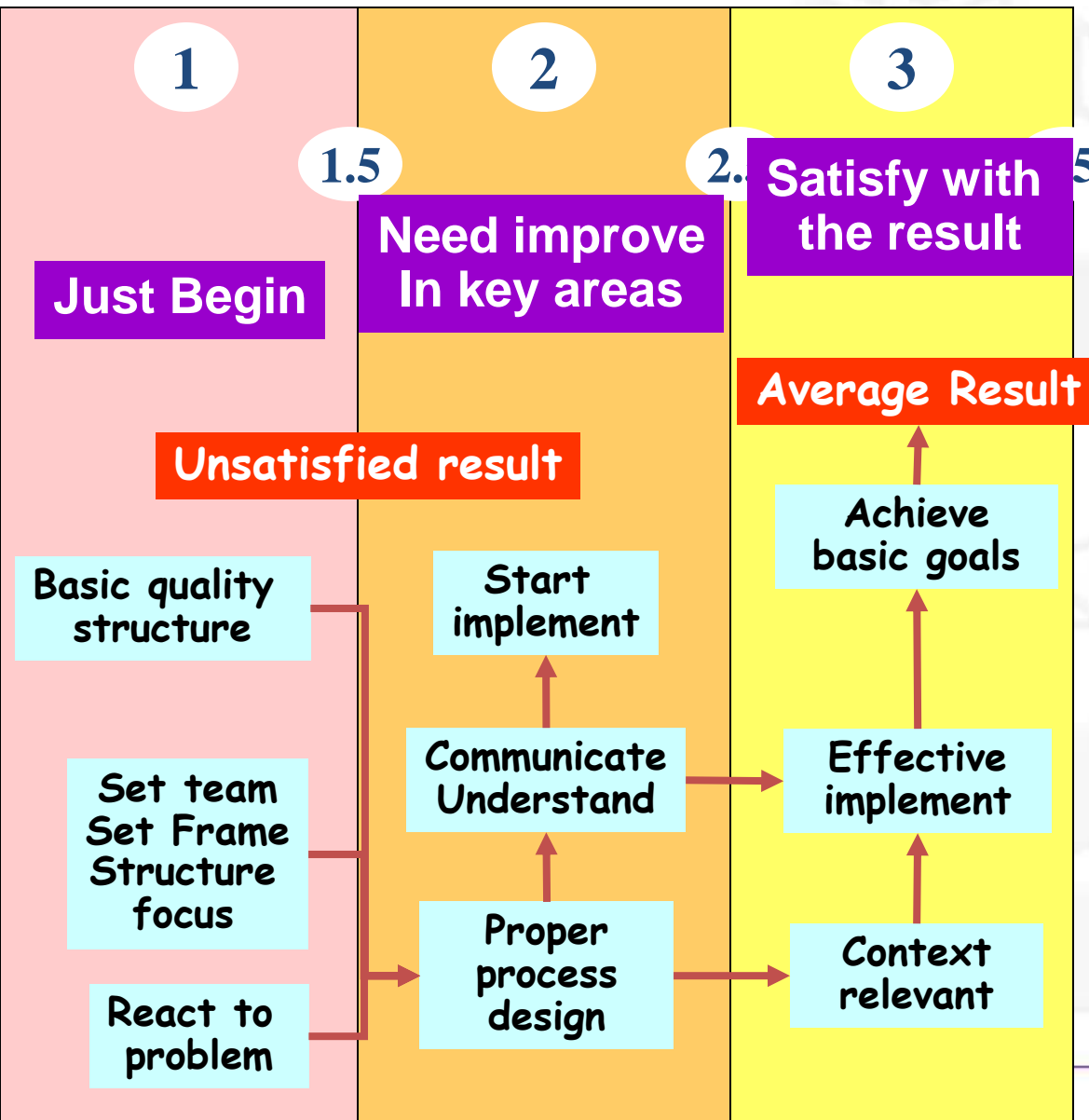## Set Up

**Set team & mission
Set guidelines
Problem analysis
Reactive response
Early improvement on simple issues**

Scoring Guideline:
For Continuous Improvement to Excellence

1

2

1.5

2.5

Just Begin

Need improve In key areas

Unsatisfied result

Plan & Do

Basic quality structure

Start implement

Set team Set Frame Structure focus

Communicate Understand

React to problem

Proper process design

Scoring Guideline:
For Continuous Improvement to Excellence

1 **2** **3**

1.5 **2.5** **5**

Just Begin

Need improve In key areas

Satisfy with the result

Average Result

Unsatisfied result

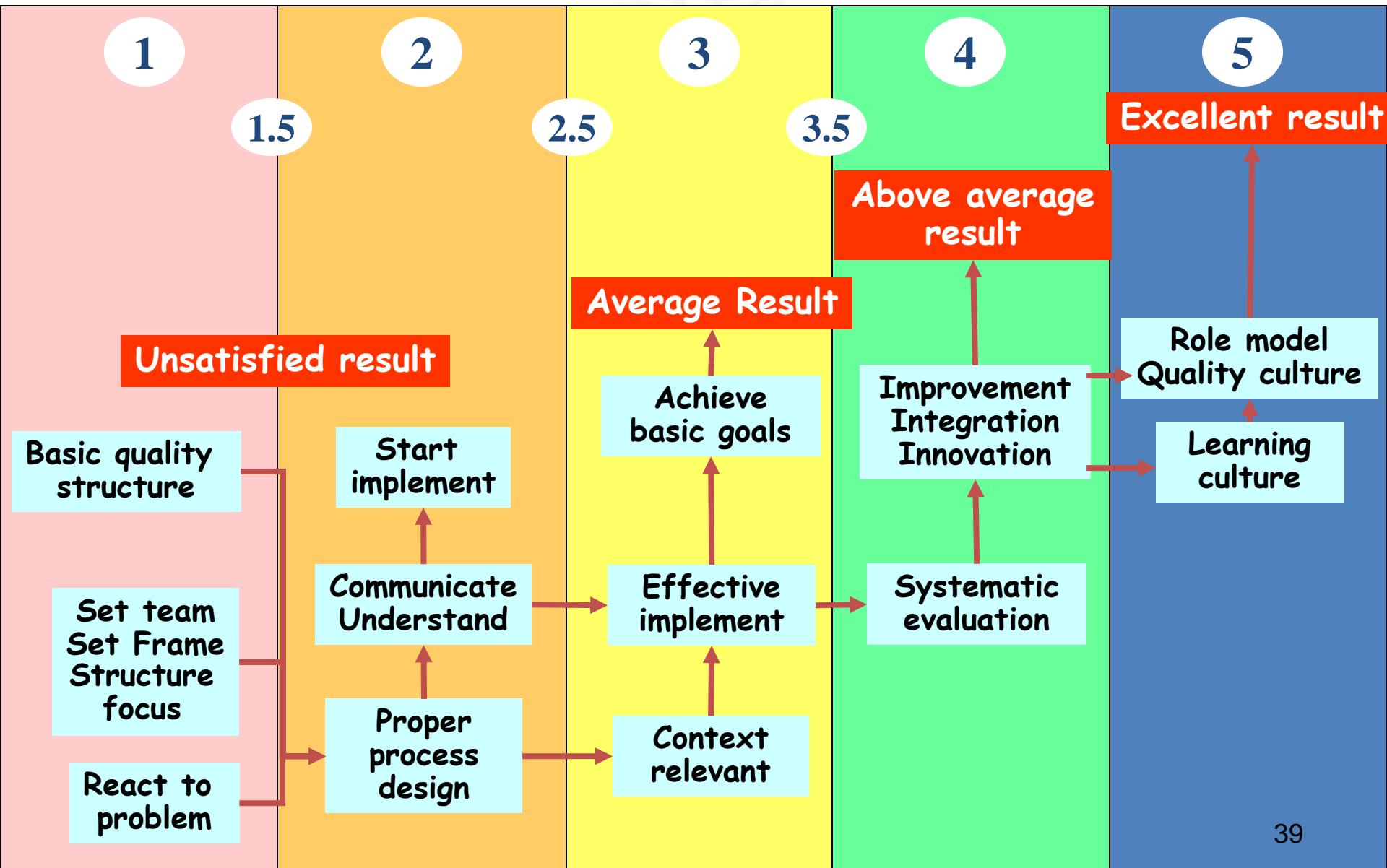| Basic quality structure | Start implement | Achieve basic goals |
| Set team Set Frame Structure focus | Communicate Understand | Effective implement |
| React to problem | Proper process design | Context relevant |

Do & Check
Effective design (HFE)
Deploy in all key areas
Effective implement
Qualitative assessment
Achieve basic goals
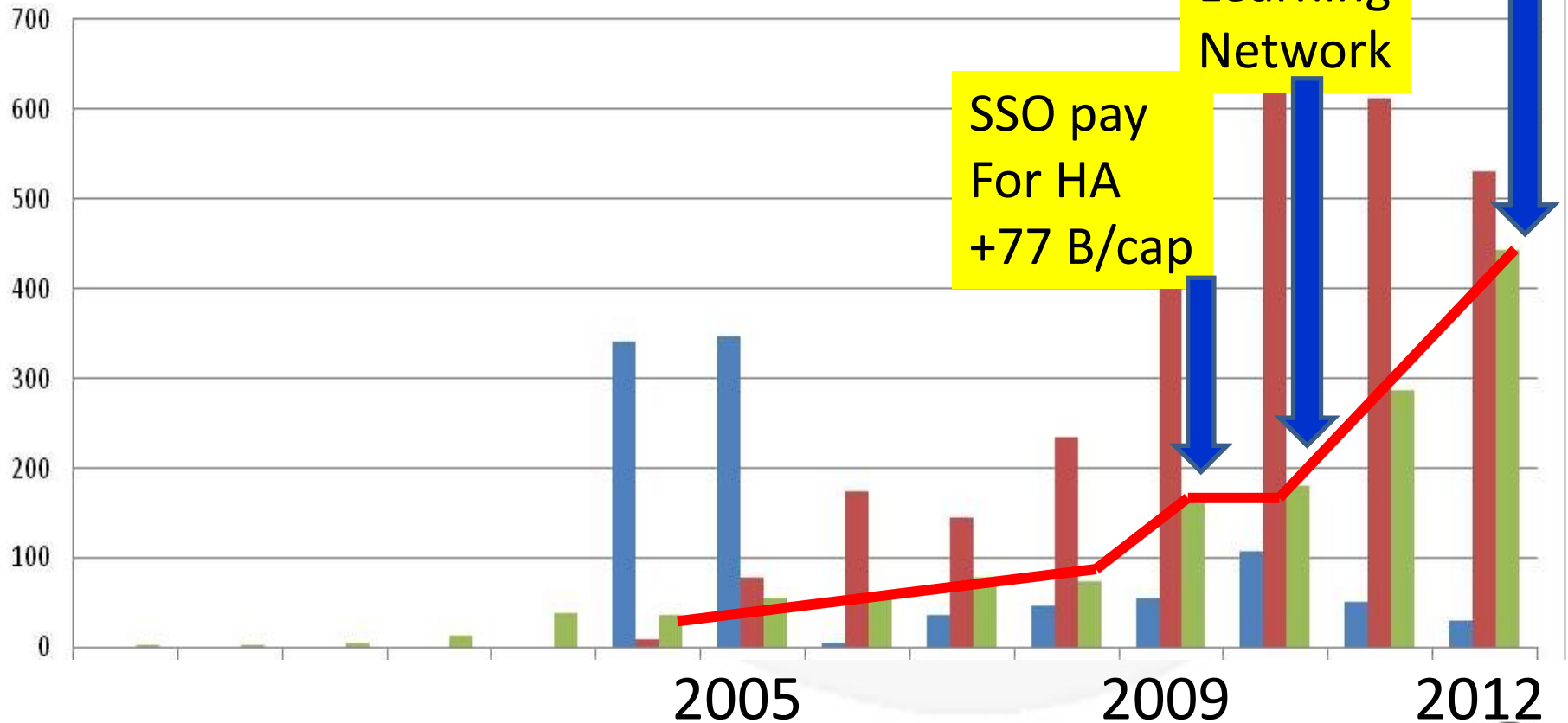
Scoring Guideline:
For Continuous Improvement to Excellence

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

1.5 **2.**

Satisfy with the result

Just Begin

Need improve In key areas

Above average result

Average Result

Unsatisfied result

| 1 — Basic quality structure / Set team Set Frame Structure focus / React to problem | 2 — Start implement / Communicate Understand / Proper process design | 3 — Achieve basic goals / Effective implement / Context relevant | 4 — 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

Basic quality structure

Start implement

Achieve basic goals

Improvement Integration Innovation

Role model Quality culture

Set team Set Frame Structure focus

Communicate Understand

Effective implement

Systematic evaluation

Learning culture

React to problem

Proper process design

Context relevant

39

Rising in Number
of the Accredited Hospital

Indicator of MOPH

Quality Learning Network

SSO pay For HA +77 B/cap

700
600
500
400
300
200
100
0

2005   2009   2012

Clinical Quality Improvement

Identify OFI Using Various Concepts

W1: ANC Queuing

HP1: Fetal Movement Monitor

SE2: PPH

AE3: PPH

HP2: Breast Feeding

SE3: HIV Transmission

Series of ANC

Assess

Monitor

N/L

C/S

Postpartum & Neonatal Care

Follow Up

Special Investigation

Special Care

SE1: Hemophilia

W2: US

S1: Separation

AE2: C/S Hematoma

AE1: D&C Perforation

- Identify OFI
- Trace the progress of process improvement
- Review the outcome
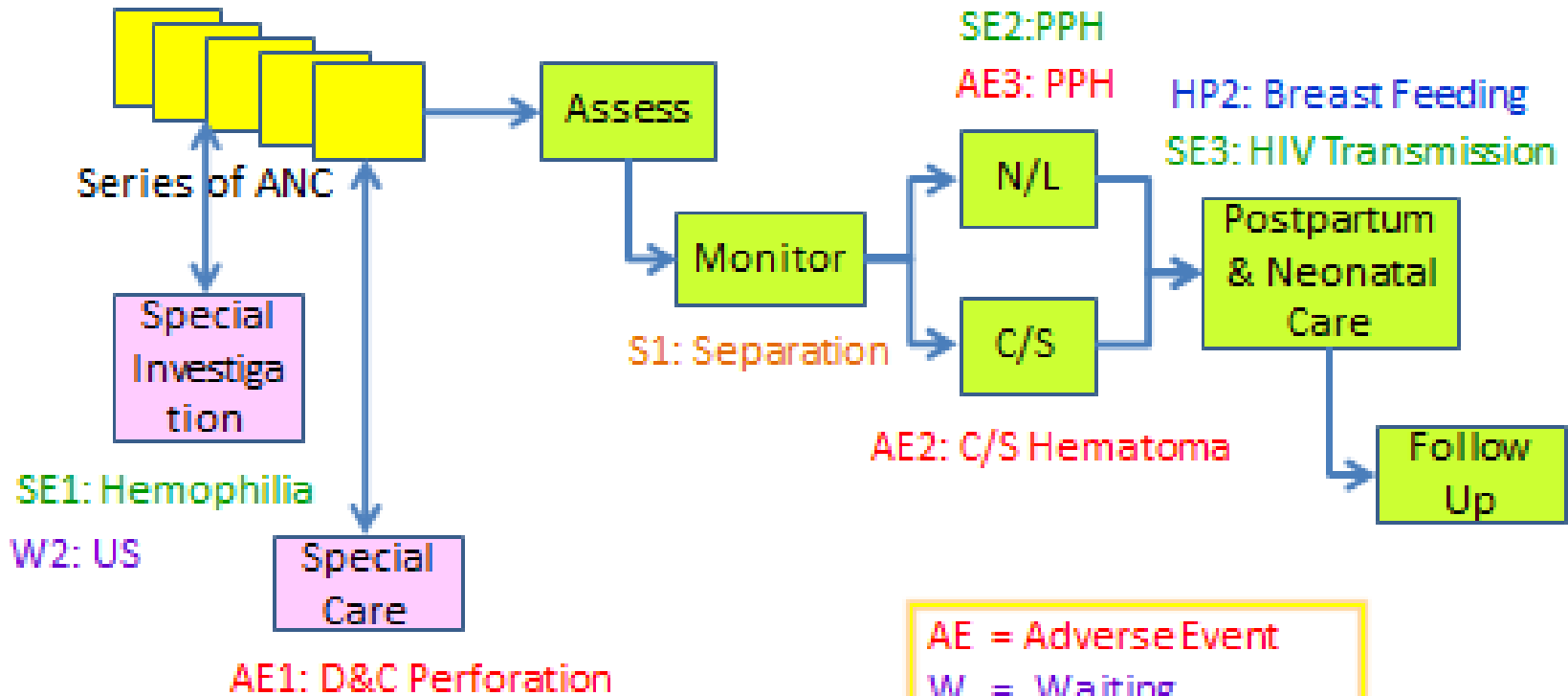
AE = Adverse Event
W = Waiting
SE = Scientific Evidence
S = Spirituality
HP = Health Promotion
R = Research

Assessment from Various Dimension

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

Plan/Design -> Do

How do we do our work?

How well we can do?

เป้าหมายการดูแล

Purpose → **Process** → **Performance**

Study/Learn

How can we improve ?

Act/Improve
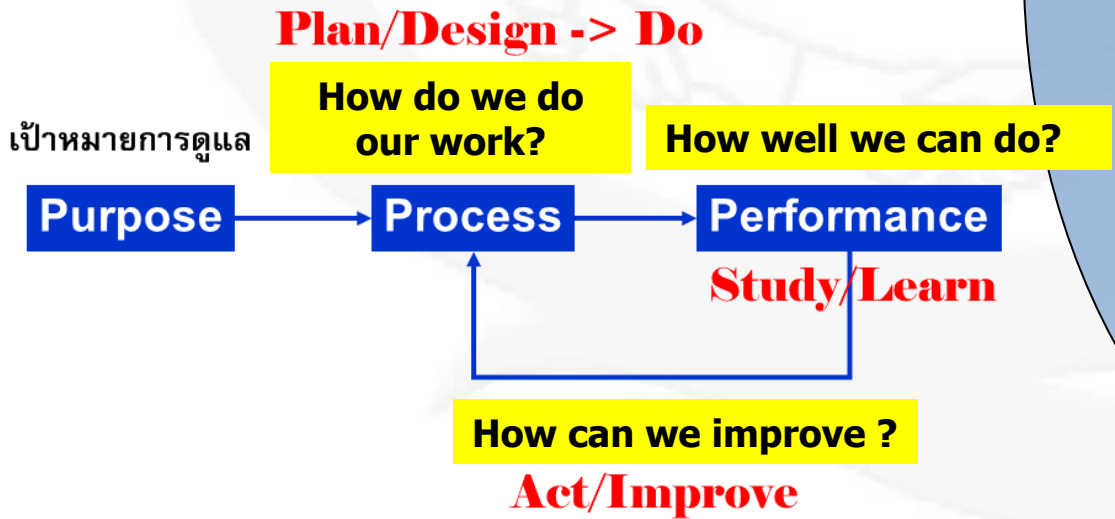
Patient Safety

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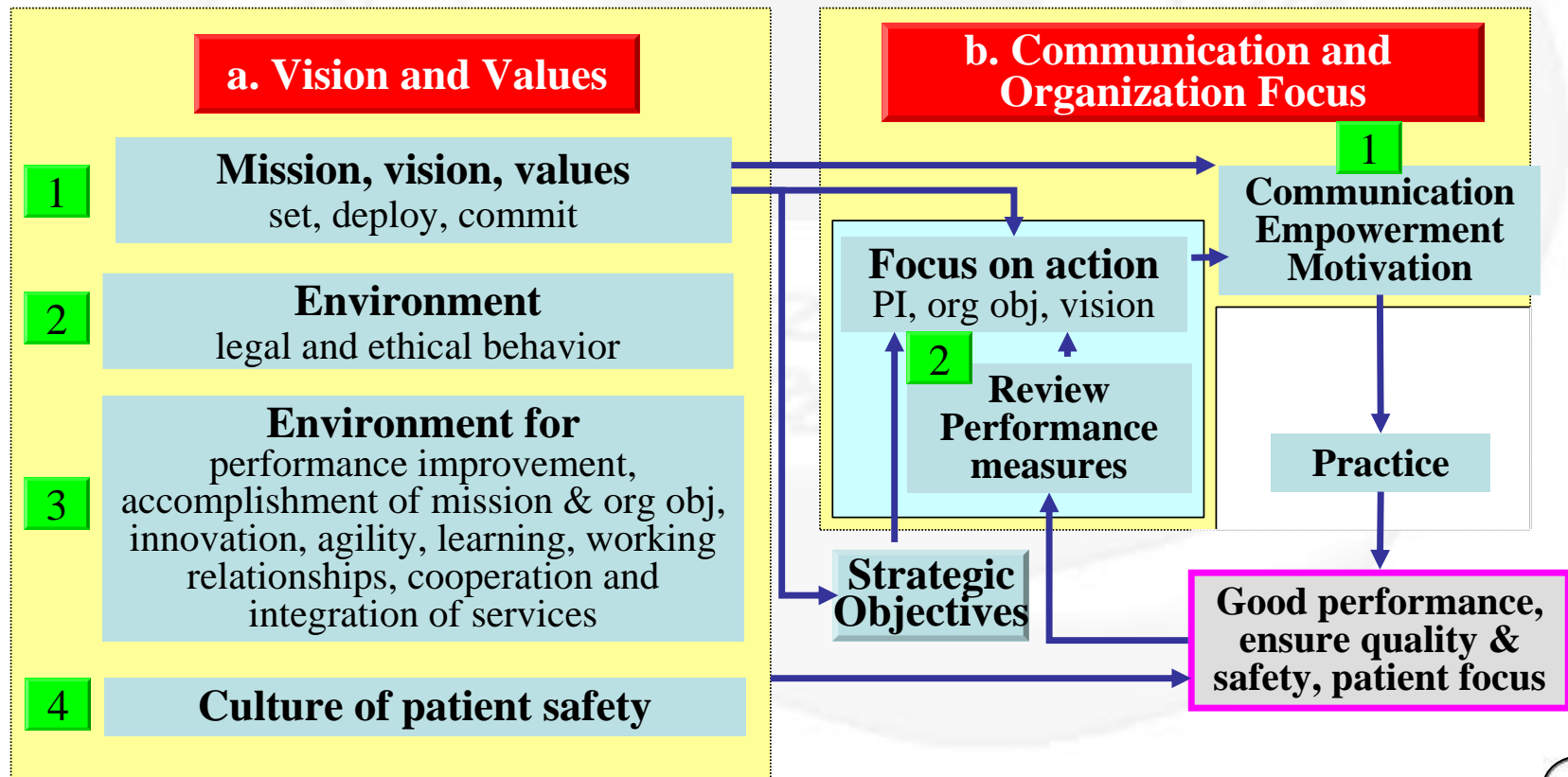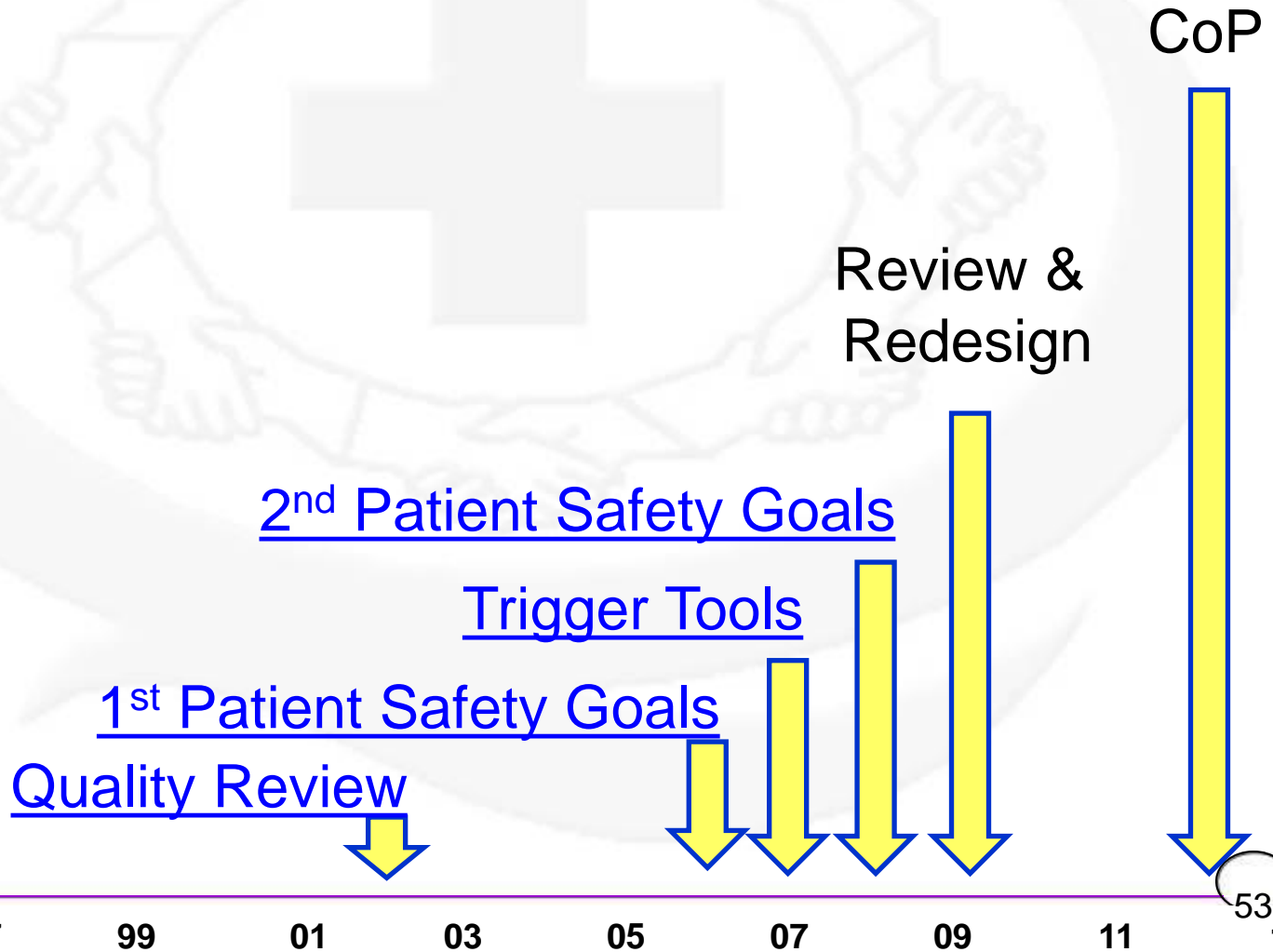
II – 1.2 Risk, Safety, and Quality Management System

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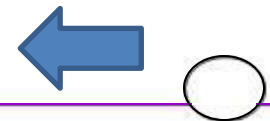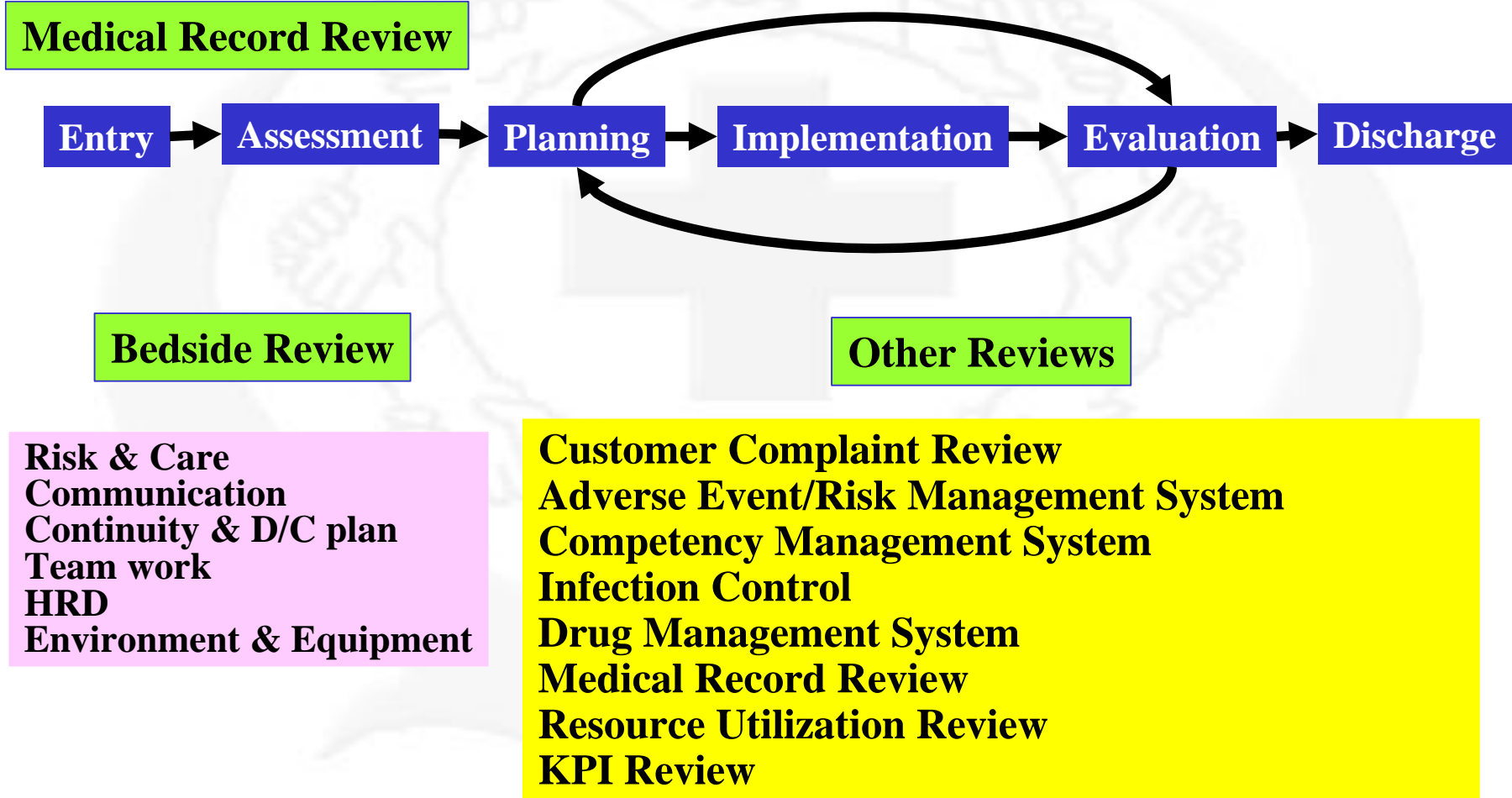

a. Risk and Safety Management System

1 Coordination between various RM programs, integration of risk MIS

Improve

Evaluate effectiveness

6

Solutions

5

2 Risk identification & prioritization

3 Prevention strategy, communicate, make awareness

4 Incident report & analysis

Root cause analysis

1 Patient care review

Improve patient care in targeted clinical population

b. Patient Care Quality

2 Identify population
3 Monitor KPI
4 Improve

Patient Safety

CoP

Review & Redesign

2nd Patient Safety Goals

Trigger Tools

1st Patient Safety Goals

Quality Review

93   95   97   99   01   03   05   07   09   11   13

53

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

Thai Patient Safety Goals 2006

HA

Maternal & Neonatal Morbidities

Acute Coronary Syndrome Medical Unstable/ Rapid Response Team

Patient Identification Operation Safety Communication Failure

PI OS CF

ACS MU/RRT

HAI (VAP, Sepsis)

Drug Safety

Infusion Pump Clinical Alarm System Drug Reconcile Fall Influenza Surgical Fire

HAI (others)

IHI

JCAHO

Triggered Chart Review to Identify Adverse Events

Select High Risk Charts → **Trigger Reviewed**

Total Hospital Days

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

Portion of Chart Reviewed

AE / 1000 Days

AE Identified — **N** → **End Review**

Y

Harm Category Assigned
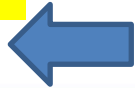
Patient Safety Goals / Guides : SIMPLE

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

HINDSIGHT BIAS

Review & Redesign

Before the Accident

After the Accident

Quality Review

93   95   97   99   01   03   05   07   09   11   13
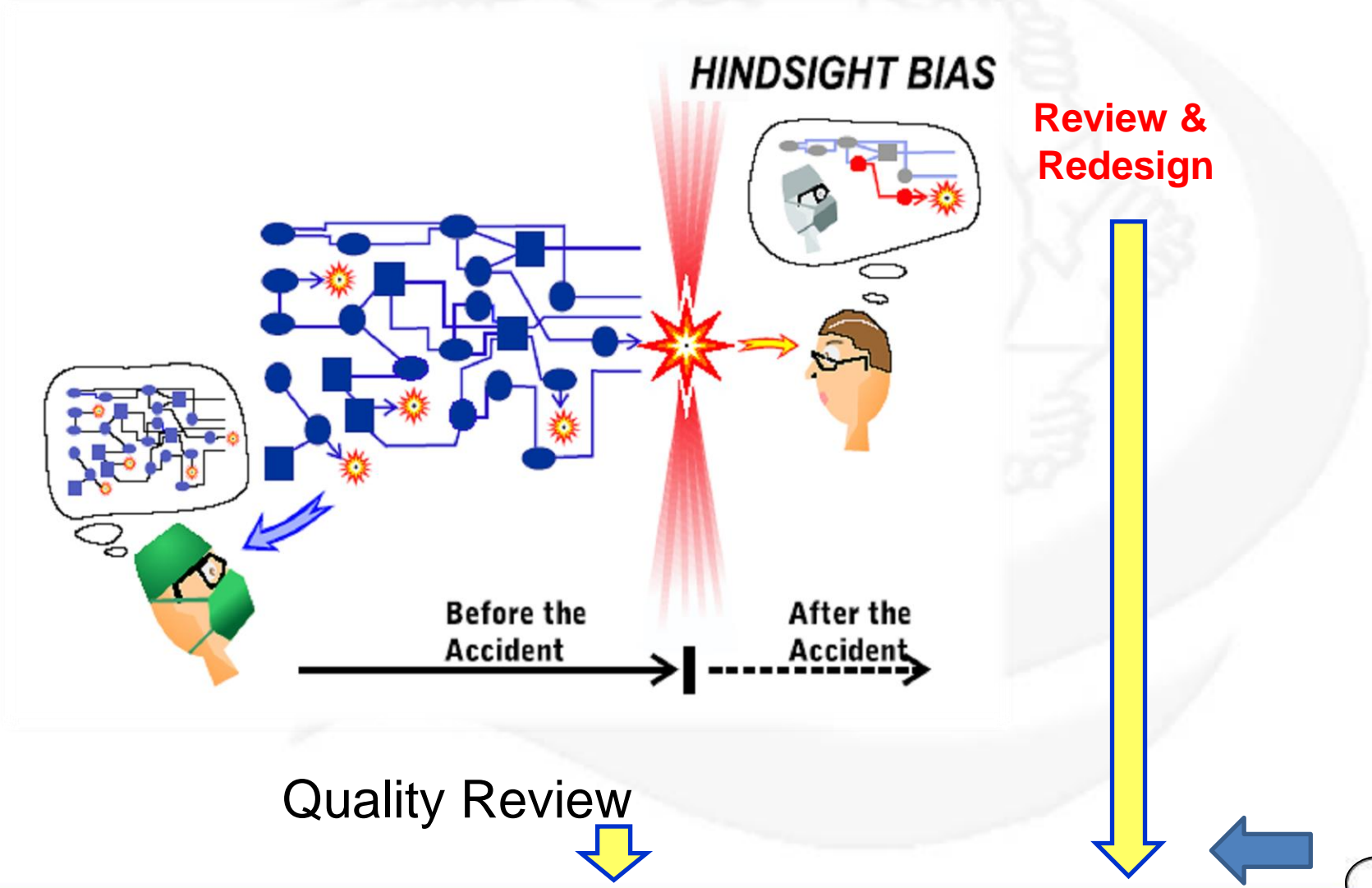
Surveyor Competency Framework

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

Knowledge
- Quality Concept
- Quality Tools
- HPH Concepts
- HA/HPH Standards
- Assessment
- Health System

Skill
- Reading
- Analysis
- Wide perspective
- Relationship Building
- Observation
- Listening
- Questioning
- Constructive Feedback
- Learning Facilitation
- Writing
- Problem Solving

Task
- SA Analysis
- Team Interview
- Site Visit
- Doc/Med Rec Review
- Report Writing

Standard Work
- Re-accreditation Survey
- Accreditation Survey
- Step 1/2 Assessment
- ICV / CV
- Learn & Share Workshop
- Document Assessment

59

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)**

New Programs

Healthcare Accreditation Institute, Thailand

Seamless Provincial Healthcare Innovation & Excellence (SPHInX)

HA Plus

Program & Disease Specific Certification

Comparative Hospital Indicator (THIP)

Hospital Accreditation (HA)
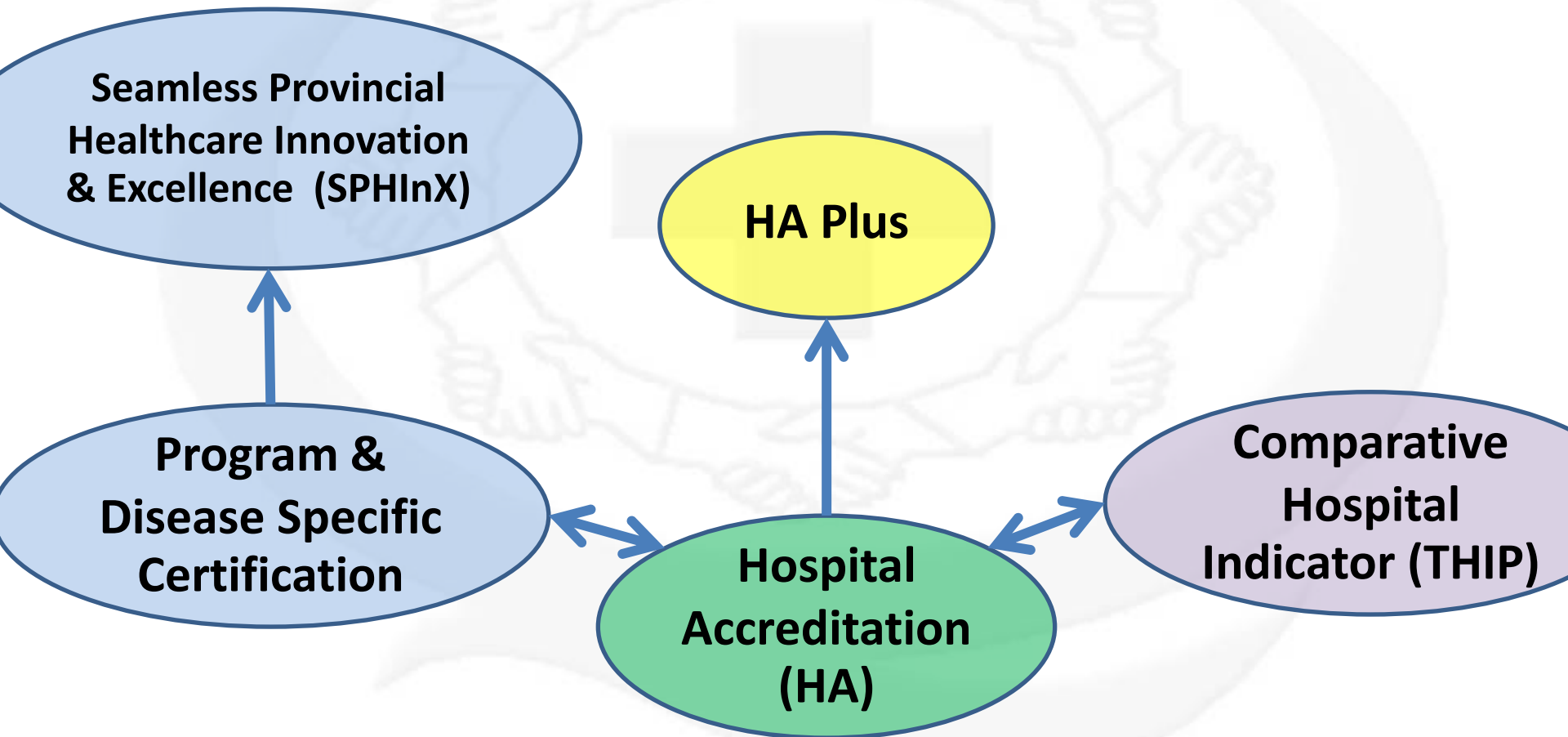
Comparative Indicators
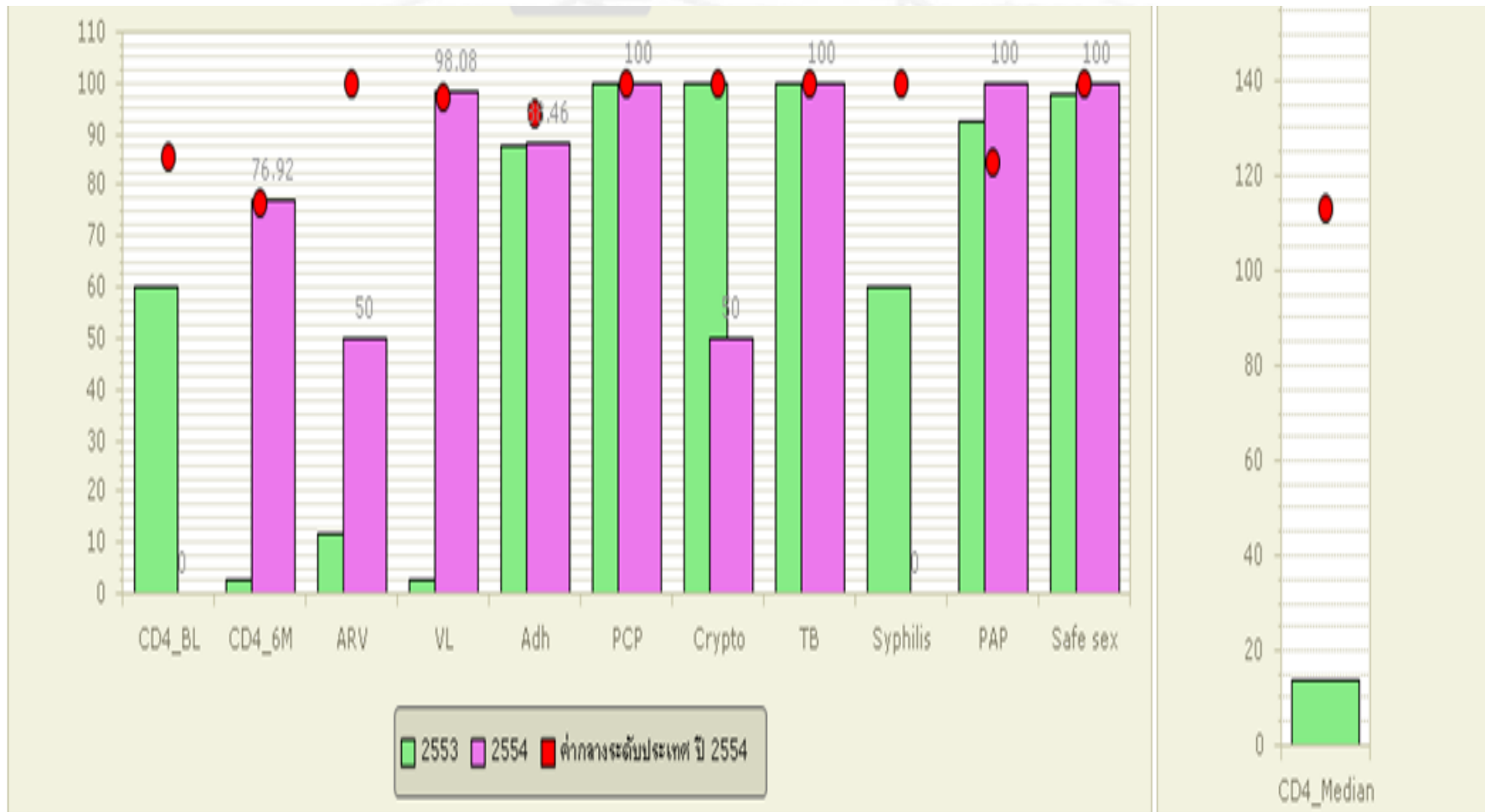
Collaboration of HA
with Key Stakeholders & Other Programs

Beneficiaries

Gov/MOPH

Hospitals

3rd Party Payers

Other Quality Program

- Laboratory accreditation & ISO15189
- Health Promoting Hospital
- Hospital pharmacy standards
- Drug abuse therapy
- HIV program
- Tobacco cessation program
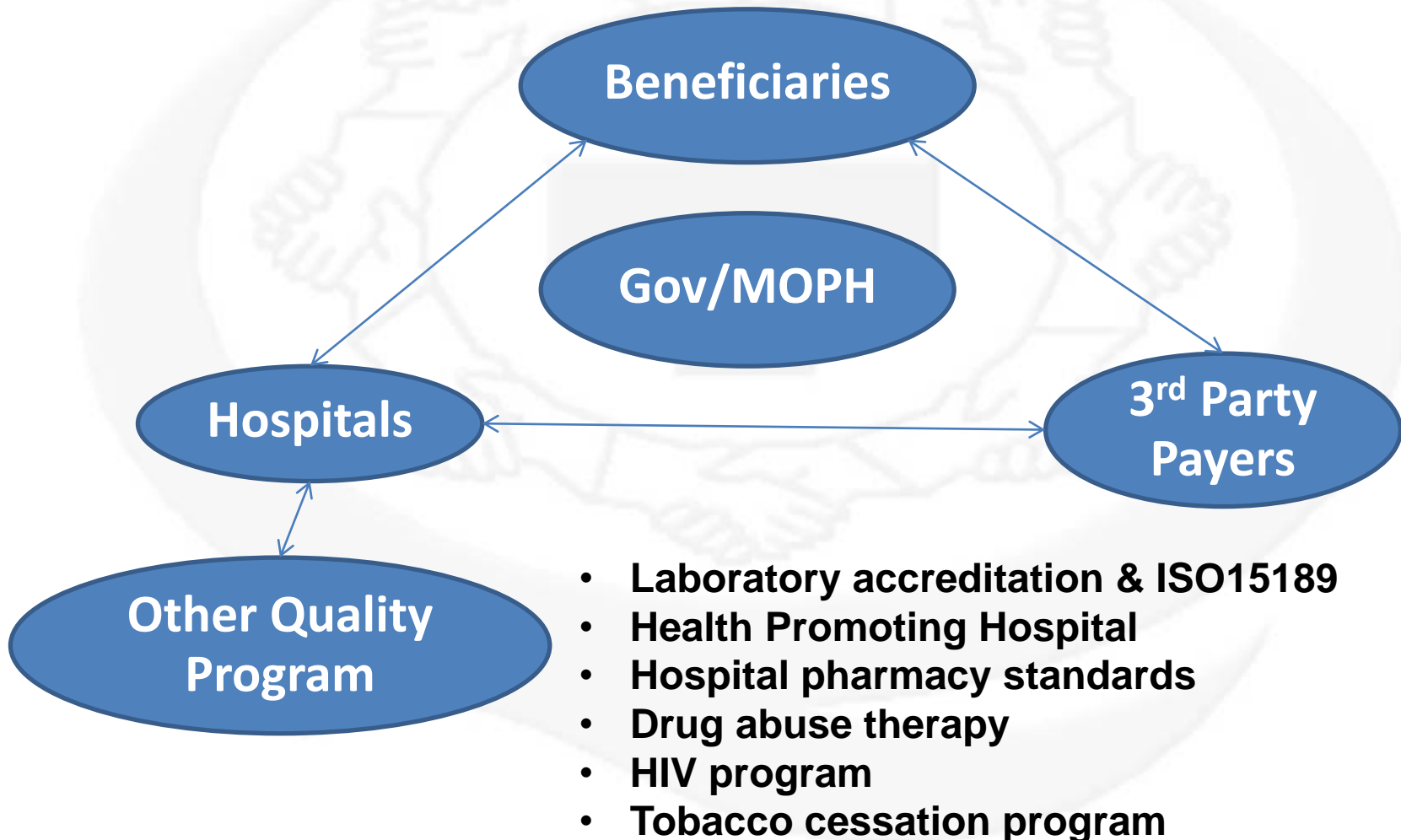
Force Field Analysis

Forces FOR change

Forces AGAINST change

People-Centred Healthcare

Simple & easy → ← Workload

Joyful → ← Complicate, difficult

Visible benefits → ← Overwhelm with changes

Recognition → ← Professional autonomy

Social demand → ← Never heard before

Professional responsibility →

Reputation →

The Bi-Regional Forum of Medical Training Institutions on People-Centered Health Care, Philippines, 1 July 2008

Possible Benefits of Quality Improvement

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

Population

Hospital

Society

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

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

HA Program Innovations

Year	Innovation	Description
2004	Stepwise recognition	To encourage continuous improvement for hospitals with different potential.
2004	3C-PDSA	Simplify concept of TQA/MBNQA into practice.
2006	Standard integration	Integrate HA, HPH, basic TQA criteria into a single standard.
2006	Scoring guideline	Promote continuum of compliance, improvement, & excellence.
2008	PSGs: SIMPLE	Promote common direction of evidence-based safety practice.
2008	THIP (compare KPI)	Use comparative KPI to drive improvement.
2009	Spiritual HA (SHA)	Promote spiritual dimension of healthcare & org. management.
2009	Spirituality mining	Story telling, narrative medicine, short movies.
2009	SPA	Guidelines for implementing HA Standards.
2010	Peer Network & 6 Tracks	Encourage local peer assist for implementing HA Standards.
2012	Provincial KM	A joyful environment to identify OFI by peers.
2012	CoP high risk care	Create awareness, network, & capture tacit knowledge.
2013	SPA in Action	Ask WHAT to get insight of hospitals' own problems.