Roles of the Institute of Hospital Accreditation in Enhancing Evidence Based Practice

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CEO, Institute of Hospital Accreditation (HA Thailand)
A Pre conference
Evidence Based Practice: Quality Improvement Through JBI COnNECT
(Joanna Briggs Institute Clinical Online Network
of Evidence for Care and Therapeutics)
3 February 2008
Lotus Pang Suan Kaew Hotel, Chiangmai

Experience on EBP Promotion

Evidence-Based Practice

15 years ago

We have no time
We are not trained in critical appraisal
We can not get access to the evidence

Systematic Review

12 years ago

We are expert, we know what to do
The evidence can not be apply to us
We have not enough resource

CPG

10 years ago

We come from different institute
It takes too much time to make agreement
It's just another piece of paper
We will make it if you want
CPG is necessary for only GPs, not experts

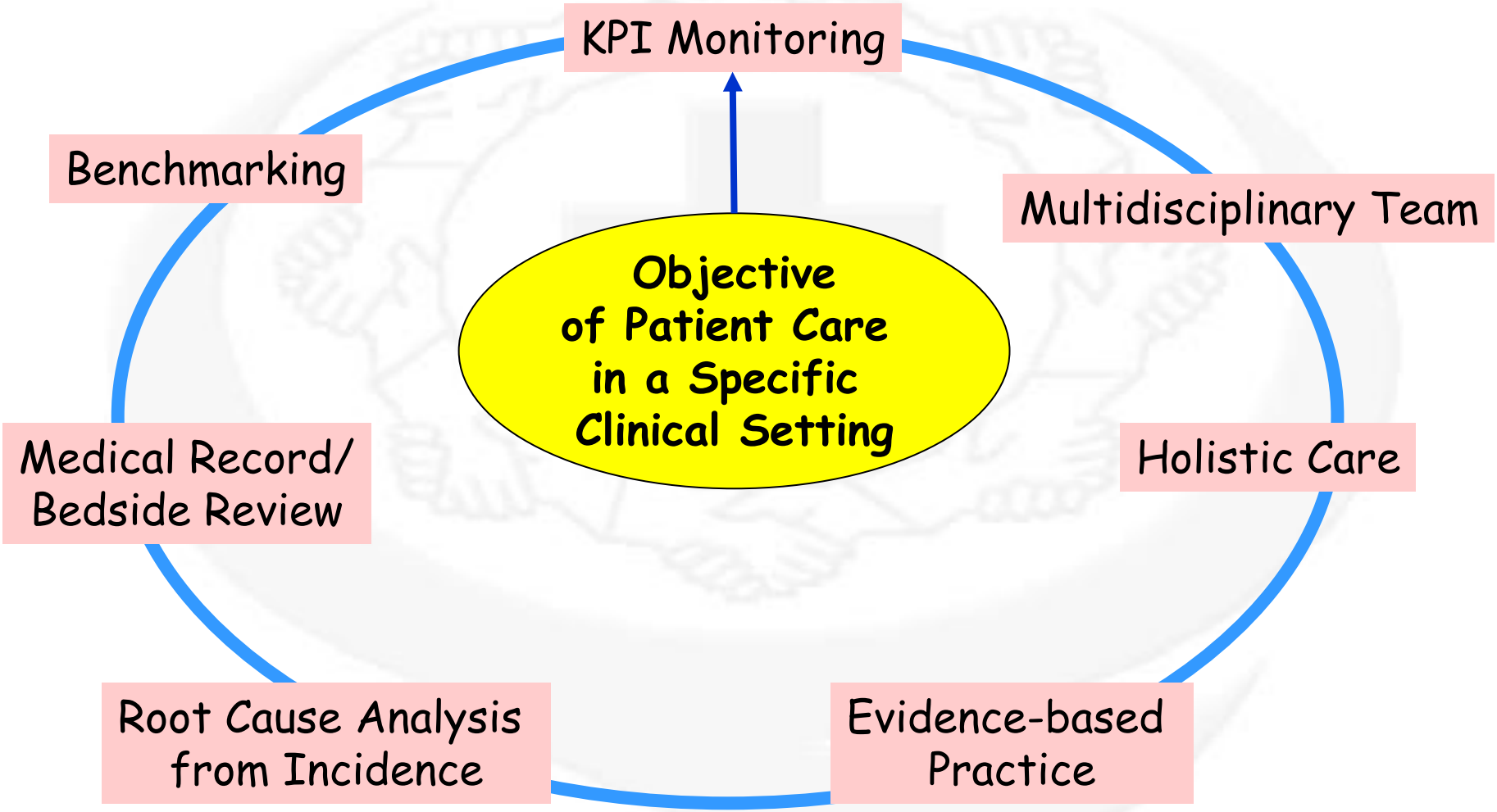
Gap Analysis

6 years ago

A very simple approach, but…
We will make it if you want
Focus on quality tools, not the patient

Clinical CQI

Integrated approach, patient focus, clear purpose



CPG -> Gap Analysis ->
Any use of evidence to meet the goal

Institute of Hospital Accreditation (HA Thailand)

Institute of Hospital Accreditation

The institute is a part of the Health Systems Research Institute

founded in1999

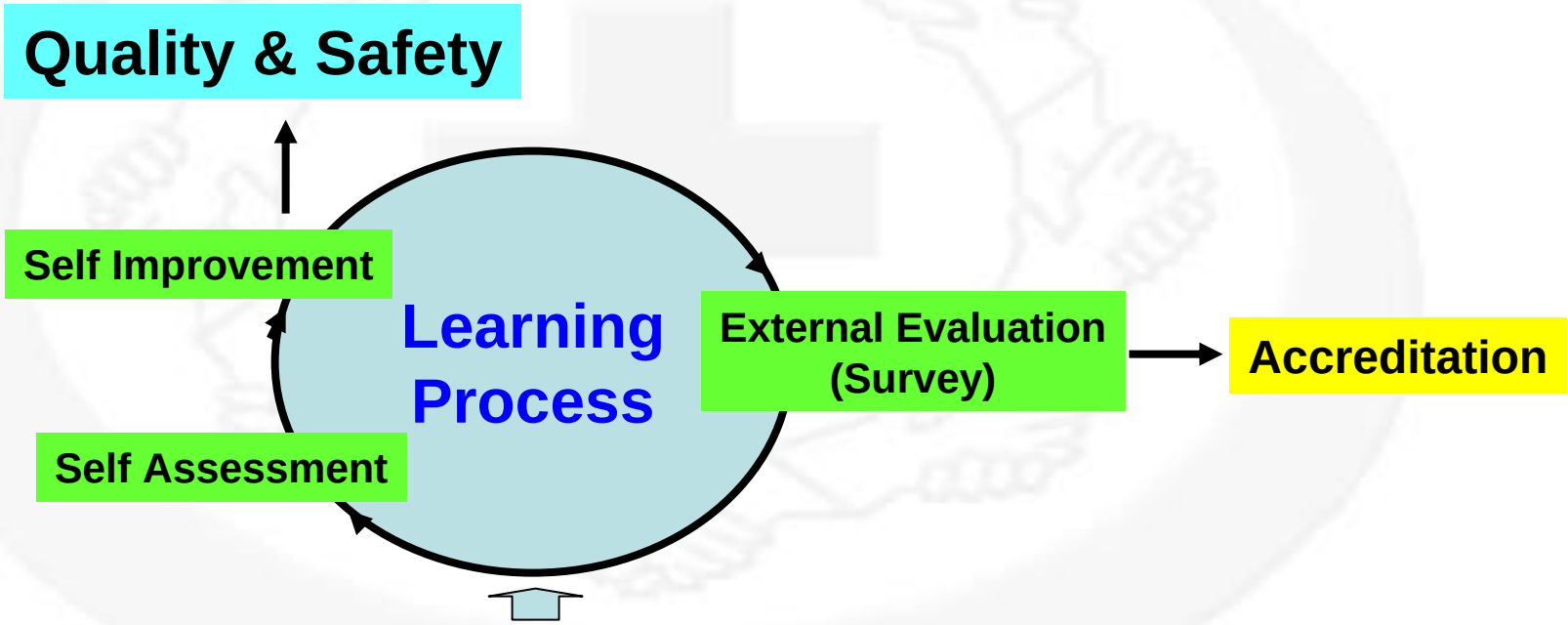
:: Mission ::

To encourage continuous quality improvement of hospital and other healthcare organization using self assessment and external evaluation

:: Vision ::

We promote quality culture in the healthcare system thoroughly and being recognized internationally

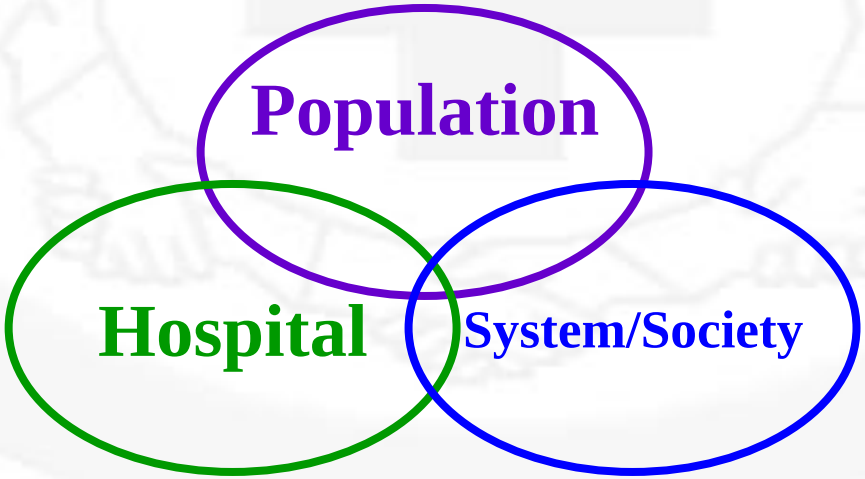
Basic Concepts of Hospital Accreditation



Core Values & Concepts:
- HA as a Learning Process
- Patient & Health Focus
- Continuous Improvement

Benefit of the HA Program

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



Reputation
Accountability
Good Governance
Professional Practice
Knowledge-based Org.
Commitment & Participation

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

Key Activities

Collect & Create Knowledge/ Guideline for Quality Improvement

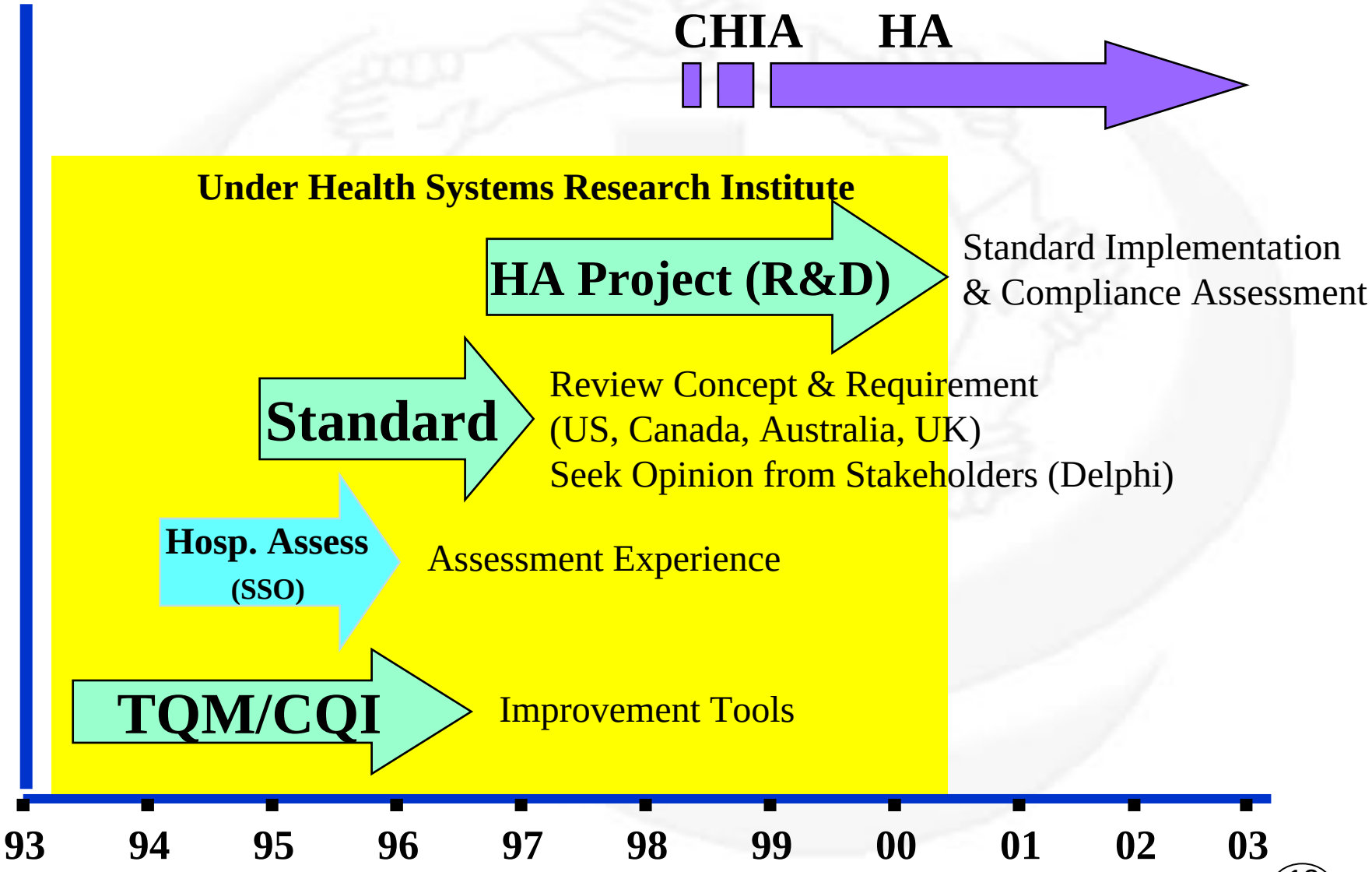
Evaluation & Accreditation

Create Awareness
Knowledge Dissemination
Training

Stepwise Recognition

Collaboration/Learning Network

Early Phase of QI & HA Program



Start HA as R & D

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

HA Project

Pilot Hospitals

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

Initiatives

Workshops

Consultants

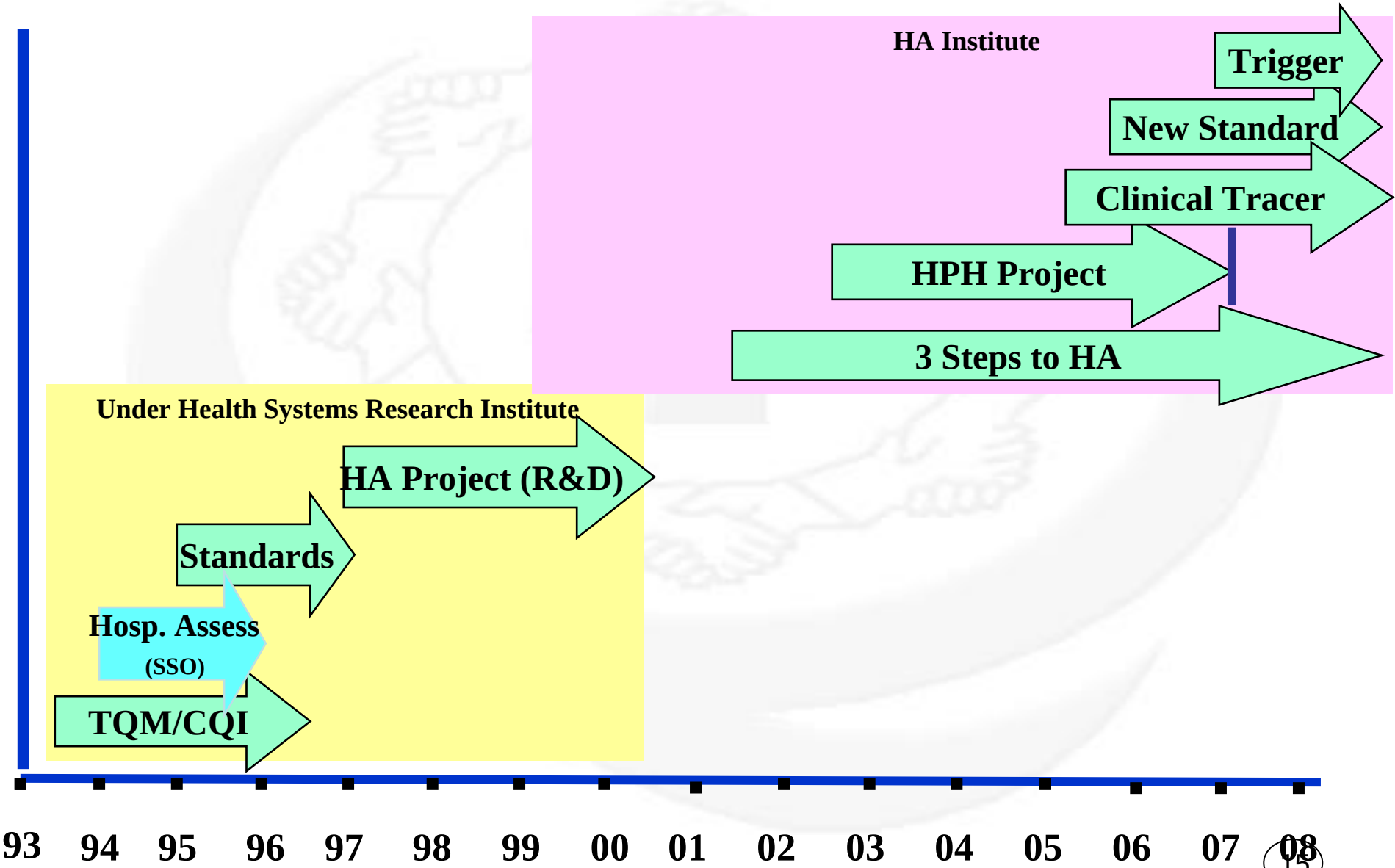
Adapt
Seek more information
Creativity
Trial
Learn

Knowledge

Questions

Solutions

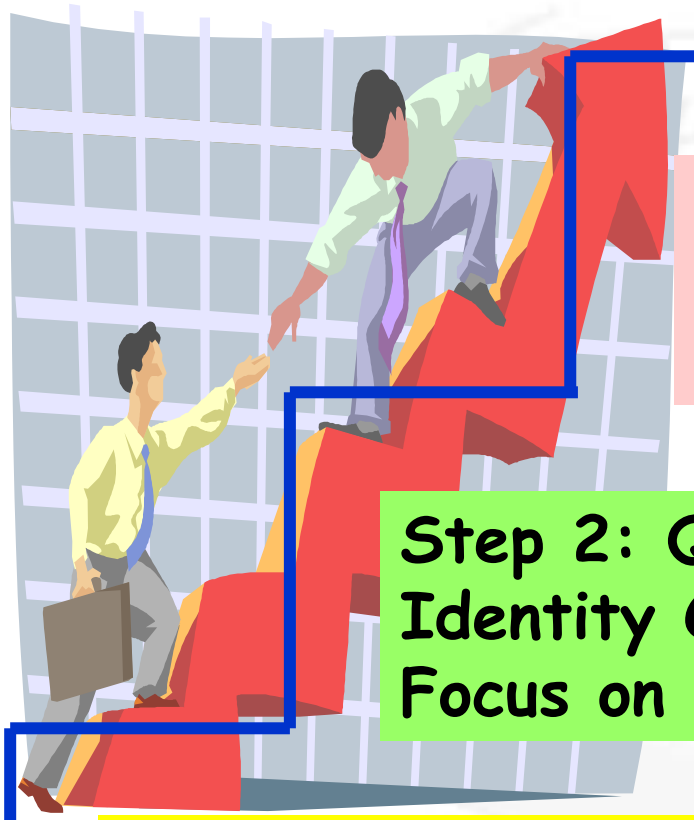
Development of HA



A Stepwise Recognition Approach

A strategy to gain acceptance and expand coverage

3 Steps to HA



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

	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

Apply 3 Steps to Clinical Practice

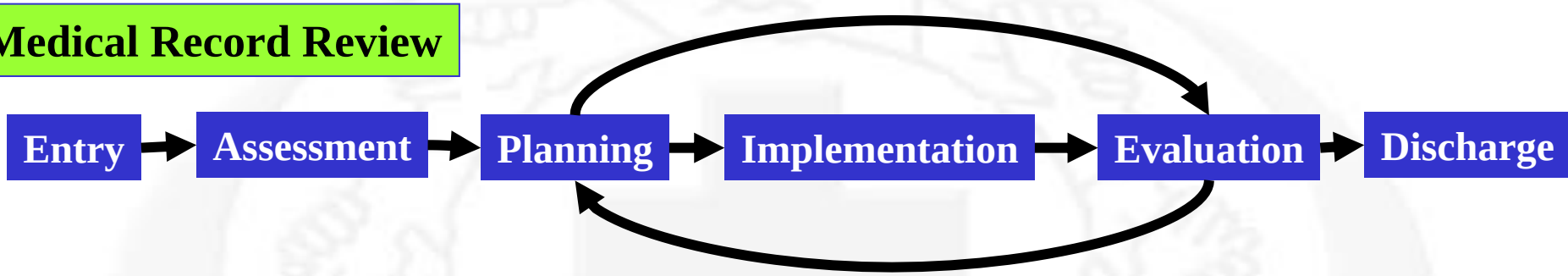
Step 3: Integrate with all relevant systems and sustain the gain

Step 2: Understand and improve the care of a clinical population

Step 1: Accept & deal with the cases

Quality Review:
A Tool to Identify the Case

Medical Record Review



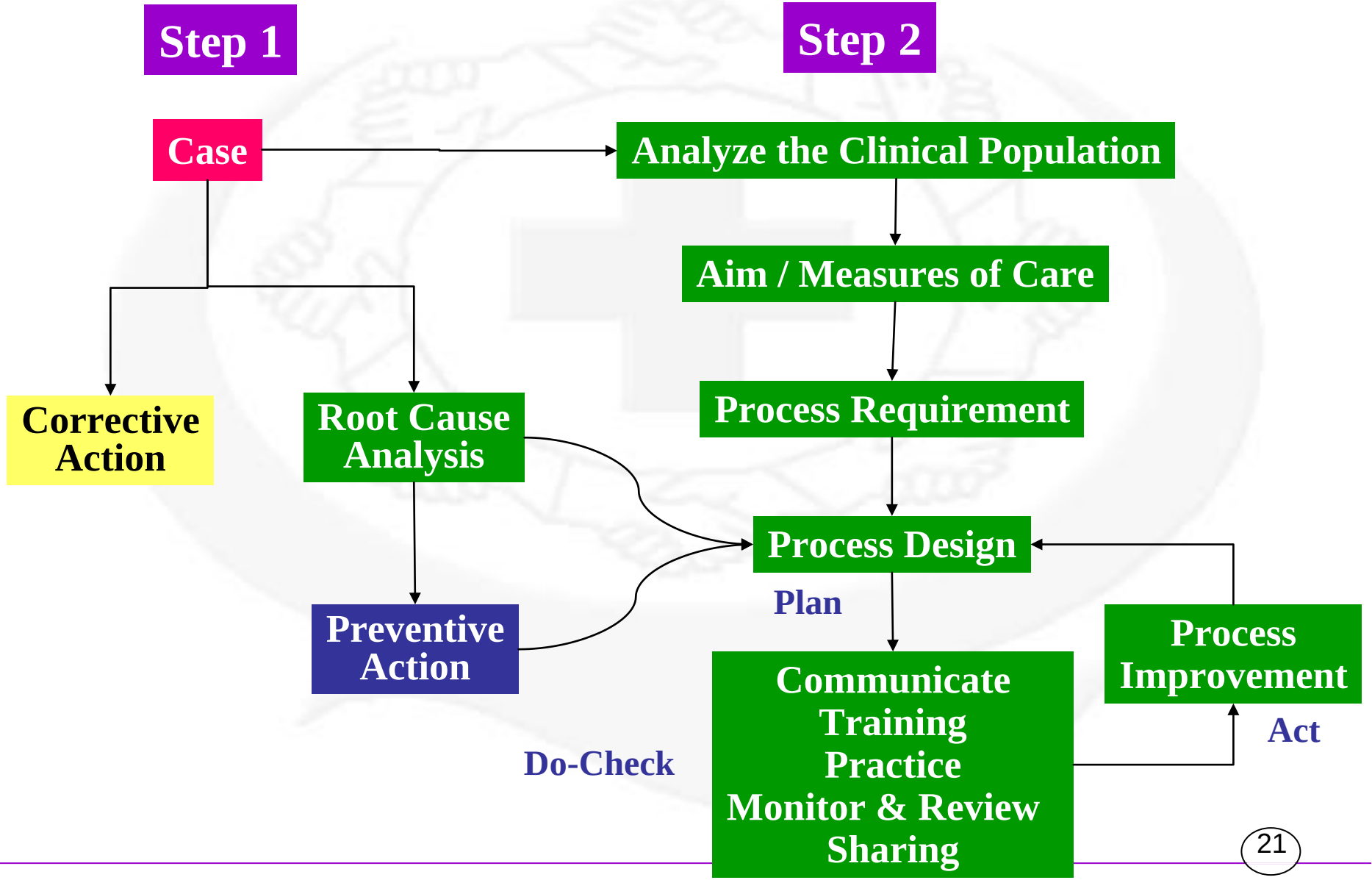
Bedside Review

Other Reviews

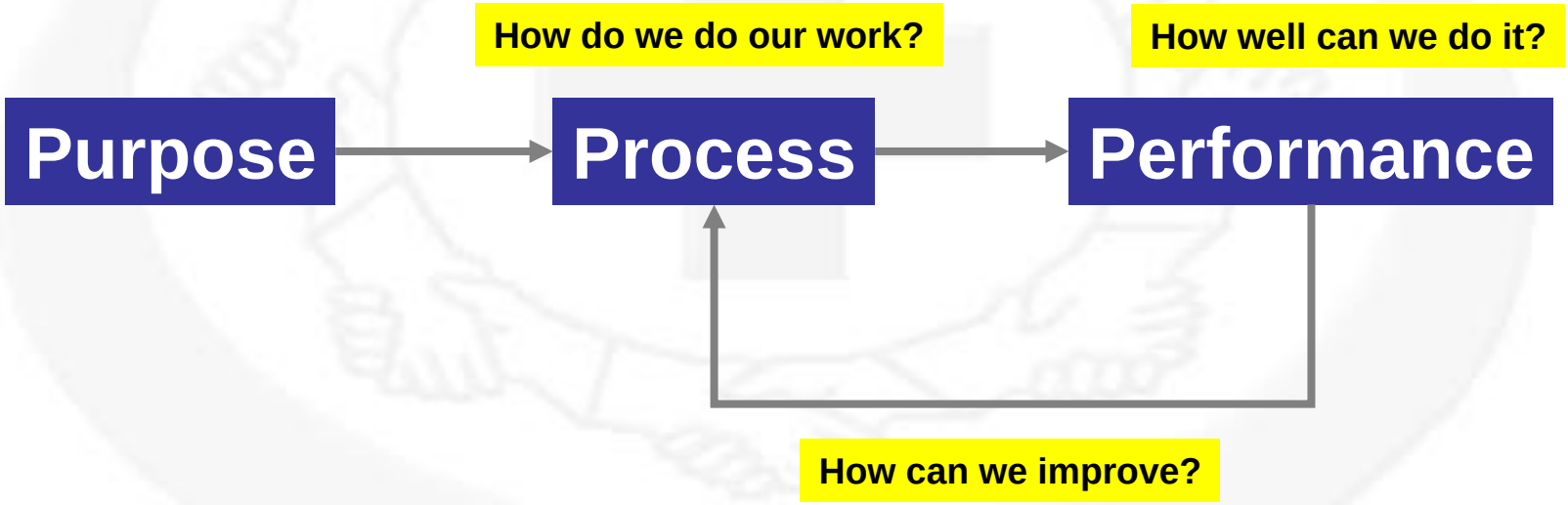
Risk & Care
Communication
Continuity & D/C plan
Team work
HRD
Environment & Equipment

Customer Complaint Review
Adverse Event/Risk Management System
Competency Management System
(Review by a more experience, referral cases)
Infection Control
Drug Management System
Resource Utilization Review
KPI Review

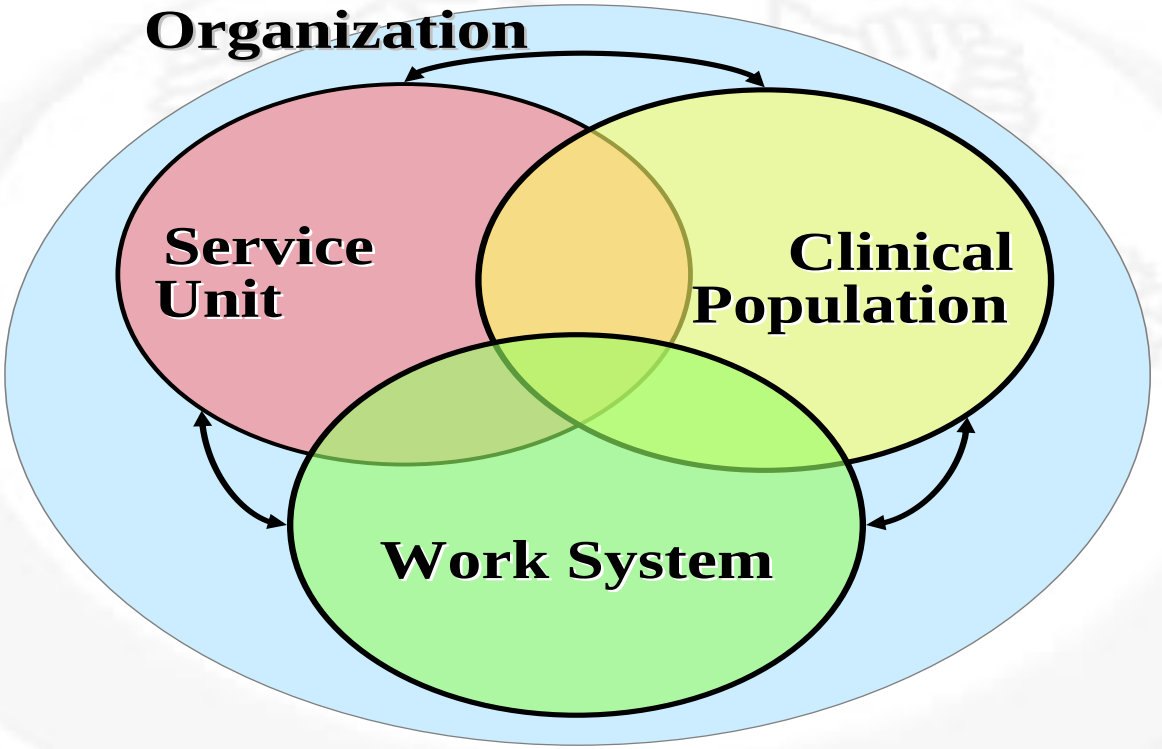
From Step 1 to Step 2

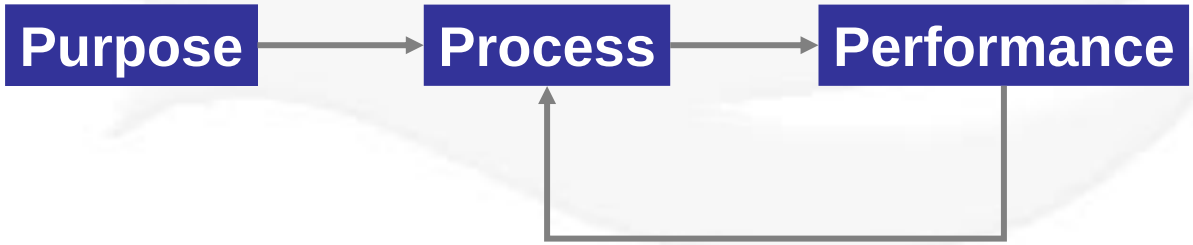


"3P" to Learn & Design Our Works

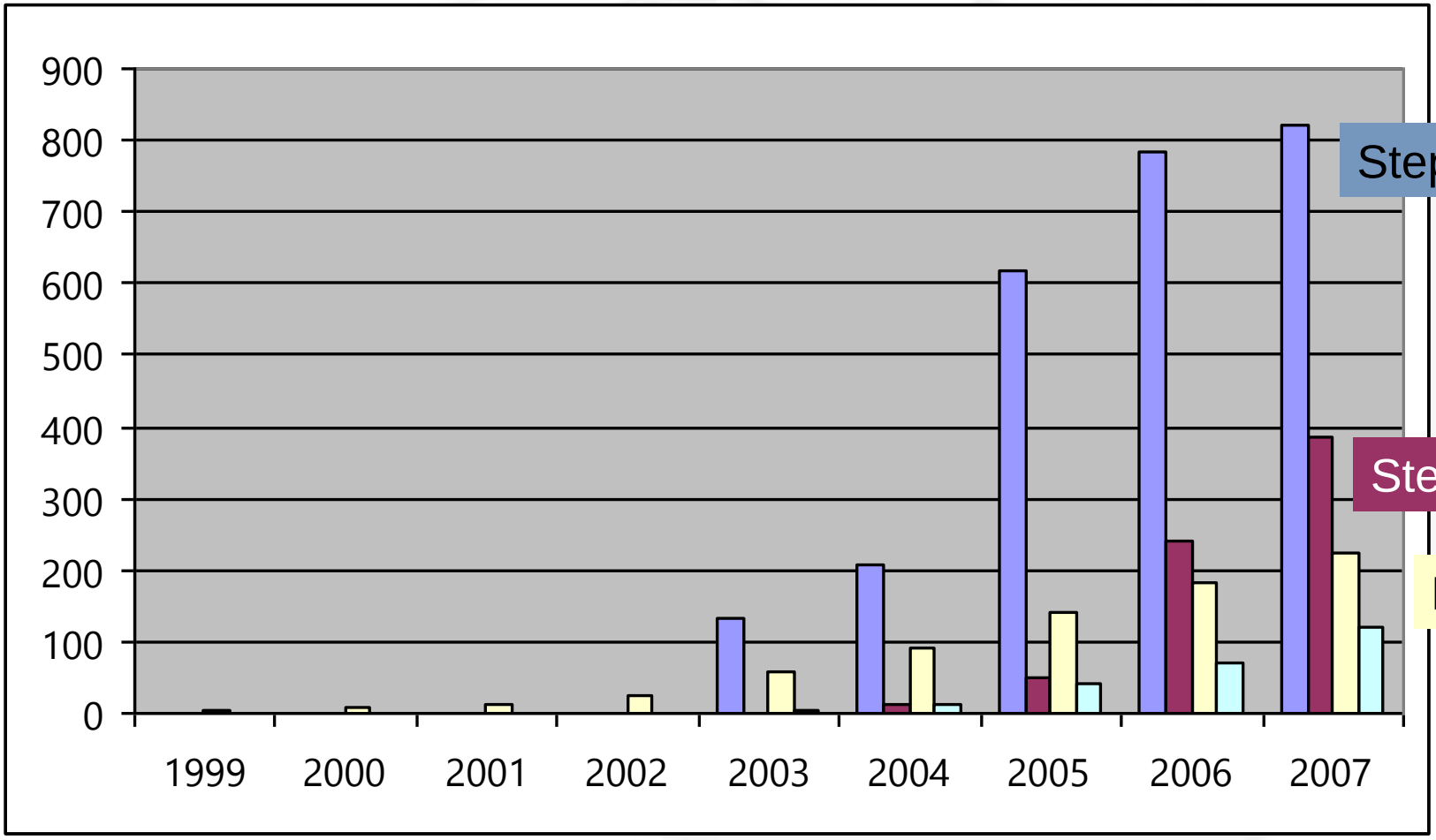


4 Domains for Improvement



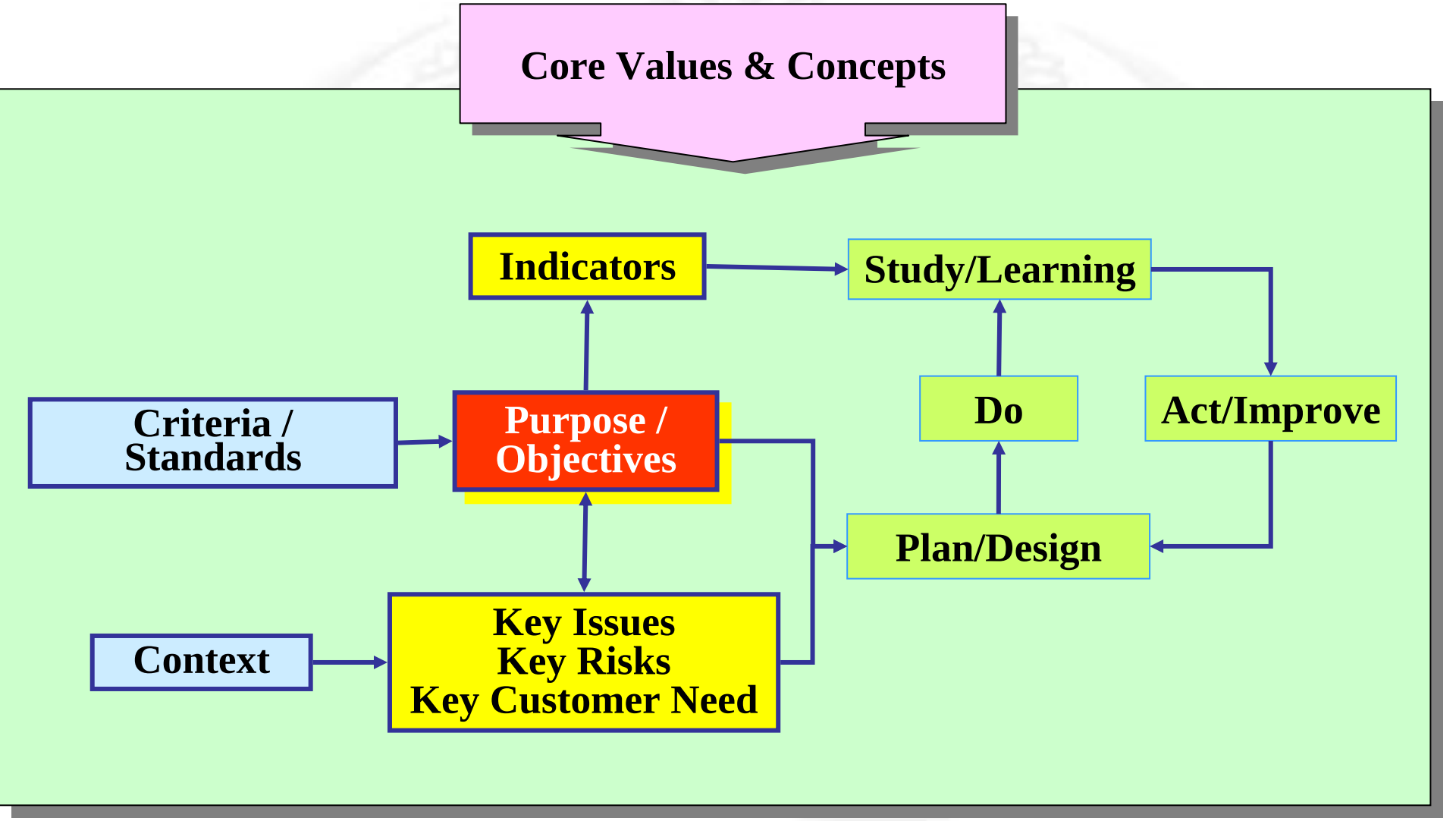


Number of HA Recognition



3C-PDSA Approach
And Evidence Based Practice

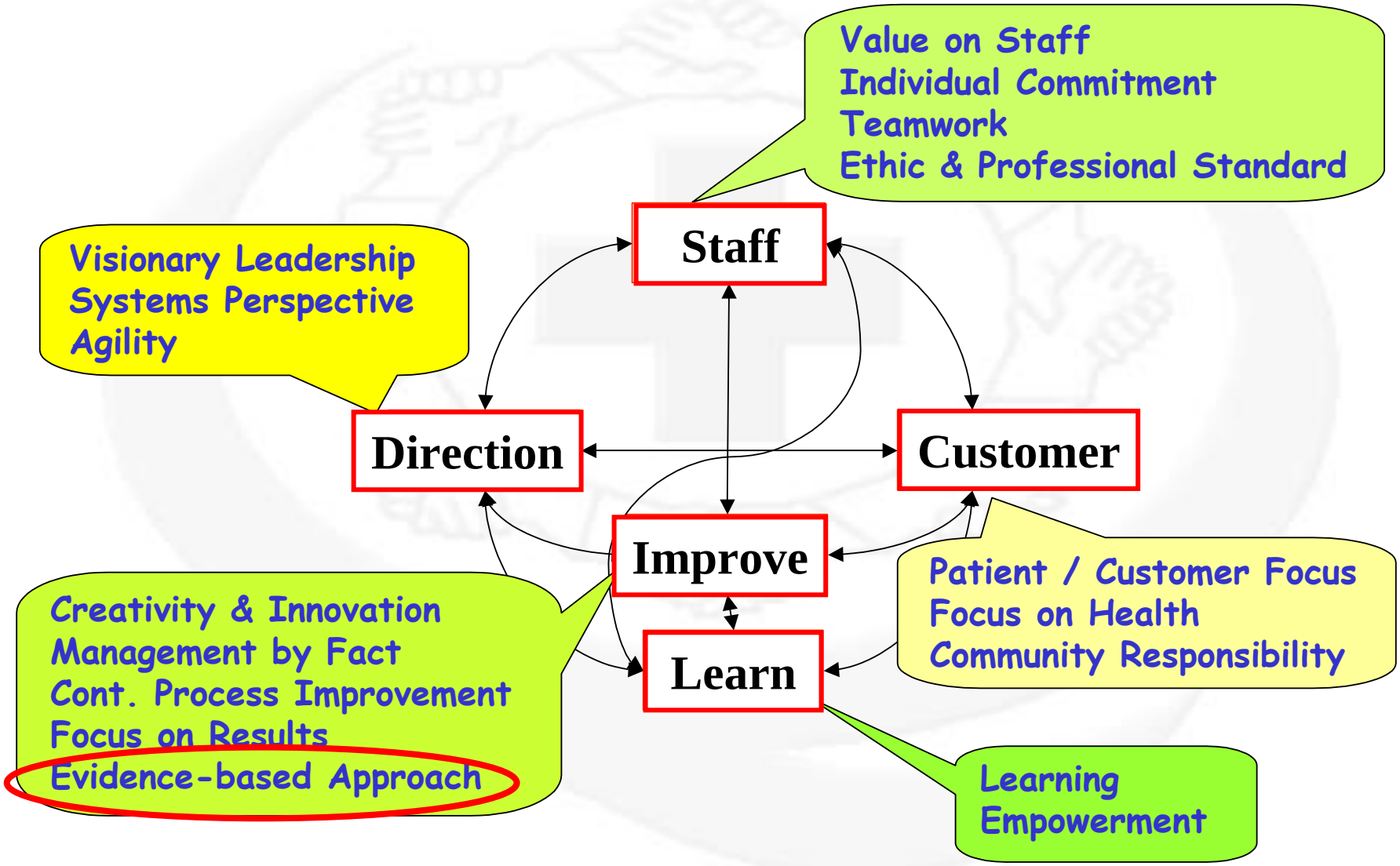
3C-PDSA


Core Values & Concepts
Indicators
Study/Learning
Criteria / Standards
Purpose / Objectives
Do
Act/Improve
Plan/Design
Context
Key Issues
Key Risks
Key Customer Need

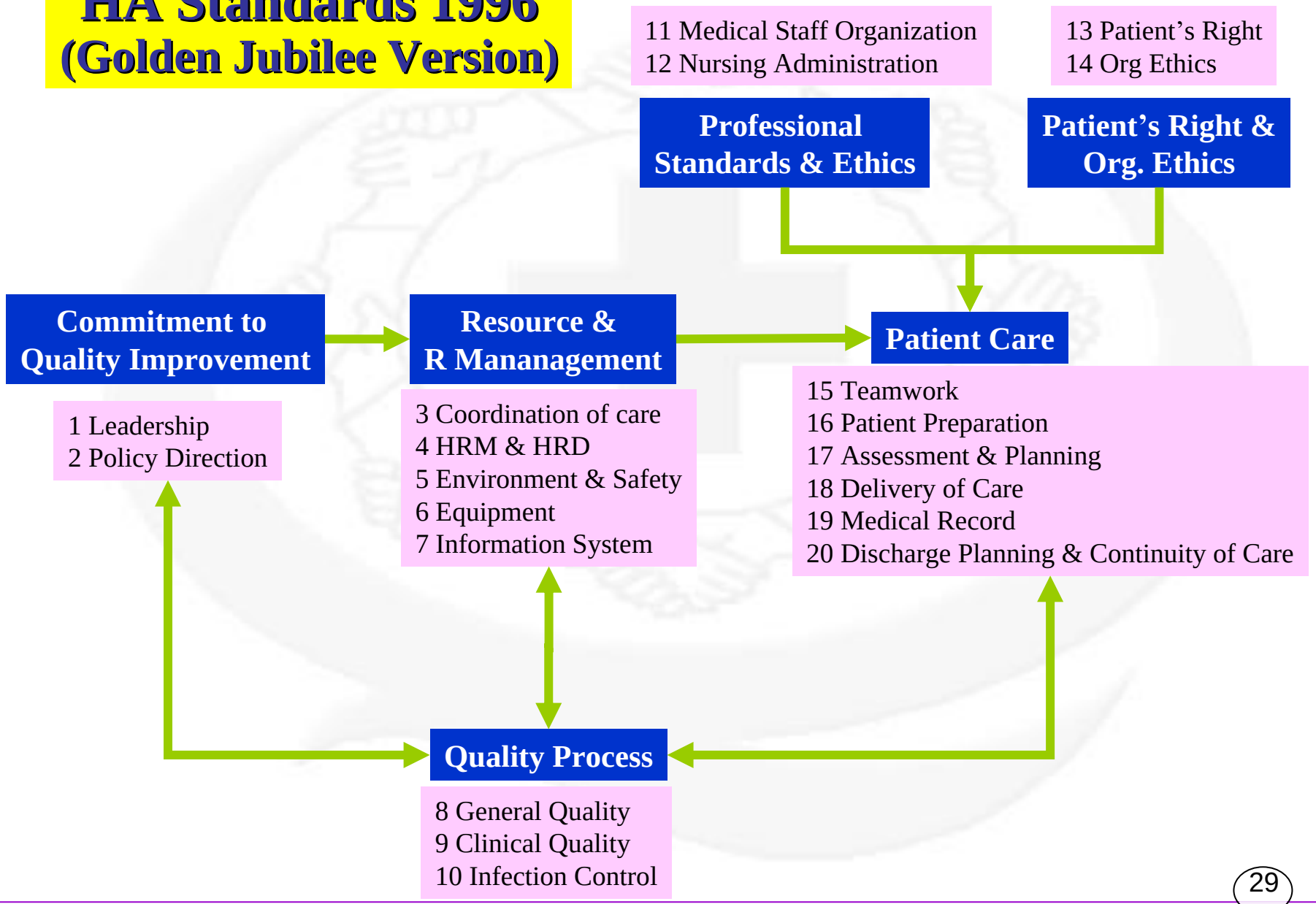
Context

Context comes from patients & organization
Context set the priority
Context determine the requirement

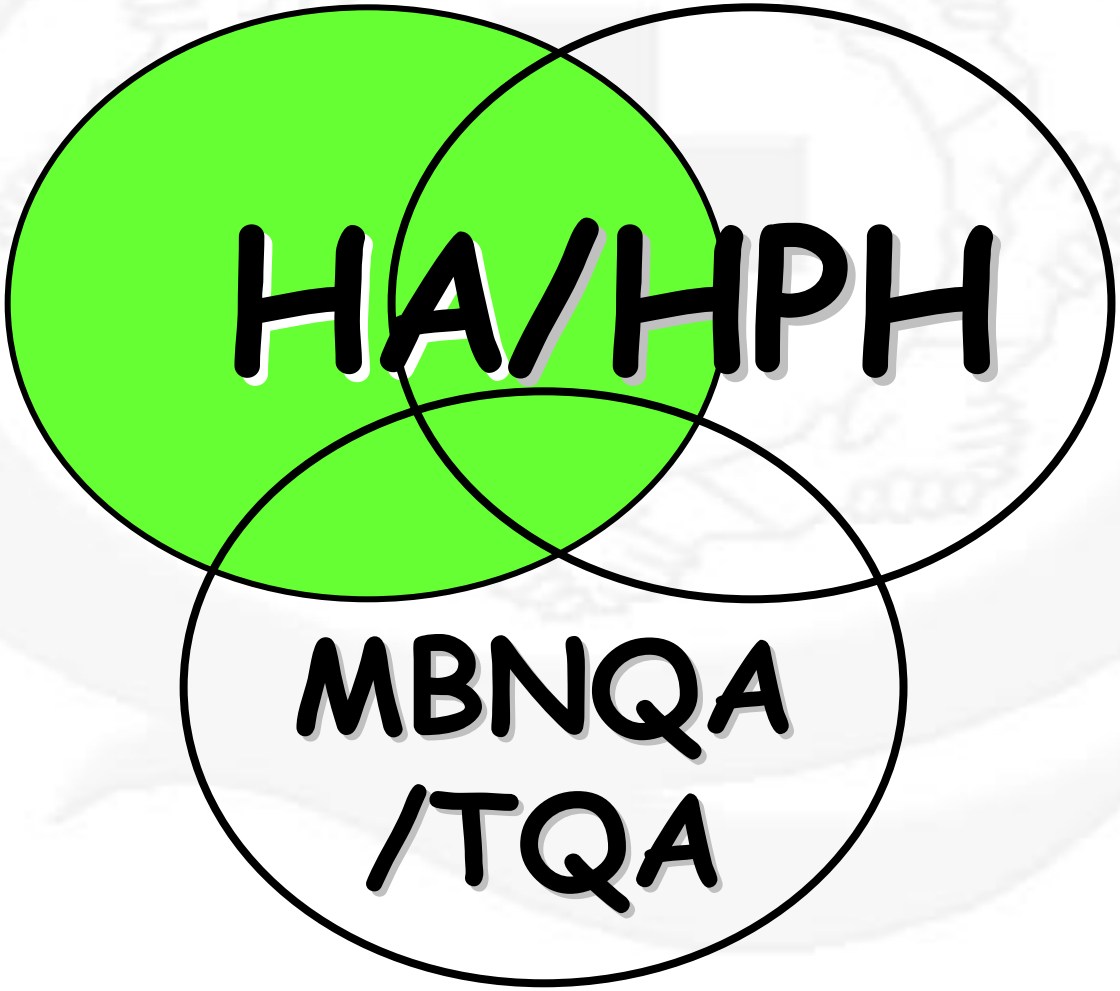
Core Values & Concepts

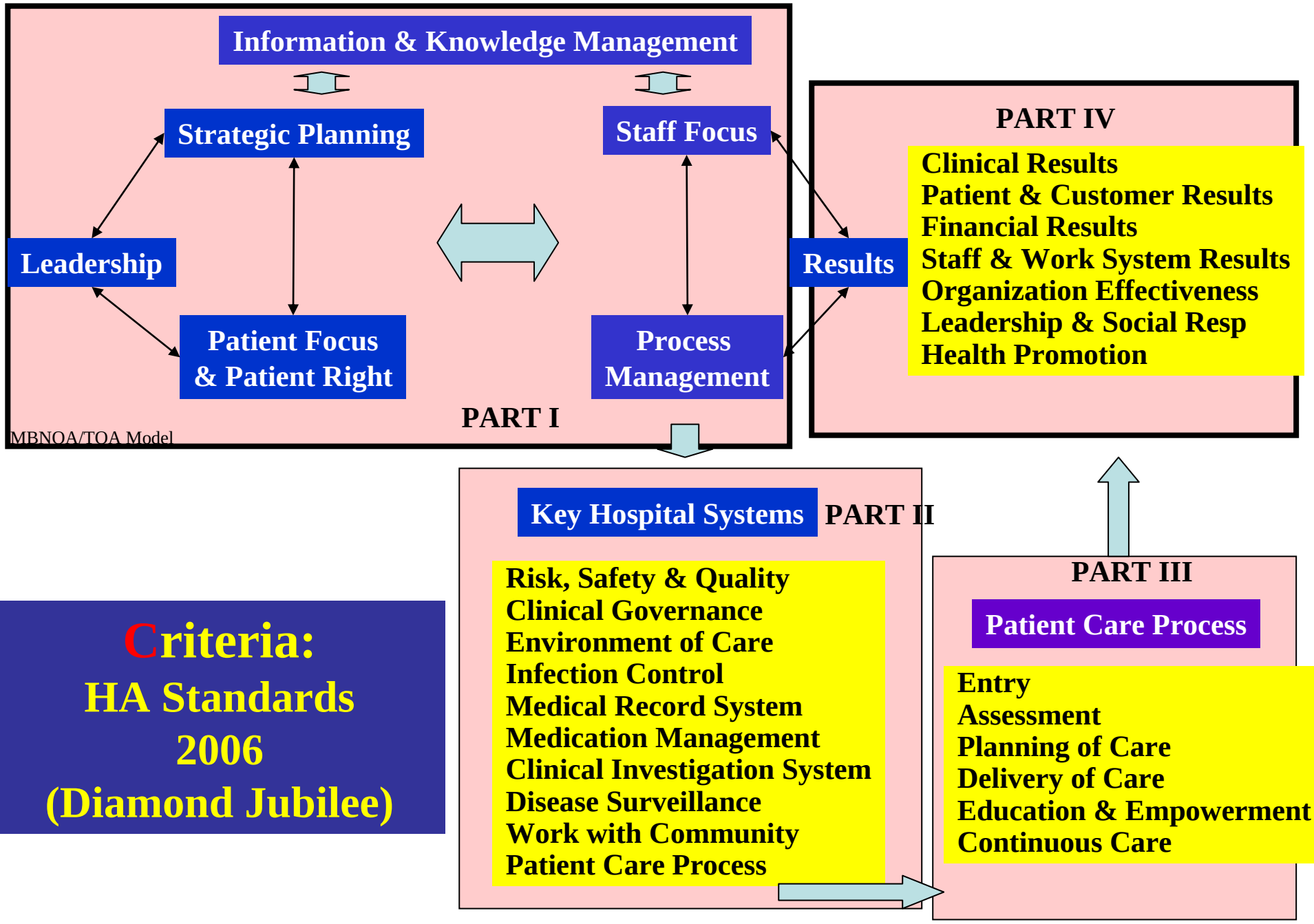


HA Standards 1996 (Golden Jubilee Version)



Integration of Health Promotion and Performance Excellence Criteria into HA Standards (Diamond Jubilee Version)





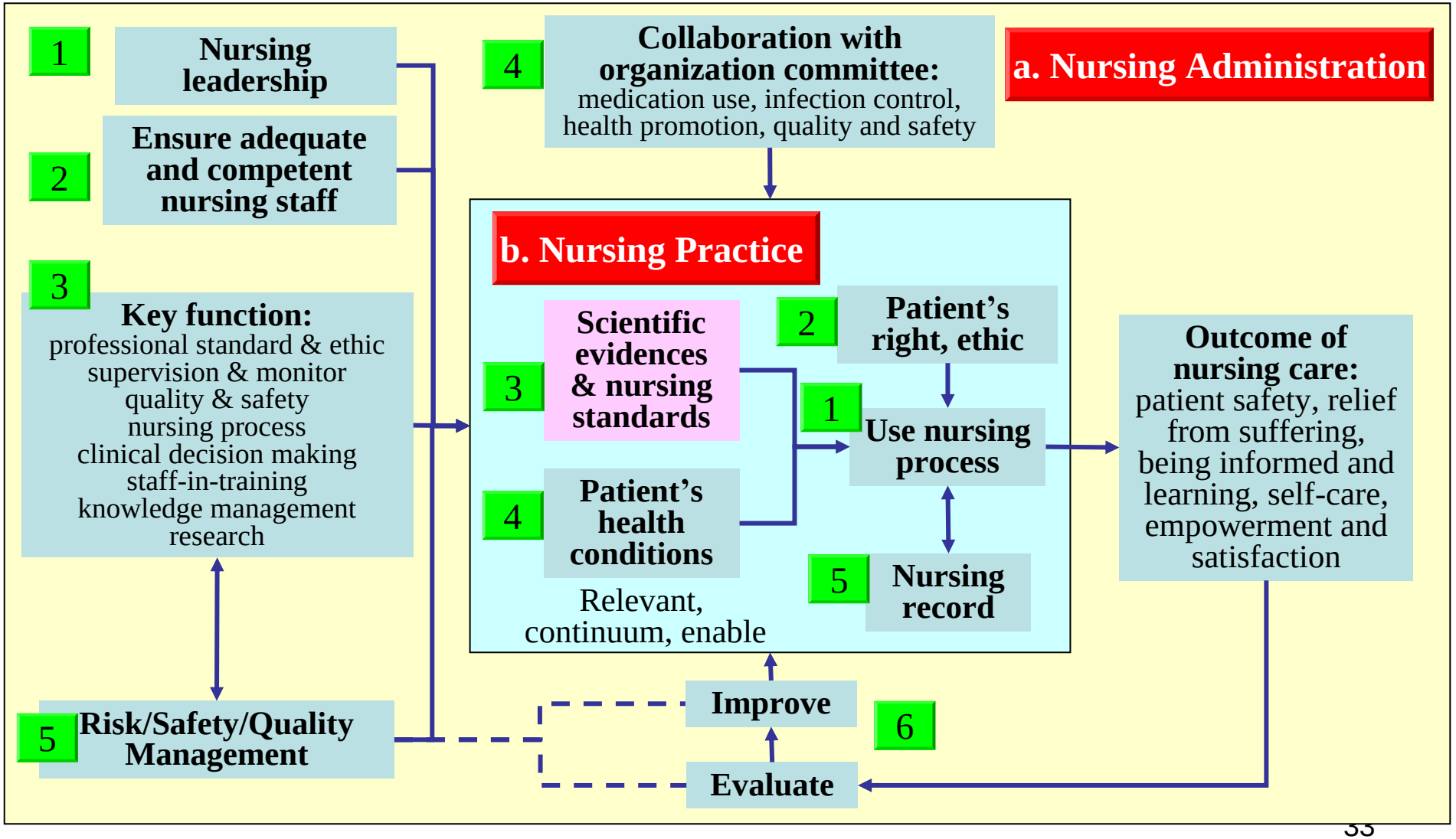
Criteria:
HA Standards 2006 (Diamond Jubilee)

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.

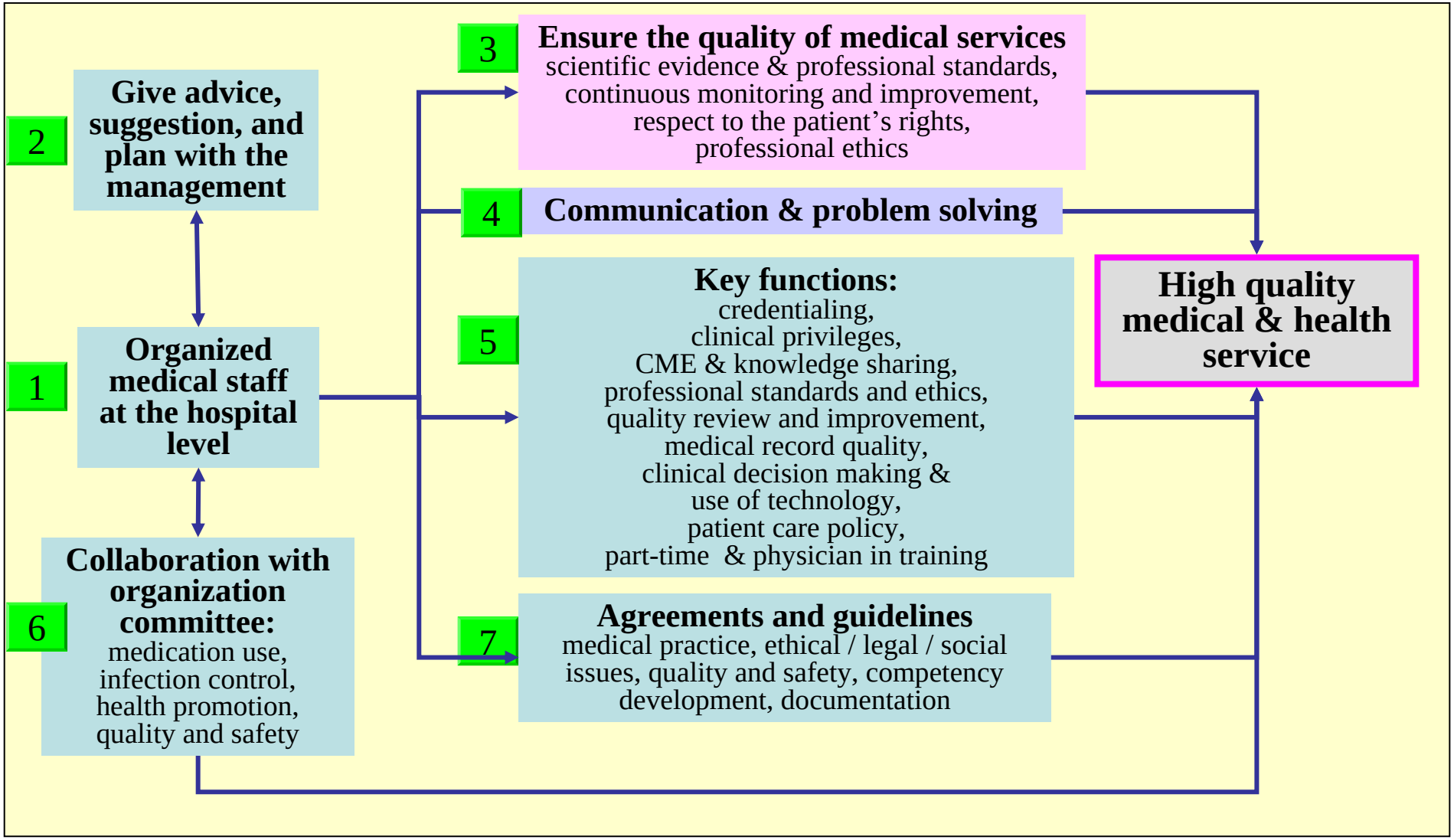
II – 2.1 Nursing Governance

There is an organized nursing administration responsible for high quality nursing service to fulfill the mission of the organization.

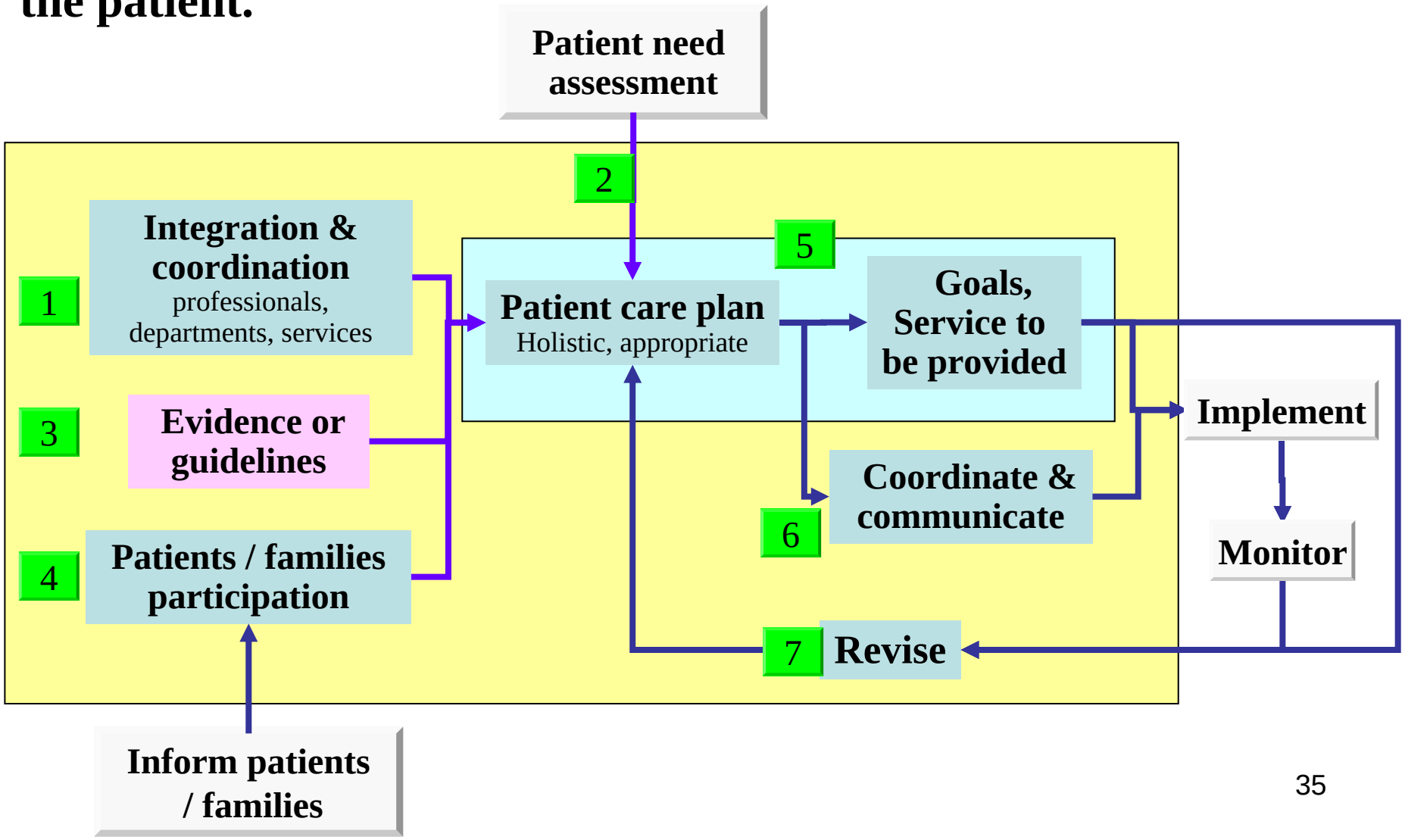


II – 2.2 Medical Staff Governance

There is an organized medical staff organization, responsible for supporting and oversight of standard and ethical practice of medical professional to fulfill the mission of the organization.

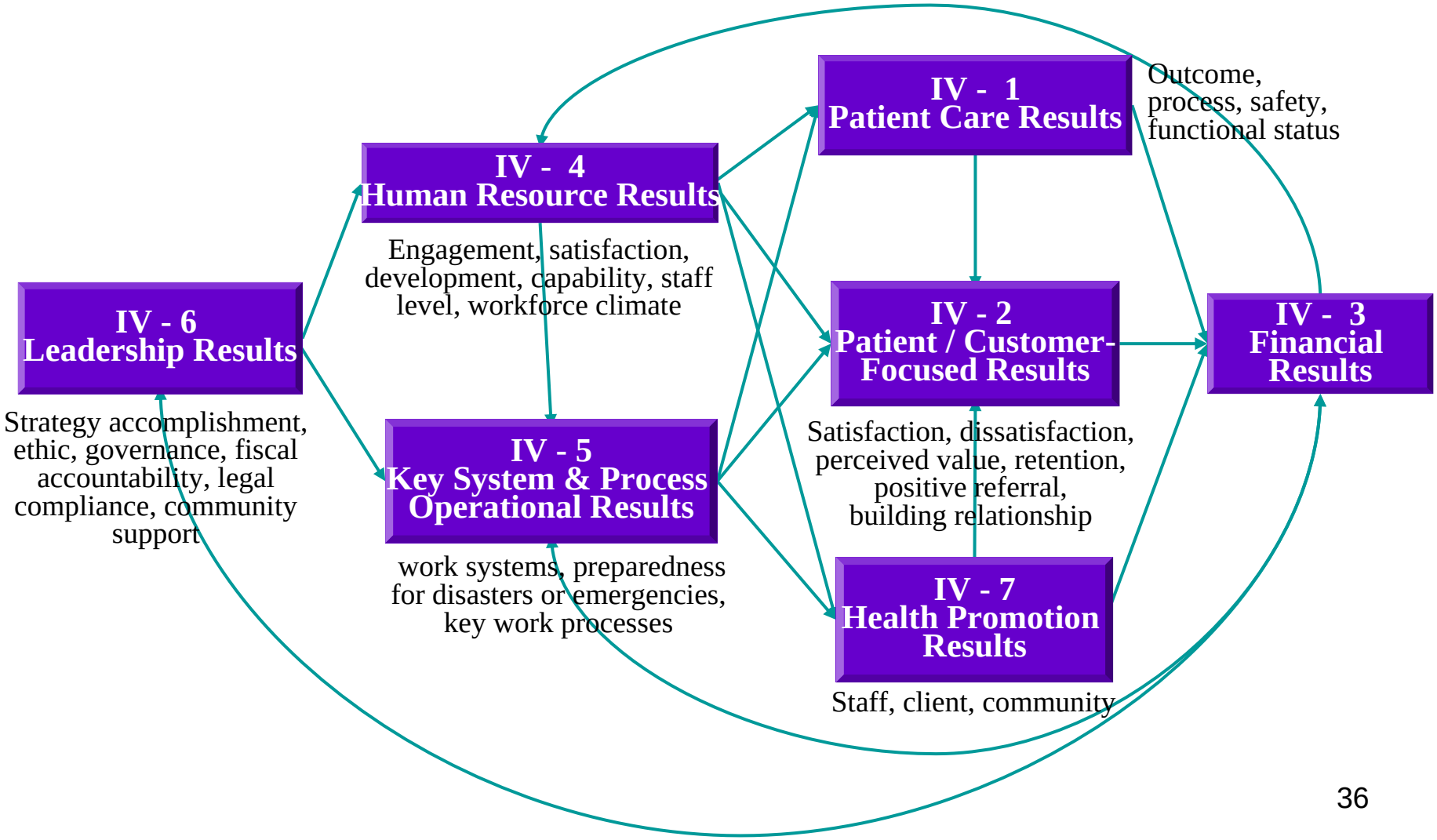


The healthcare team ensures a coordinated patient care plan with goals developed in response to health problems / needs of the patient.

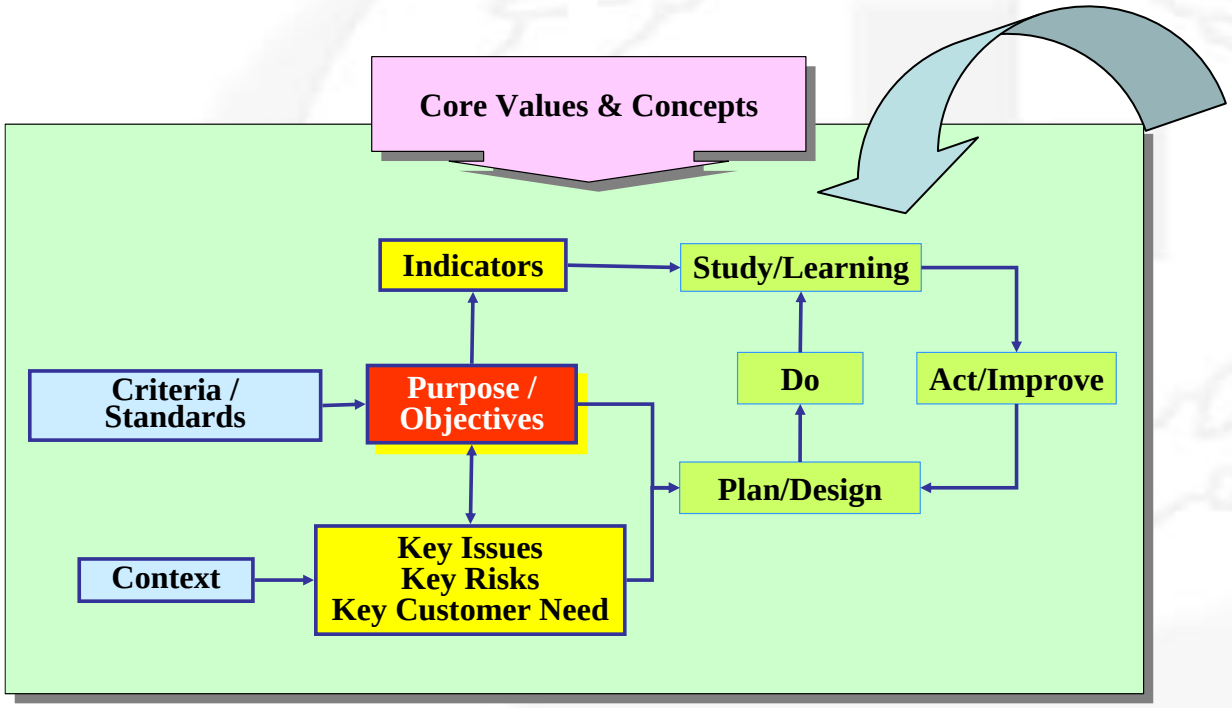


PART IV ORGANIZATION PERFORMANCE RESULTS

The organization demonstrates good performance and improvement in key area, i.e. health care results, patient and other customer-focused results, financial results, human resource results, process effectiveness results, leadership results, and health promotion results.

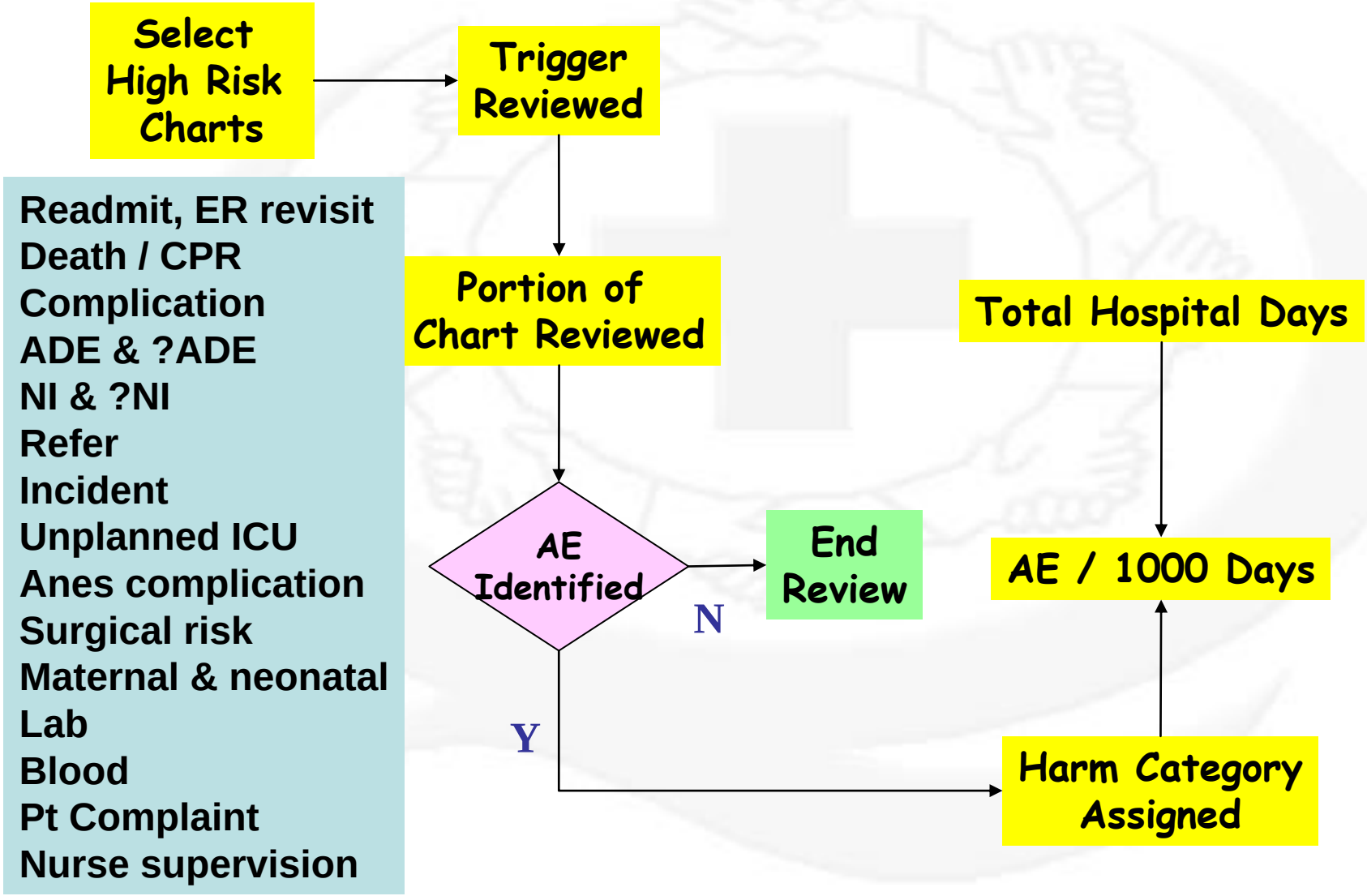


S - Study to Drive Improvement

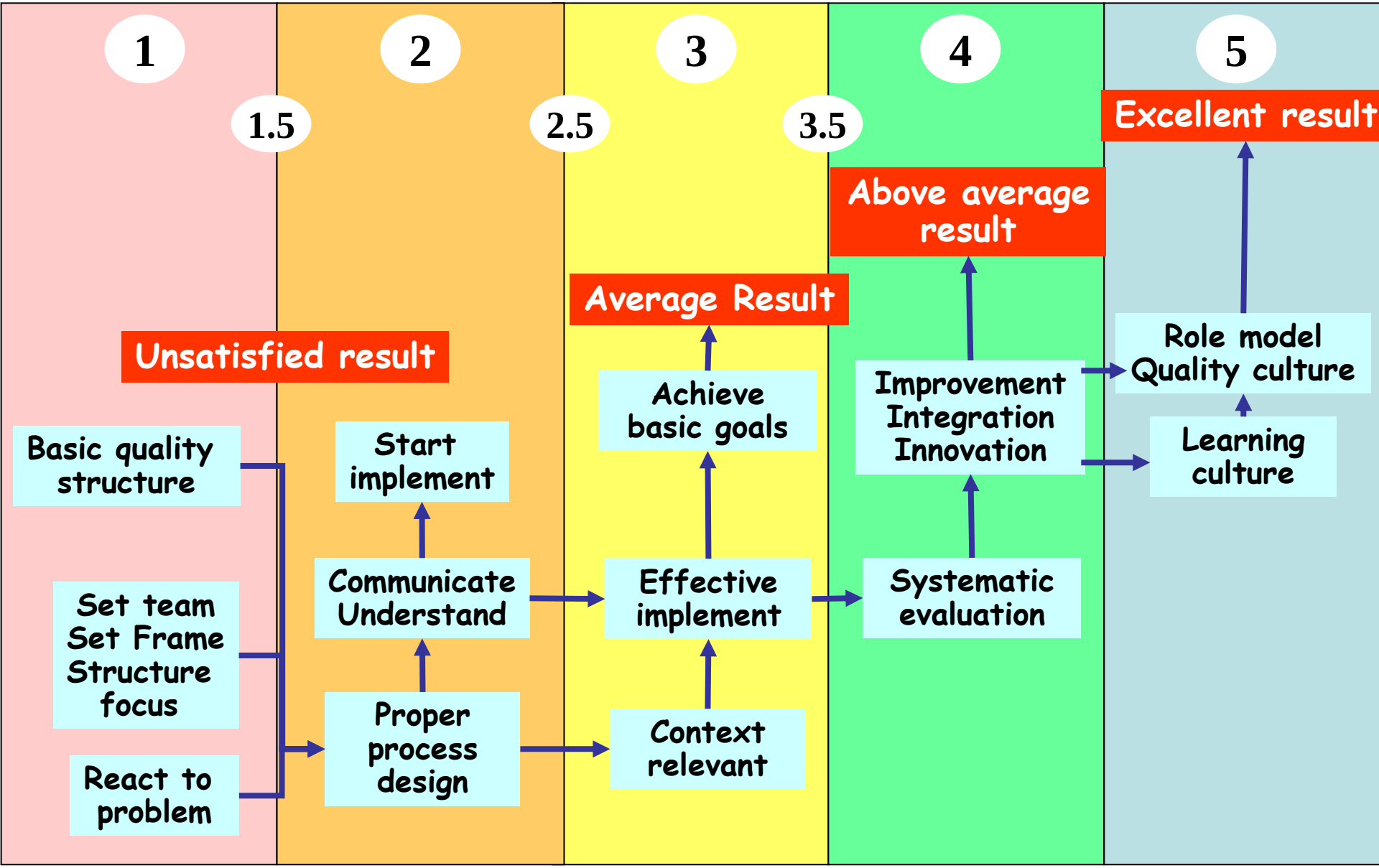


Share
Self-assessment
Indicator
Trace
Trigger Tool
Research
Reflection
RCA

Trigger Tool: Learning from Adverse Events

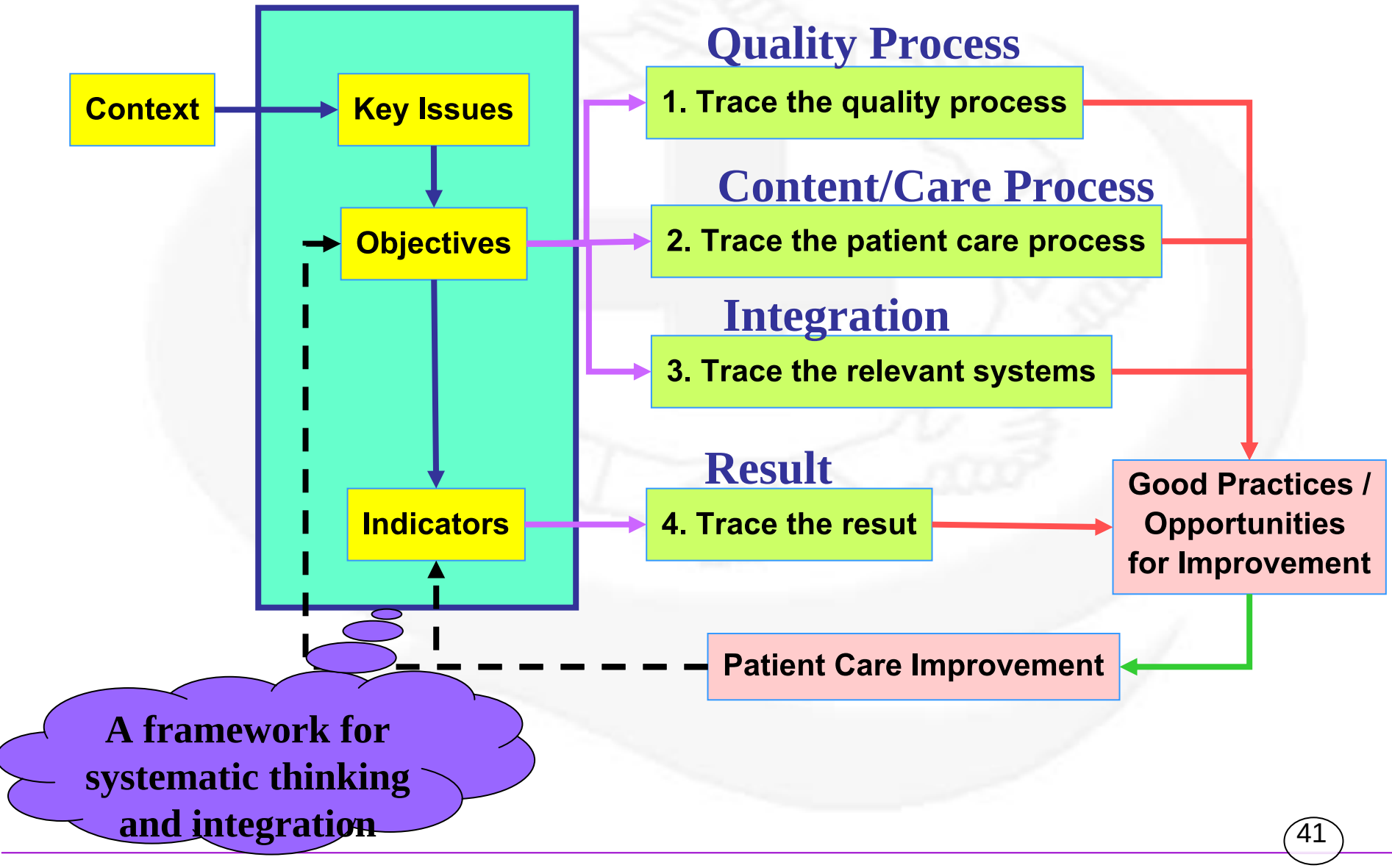


Scoring Guideline:
For Continuous Improvement to Excellence

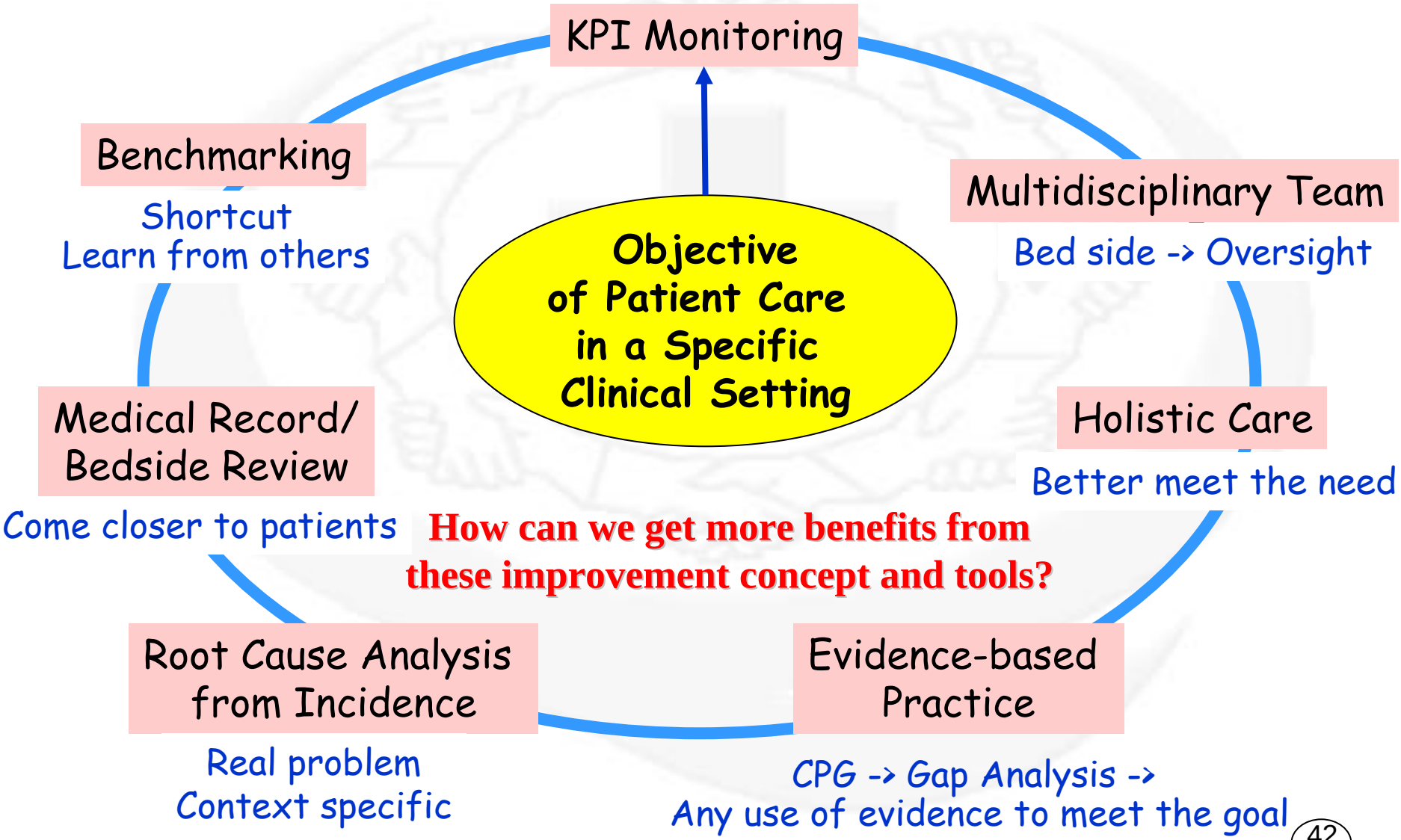


Clinical Tracer

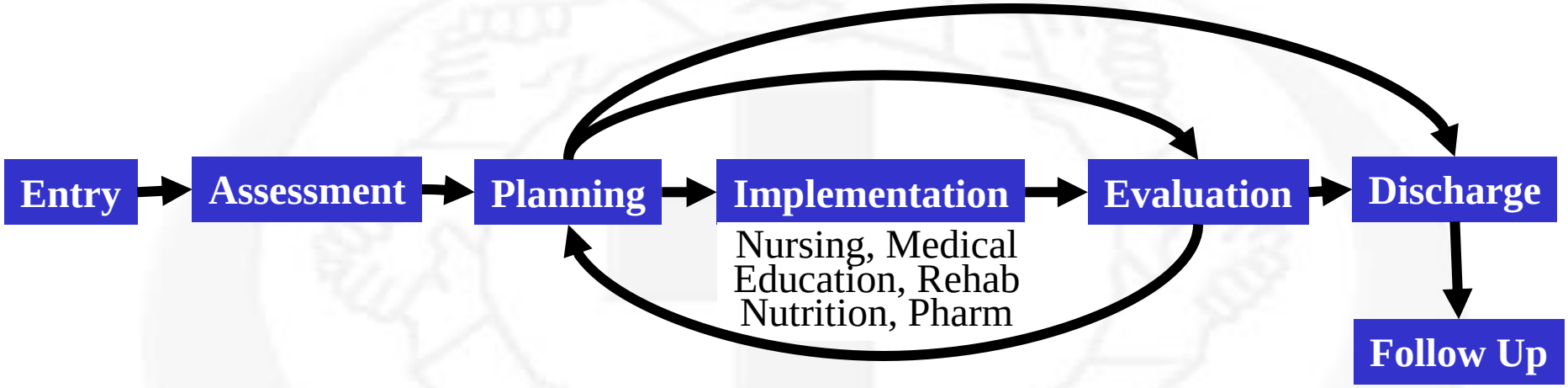
Clinical Tracer



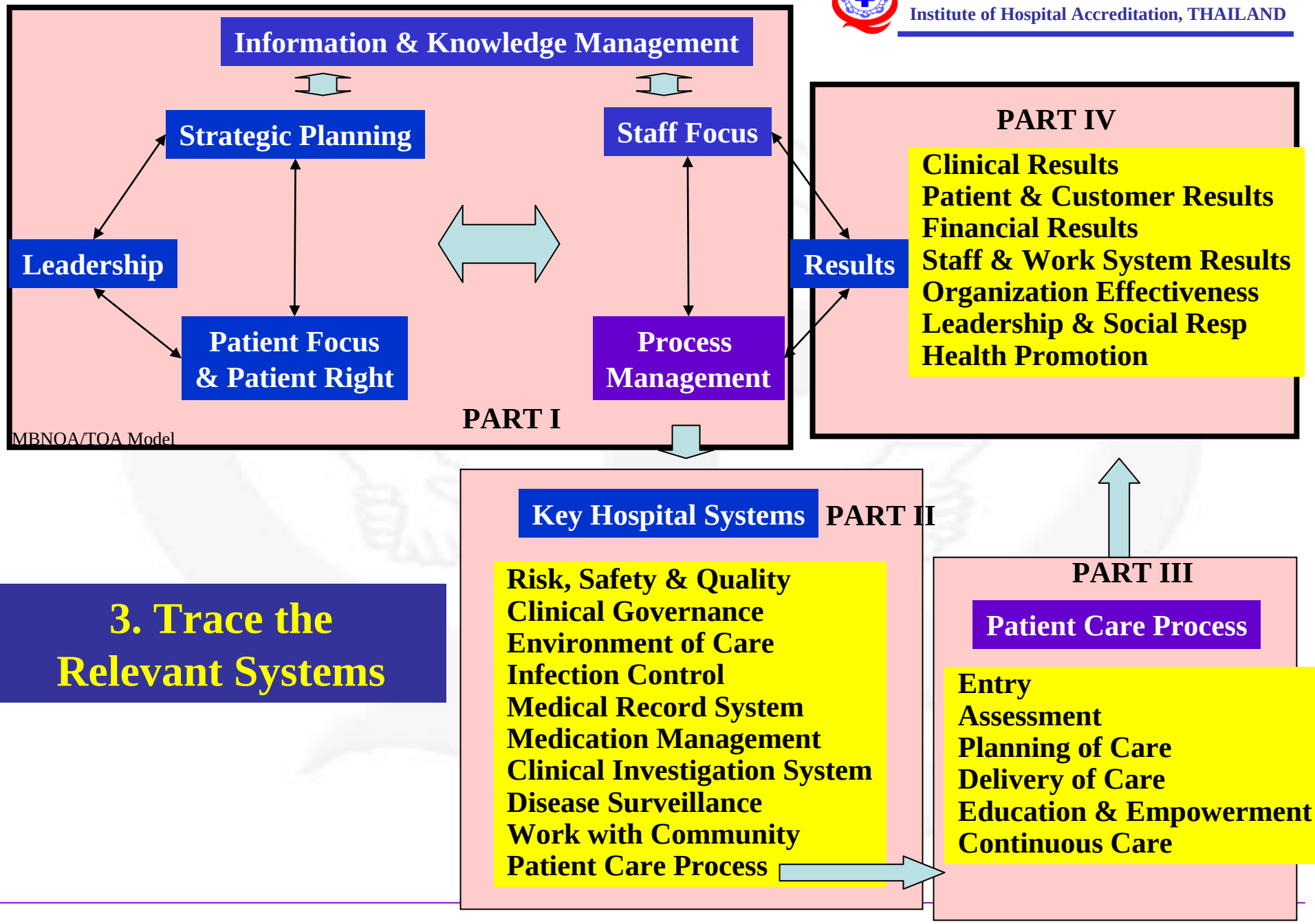
1. Trace the Quality Process



2. Trace the Patient Care Process

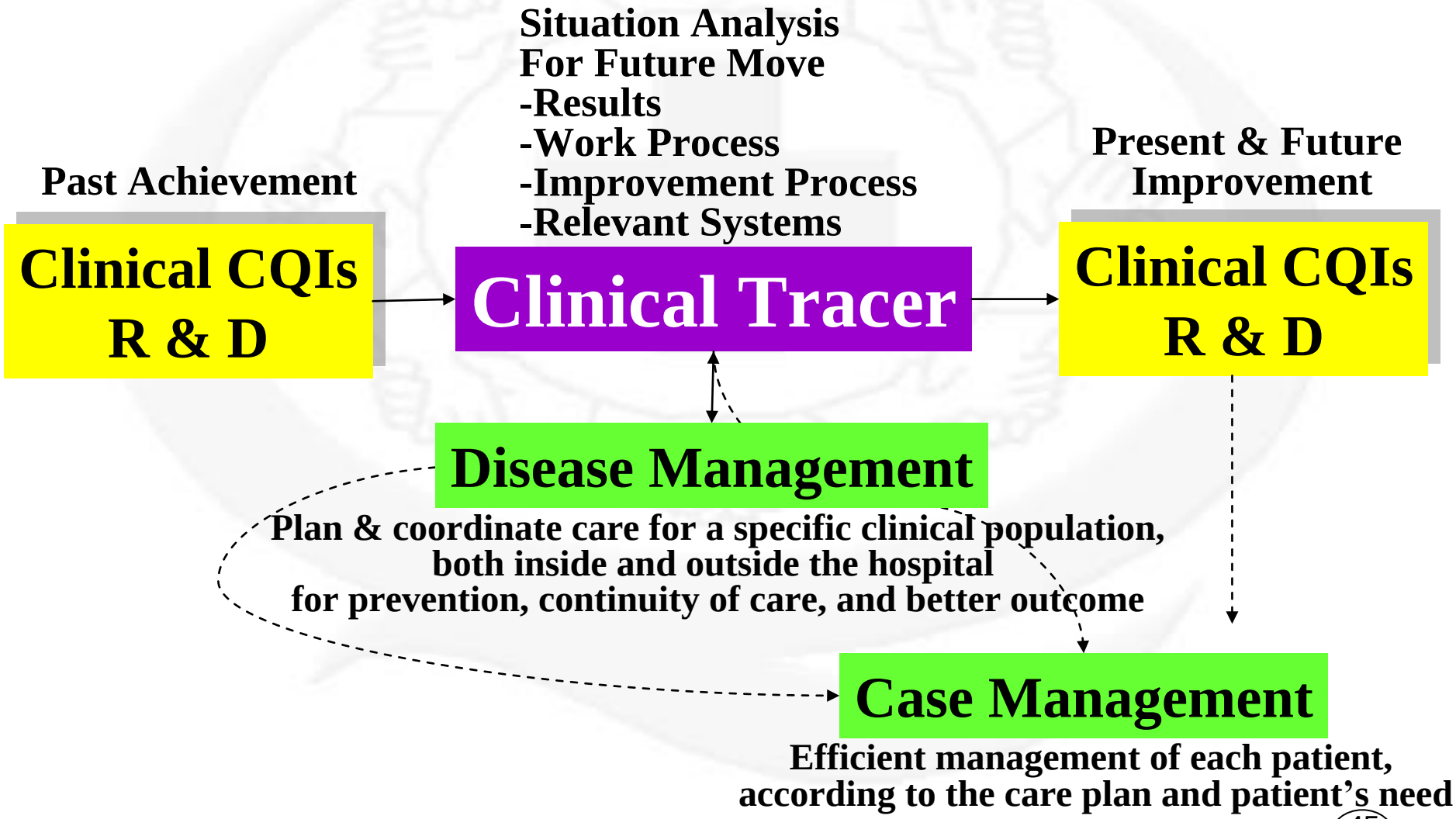


- **Which processes (or points of care) are critical for achievement of patient care objectives?**
- **How do we add value into these processes?**
- **Are there any opportunities for improvement, what are they?**



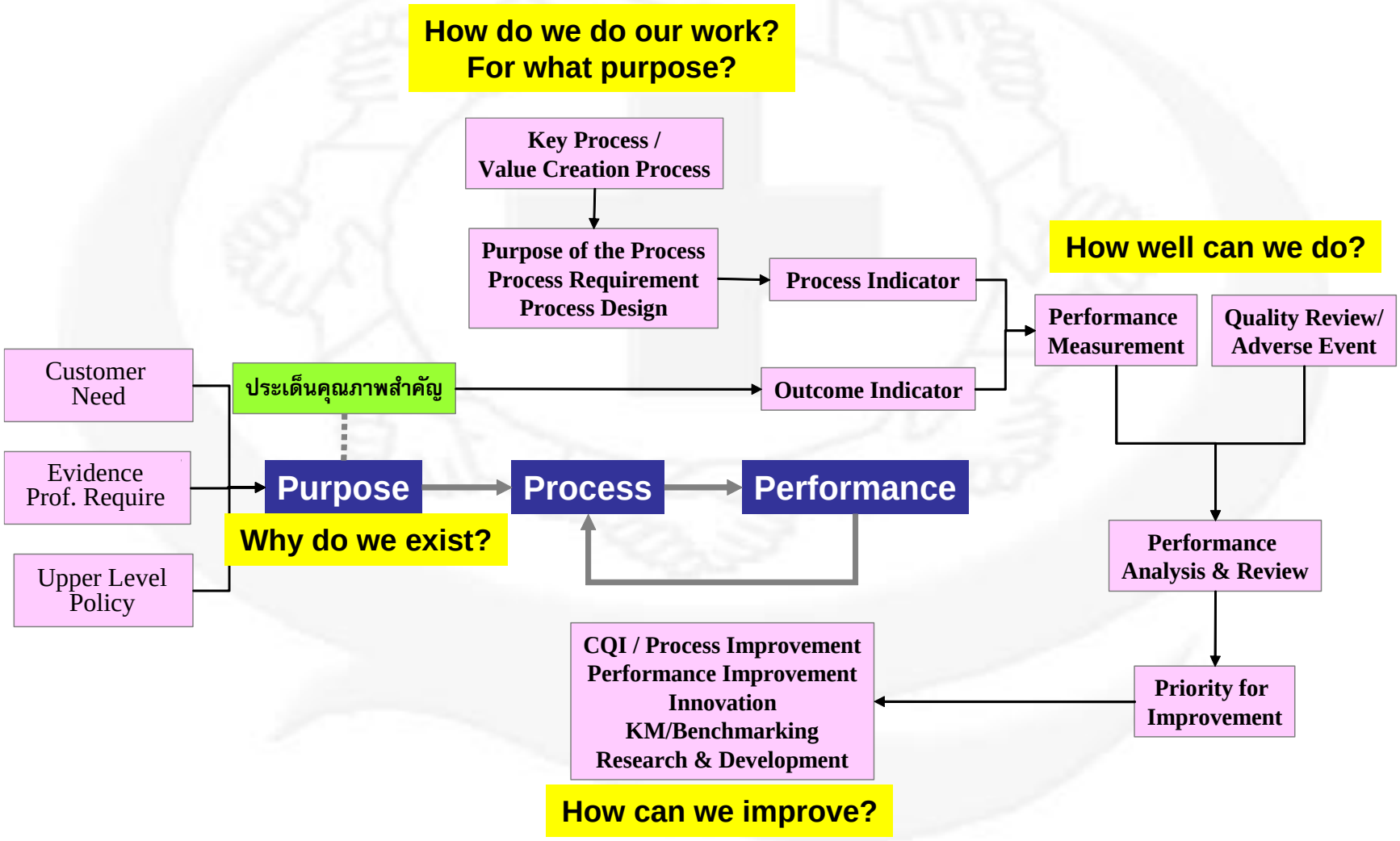
3. Trace the Relevant Systems

Clinical Tracer as a Situation Assessment Tool



Why Clinical Tracer ?

More concrete
Multidisciplinary attractive
Start from what the team already have
Lead to clinical CQI
Identify the high risk area
Natural implementation of Core Values

- -Patient focus
- -Management by fact / focus on results
- -Continuous improvement
- **-Evidence-based practice**

"3P" to Learn & Design Our Works