



Thailand Healthcare Accreditation: A Journey

Anuwat Supachutikul, M.D.

CEO, Healthcare Accreditation Institute, Thailand

November 2013



The Social Security Scheme & Quality



Healthcare Accreditation Institute, Thailand

1991

Capitation ->

Standards & audit

Patient choices ->

TQM/CQI in public hospitals

SSO

Hospitals

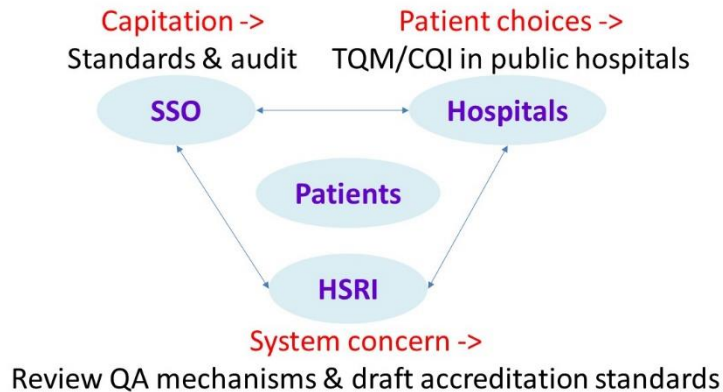
Patients

HSRI

System concern ->

Review QA mechanisms & draft accreditation standards

External Evaluation Program due to Capitation



Start together
Support & fulfill each other
Listen & learn from each other
Source of incentive

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

Set hospital standards: Use Australia framework, but focus mostly on structure

Adverse event enquiry

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

SSO
Standards





We started with Quality Improvement experience

What did we do?

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

learning how to apply various QI tools

Basic tools: 5S, suggestion system

ESB (Excellence Service Behavior)

Teamwork: brainstorm, decision tool (multi-voting)

CQI steps

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

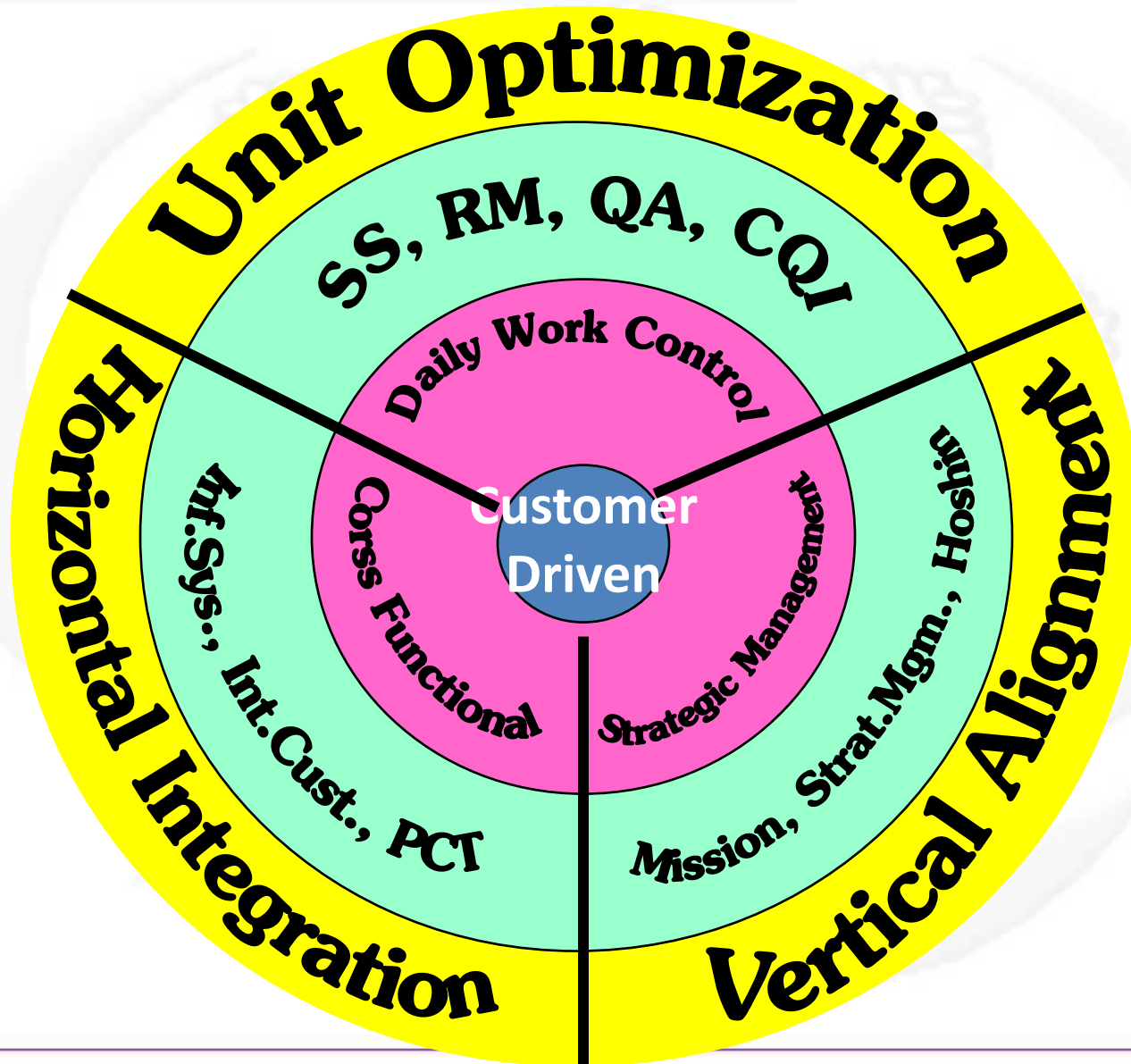
**TQM in
8 Public Hospitals**



93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----



Total Quality Management





Phase of Quality Implementation

Preparation

Management Education Workshop

Quality Structure
-Steering Team
-Facilitator Team

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

Development

Pilot Project

Vision & Mission

Strategic Plan

Communication

Education

Implementation

Unit Optimization (SS, RM, QA, CQI)

Horizontal Integration

Vertical Alignment

Performance Monitor Progress Review

Integration

Structure

Skill

System
-Measurement
-Compensation

Culture





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



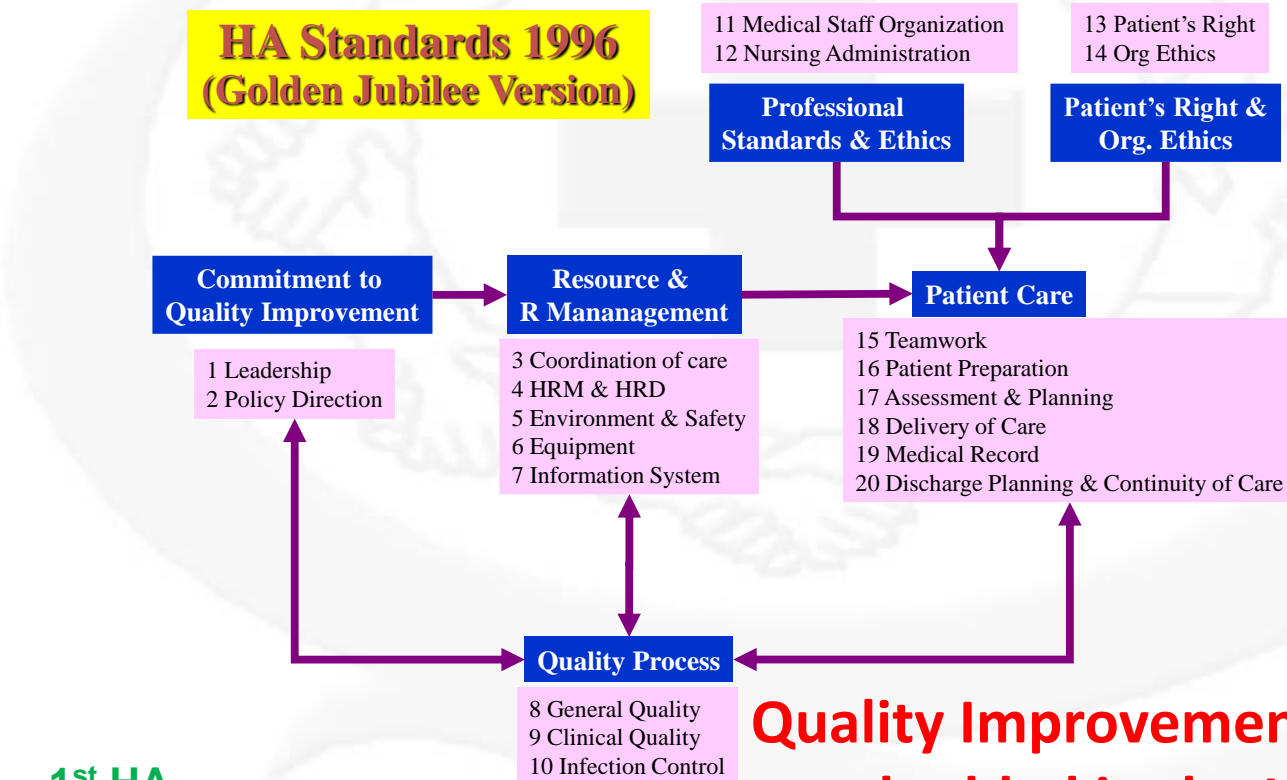
How we drafted a hospital standard

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



Development of Hospital Accreditation Standards

Review concepts & requirements (US, Can, Aus, UK)



1st HA Standards

Quality Improvement concept was embedded in the HA Standards

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



HA Standards Implementation as R&D 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

Voluntary Process

Educational Process, Not Inspection

Encourage Civil Society Movement

Self Reliance, Independence, Neutral

Emphasis Self Assessment & Improvement

35 **Pilot Hospitals**



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

Workshops

Consultants

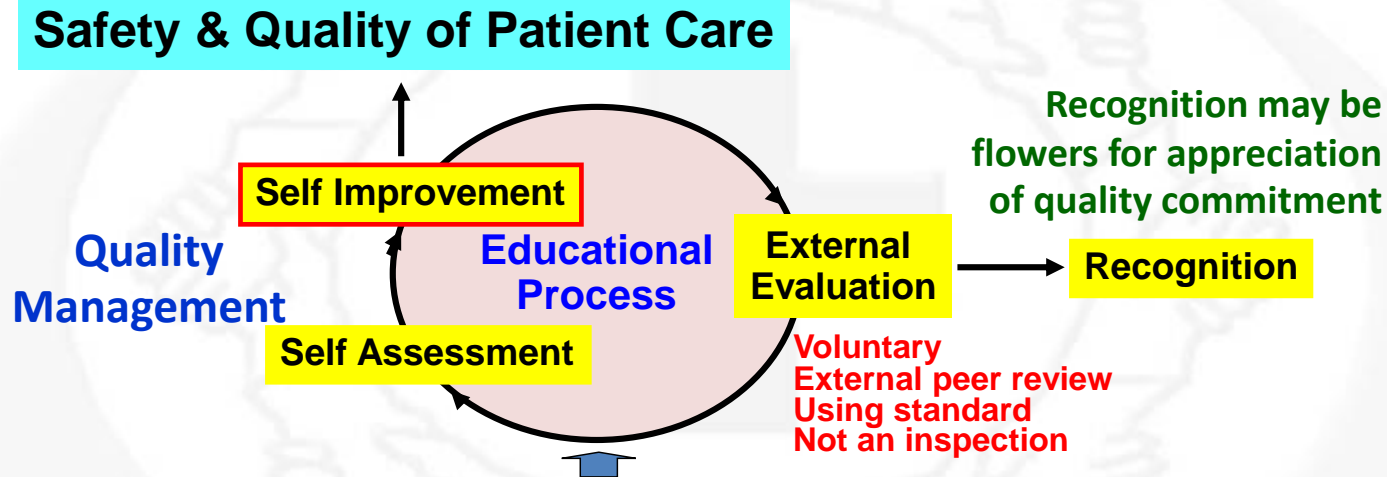
Knowledge

Questions

Pilot Hospitals

Adapt
Seek more information
Creativity
Trial
Learn

HA as an Educational Process Not an Inspection



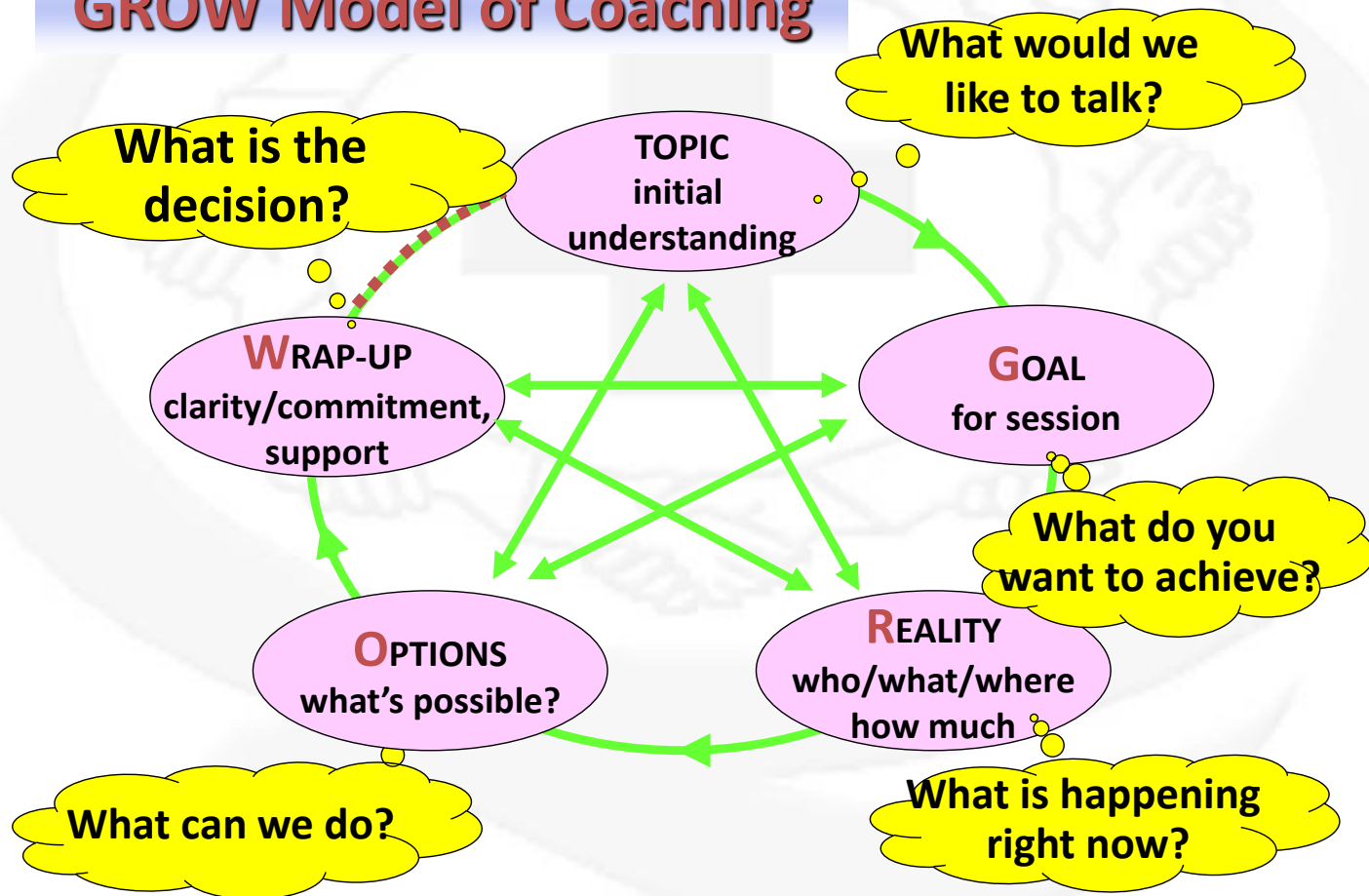
Core Concepts:
Flexible, context oriented
System approach, integration
Positive approach
Evaluation to stimulate improvement
Special character of healthcare (uncertainty, autonomy & accountability)

HA Standards
Implementation
(R&D Project)

Balance of learning mode & audit mode

Coaching: The Most Important Skills of Surveyors for Learning Mode

GROW Model of Coaching



Experience of Implementing QI

Surveyors have to understand the mode of development in the organization they visit -> fill the gap

**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

Stepwise Recognition

What did we do?

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

3 Steps
to HA

Universal
Coverage

Politician
demanded for
quality & access

93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----



	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 Opportunity for Improvement





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					



Stepwise Recognition

A strategy to gain acceptance and expand coverage

Surveyors



Step 3: Quality Culture

Identify OFI from standards

Focus on integration, learning, result

**Potential
Surveyors**

Step 2: Quality Assurance & Improvement

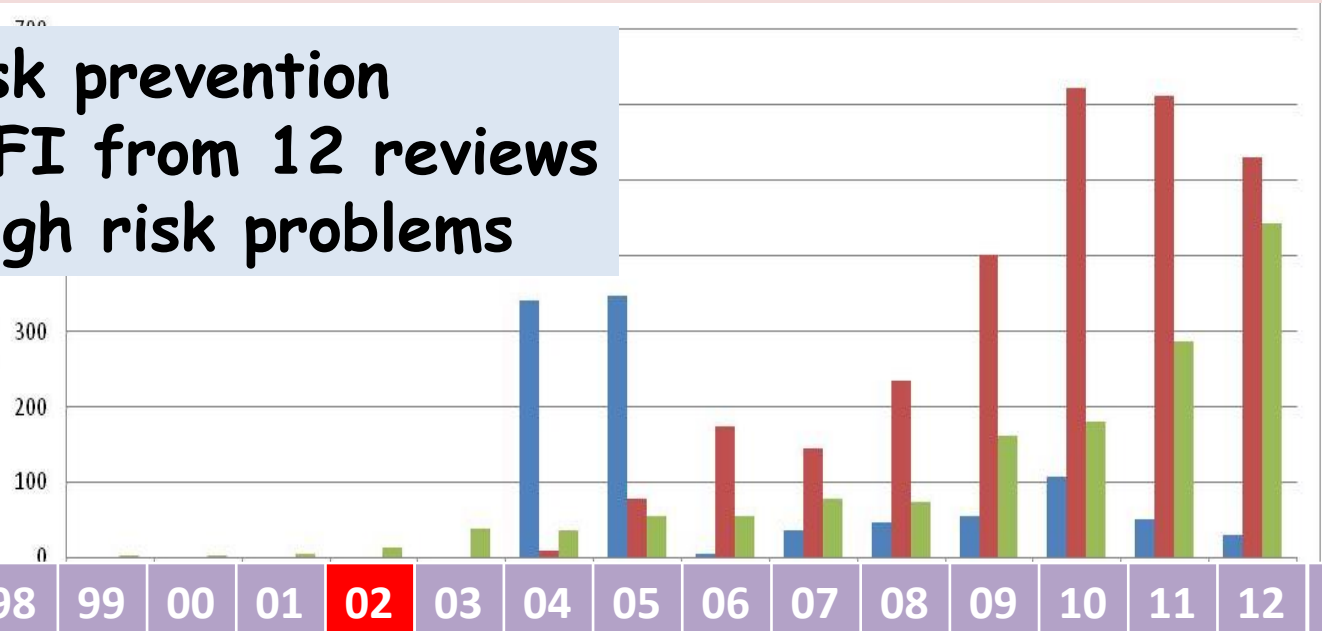
Identify OFI from goals & objectives of units

Focus on key process improvement

Step 1: Risk prevention

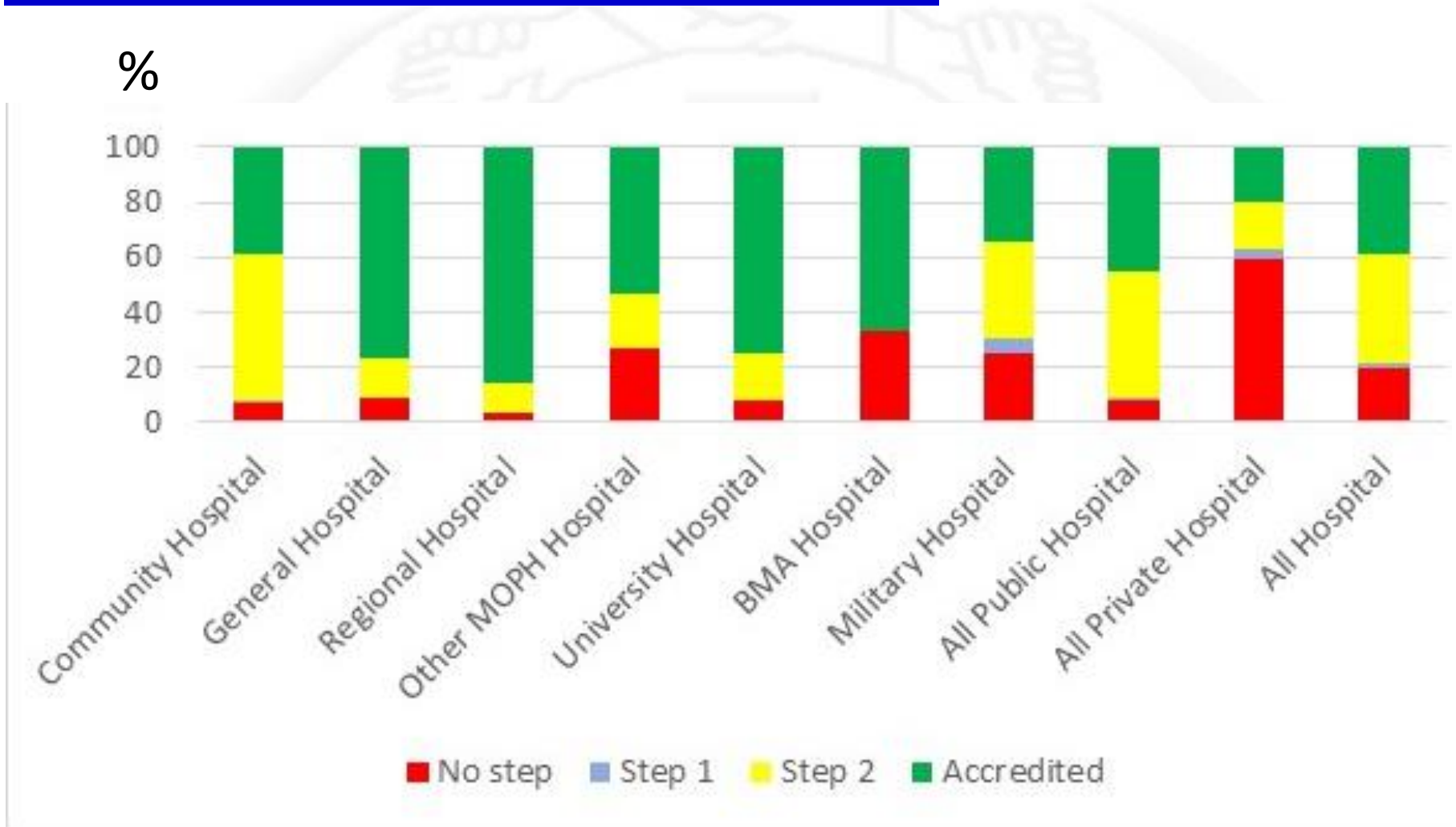
Identify OFI from 12 reviews

Focus on high risk problems





Achievement of Hospitals by Level of Recognition



Thai HA Standards Version 2

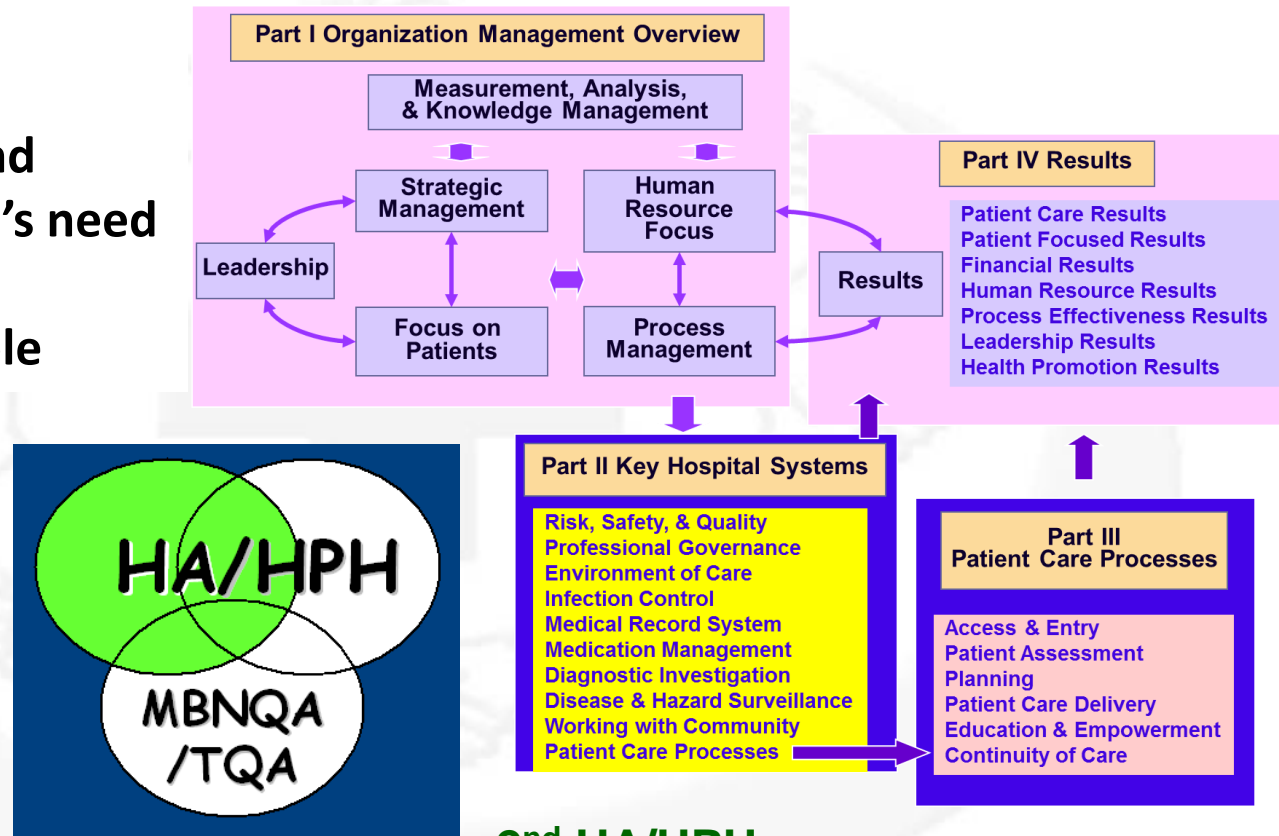


Healthcare Accreditation Institute, Thailand

What did we do?

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

Get surveyors involved during the 3 years of new standards development



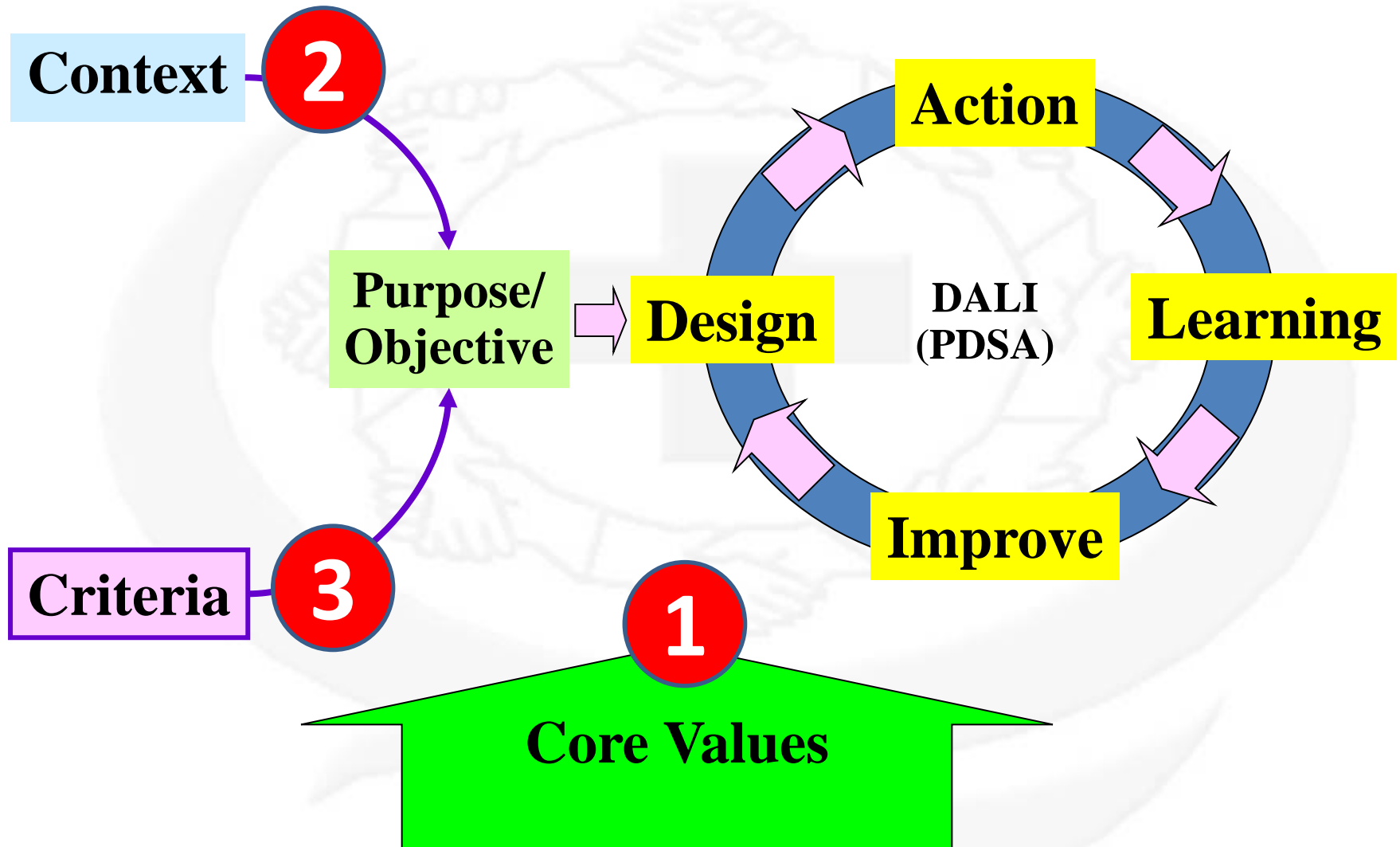
2nd HA/HPH Standards

1st HA Standards

HPH Accreditation

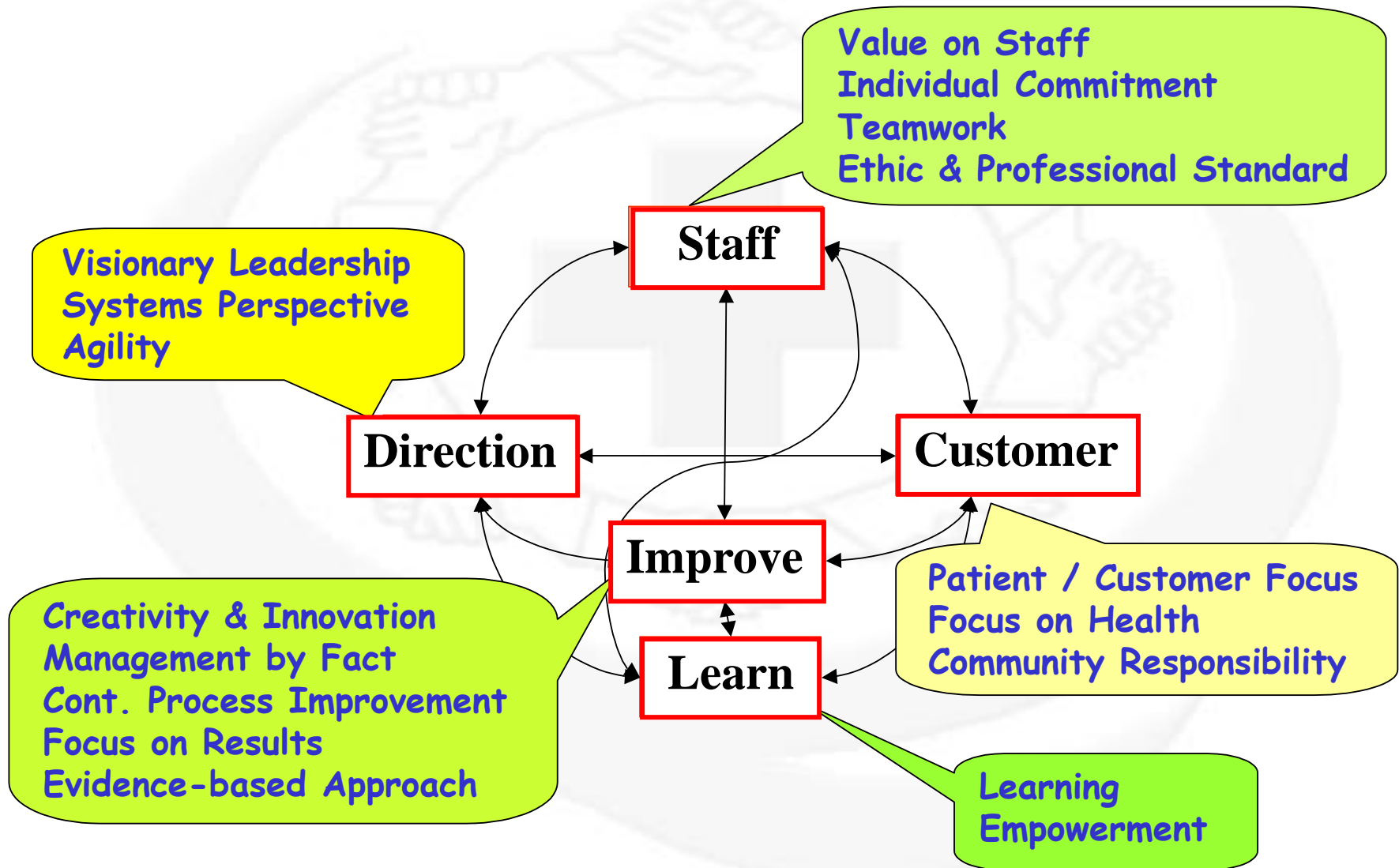


Cycle of Learning & Improvement

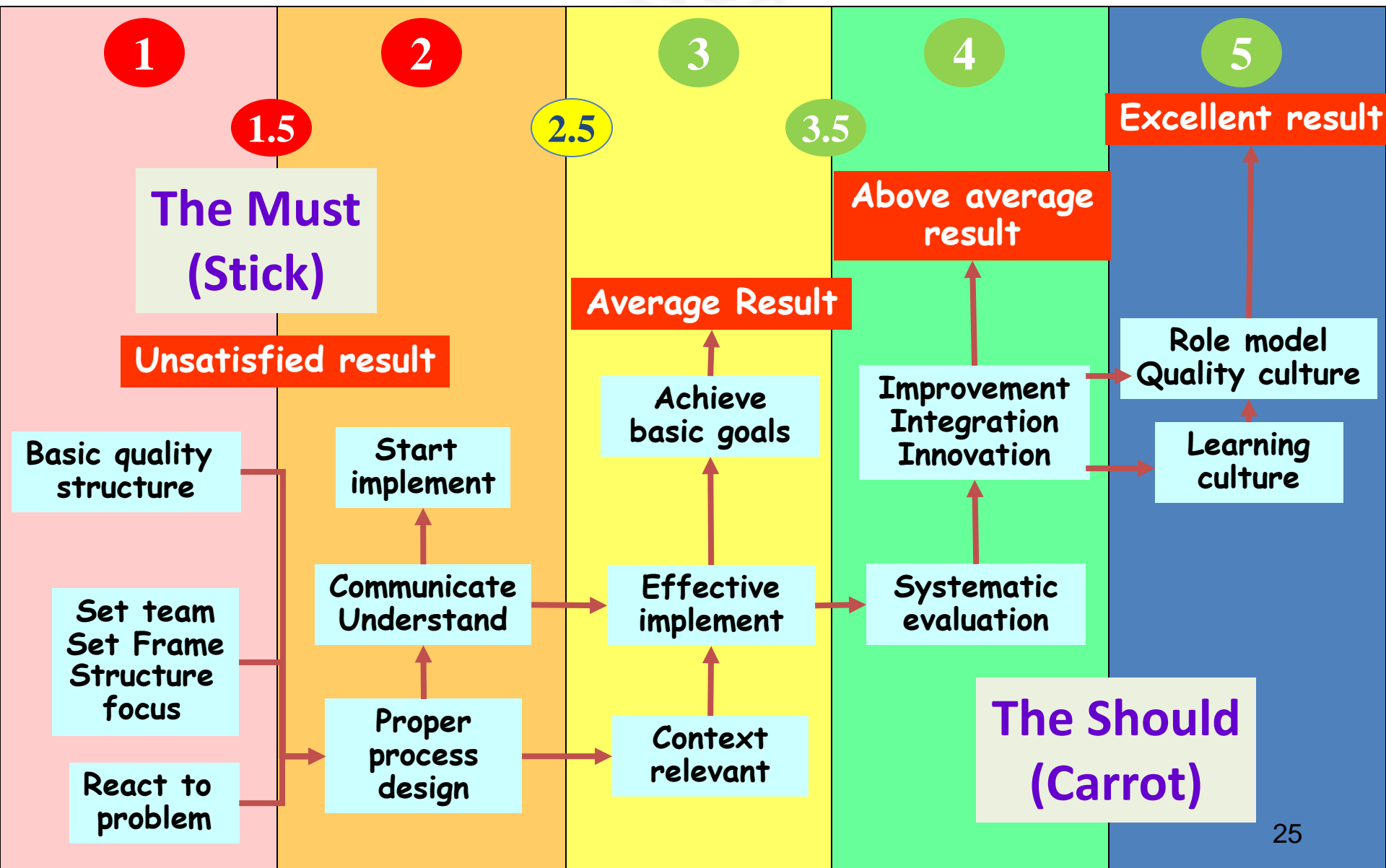




Core Values & Concepts



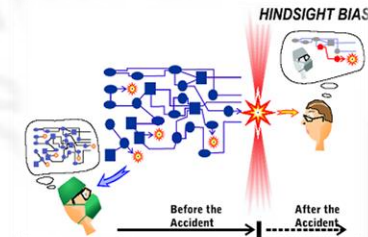
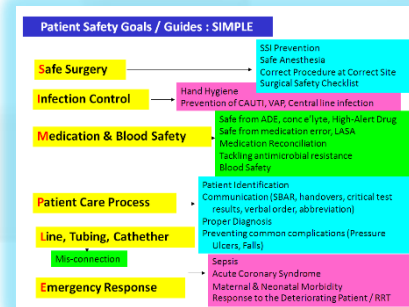
Scoring Guideline: For Continuous Improvement to Excellence





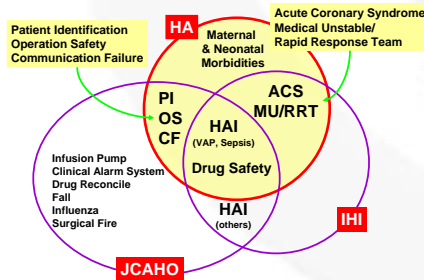
Patient Safety Initiatives

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



CoP

Review & Redesign

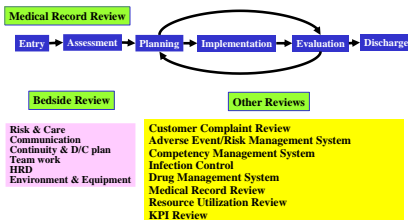


2nd Patient Safety Goals

Trigger Tools

1st Patient Safety Goals

Quality Review



93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13



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

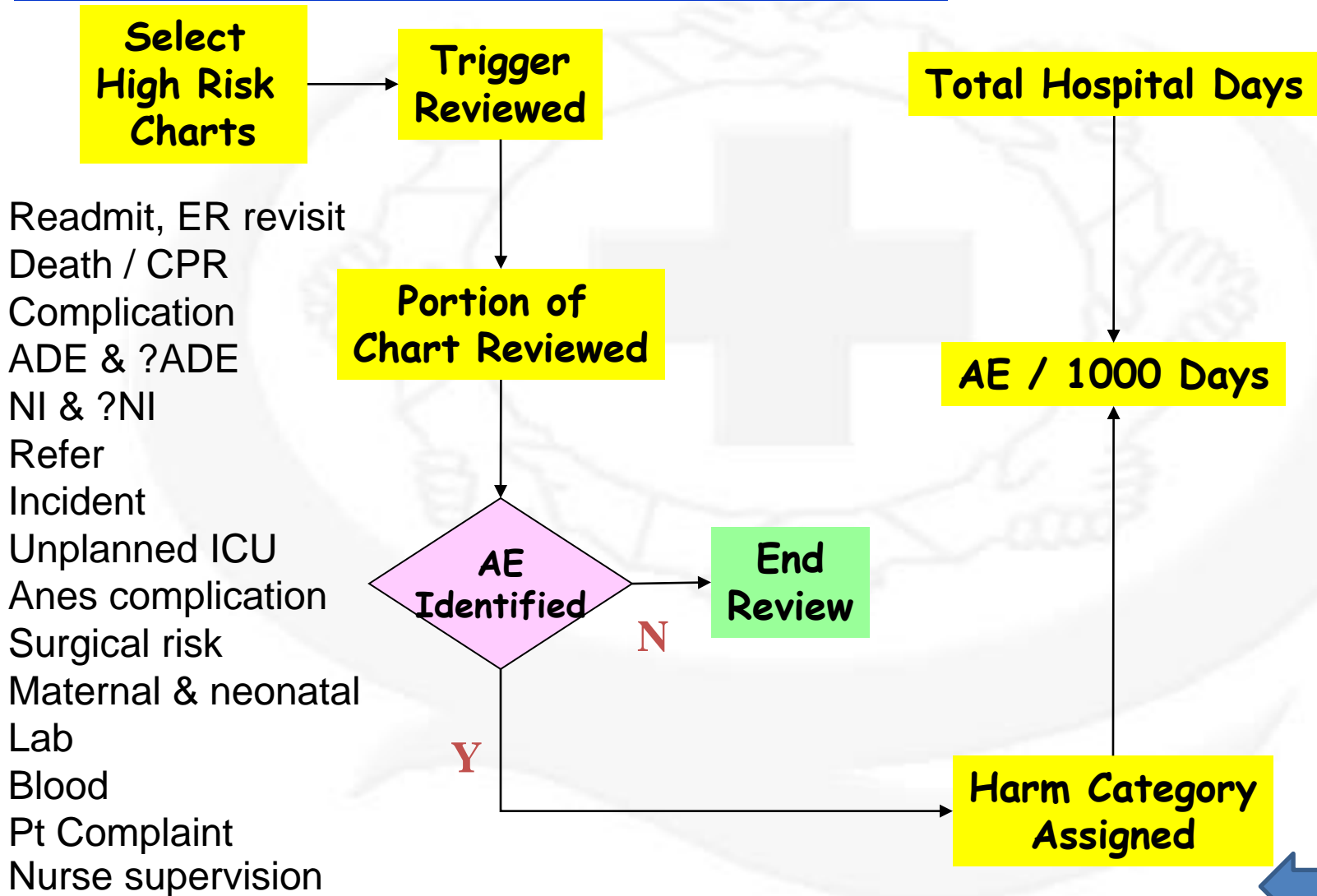
Infusion Pump
Clinical Alarm System
Drug Reconcile
Fall
Influenza
Surgical Fire

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

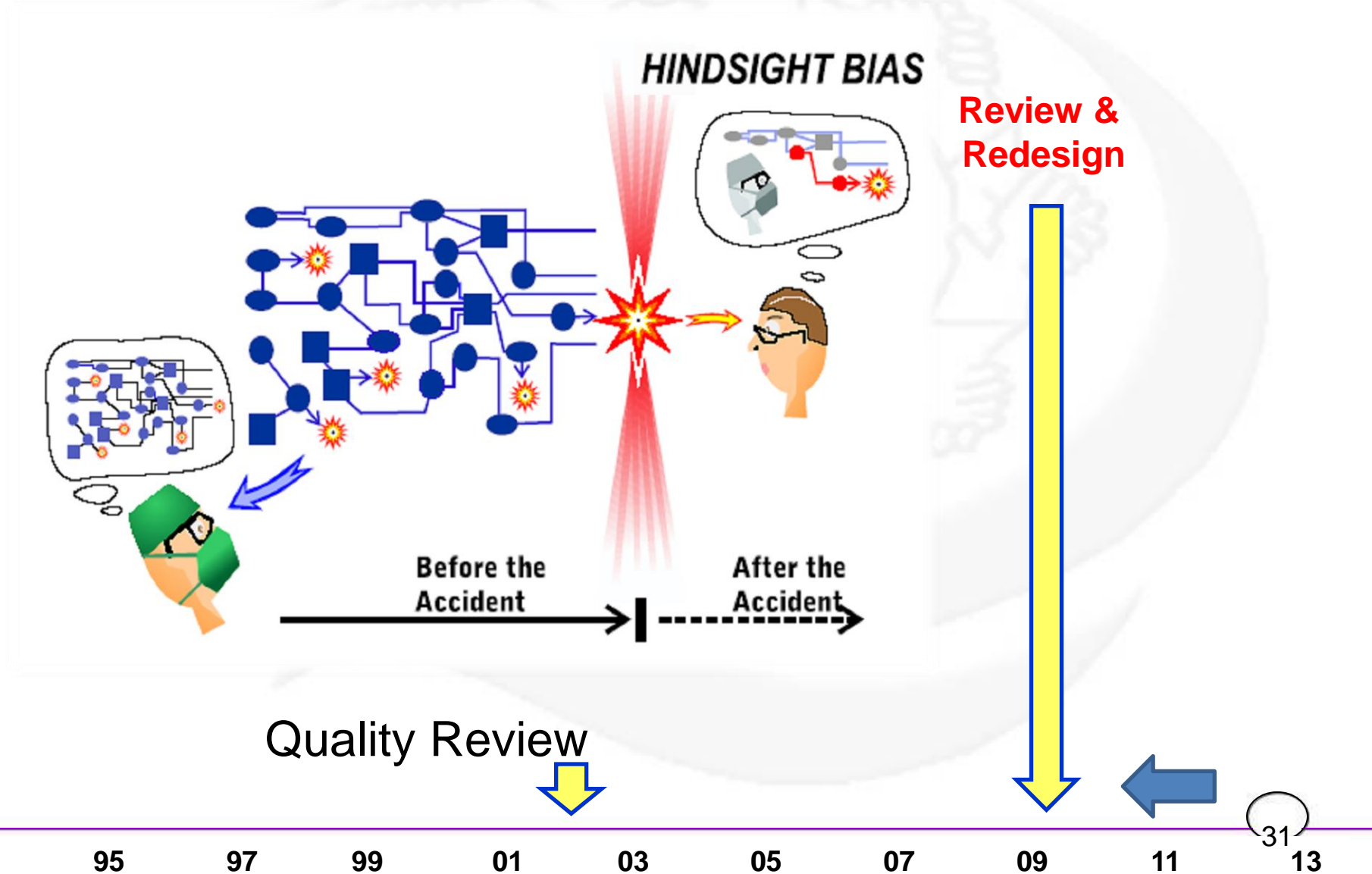
Mis-connection

Emergency Response

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



Review & Redesign



Spirituality in Healthcare

Self: Awareness

Team: Deep listening & productive discussion

Patient: Humanized Healthcare, empowerment

Org.: Living Organization

Env: Healing Environment

Survey: Appreciation

Tool: Narrative/storytelling





Summary on the Development of the HA Program

Sustainable Healthcare Organization

Quality/Safety, Efficiency, Morale

Value on Staff

Spirituality

System

Knowledge

Lean-R2R

3C - PDSA

Review
Monitoring
Scoring
SPA (Standards-Practice-Assessment)
Gap Analysis
Tracing

Customer Focus
Continuous Improvement
Focus on Result

Evidence-based Practice
KM (Knowledge Management)
Data analysis
R2R (Routine to Research)

Management by Fact
Evidence-based
Learning
Empowerment

Spirituality

**Health Promoting Hospital (HPH)
Accreditation**

Hospital Accreditation (HA)

Quality Improvement/Quality Management

93

94

95

96

97

98

99

00

01

02

03

04

05

06

07

08

09

10

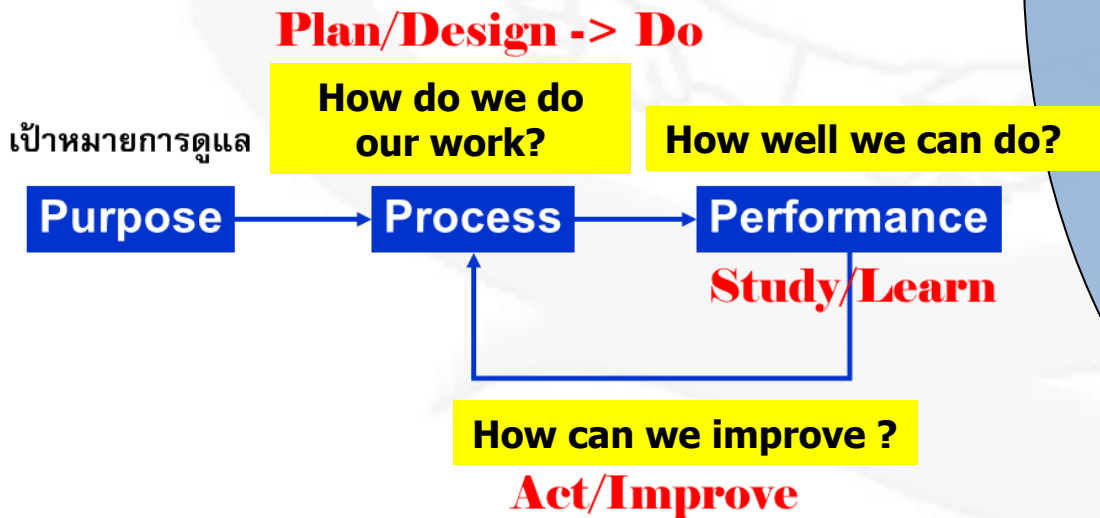
11

12

13



3P & Focus on Result



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

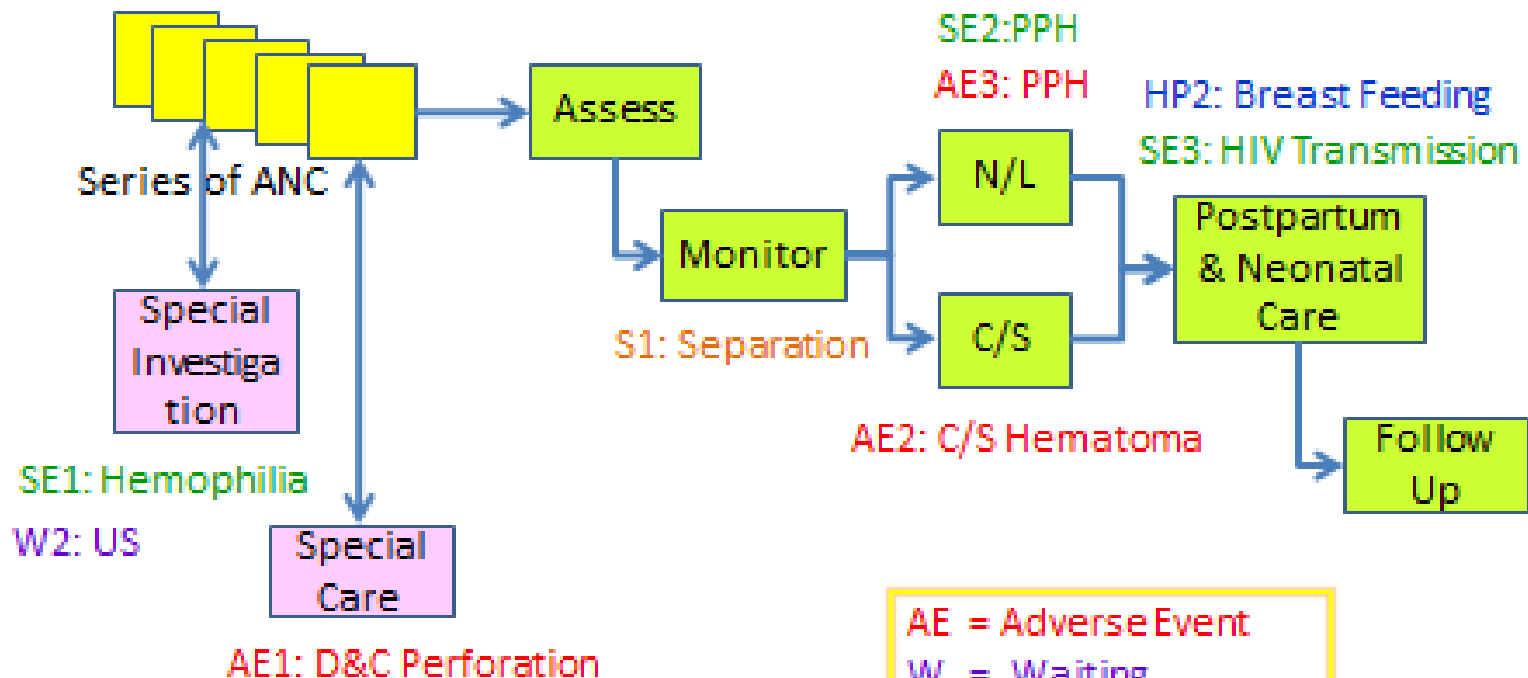


Process Oriented

R1: Teenage Pregnancy

W1: ANC Queuing

HP1: Fetal Movement Monitor



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

HA Program Innovations



Healthcare Accreditation Institute, Thailand

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.
2008	Lean	
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.



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)**

Lesson Learned from Thailand

- Quality tools is essential as a basic for improvement
- Core values is difficult to understand, but make effective & sustainable improvement
- Balance of everything, e.g. system & culture, process & outcome
- Stepwise recognition works
- Keep on moving to sustain momentum
- Create inspiration from within, story telling or narrative medicine makes people realize their value
- Documentation may draw staff from patients
- Optimal financial incentive is important
- Working with physicians: don't tell, just ask

Some Key Success Factors

- Make it easy and fun for everyone
- Go together, don't left someone behind
- Don't hurry to use pass/fail decision, use appreciation at the beginning
- Use peer assist (e.g. local hospitals visit each other) and sharing
- Integrate all concepts and tool of improvement into practice