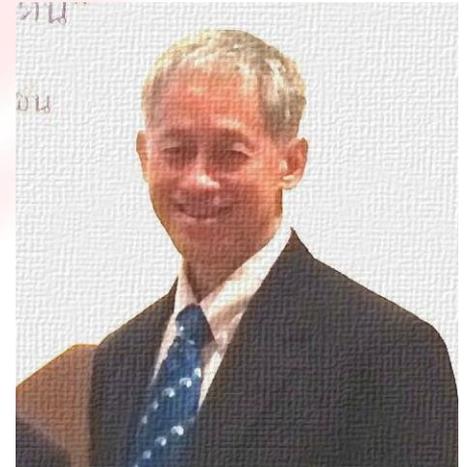


Accreditation As a Path to Achieving Universal Quality Health

Anuwat Supachutikul, M.D.

CEO, Healthcare Accreditation Institute, Thailand
Presented to the NYS HIV Quality of Care Advisory
Committee Meeting
10th December 2015



The Healthcare Accreditation Institute



Healthcare Accreditation Institute, Thailand

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”

R&D Project

HA Thailand
Under HSRI

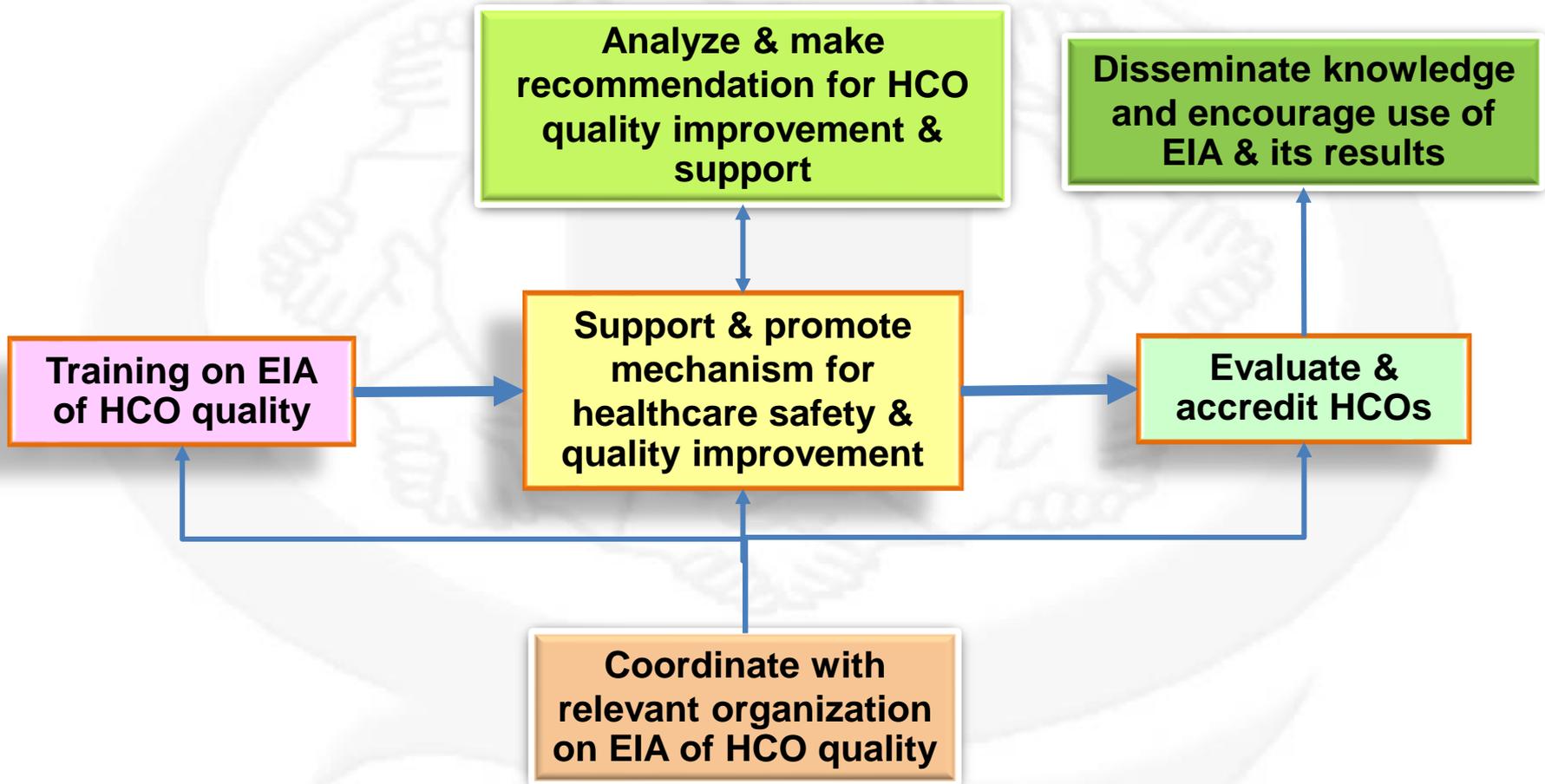
Reliable, Impartial,
Government Support

The HAI (Public Organization)
Independent Gov. Agency

3 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14



Functions of the HAI



EIA=Evaluation, Improvement, & Accreditation
HCO=Healthcare Organization

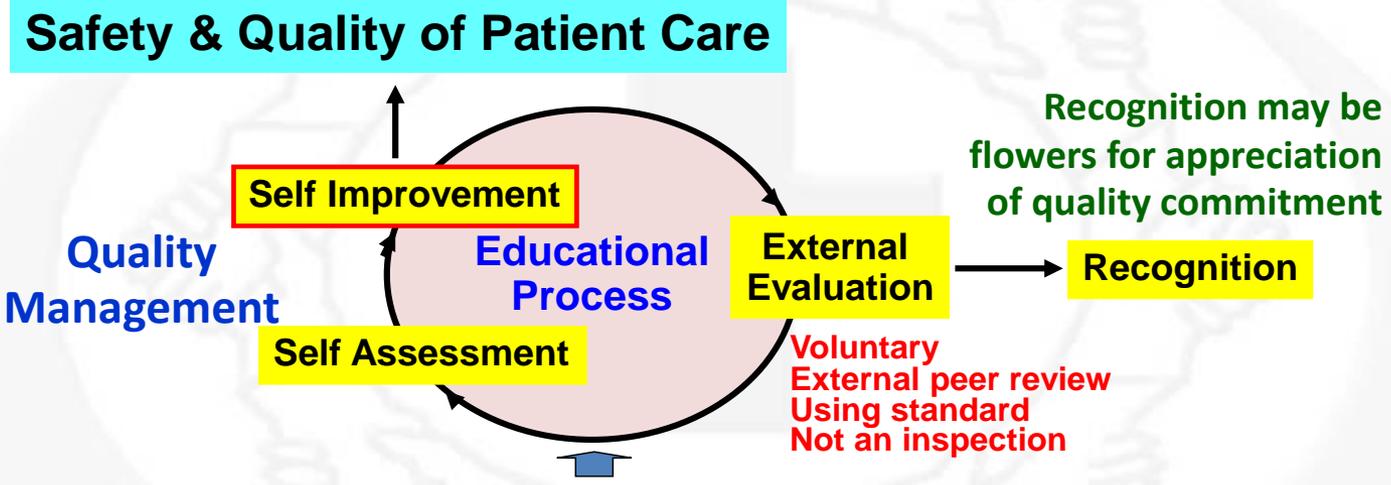


Special Focus of the Thai Healthcare Accreditation System

- Emphasis accreditation as an educational process, not an inspection, aim for empowerment evaluation
- Balance of improvement based on quality system, spirituality, science & knowledge
- Integration of all relevant concepts, standards, and criteria
- Offer multiple models of recognition, including stepwise recognition
- Promote quality improvement through local quality learning networks
- Involvement of professional organization



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**



International Recognition



2nd HA/HPH Standards

Quality & safety

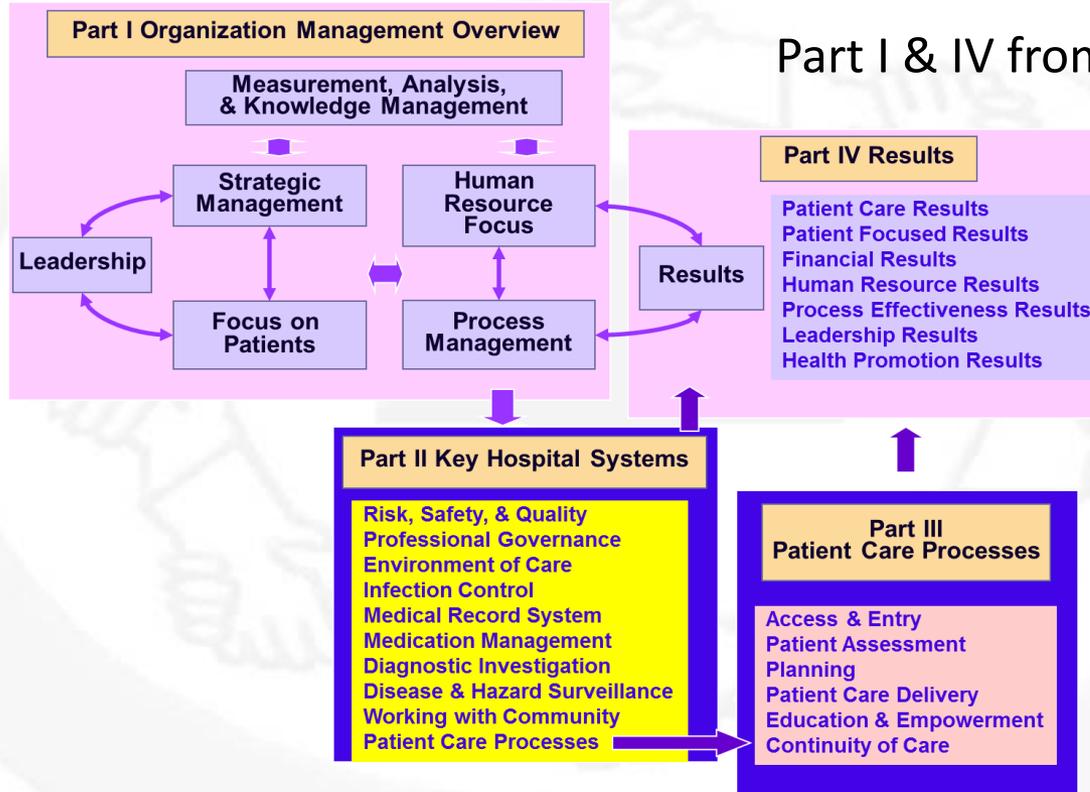
1st HA Standards

HPH Accreditation

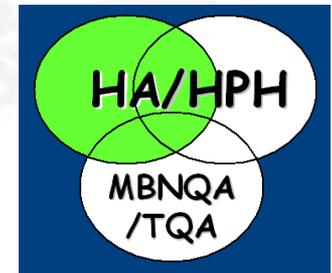




Thai HA Standards Version 2



Part I & IV from MBNQA/TQA



Part II & III from HA & its revision
Integrate HPH into all chapters

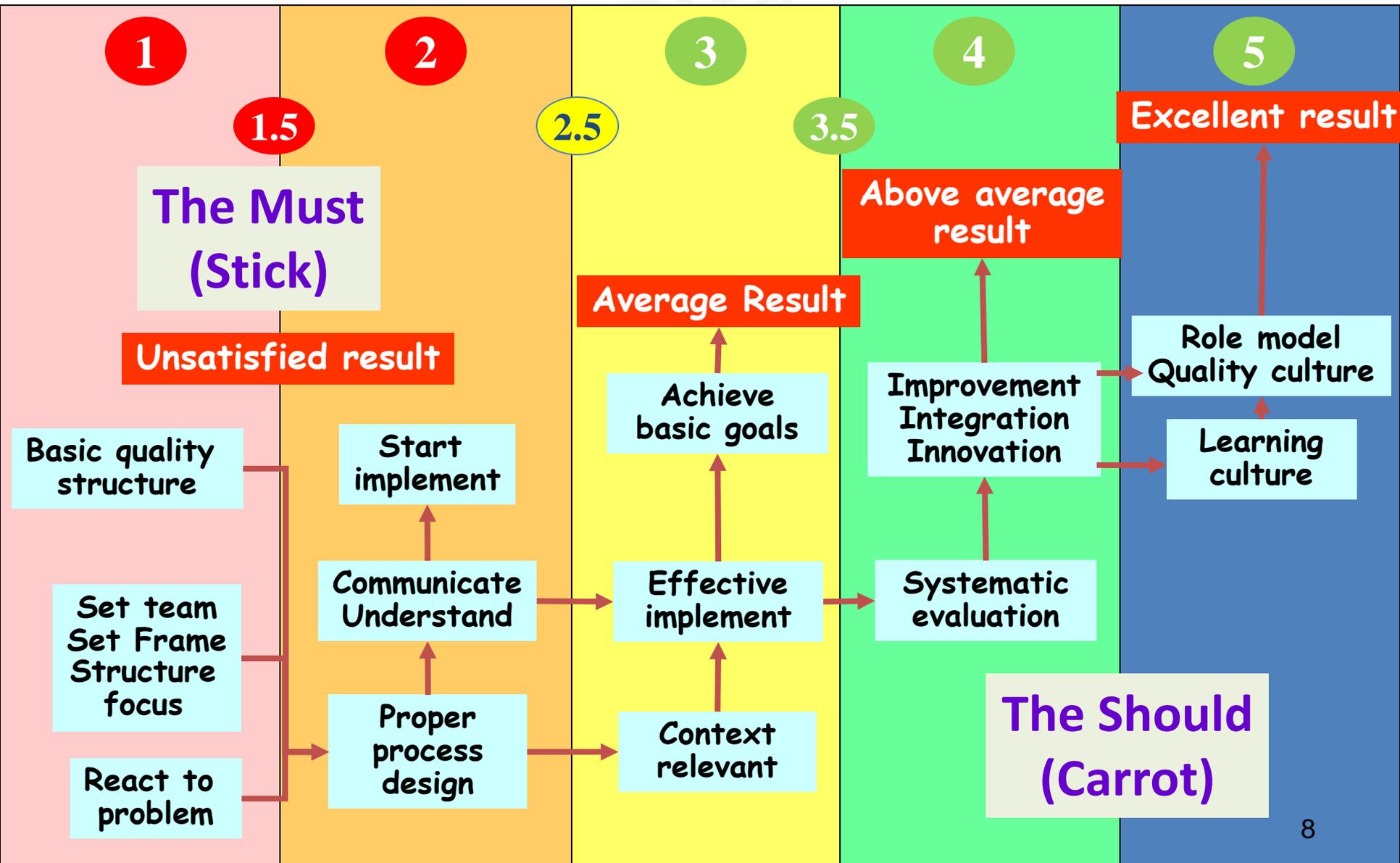
2nd HA/HPH Standards

HPH Accreditation

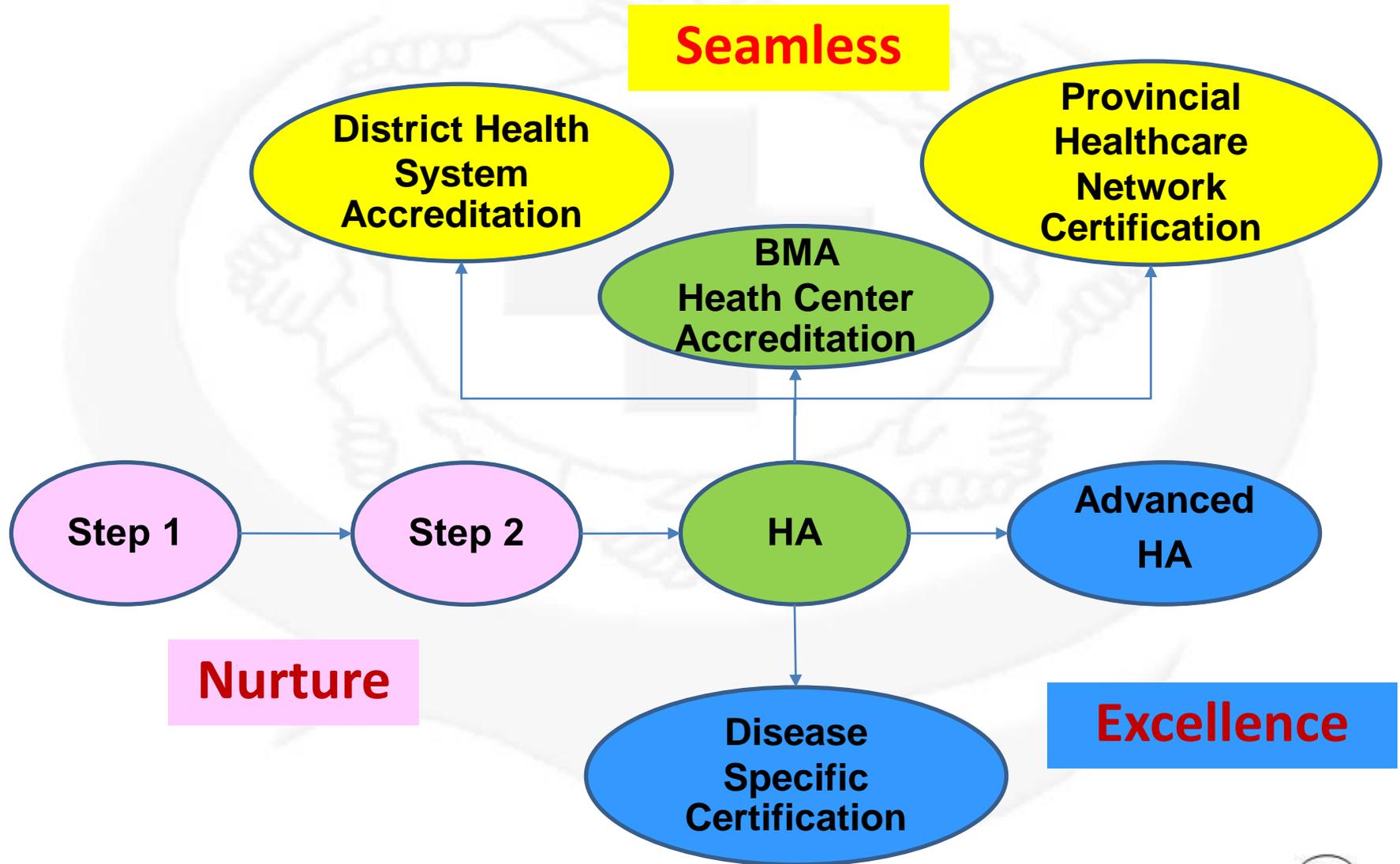


93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13
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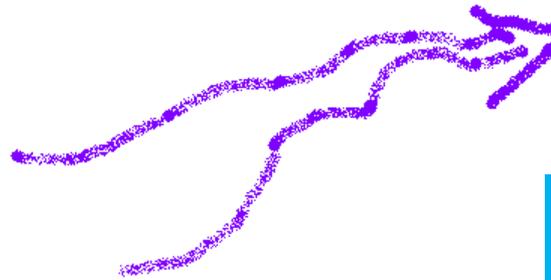
Scoring Guideline: For Continuous Improvement to Excellence



Variety of Accreditation Program



3 Steps to HA



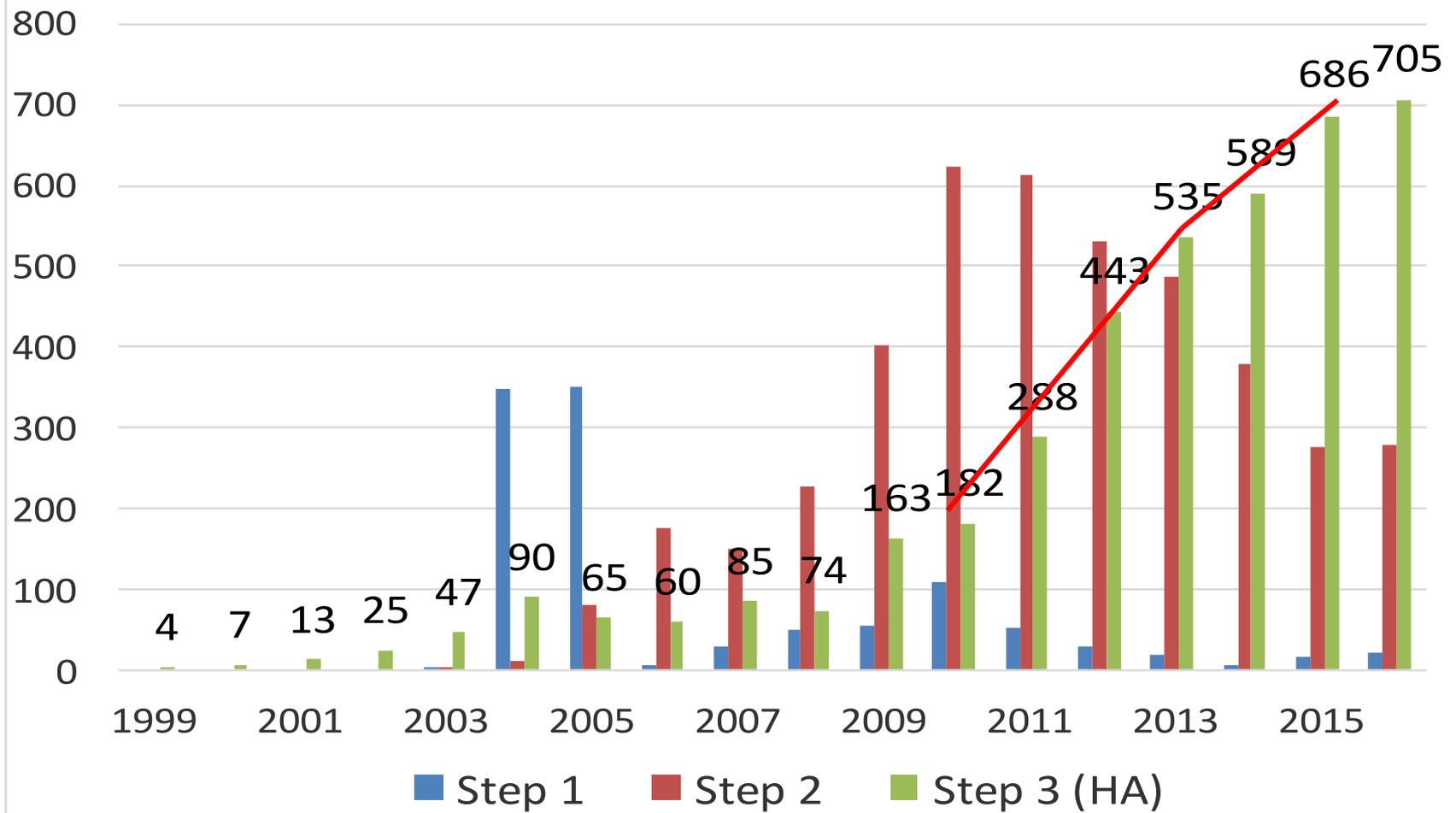
Vision: High
Reliability Hospital

- Step 1 Repair defect (good daily work, dialogue, regular review)
- Step 2 Direction (aim, measure, creative, value)
- Step 3 Speed up (good outcome, quality culture, standard compliance)



Coverage of Accreditation

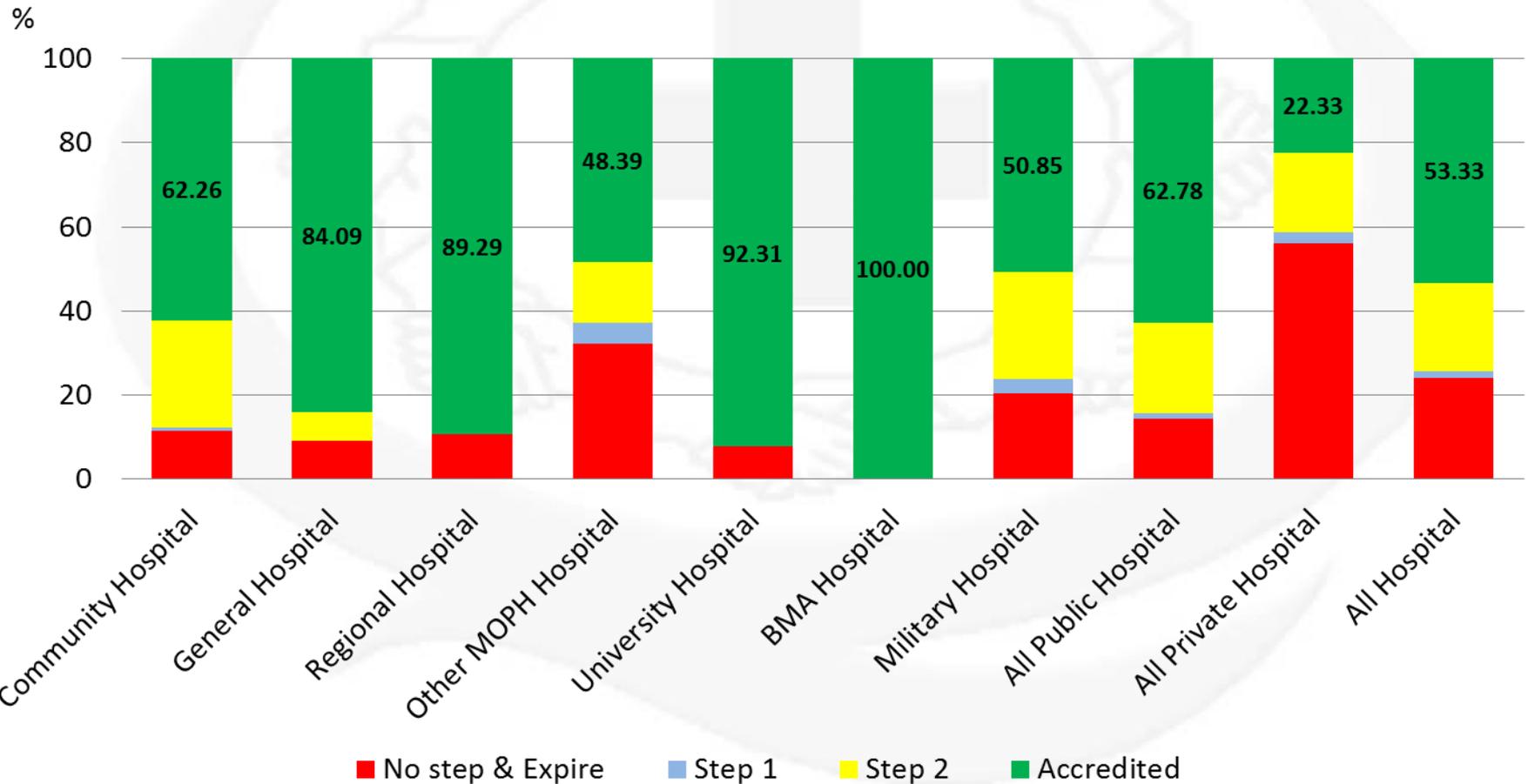
Total number of hospitals: 1323





% Coverage of Accreditation By Type of Hospitals

24 November 2015





Patient Safety Initiatives

Patient for Patient Safety

WHO Patient Safety Curriculum



2nd Patient Safety Goals

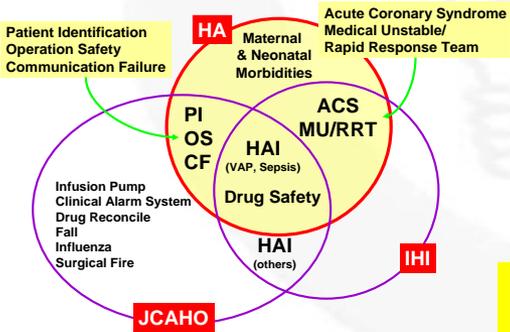
Trigger Tools

Community of Practice for high risk area

1st Patient Safety Goals

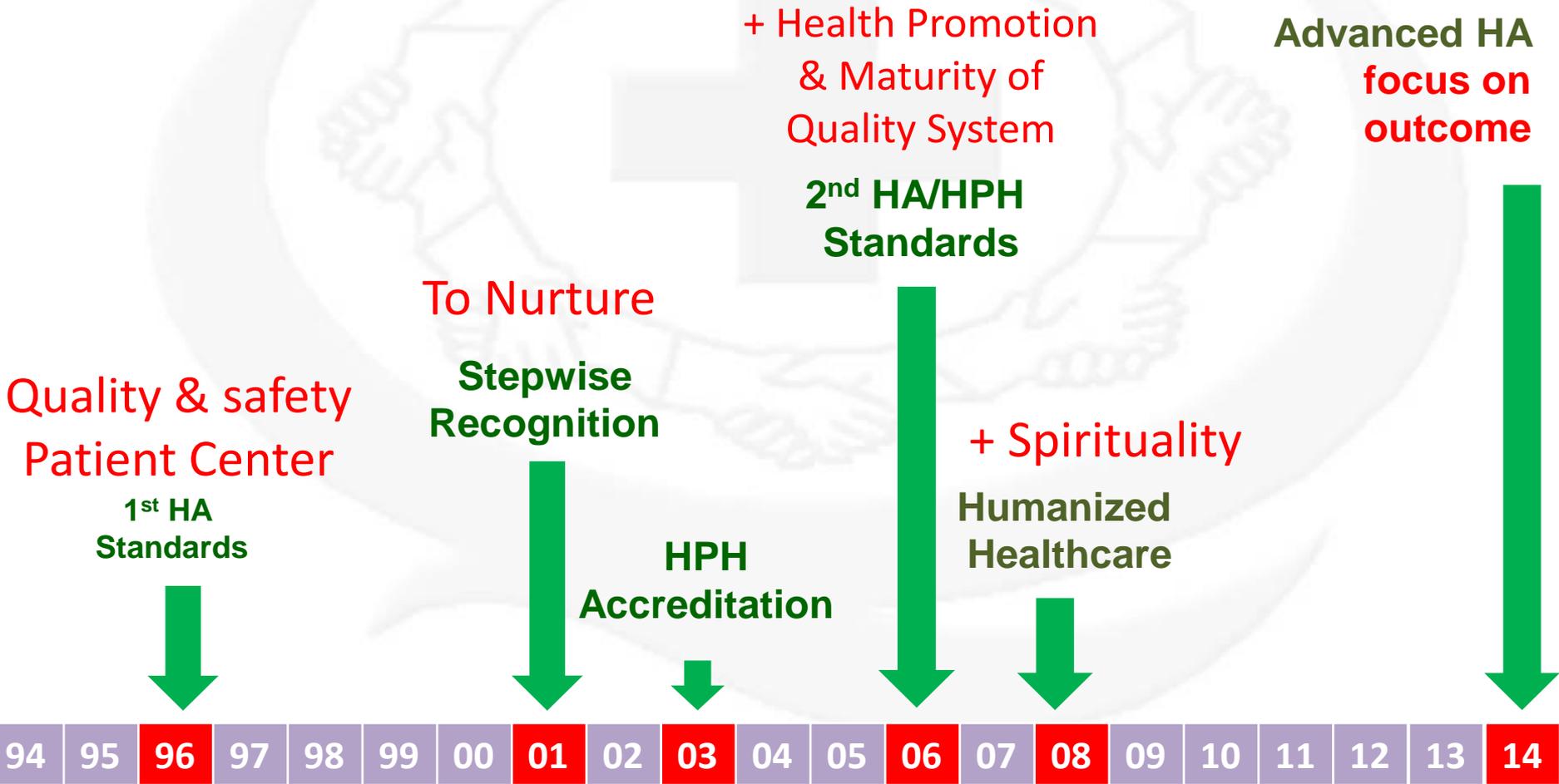
Quality Review

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





The Moving Targets





Spirituality in Healthcare

Self: Awareness

Team: Deep listening & productive discussion

Patient: Humanized Healthcare, empowerment

Org.: Living Organization

Env: Healing Environment

Survey: Appreciation

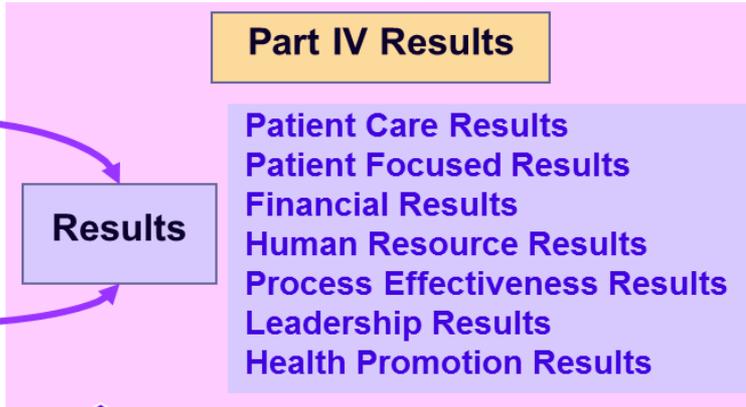
Tool: Narrative/storytelling





Focus on Performance

Advanced HA focus on outcome

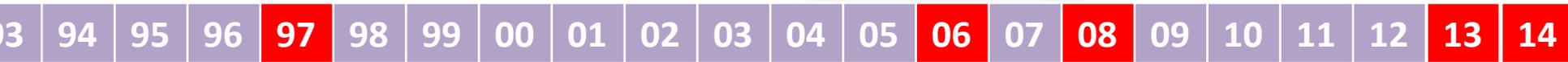


Comparative Hospital Indicator Project Phase I

Comparative Hospital Indicator Project Phase II

2nd HA/HPH Standards Specify area of performance to be monitored

Self-determined KPI





HIVQUAL-T Evolution

2003



Level II:
Outcome
centered



Level III:
Patient
centered



Level IV:
Human
centered



2015

Quality
Certificate
for HIV
Care

HIVQUAL-T indicators

Quality Improvement Processes

Humanized health Care

Expansion of national HIV quality improvement project for adults



Year 2004-2005
7 Provinces
60 Hospitals
6.7 % of gov. hospitals



Year 2006
61 Provinces
233 Hospitals
25.9 % gov. hospitals



Year 2007-2010
76 Provinces
700 Hospitals
77.8 % gov. hospitals

What did HAI do?

- Say "Yes" (Same concept, good tool, good team, people & environment are ready)





UHC Policy for Quality

SSO Payment

- Accreditation status
 - HA Step 3 +80 Baht per cap
 - HA Step 2 +40 Baht per cap

NHSO Payment (Local Criteria)

- Asthma admission rate
- COPD admission rate
- COPD readmission rate
- Stroke rehabilitation
- Palliative care
- MCH quality
- C/S rate
- Low birth weight <7%
- Ruptured appendicitis
- PTC
- Complaint management

NHSO Payment (Central Criteria)

- Accreditation status (0.76 Baht per capita)
 - Scoring: HA = 5, step 2 = 3)
- Rational drug use (1 Baht per capita)
- Medical record quality (1 Baht per capita)
- Provincial network (2 Baht per capita)
 - STEMI, stroke, chemotherapy, newborn, psychiatry, smoking cessation)

Case Review by the Quality Committee

- Compensation can relieve burden to patients and families
- Limit to consideration of whether a standard care was given or not, by professional views
- Unable to pinpoint to the system's problem





HA Collaborating Center (HACC)

(pink, green, orange, yellow, purple, brown)

Quality Learning Network (QLN)

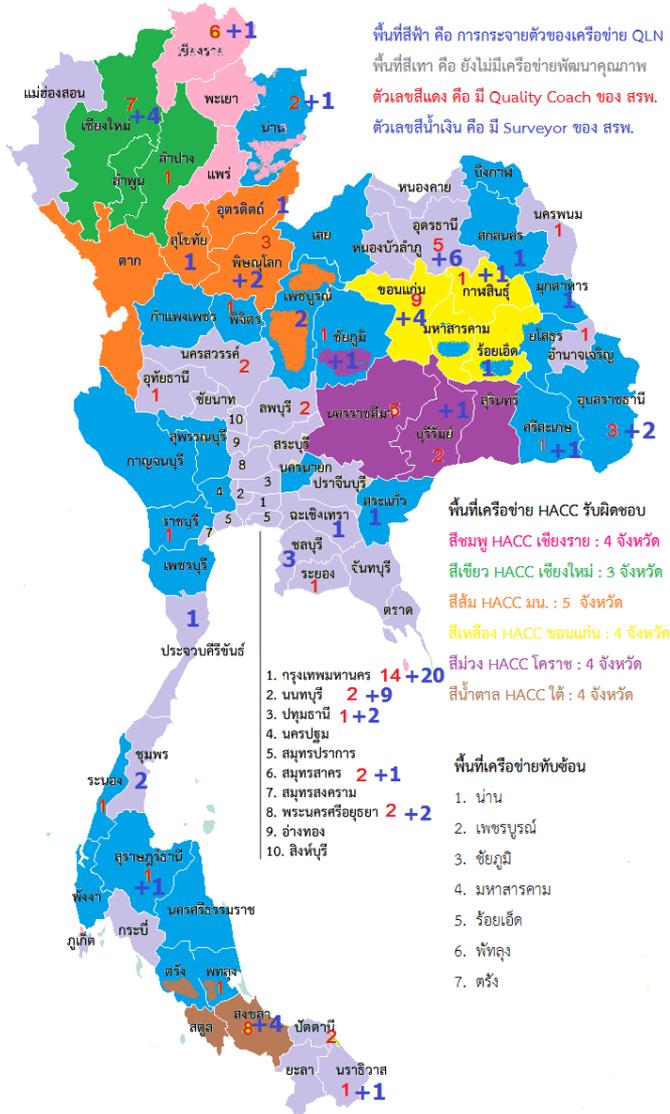
(blue)

Functions:

- Peer assist in the local area with technical support & training from HAI
- Arrange forum for knowledge & experience sharing
- Assess readiness for survey application

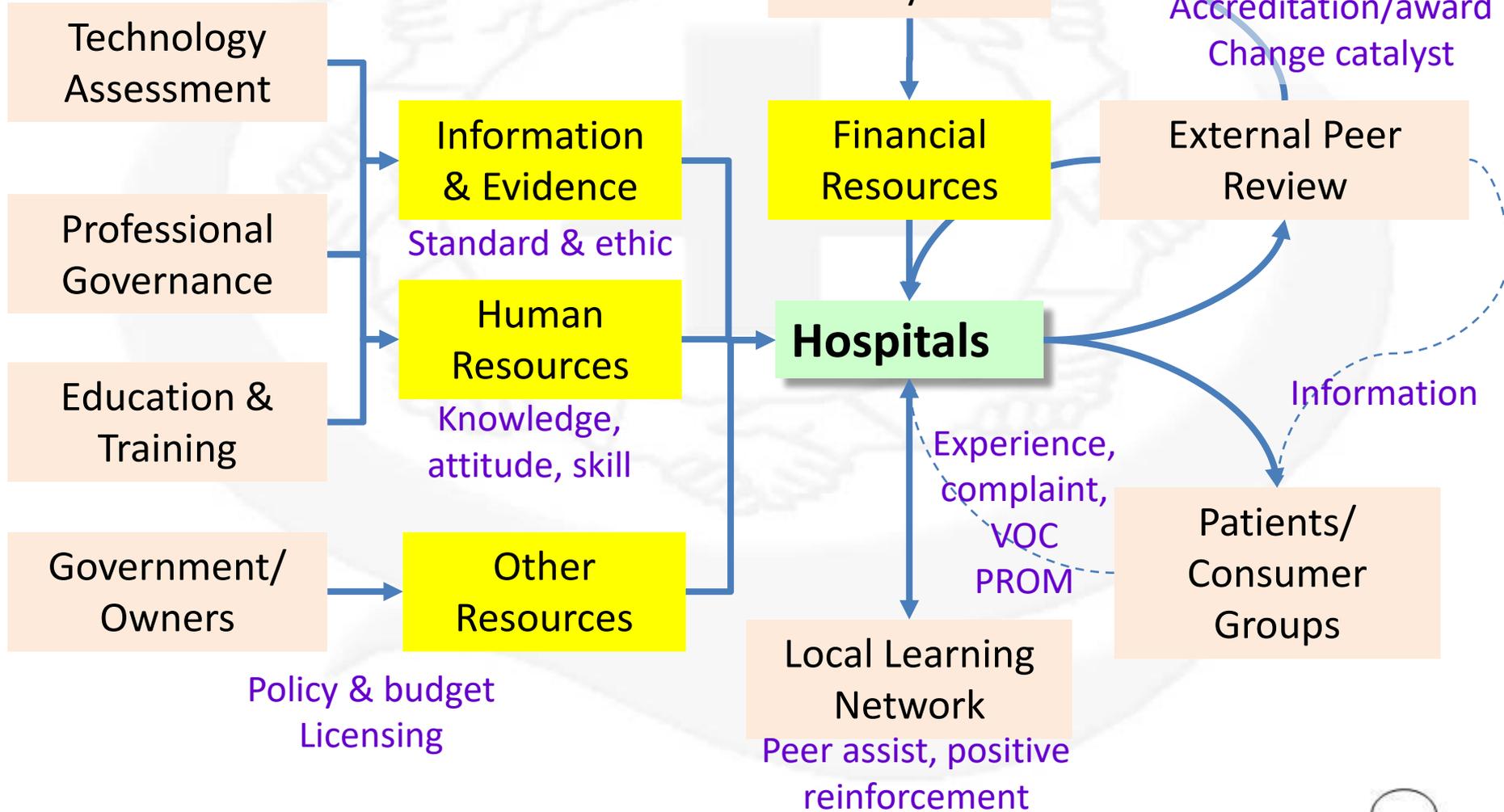
Responsible Area:

- QLN works within its province
- HACC work in its region and fill gap in the province with no QLN





System Architecture for Healthcare Quality





Challenges for Hospitals

- **Understand and commitment to quality & safety**
- **To use accreditation as an educational tool**
- **To improve quality under the higher workload and limited resources**

Challenges for HAI

- **To create a momentum of a need to change**
- **To maintain the value of Thai accreditation in the changing environment**
- **To efficiently response to the needs (surveyors, IT)**
- **To reduce burden of hospitals in the accreditation process (new model that focus more on patient care results & safety)**



Thank you for your attention