

**KING BAUDOUIIN FOUNDATION UNITED STATES, Inc.
J&J INTERNATIONAL HEALTH FUND**

GRANT APPLICATION PROCEDURE AND INSTRUCTIONS

The J&J International Health Fund was established with a contribution from Johnson&Johnson to the King Baudouin Foundation United States (KBFUS), an Atlanta-based charitable organization recognized by the US Internal Revenue Service to be described by section 501 (c)(3) of the US Internal Revenue Code. The Health Fund's objective is to support initiatives in the health care sector, developed by organizations in Asia, Africa and Latin America. It will focus its grants on projects in the areas of Children's Health, Access to Health Care, and Health Care Education.

The local country managements of J&J are invited to submit initiatives they recommend for support. KBFUS may assist the local J&J management in this respect, by identifying social issues to consider, by pointing out local government and NGO initiatives that it is aware of, or by assisting applicants to complete the documents discussed below.

How to apply for a grant?

Any organization interested in seeking grant support from the J&J International Health Fund should have its local J&J country management complete J&J's "Contributions Project Screening Form" and return it to J&J's Corporate Contributions Department (New Brunswick). All projects accepted by J&J's Corporate Contributions Department on the basis of this Form will then need to follow these directions carefully:

- All applicants need to complete a Grant Application Form (see attachment 1).
- If the applicant is (or appears to be) the type of organization that would qualify as a charity if it were organized in the United States, it must complete an affidavit in the form specified by the United States Internal Revenue Service. Schools and hospitals must follow the same procedure (see attachment 2).
- If the applicant does not appear to be the type of organization that would qualify as a charity if it were organized in the United States, it need not complete an affidavit .
- The grant agreement regarding a potential grant from KBFUS will include safeguards to assure that the grant moneys can be shown to have only been spent for charitable purposes:

the grantee will have to establish a separate bank account into which the grant will be deposited, and show the grant funds separately on its books.

- All completed application files will be forwarded to KBFUS through J&J's Corporate Contributions Department.

What is the application review process?

- All completed applications will be submitted to KBFUS' Board of Directors.
- The Board of Directors makes the final decision on grant awards. It may accept or reject any application, applying reasonable standards and guidelines;
- Once an application is approved by (or on behalf of) the Board of Directors, KBFUS and the recipient will enter into a grant agreement.

What are the reporting requirements?

- Grant recipients must submit a final report 12 months after the grant approval.
- Grantees receive a report form with their grant check.

What is the timing for the review of applications?

If the application is accompanied by the necessary documents, KBFUS will make its best effort to review it, approve the grant, and deliver a check to J&J's Corporate Contributions Department within 30 days after KBFUS' receipt of the application. The check will be delivered to the grant recipient by the J&J's local country management, together with a letter signed by J&J's Corporate Contributions Department.

Who do I contact if I have questions?

Contact Mrs. Cathy DUCKER, Project Manager, at:
voice and fax: +35897274871, e-mail: cathy.ducker@kolumbus.fi

**KING BAUDOIN FOUNDATION UNITED STATES, Inc.
J&J INTERNATIONAL HEALTH FUND**

GRANT APPLICATION FORM

Please also attach a copy of your proposal letter, including information on your organization and on the program for which you request a grant

About your organization

Organization's Name The Institute of Hospital Quality Improvement & Accreditation
(HA Thailand)

Address DMS 6 Building, MOPH, Tiwanon Road, Nontaburi, 11000, THAILAND

Web site <http://www.ha.or.th>

Telephone 66-2589-0023 Fax 66-2951-0286 E-mail anuwat@hsrint.hsri.or.th

Chief Staff Officer (name and title) Anuwat Supachutikul, MD, CEO

Contact person (name and title) Duangsamorn Boonpadung, COO

Annual operating budget 500,000 \$US _____

Most recent KBFUS grant received _____ \$US _____ on (date) _____

Is your organization officially classified or recognized as either a non-profit organization or tax-exempt organization by the government of your city or country?

YES NO

- If yes, please quote your registration number and attach a proof of registration or other evidence of your non-profit status and/or tax-exempt status.
- If no, please explain briefly.

The HA Thailand is part of the Health Systems Research Institute which is an autonomous government agency.

About your program

Purpose of grant

1. To conduct competency development programs for surveyors who will be composed of senior hospital officers, also to refine the surveyor training curriculum, training process and other assistance in improving the survey process.
2. To subsidize the National Forum on Hospital Accreditation & Quality Improvements which will propagate the practice of quality management among majority of hospitals in Thailand.
3. To assist hospitals in the various regions in Thailand in obtaining consultative and educational services in areas required by HA. These areas will cover quality management, infection prevention and control, medical device safety, and other fields critical to HA.

Amount requested \$US 75,000 Total project budget \$US _____

Surveyor training (30 surveyors) Plus assistance in curriculum development	\$ 15,000 US
National Forum for Healthcare Quality Improvement	\$ 45,000 US
Hospital/regional HA Training	\$ 15,000 US

Which organizations or individuals have committed funds for this program, and which are currently considering a funding request?

<i>Organization or individual</i>	<i>Committed (\$US)</i>	<i>Pending (\$US)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Proposed time frame for use of grant From September 2001 to February 2002

Does your organization have prior experience carrying out these kind of programs?

Yes, we do.

1. The HA Thailand set up guideline of the survey process and conduct surveyor training both as a workshop and in the field.
2. The HA Thailand has experience in carrying 2 times of National Forum on Hospital Accreditation in 1998 and 2000.

3. The HA Thailand has training program for hospital personnel and manage experience sharing program between those who have experience and those newcomers.

How will the program be managed? Will it be administered through paid or volunteer staff?

1. A TOT for surveyor training program by an expert will be arranged.
2. A three-day conference will be held at the Sirikit National Convention Center. There will be plenary lectures, panel discussions, workshops, and exhibitions in the forum. Some tasks will be contracted out to the organizer, some tasks will be administered by the HA staff and the relevant organizations.
3. A subsidy to necessary educational workshops for people working in hospitals will be made to promote learning experience, networking, consultation.

How will your program, if funded, "make a difference"?

1. The HA Thailand can have adequate surveyors to match the increasing demand in a timely manner.
2. The National Forum on Hospital Accreditation & Quality Improvement can accommodate more people and greater opportunity of learning from each other. The impact of this conference will create positive attitude and encourage quality improvement in a great number of hospitals
3. Healthcare personnel in various regions of Thailand can get access to information and knowledge as a basic for their improvement efforts.



AFFIDAVIT

A. Narrative Section

B. Attachments to the Narrative Section

KING BAUDOUIN FOUNDATION UNITED STATES, Inc.

Registered Office: Suite 2000, One Atlantic Center - 1201 West Peachtree Street, N.E., Atlanta, Georgia 30309-3400

Operational Office: c/o The Community Foundation for Greater Atlanta, The Hurt Building, Suite 449, Atlanta, Georgia 30303
phone (404) 688-5525, fax (404) 688-3060

A. Narrative Section

The affidavit must be submitted in English.

AFFIDAVIT BY FOREIGN ORGANIZATION FOR CHARITY EQUIVALENCE

The undersigned, to assist KBFUS, Inc. and other grantmaking foundations in the United States of America to determine whether The Institute of Hospital Quality Improvement & Accreditation (HA Thailand) (the "Organization") is the equivalent of a charity described in section 501(c)(3) of the United States Internal Revenue Code makes the following statement:

1. **Officer.** I am the Chief Executive Officer (a principal officer) of the Organization.
2. **Organization and purposes.** The organization was created by Regulation of the Health Systems Research Institute (identify statute or charter) in 19__ and is operated under the laws of Thailand (identify the country) exclusively for the following purposes:
 charitable; educational; scientific; or literary.
3. **Activities.** The past, current and future activities of the Organization have included and will include those in the Description of Activities attached hereto.
4. **Organizational documents.** Copies of the charter, by-laws, and other documents under which the Organization is governed, together with a full and correct translation of each into English if applicable, are attached.
5. **Private benefit.** The law and customs applicable to the Organization do not permit any of the Organization's income or assets to be distributed to, or applied for the benefit of, a private person or non-charitable organization other than (a) pursuant to the conduct of the Organization's charitable activities, or (b) as payment of reasonable compensation for services rendered, or (c) as payment representing the fair market value of property which the Organization has purchased.
6. **Shareholders or members.** The Organization has no shareholders or members who have a proprietary interest in its income or assets.

7. **Dissolution.** In the event the Organization were to be liquidated or dissolved, under the applicable laws and customs or under the Organization's governing instruments, all of the Organization's assets would be distributed to another not-for-profit organization for charitable, educational, scientific, or literary purposes, or to a government agency. A copy of the relevant statutory law or provisions in the Organization's governing instruments (e.g. articles of incorporation, by-laws) controlling the distribution of the Organization's assets on dissolution or liquidation, together with a full and correct translation into English if applicable, is attached hereto.
8. **Limits on activities.** The laws and customs applicable to the Organization do not permit the Organization, other than as an insubstantial part of its activities,
- A) to engage in activities that are not for charitable, educational, scientific, or literary purposes; or
 - B) to attempt to influence legislation, by propaganda or otherwise.
9. **Political Activity.** The laws and customs applicable to the Organization (including if applicable the Organization's governing instruments) do not permit it directly or indirectly to participate or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office.
10. **Related organizations.** The organization is not controlled by or operated in connection with any other organizations except as described in the Description of Related Organizations attached hereto if applicable.
11. **Status under United States tax law.** Under the provision of the United States Internal Revenue Code the Organization is either:
 a school; a hospital; a charity; or none of the above.

I declare that I am authorized to make the foregoing declaration on behalf of the Organization and that it is true and correct of my own knowledge.

(Date)

(Signature)

B. Attachments to the Narrative Section

All attachments must be submitted in the original language and with an English translation.

For all applicants

1. Description of Activities
2. Organizational Documents
3. Dissolution Documents (copy of law and/or organization by-laws)

If applicable

4. Description of Related Organizations

For schools only

5. Additional Statement for Schools

1. Description of Activities

Hospital Accreditation (HA) Program

The Institute of Hospital Quality Improvement & Accreditation (HA Thailand)
Under the Health Systems Research Institute (HSRI)

Introduction

Hospital Accreditation (HA) program in Thailand is a movement to stimulate quality improvement for all hospitals in Thailand, both public and private ones. The philosophy of this program emphasis on response to patient's need, teamwork in an organization, continuous self-assessment and improvement. Having fulfilled the requirement in HA standard, a hospital will be accredited.

Guiding Principles of HA Program

HA program in Thailand bases on the following guiding principle:

1. Quality of patient care is response to patient's need as a holistic approach, including protection of patients' right and dignity.
2. Accreditation puts emphasis on process and outcome of patient care. The spectrum of quality process in a hospital covers risk management (RM), process standardization and continuous quality improvement (CQI)
3. Self-assessment is the most important tool for quality improvement and should be a standard practice at all level in a quality hospital. External survey will verify the result of self-assessment.
4. Accreditation is an educational process, not an inspection.
5. A new paradigm of quality management is necessary for the success.

Development of HA in Thailand

The Health Systems Research Institute (HSRI) is an independent organization of the government that works closely with the Ministry of Public Health to encourage the building and use of knowledge for decision making in improving health system. The HSRI acts as the center for coordination of HA process in Thailand. HA in Thailand has been developed through 3 phases: learning & preparation phase, research & development phase, national implementation phase.

1. Learning & Preparation Phase (1994-1996)

In 1994, HSRI involved in the development of a set of manuals for the Social Security Office (SSO) to assess quality of the contracted hospitals according to the standard set by the SSO, which focused mainly on physical structure and manpower. A need for a more comprehensive hospital standard was appreciated and the "Hospital Standard Development Project" was proposed to the HSRI. Hospital standards of the US, Canada, Australia and UK were reviewed and used as input to draft the Thai Hospital Standard. Only relevant and feasible requirement was put in the draft. The draft was sent to health professionals and management in each field for their opinion, especially the strength of recommendation (must be, should be, or optional). The Thai Hospital Standard was finished in November 1996, the year that we had the golden jubilee celebration for our King. The advisory committee suggested that the standard should be tested in some hospitals.

During this period of time, the core group met Mr. Anthony Wagemakers, a Canadian volunteer working under the Canadian Executive Organization (CESO) support. Mr. Wagemakers introduced to Thailand the current concept of hospital accreditation, demonstrated the survey process, and

emphasized that it is an educational process, not an inspection. He also arranged a study visit in Canada for the core group to learn how Canadian hospitals improve their quality, and also to learn how the Canadian Council on Health Services Accreditation (CCHSA) works. Apart from Canada, many Thai officials also visited Australia New Zealand UK Sweden and US.

2. Research & Development Phase (1997-1999)

Thirty-five hospitals, both private and public, from a community to a university one, were invited to join the Hospital Accreditation Project, a research and development project. The project was jointly funded by the HSRI and the Thailand Research Fund (TRF), the budget was 1 million US\$ for 3 years.

The objectives of the project are:

- To create model hospitals using the drafted hospital standard as a guideline.
- To finalize the appropriate hospital standard for Thailand and to set up mechanism for continually updating professional standard of practice.
- To strengthen capacity of survey process.
- To set a foundation of management structure for national implementation.
- To make good understanding with the public and professionals.

An introductory workshop was arranged for the director and coordinator of the pilot hospital in January 1997, with the assistance of resource persons from CCHSA. In July 1997, the HA project arranged the second study visit to Canada for representatives of the pilot hospitals, visiting various hospitals and also attending the workshop arranged by CCHSA. The trip gave lots of idea and information for the pilot hospitals to work on.

In 1998, the Collaboration for Hospital Quality Improvement and Accreditation (CHIA) was set up to give policy guidance and support the project. Members of CHIA are representatives from professional organizations, e.g. the Thai Medical Council, the Thai Nursing Council; agencies involved in health care, e.g. the Private Hospital Association, the Social Security Office, the MOPH, and some well-recognized experts.

The first National Forum on Hospital Accreditation in November 1998 demonstrated a great awareness and interest of healthcare professionals, as 2000 people attended the forum and more than 1000 people watched at television through satellite communication. The CHIA asked the HSRI to transform the HA project to be an institute under HSRI, called the Institute of Hospital Quality Improvement and Accreditation (HA Thailand), so that it can also response to hospitals other than the pilot ones. The mission of HA Thailand is to encourage and support quality improvement of all hospital using self-assessment and external survey as important tools. In the near future this institute will be an executive agency, independent from HSRI.

During March-April 1999, the HA Thailand did the first survey in 3 pilot hospitals, under observation and coaching of 2 Canadian consultants, Anthony Wagemakers and Marion Suski. The survey process is a combination of the Canadian and US style. The rating method is based on the European Quality Award, i.e. approach/system design, deployment, assessment and result. The survey process was appreciated by management of all 3 hospitals, especially Bunnrungrad Hospital, of which the management had experience of US accreditation program. Thus made the HA Thailand more confident to proceed on the process.

3. National Implementation Phase (1999-)

The R&D project ended in July 2000 and the HA Thailand is now ready to carry on the next phase of national implementation that open to any hospitals. According to the policy matrix on public health sector reform, the Thai government and the World Bank agreed upon the benchmark for the transparency and social accountability of public health service provider that the government would use accreditation status for granting public hospital by September 2001.

There are 473 private hospitals, 716 community hospitals, 92 provincial hospitals, 8 teaching hospital and more than 100 public hospitals in other ministries. At the moments, 13 hospitals have been accredited. It is estimated that the number of hospitals that will be ready to apply for HA will be 100 in 2001 and 300 in 2002. The HA Thailand plans to train 100 surveyors a year for the next two years.

Current Activities

Current activities of the HA Thailand are training, experience sharing, giving guidance, and hospital survey.

1. Training

In collaboration with relevant organizations, The HA Thailand arrange educational workshop throughout the year for different groups of people working in hospitals, from management, quality coordinators, facilitators, internal surveyors, physicians, nurses, pharmacists, laboratory technicians. These educational workshop emphasis systematic thinking and communication skill necessary to implement quality improvement and assess their own works. Five HA Collaborating Centers (HACCs) have been set up in the center of each region to promote easier access to these educational activities.

2. Experience sharing

The HA Thailand promotes networking at various level to share experience in quality improvement, e.g. arrange a group of top management to visit each other, arrange a mobile HA clinic. The National Forum on Hospital Accreditation & Quality Improvement is an activity for experience sharing, networking, learning new concept and techniques.

3. Giving guidance

The HA Thailand arranges a group of experienced management and facilitators to visit and give guidance to 120 community hospitals. This process can shorten the period of implement quality improvement and HA standards.

4. Hospital survey

The survey process and accreditation is a milestone for the hospitals as a recognition of hardworking to set up a good quality system. Surveyors come from management who are working in their hospitals and full time staffs of the HA Thailand. The survey process emphasis on encouragement and educational purpose rather than fault finding. More surveyors are need to match the increasing demand of hospitals.

Future Activities

Future activities of HA program will support the universal coverage policy of the government, i.e. all hospitals participate in the universal coverage program must be accredited within 3-5 years, the accreditation program will be healthcare accreditation and include primary care network.

2. Organizational Documents

Health Systems Research Institute Regulation for the Institute of Hospital Quality Improvement & Accreditation

With the authority of the Health Systems Research Institute Act B.E.2535 (A.D.1992) section 5 (5), The Board of Directors of the Health Systems Research Institute issues the regulation for setting up the Institute of Hospital Quality Improvement & Accreditation, as follows:

Section 1 General

Article 1. This regulation is called the “Regulation for the Institute of Hospital Quality Improvement & Accreditation B.E.2542”

Article 2. This regulation shall come into force from August 18, B.E.2542.

Article 3. In this regulation:

- “HSRI” means the Health Systems Research Institute.
- “HA Institute” means the Hospital Hospital Quality Improvement & Accreditation.
- “Chief Executive Officer” means the CEO of the HA Institute.
- “Board” means the Board of Directors of the HA Institute.
- “Board member” means a member of the Board of Directors of the HA Institute.

Article 4. The director of the Health Systems Research Institute will be responsible for this regulation, will have authority to set policy & procedure or guidelines for implementation of this regulation, without contradiction to the existing resolutions and regulations of the Health Systems Research Institute.

Section 2 The Institute of Hospital Quality Improvement & Accreditation

Article 5. The HSRI shall set up the Institute of Hospital Quality Improvement & Accreditation or “HA Institute” as part of the HSRI.

Article 6. The HA Institute has the following objectives:

- (1) Encourage hospital quality improvement using assessment and accreditation as important tools.
- (2) Promote continuous improvement of hospitals.
- (3) Create people awareness and participation in hospital quality improvement & accreditation.
- (4) Be the center of knowledge for hospital quality improvement.
- (5) Disseminate concept and knowledge, create network and alliance for hospital quality improvement.
- (6) Manage the fund set by this regulation.
- (7) Other functions directed by the Board of the HSRI.

Article 7. The HA Institute shall have a Chief Executive Officer appointed by the Board, with the endorsement of the Board of HSRI.

Article 8. The Chief Executive Officer shall be in a position for 3 years, and may be appointed again but not more than 2 periods.

Article 9. The Chief Executive Officer has the following responsibilities:

- (1) Manage the HA Institute according to the objectives, policy & procedure, resolution of the Board.
- (2) Direct all the staffs of the HA Institute.
- (3) Set the regulation for operation of the HA Institute.
- (4) Other responsibilities directed by the Board or the Director of the HSRI.

Section 3 The Board of Directors of the HA Institute

Article 10. There shall be the Board of Directors of the HA Institute, of which appointed by the Board of HSRI. The member of this Board shall not be more than 15 persons, composes of:

- (1) Representatives of the public administration not more than 3 people, i.e. 2 from the Ministry of Public Health, 1 from the Social Security Office.
- (2) Distinguished experts with experience in quality improvement and organization management not more than 5 people.
- (3) Consumer representatives not more than 4 people.
- (4) Representative of the HSRI and the Thailand Research Fund.

The Board shall select one member in (2) or (3) to act as the chairman of the Board.

The Chief Executive Officer shall be the secretary of the Board.

Article 11. The Board has the following responsibility and authority:

- (1) Oversee the management of the HA Institute according to the objectives, policies, regulations, and resolutions of the Board of HSRI.
- (2) Review both master plan and operation plans of the HA Institute.
- (3) Set policies for and oversee the management of the fund, and allocate fund for major activities.
- (4) Other responsibilities directed by the Board of HSRI.

Article 12. The chairman and the Board member in article 10 (2) and (3) shall hold a three-year term of office, and may be reappointed but not more than 2 consecutive terms.

Board members who are appointed provided in section 10 (2) and (3) shall hold a three-year term of office. And, the board member whose term has expired may be reappointed, but the total of a member status must not more than 2 consecutive terms.

In the case that the Board of Hospital Accreditation Institute-appointed Board member vacates his/her office before his/her term expires or the Board of HSRI appoints additional Board members while previously appointed Board members have yet to finish their term, the replacement or new Board members shall serve only for the remainder of his/her predecessor's term.

Upon expiration of term of office provided in paragraph one, and if new Board members have not been appointed yet, the Board members whose term has expired shall continue serving on the Board until the new Board members take office.

Article 13. In addition to vacating their office under article 12, the Board member shall vacate office upon

- (1) Death;
- (2) Resignation;

- (3) Removal by the Board of HSRI for such a case of misconduct, defective or dishonest performance, or lack of ability;
- (4) Being an incompetent or quasi-incompetent person;
- (5) Being sentenced to imprisonment by a final judgement, except the sentence for an offence committed through negligence or for a petty offence.

Article 14. At a meeting of the Board, the presence of not less than one-half of the total number of the Board members is required to constitute a quorum.

If the chairperson is absent or unable to perform his/her duty, participating Board members shall elect one among themselves to preside over such a meeting.

Resolutions of the meeting shall be made by majority vote.

In casting the vote, each Board member has one vote. In case of a tie vote, the chairperson shall have an additional vote as a casting vote.

Article 15. The Board has the power to establish ad hoc committees as necessary.

Article 16. Board members shall receive meeting honoraria and benefits in accordance with the regulations established by the Board of Hospital Accreditation Institute.

Article 17. In meetings of ad hoc committees, the provision in Section 13, 14 and 16 apply mutates mutandis.

Section 4 The Hospital's Development and Accreditation Fund

Article 18. There shall be a Fund established in the institute called "The Hospital's Quality Improvement and Accreditation Fund" to be used as a revolving fund and for carrying out Institute's activities. The fund comprises:

- (1) Endowment provided by the institute
- (2) Support funds allocated by the local organizations grants.
- (3) Financial assistance from other countries and international agencies
- (4) Donations, in cash or in-kind
- (5) Interest or revenue from the Fund, including benefits from intellectual property rights and royalties from use or transfer of property rights

Revenue of the Fund and Institute shall go directly into the Hospital's Quality Improvement and Accreditation Fund.

Article 19. The accounting system, a balance sheet, a work sheet, and a profit and loss account shall be prepared as the same system as the regulations established the Board of Hospital Accreditation Institute.

Article 20. The HA Institute shall submit an annual report for the Board and the Board of HSRI.

Section 5 Follow Up & Evaluation

Article 21. The Board of the HSRI has authority to follow up, audit and evaluate performance of the HA Institute. The Board of the HSRI may set up committees for these functions, and make recommendation for the hospital quality improvement & accreditation.

Section 6

Article 22. For the first period, the Director of HSRI shall nominate the name of the Board of Directors and the Chief Executive Officer of the HA Institute to the Board of HSRI for appointment.

29 September B.E.2542 (A.D.1999)

Korn Tabparangsi
Minister of Public Health
President of the Health Systems Research Institute

ASIAN CONTRIBUTIONS PROGRAM

GRANT PROPOSAL FOR Hospital Accreditation (HA) Program

(Name of Project)
Thailand

(Name of Country)

Objective(s)

1. To help hospitals in Thailand in their quality improvement programs through the Hospital Accreditation process
2. To develop quality champions among high-level public and private health officers to propagate the practice of quality management throughout hospitals in Thailand
3. To reinforce our company image as a quality-focused company and to enhance the company position as a good corporate citizen

Background

Hospital Accreditation (HA) program is a movement to stimulate quality improvement for all hospitals in Thailand, both in the public and private sectors. The philosophy of this program puts emphasis on response to patient's need, teamwork in an organization, continuous self-assessment and improvement. Having fulfilled the requirement in HA standard, a hospital will be accredited.

The Health Systems Research Institute (HSRI) is an independent organization of the government that works closely with the Ministry of Public Health to encourage the building and use of knowledge for decision making in improving the health system. The HSRI acts as the center for coordination of HA process in Thailand. HA in Thailand has been developed through 3 phases: learning & preparation phase, research & development phase, national implementation phase.

There are 473 private hospitals, 716 community hospitals, 92 provincial hospitals, 8 teaching hospitals and more than 100 public hospitals in Thailand. All of these will have to pass the accreditation process by 2006 to get a share of healthcare subsidies from the government and other payor groups and gain autonomy. The HSRI is expecting that 100 hospitals will be applying for accreditation in 2001 and 300 in 2002.

The national implementation is facing many challenges. There are inadequate consultants and surveyors and competencies are lacking to equip them with necessary skills. Hospitals, on the other hand, side, need a lot of assistance to gain a better appreciation on quality and in getting the HA process moving.

Project Description

1. JJMT will support the HA Thailand in conducting competency development programs for surveyors who will be composed of senior hospital officers. This will be very similar to our own SOQ examiners training program. JJMT will also provide expertise in refining the surveyor training curriculum and other assistance in improving the survey process.
2. JJMT will subsidize the National Forum on Healthcare Quality Improvements which will propagate the practice of quality management among majority of hospitals in Thailand
3. JJMT will assist hospitals in the various regions in Thailand in obtaining consultative and educational services in areas required by HA. These areas will cover quality management, infection prevention and control, medical device safety, and other fields critical to HA.

The estimated annual cost of the program is as follows:

Surveyor training (30 surveyors) Plus assistance in curriculum development	\$15,000 US
National Forum for Healthcare Quality Improvement	\$45,000 US
Hospital/regional HA Training	\$ 15,000 US

The program will be supported for 2-3 years.

Expected Results

1. Hospitals: targeted hospitals will obtain accreditation within 2-3 years. They will put in place quality systems that will help improve the delivery of patient care and their own viability. They will also help other hospitals in improving their quality practices.
2. Patients: after passing the stringent accreditation process, hospitals will be able to provide patients with the best quality of care which can be measured by parameters defined by HA.
3. Medical Practitioners: 30 national quality champions will be created in the 1st year. This number multiplies as HA is rolled out in individual hospitals.
4. Government and other Payors: This will assist the government's thrust towards autonomy and will result in better use of limited healthcare funds.
5. Johnson & Johnson: This program is a tangible way of projecting J&J's the company's commitment to enhancing quality. HA will be a big step towards adopting the highest standards of care which our technologies are likewise addressing.

Beneficiaries Both private and public hospitals , healthcare practitioners,
Thai patients, government and other payors

Co-Sponsor (if any) Janssen Pharmaceutical

Sponsoring Johnson & Johnson Companies Johnson & Johnson Thailand

Johnson & Johnson Manager In Charge Chokchai Chupanich

Amount of Grant Support by Local J&J Companies (US\$)

\$25,000 on the 1st year \$37,500 in year 2

Amount of Support Requested of Asian Fund (US\$)

\$50,000 in year 1 and \$37,500 in year 2

Relevance to Johnson & Johnson (Local Company and Worldwide)

Local Companies: This program is part of the platform to drive quality of healthcare which is closely linked to our business. This will also provide us the opportunity to partner with a powerful quasi-government body in charge of accreditation (the single biggest issue confronting hospitals) and high level hospital officials. These partnerships may be leveraged to drive business growth.

Worldwide: The HA and the SOQ process embrace the same objective of promoting the practice of quality management. This program is also enhances J&J's image as a champion of quality.

Timeframe

Screening of Resource Speakers	March-May
Material Development	June-August
Surveyor Training	September
Regional HA Training	March 2001-Feb 2002
National Forum	December 2001

Details of Financial Support

Surveyor Training

External Expert Consultancy		
Travel	\$ 2500	
Stipend /Honorarium	\$10000	
Training Materials	\$ 2500	
Total		\$ 15,000
J&J Subsidy		B 675,000
		\$ 15,000

Other Expenses such as To be shouldered by HA
Venue, Meals , local travel

National Forum on Healthcare Quality Improvements

Total Cost		
Venue-Queen Sirikit Center 3 days		B2,000,000
Foreign Speakers (4 x \$5000) \$20,000		900,000
Meals & Materials (3000-4000 delegates)		2,400,000
Logistical Support		
J&J Subsidy		B2,025,000
		\$ 45,000

Hospital/Regional Areas HA Training

4 programs/year/250 delegates		B920,000
Resource Speaker B 60,000		
Meals B150,000		
Materials B 20,000		
J&J Subsidy		B621,000
		\$ 15,000

JOHNSON & JOHNSON GRANT TO HA-THAILAND

The Johnson & Johnson Credo embodies the value system that our entire corporation embraces. It defines our responsibilities to our customers, employees, the community, and finally to our stockholders. The 3rd paragraph of the Credo states, "We are responsible to the communities in which we live and work and the world community as well... We must encourage civic improvements and better health and education...". Towards this end, J&J established the Asian Contributions Program which supports various social, education, and health projects in this part of the world.

I am pleased to announce that Johnson & Johnson, through its Asian Contributions Program and its Thailand affiliates, will provide financial support to HA-Thailand in the pursuit of its goals. The nature of the support will in the following areas:

1. The staging of The National Forum on Hospital Accreditation and Quality Improvement which will be held from January 22-24, 2002;
2. The establishment of regional training programs and an HA support center in the South;
3. The training of surveyor-trainers to facilitate the survey process. This program was already conducted in September with the help of an accreditation expert from Australia.

Today we will be handing over a check in the amount of fifty thousand U.S. dollars (US\$50,000) in support of the above mentioned programs. This fund is in addition to the financial assistance already disbursed. Total funding of the projects will amount to about three million baht (3,000,000 baht).

Better healthcare is indeed a shared aspiration of all sectors of society. We in the Healthcare Products Industry exist for this very reason. One of the best ways of achieving this goal is by enhancing the practice of quality management among the providers of care, primarily the hospitals. This is the mandate of The Hospital Accreditation Program of Thailand. The objective is very noble but as we all know the road to quality is fraught with many challenges.

We hope that this contribution of J&J will help HA fulfill its mission and help bring about better healthcare to the people of Thailand.



KING BAUDOIN FOUNDATION U.S., Inc.

GRANT REPORTING FORM NARRATIVE REPORT

Grantee:

The Institute of Hospital Quality Improvement & Accreditation (HA Thailand)

Program:

Hospital Accreditation (HA) Program

KBFUB Grant#:

Period covered _____ **through** _____
(starting date grant) (ending date reporting period)

Note: Please submit the narrative and financial sections of the report together. They cannot be processed separately.

- 1. List the program objectives described in the grant agreement and concisely indicate the progress achieved toward each objective. Use the additional pages if needed.**

Objective(s)

1. To help hospitals in Thailand in their quality improvement programs through the Hospital Accreditation process
2. To develop quality champions among high-level public and private health officers to propagate the practice of quality management throughout hospitals in Thailand
3. To reinforce the JJMT company image as a quality-focused company and to enhance the company position as a good corporate citizen

Progress achieved

KING BAUDOIN FOUNDATION UNITED STATES, Inc.

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1. JJMT supported the HA Thailand in conducting competency development programs for 25 surveyor-trainers during September 28th-29th, 2001. Robin Quinn, an Australian accreditation expert was the resource person of the course. At the end of the course, the surveyor training curriculum was developed. The concept of adult learning was also applied for other training course of HA, such as consultant, facilitator and quality manager training course. At present, 30 surveyors are registered, and more than 100 people is practicing in the field as consultants for more than 600 community hospitals. These consultants will be upgraded to be surveyors in the near future.

2. The 3rd National Forum on Hospital Quality Improvement and Accreditation was organized during January 22nd-24th, 2002. More than 4,000 people from 200 hospital all over Thailand participated the conference. The sharing of experience and learning came from a variety of activities, i.e. plenary lecture, panel discussion, presentation, poster exhibition, workshop. Some of the interesting topics were utilization review, palliative care, visionary leadership, simplicity. These experience made confidence to the participants and encourage moving forward with their accreditation program. The theme 'Simplicity in a Complex System' attracted a lot of people and simplicity is then seek for an effective and efficient roadmap for quality. As the JJMT was the sole sponsor of the forum, the company image as a quality-focused company is perceived by all the participants.

3. Four HA Collaborating Center (HACC) were set up in the accredited hospitals or educational institutes. These HACC will provide educational and consultative services for the hospitals in the nearby region. The training program by these HACC focus on leadership, quality management, hospital standard and the survey process.

4. At present, 22 hospitals have been accredited, 4 are university hospitals and 4 are regional tertiary hospitals. The first private hospital that has been accredited by the HA-Thailand is also accredited by the JC International within a short period of time, thus demonstrating the equivalent standard and approach. More than 10 hospitals will be accredited by the end of 2002, and we expected that 100 hospitals will be accredited next year. With the Universal Coverage Policy of the government to promote access of healthcare, all government hospitals are expected to implement quality improvement. To implement the program successfully with limited resource, the HA Thailand proposed a stepwise approach for quality improvement. It is expected that all hospitals should implement step 1 to HA, i.e. risk and problem reduction, and the HA-Thailand sends more than 100 consultants to 663 community hospitals in the rural area. A number of these hospitals will progress to step 2, i.e. quality assurance and improvement.

2. What major favorable or unfavorable variance(s) from stated goals, objectives and projected expenditures occurred during the period? Indicate if the variance will hinder or prevent accomplishment of objectives.

There is no major variances from stated goals, objectives and projected expenditures occurred during the period.

3. Do you currently expect that the planned results will be achieved by the completion of this grant period? If not, explain.

Yes, the planned results will be achieved. The number of hospitals involved in increasing, the more hospitals being accredited, the more expertise and resource person we have in our system.

4. Do you currently expected to continued this program after the end of this grant? If so, does your organization have in place a commitment for appropriate resources?

Yes, the program will be continued and expanded at a more rapid rate. The resource for implementing the program is hospital fee that the program will charge from the hospitals, which are quite limited.

**GRANT REPORTING FORM
FINANCIAL REPORT**

Grantee:

The Institute of Hospital Quality Improvement & Accreditation (HA Thailand)

Program:

Hospital Accreditation (HA) Program

KBFUB Grant#:

Period covered _____ **through** _____
(starting date grant) (ending date reporting period)

1. Expenditures

- Use the approved budget included in Exhibit A to the grant agreement.
- Foreign organizations should complete this form by expressing the budget, all sources of funds, the expenditures, and any remaining balances in terms of \$ (US).
- The final report should explain (under item 3) all overrun variances that exceed both \$ (US) 1,000 and 10 percent of the budgeted line item amount

<u>Budget Description</u>	<u>Approved budget</u>	<u>Expenditures</u>	<u>Overrun</u>
Subsidy for Surveyor training	\$ 15,000	? \$ 15,000	0
Subsidy for National Forum	\$ 45,000	\$ 45,000	0
Subsidy for regional HACC	\$ 15,000	\$ 15,000	0
<u>Total</u>	\$ 75,000	? 75,000	0

2. Funding Sources

- a. List all sources and their related granted period (including the KBFUS grant) received for this project. Report the amount of funding that corresponds to the approved budget and time period covered by the KBFUS grant.

<u>Source</u>	<u>Grant Period</u> <u>Starting Date</u>	<u>Grant Period</u> <u>Finishing Date</u>	<u>Amount</u>
HA budget for surveyor training			
Registration for Forum			
HA subsidy for Forum			
<u>Total sources of funds</u>			
<u>Less total expenditures</u> (From item 1)			\$ 75000
<u>Funding in Excess</u> (See grant agreement)			

- b. Please explain any major variances between the total funding received (item 2a) and the approved budget for expenditures (item 1).

No major variance.

3. Overrun variances

Explanation of overrun variances (from item 1) that exceed both \$ (US) 1,000 and 10 percent of the budgeted line item amount. Complete this section only for the final report.

<u>Budget Description</u>	<u>Amount of Overrun</u>	<u>Explanation</u>
<hr/>		
<hr/>		
