



Hospital Accreditation THAILAND Case Presentation

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Expert Group Meeting on

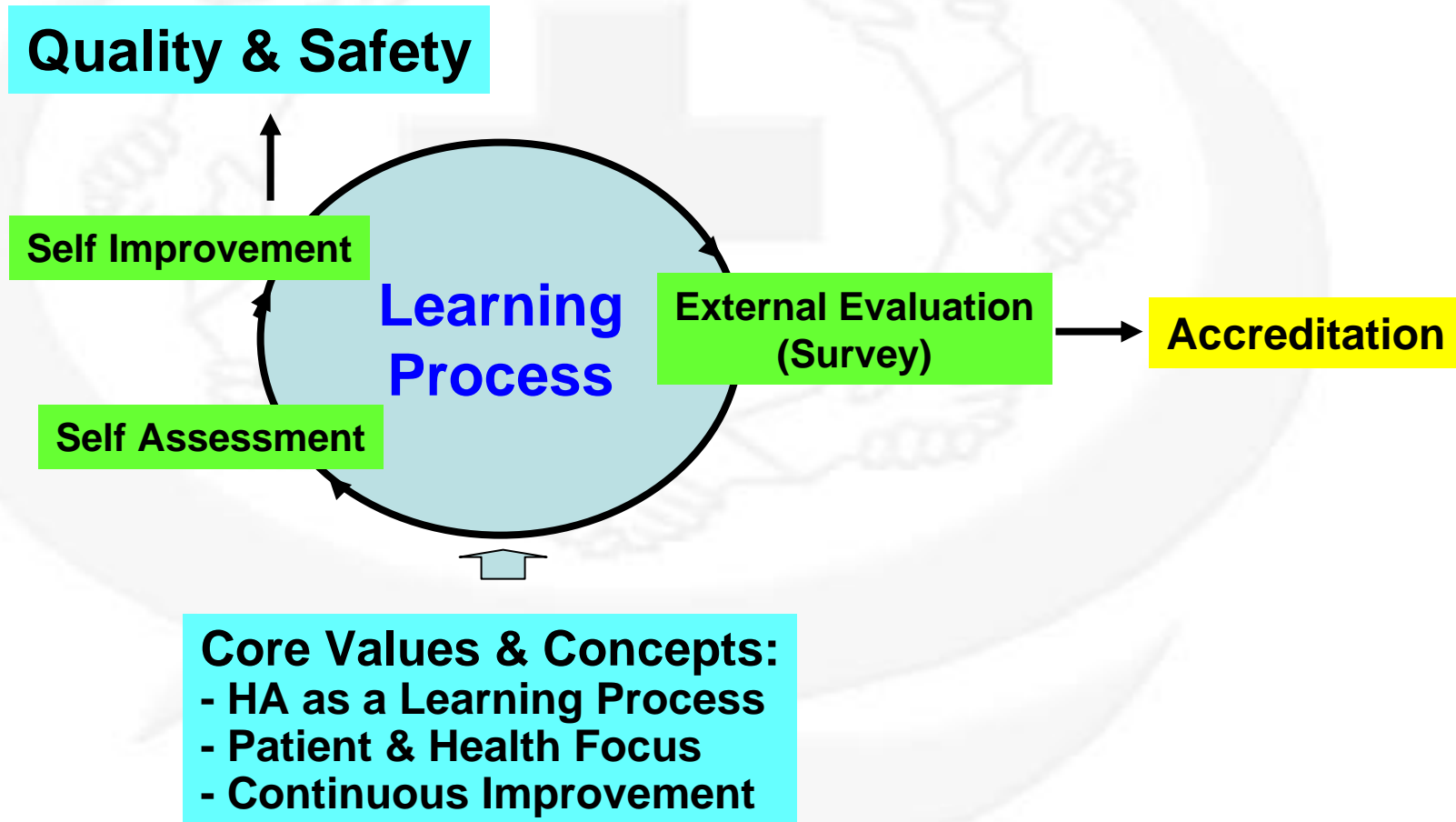
Hospital Accreditation and other External Quality Assessment Systems in Health Care

7 and 8 February 2008, Montien Riverside, Bangkok, Thailand

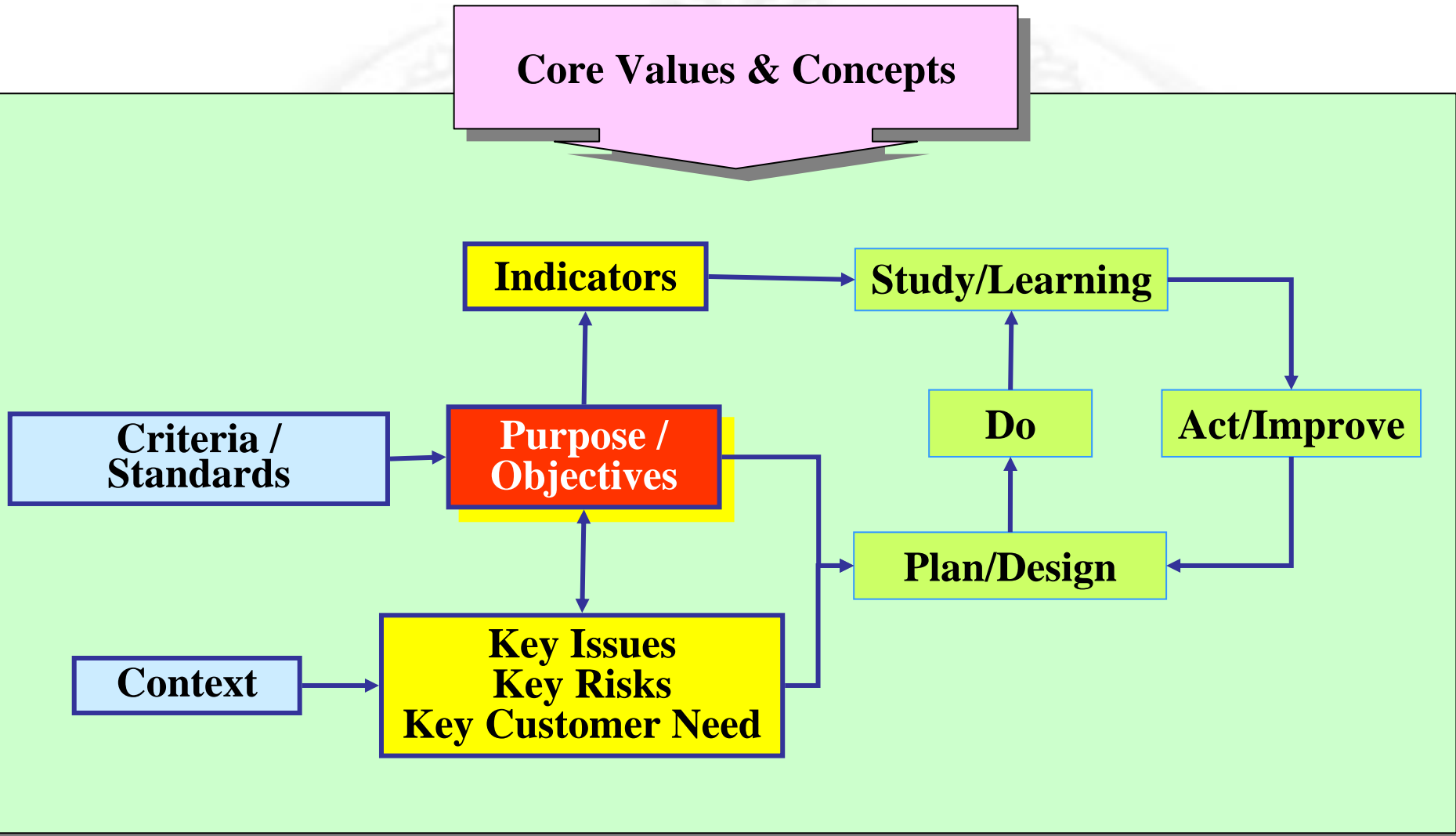


Key Principle of HA Program Thailand

Basic Concepts of Hospital Accreditation

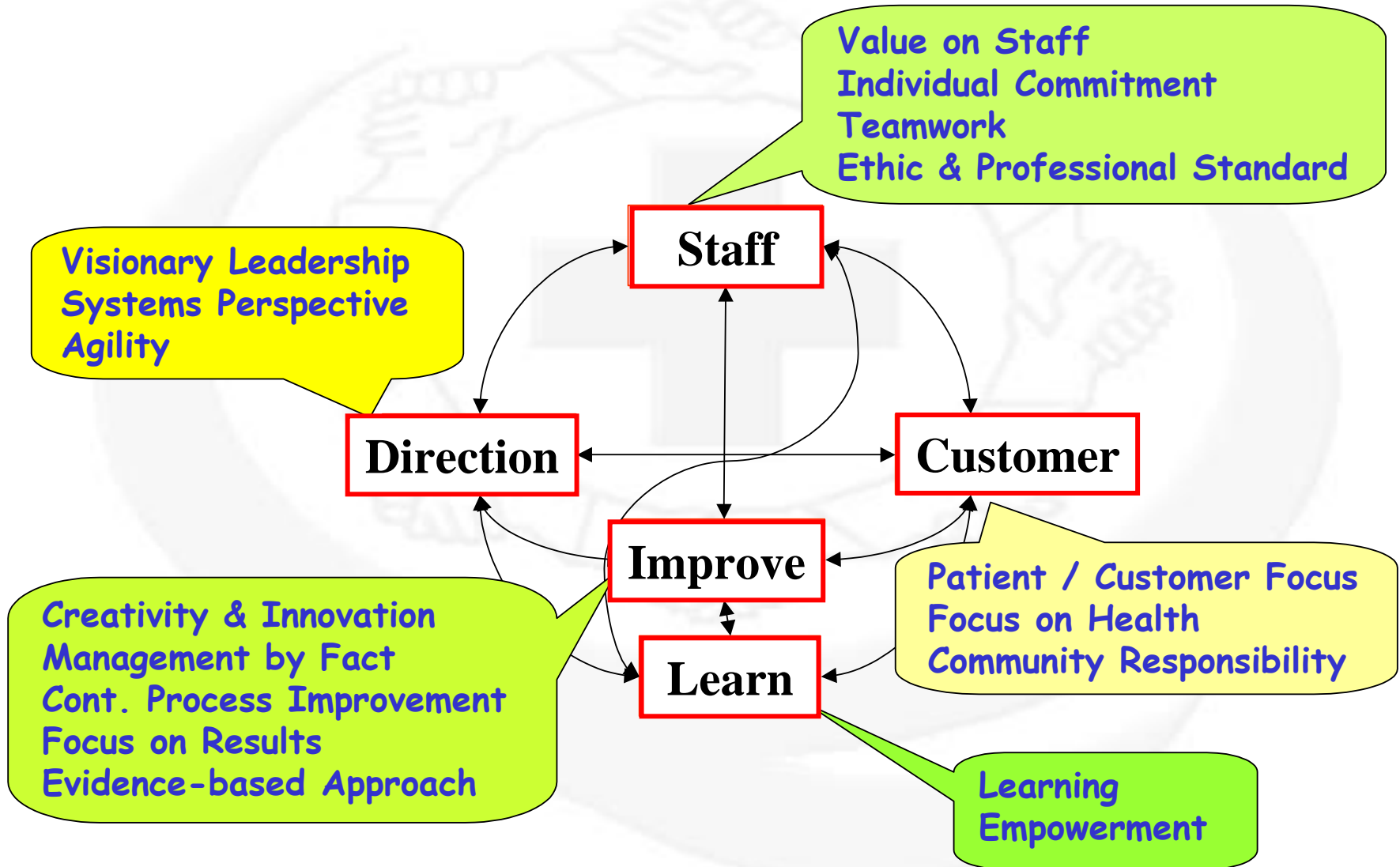


3C-PDSA





Core Values & Concepts



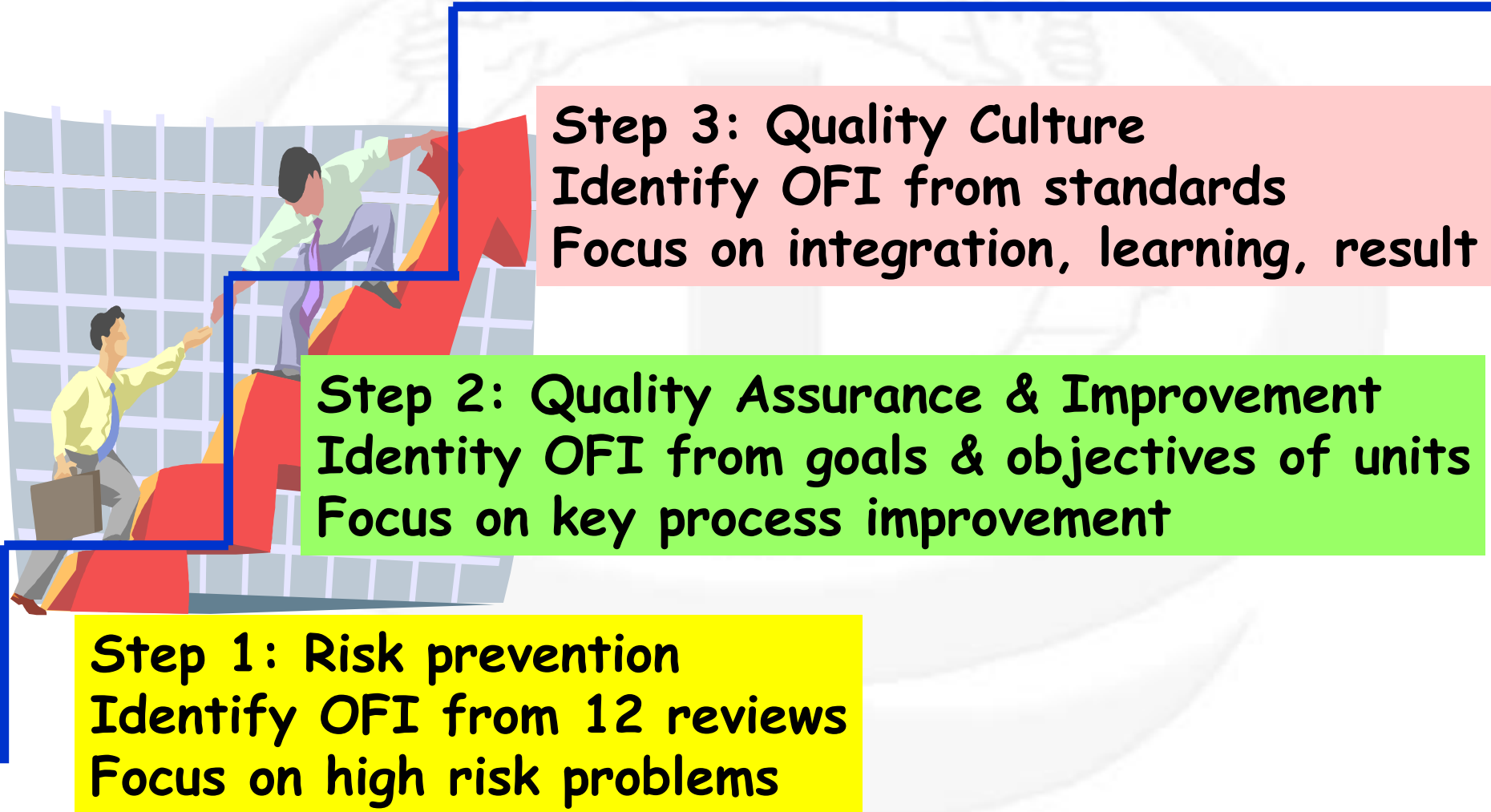


Key Quality Dimension

Access
Appropriate
Competency
Continuity
Coverage
Effective
Efficiency
Equity
Humanized/Holistic
Responsive
Safety
Timeliness

3 Steps to HA

A strategy to gain acceptance and expand coverage

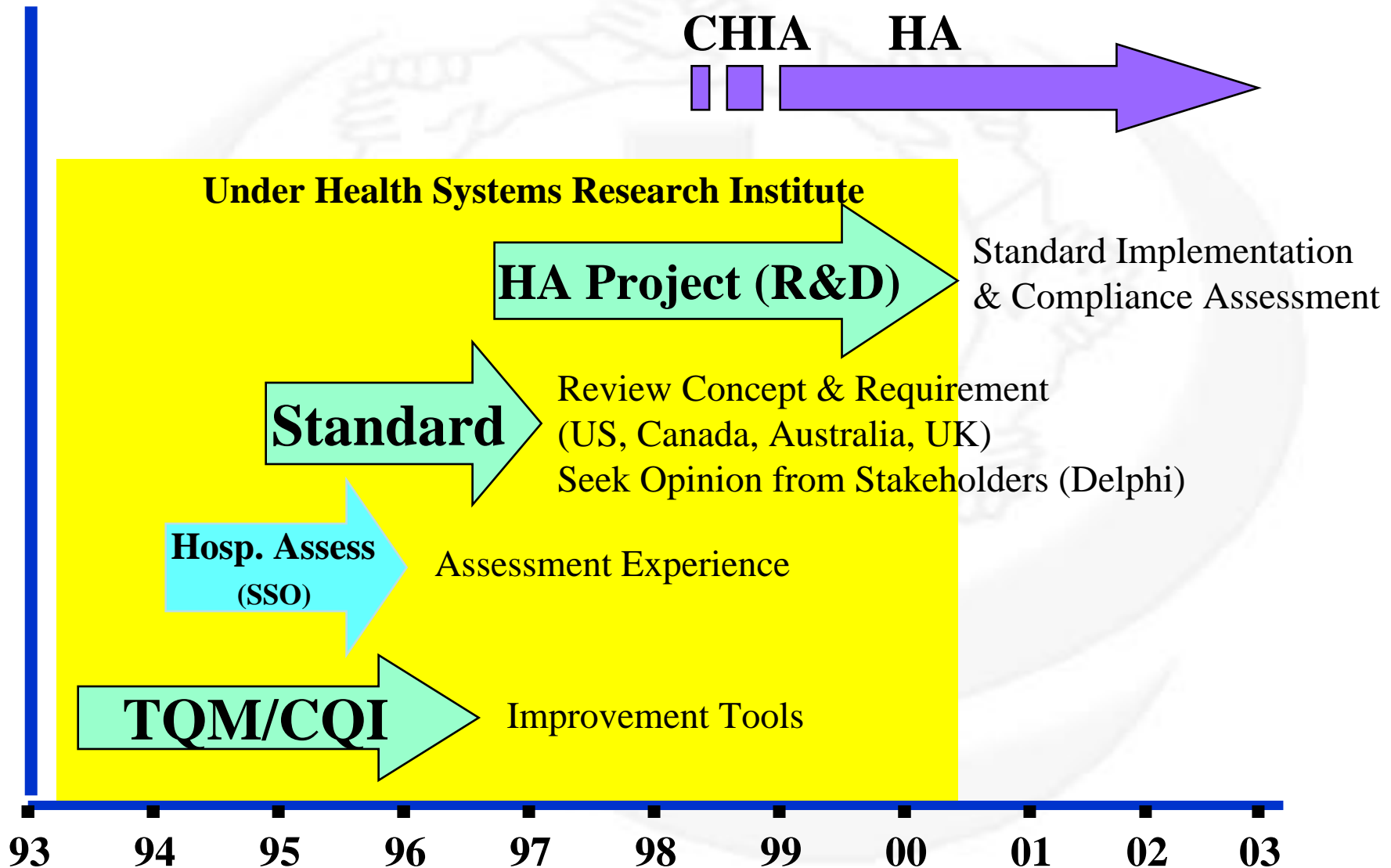




How to Start the HA Program in Thailand



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

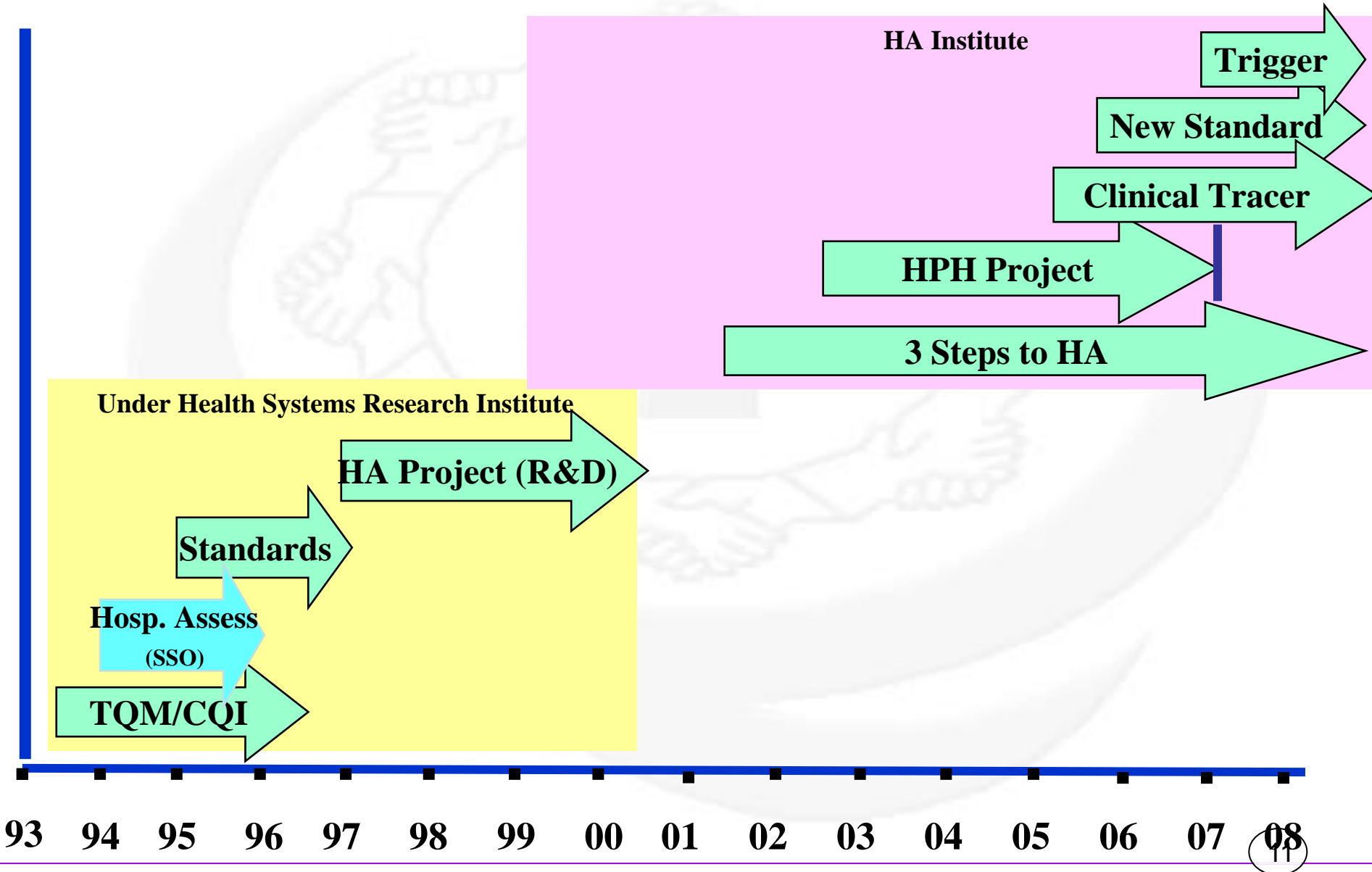
Knowledge

Solutions

Questions



Development of HA



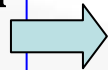


Key Functions of the Institute of HA

**Collect & Create Knowledge/
Guideline for Quality Improvement**



**Create Awareness
Knowledge Dissemination
Training**



Stepwise Recognition



**Evaluation &
Accreditation**

Collaboration/Learning Network



Incentive & Reinforcement



Benefit of the HA Program

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

Population

Hospital

System/Society

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



Incentive & Reinforcement

Social Security Scheme:

- Increase quota of registered patient 10-30%

Universal Coverage Program

- Require the hospitals to pass step 1 to HA
- Differential additional budget for hospitals with quality recognition

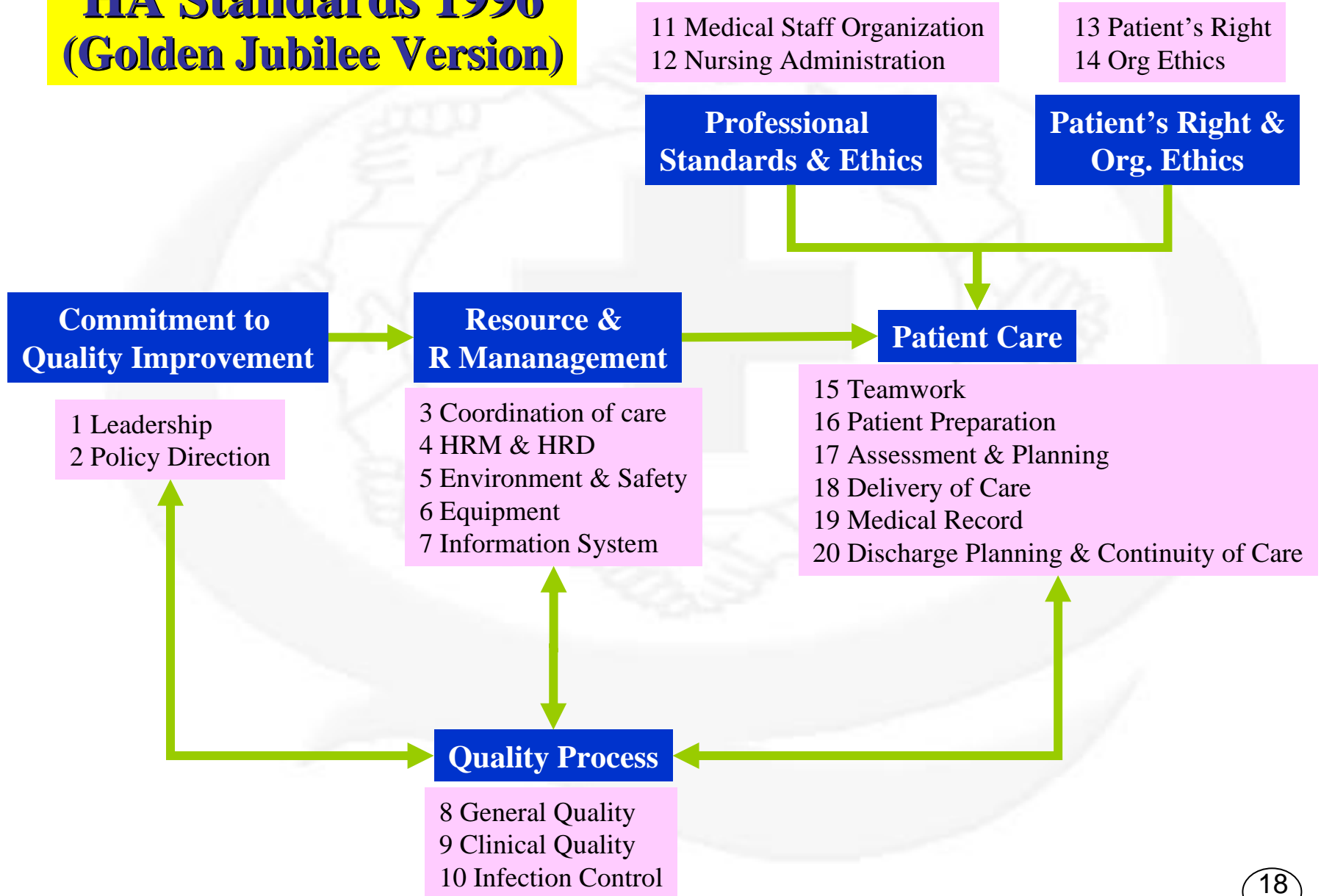


Standards Structure & Development

- Review of 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

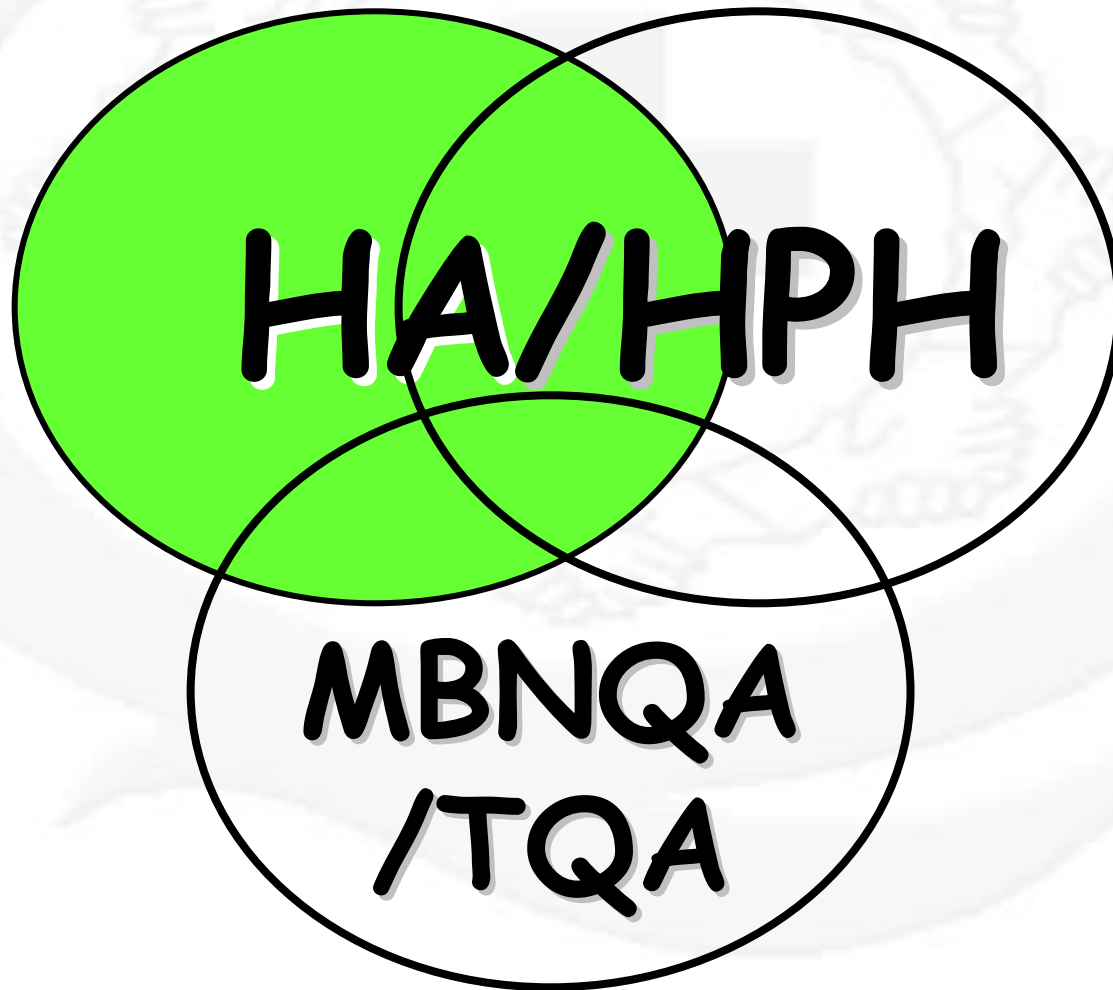


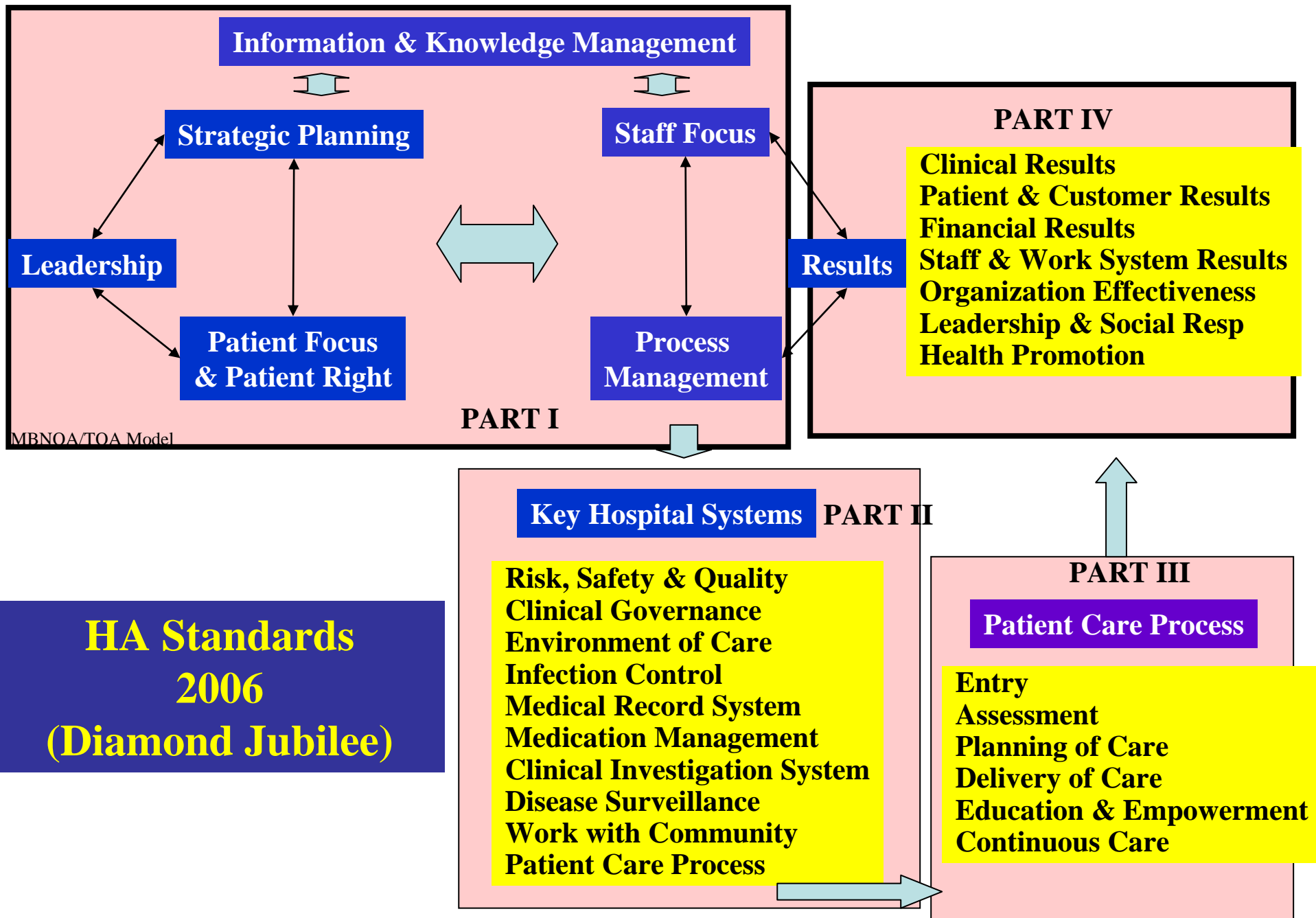
HA Standards 1996 (Golden Jubilee Version)





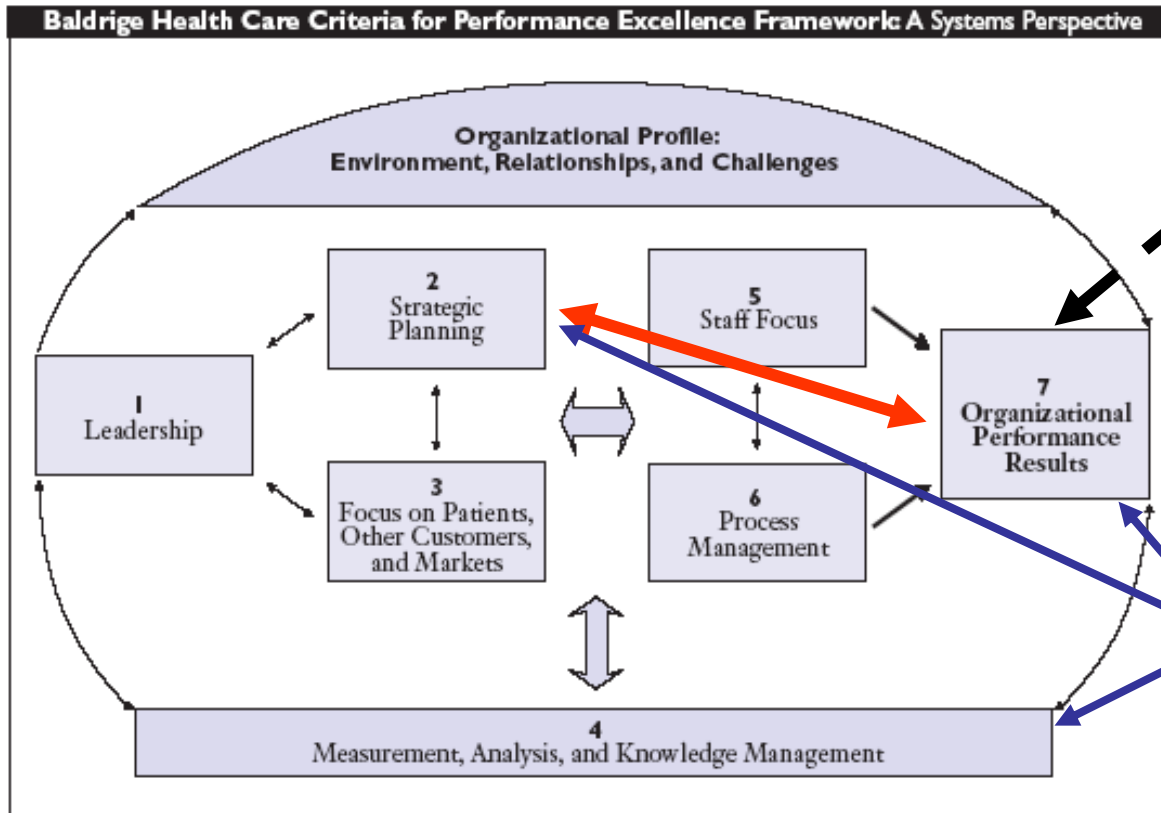
Integration of Health Promotion and Performance Excellence Criteria into HA Standards (Diamond Jubilee Version)





Linkage in the Standards Part I (from MBNQA)

Overview of Organization Management



Focus on result
Use composite score
-> ensure balance of strategies

Goal alignment
Measures -> deploy overall requirement
Learning: PDCA



Collaboration with Professional Organizations & Relevant Agencies

Department of Medical Science (Lab Accreditation)
Promotion
Institute of Thanyarak (Drug Addict Care Accreditation)
Combined accreditation

1996 Version:

- All professional organizations in the standard framework

2006 Version:

- Department of Health (Health Promotion Standards)
- Department of Disease Control (Diseases & Health Hazard Surveillance)



Pre-survey Consultation

Lab: Association of Medical Technologist
Drug System: Association of Hospital Pharmacist



Technical Development & Spreading

National Forum: All professionals

Department of Medical Services:

- Guideline development
- TCEN (Toward Clinical Excellence Network)

CRCN: Research on Adverse Event

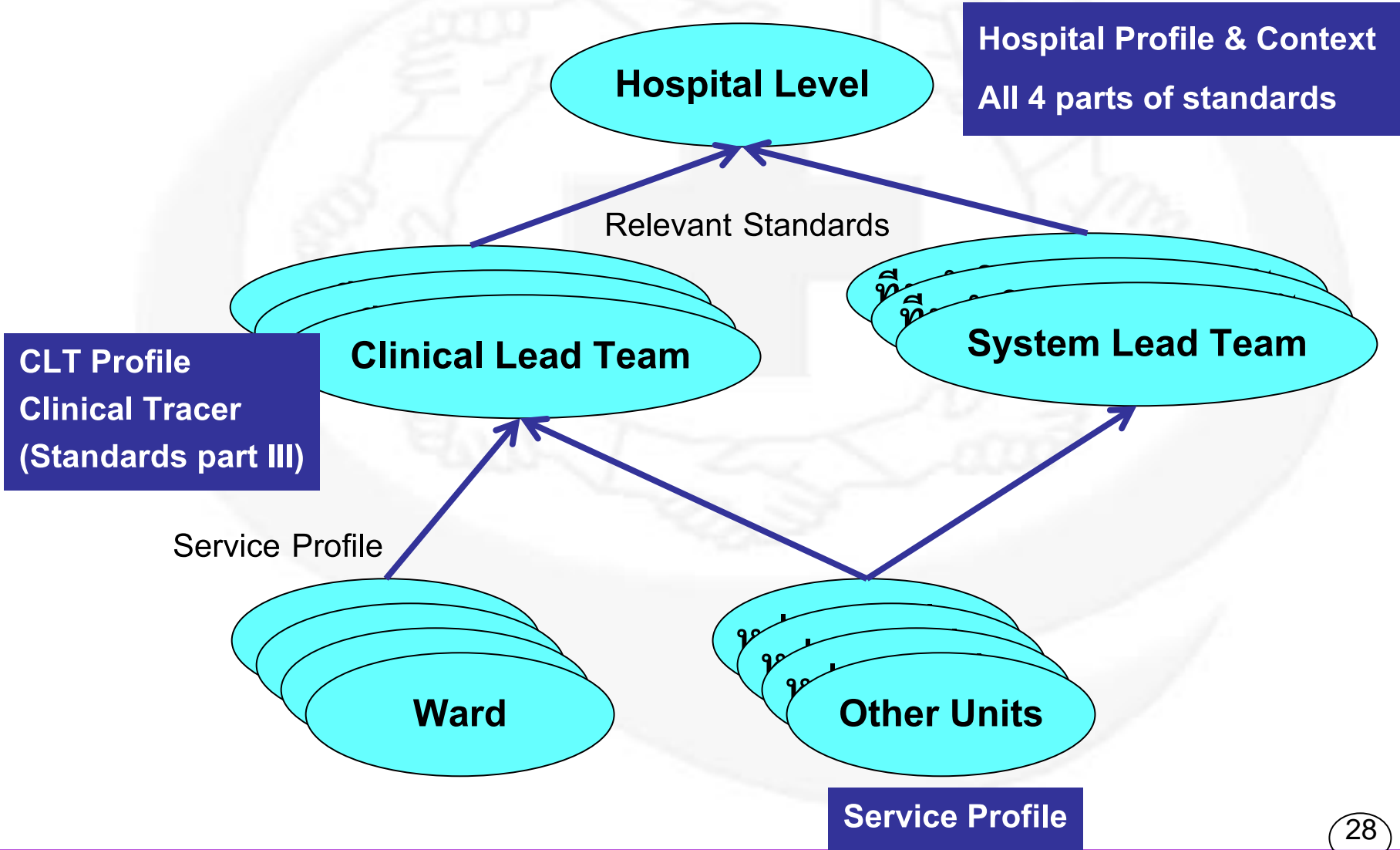
University Hospital Network: Comparative Indicator



Use of Self Assessment



Level of Self Assessment Document





Get Standards into Daily Operation

Systematic Evaluation

What are the strength & weakness?
Can we measure them?

Trace Daily Practice

What are we doing?
Are we doing it well?

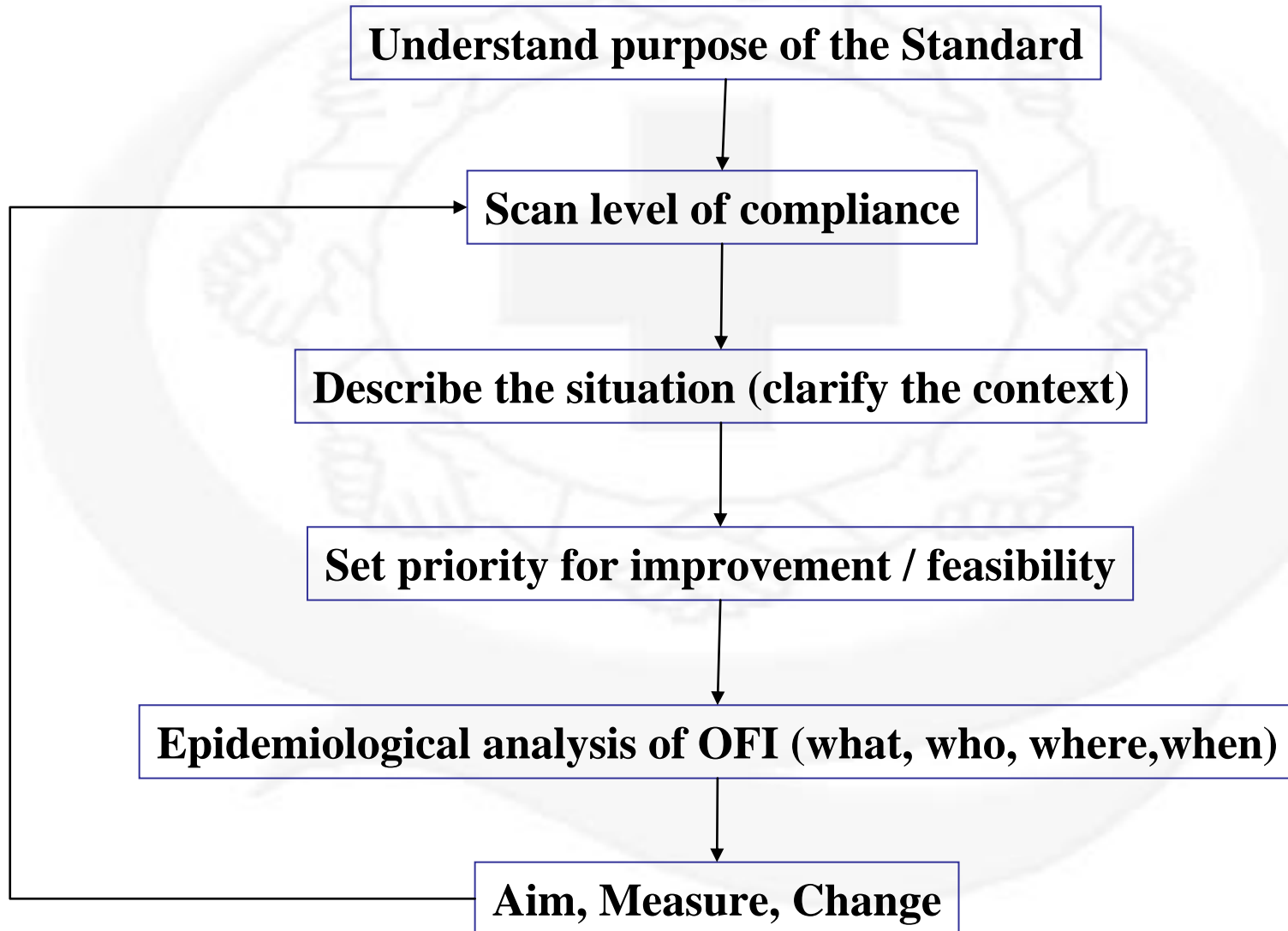
Dialogue

What's in it for me?
What's our major risks?

Study Purpose of the Standard

Focus on Safety, Health Promotion, Learning

Standards -> Assessment -> Improvement



Service Profile

Context

Team:

Purpose:

Scope of Service:

Key Customer Requirements:

Key Internal Co-ordination Requirements:

Key Service Characteristics:

Key Quality Issues:

Key Staff:

Key Technology & Equipment:

Key HPH Issues:

Objectives, KPI & CQI

Team:

Key Quality Issues

Objectives

KPI & Result Link

Improvement Link

Key Processes, Risks, KPI

Team:

Improvement Lesson

Team:

Initiative:

Problem/OFI

Objectives

Approach/Change

Result

Quality Review Link

Team: _____

Team Specific Activities

Bedside Review

Refer/Transfer/Refuse Review

Review by Expert

Scientific Evidence Review

KPI Review

Combination

IC Review

Drug System (ME/ADE) Review

Sentinel/Adverse Event Review

Medical Record Review

Utilization Review

Hospital-wide

Customer Complaint Review



Surveyor Training



HA Expert Competency Framework

Knowledge



Skill



Task



Standard Work

Quality Concept

Quality Tools

HPH Concepts

HA/HPH Standards

Assessment

Health System

Reading

Analysis

Wide perspective

Relationship Building

Observation

Listening

Questioning

Constructive Feedback

Learning Facilitation

Writing

Problem Solving

SA Analysis

Team Interview

Site Visit

Doc/Med Rec
Review

Report Writing

Re-accreditation Survey

Accreditation Survey

Step 1/2 Assessment

ICV / CV

Learn & Share
Workshop

Document
Assessment



Surveyor Training

- 5 days on concepts & standards
- 5 Days on application & practice
- A number of field practice
- Accompany the surveyor team in a real setting

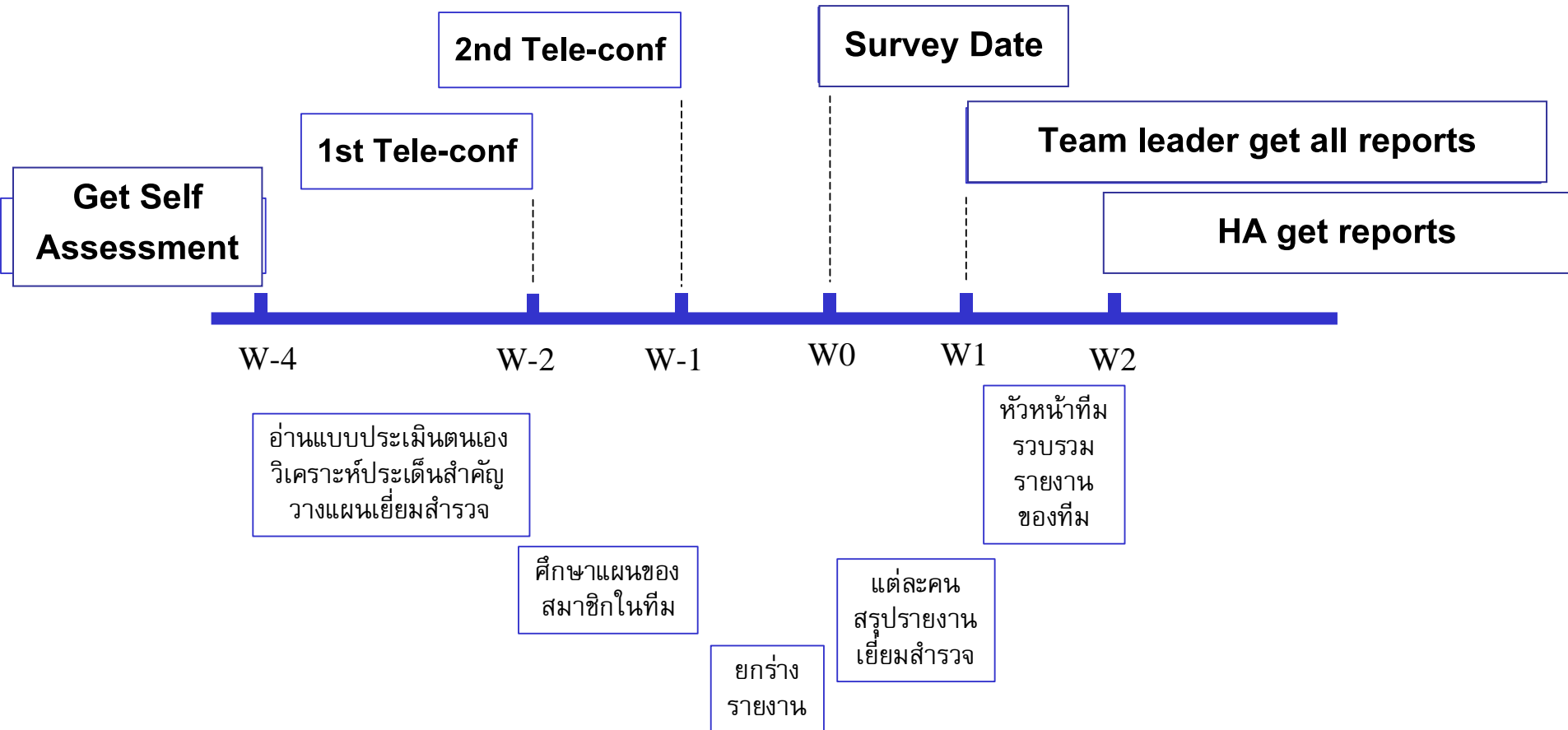


Surveyor Management



Focus of the Survey Process

A Timeframe for Survey Process



กำหนดการเยี่ยมชมสำรวจ

	วันที่ 1	วันที่ 2	วันที่ 3
0800-0900	พบผู้นำ/รพ.นำเสนอ	เยี่ยมชมสำรวจ	เยี่ยมชมสำรวจ
0900-1000	เยี่ยมชมสำรวจ		
1000-1100			
1100-1200			
1200-1300	อาหาร/ประชุมทีม	อาหาร/ประชุมทีม	อาหาร
1300-1400	เยี่ยมชมสำรวจ	เยี่ยมชมสำรวจ	ประชุมสรุปผล
1400-1500			
1500-1600			พบผู้นำ/exit
1600-1700			
1700-2100	ประชุมทีมผู้เยี่ยมชมสำรวจ	ประชุมทีมผู้เยี่ยมชมสำรวจ	

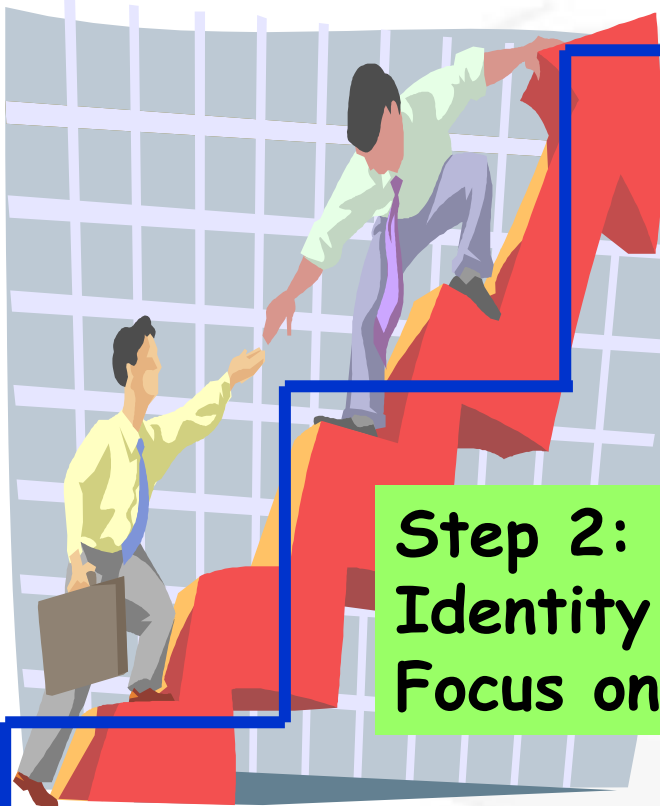


Survey Report



Level of Recognition & Decision Making

3 Steps to HA



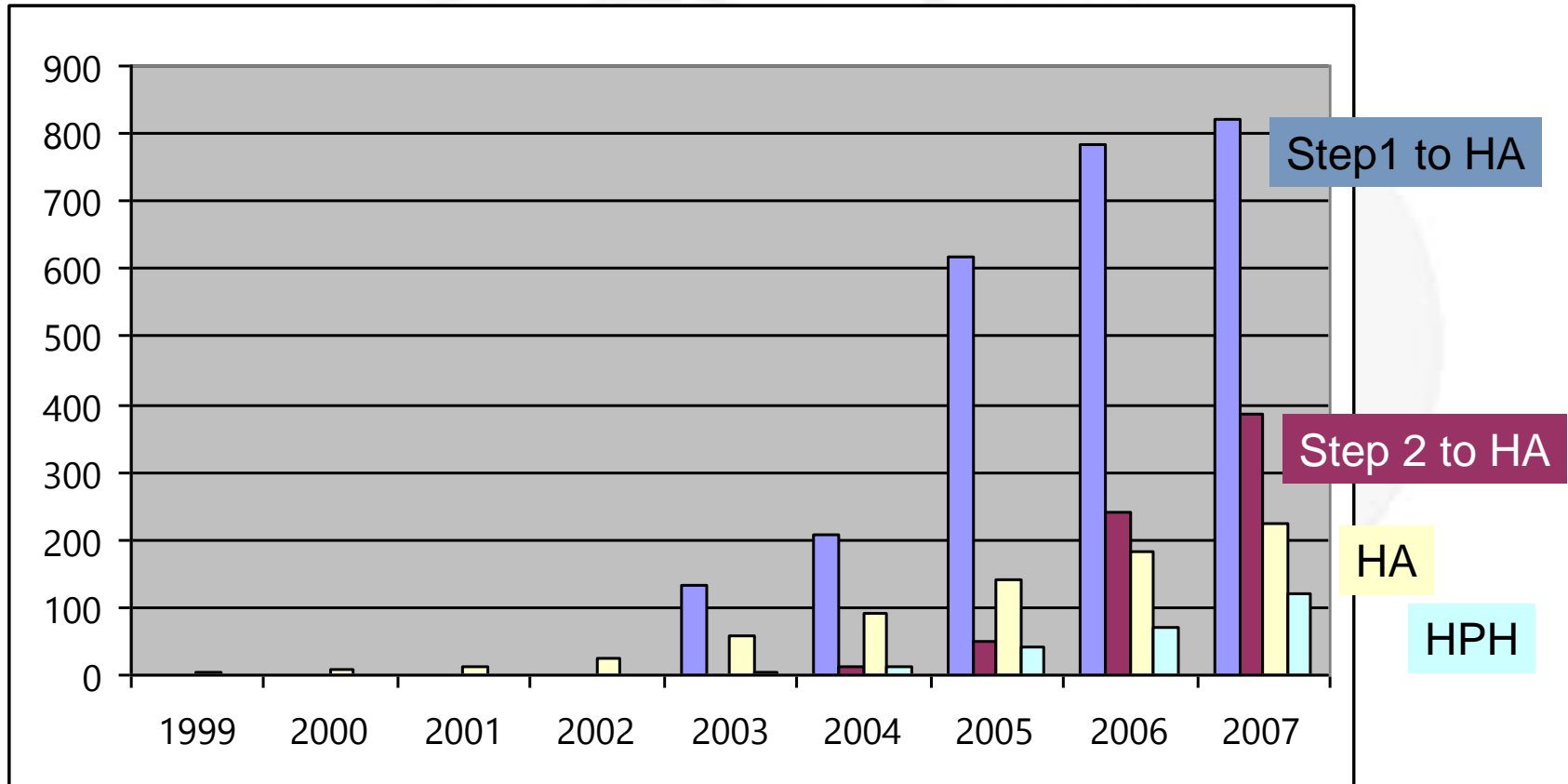
Step 3: Quality Culture
Identify OFI from standards
Focus on integration, learning, result

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



Number of HA Recognition



	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



Scoring of Step 1 to HA

Just start
Structure
Guideline

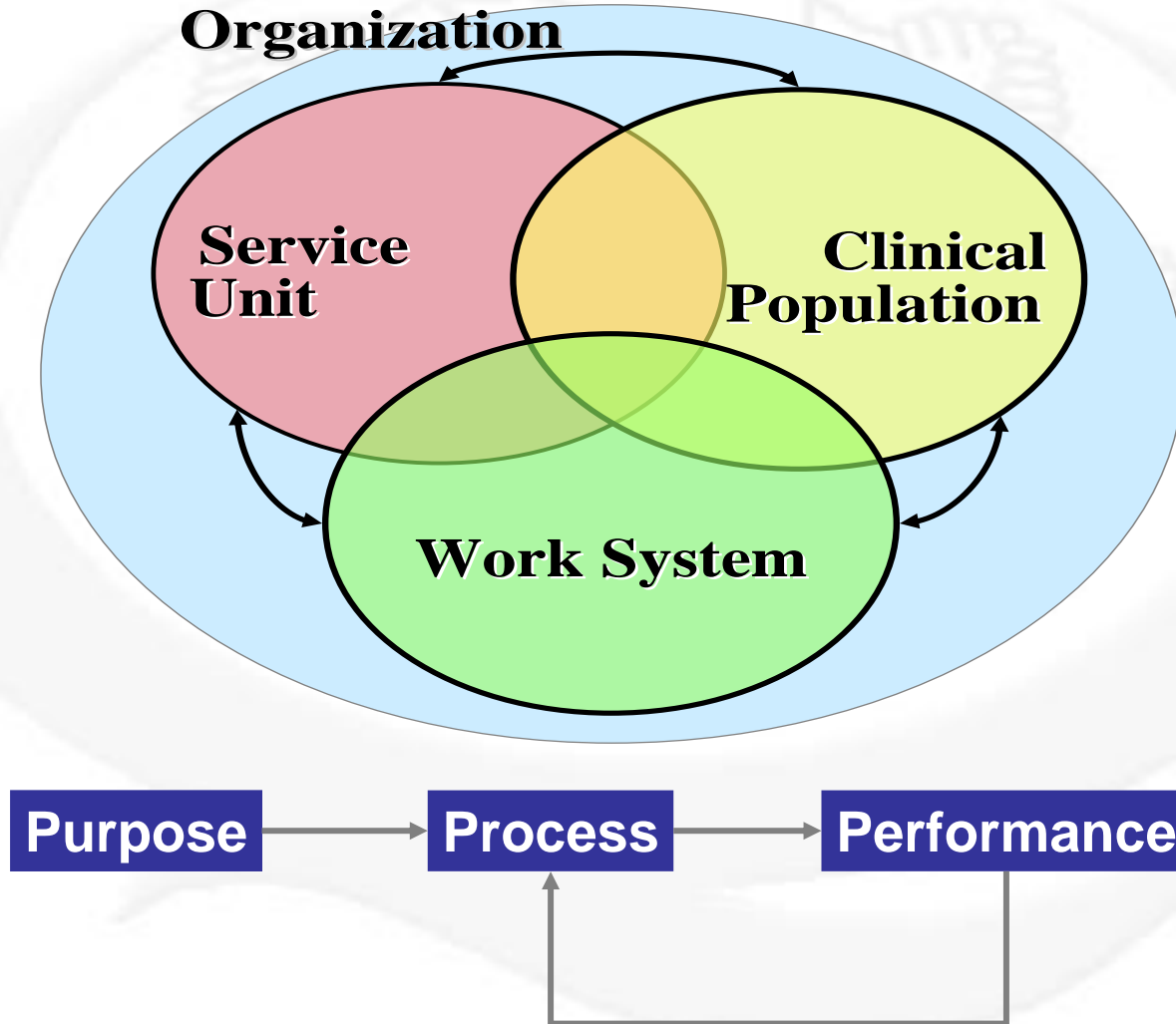
Change
Communicate
Facilitate

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					

4 Domains for Improvement



Scoring Guideline: For Continuous Improvement to Excellence

1

1.5

Just Begin

Unsatisfied result

Basic quality structure

Set team
Set Frame
Structure
focus

React to
problem

Set Up

Set team & mission

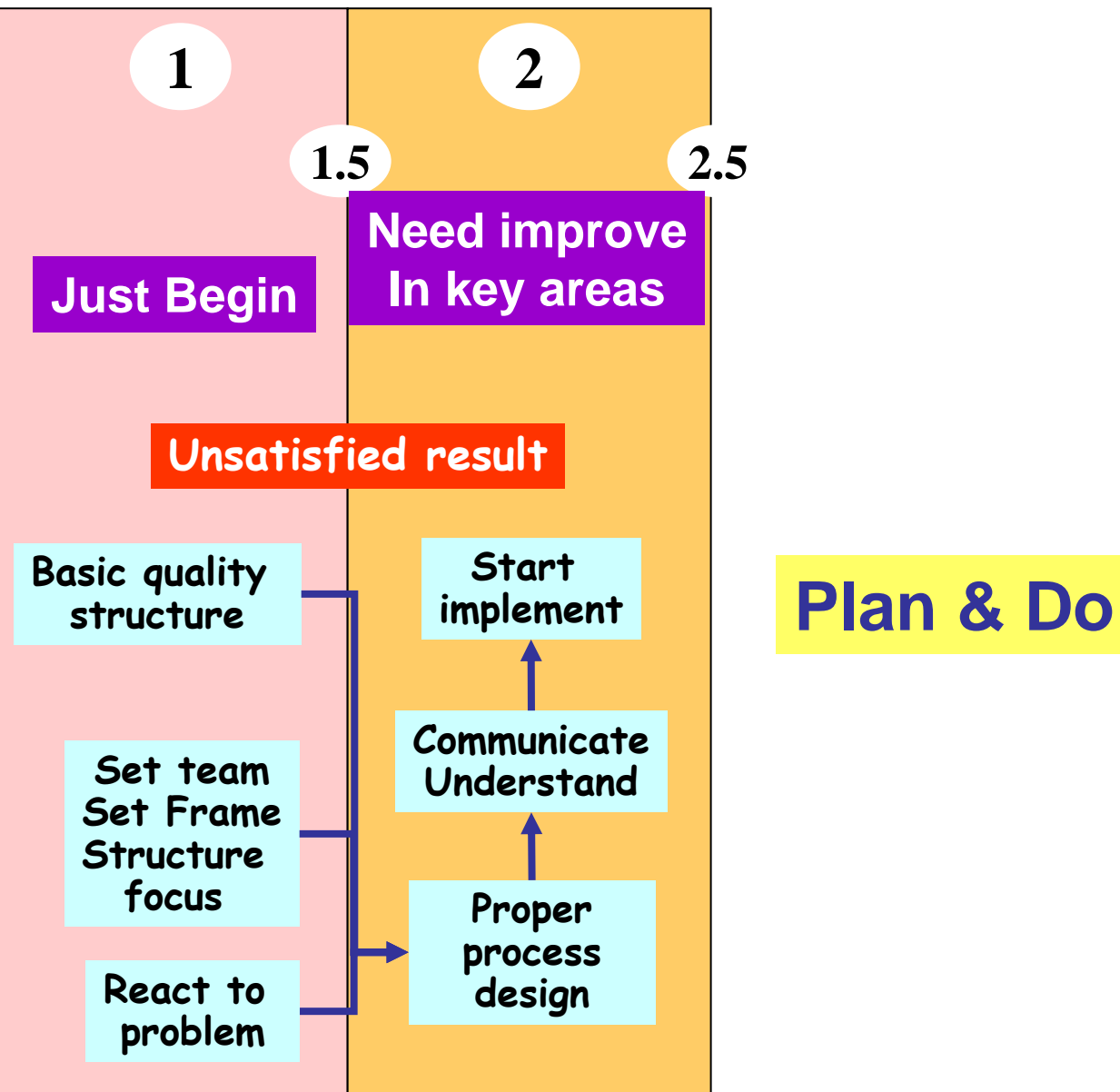
Set guidelines

Problem analysis

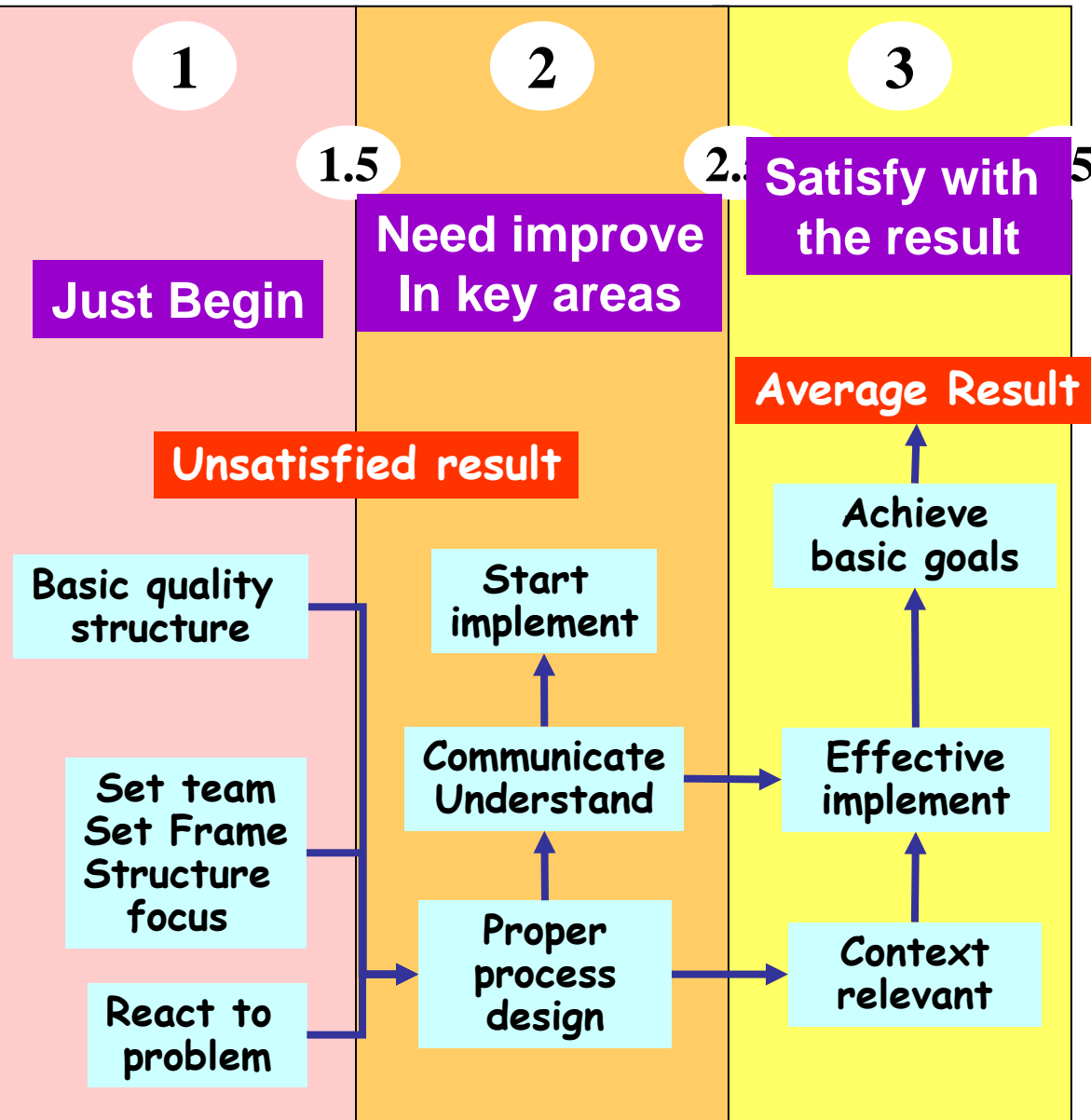
Reactive response

Early improvement on simple issues

Scoring Guideline: For Continuous Improvement to Excellence

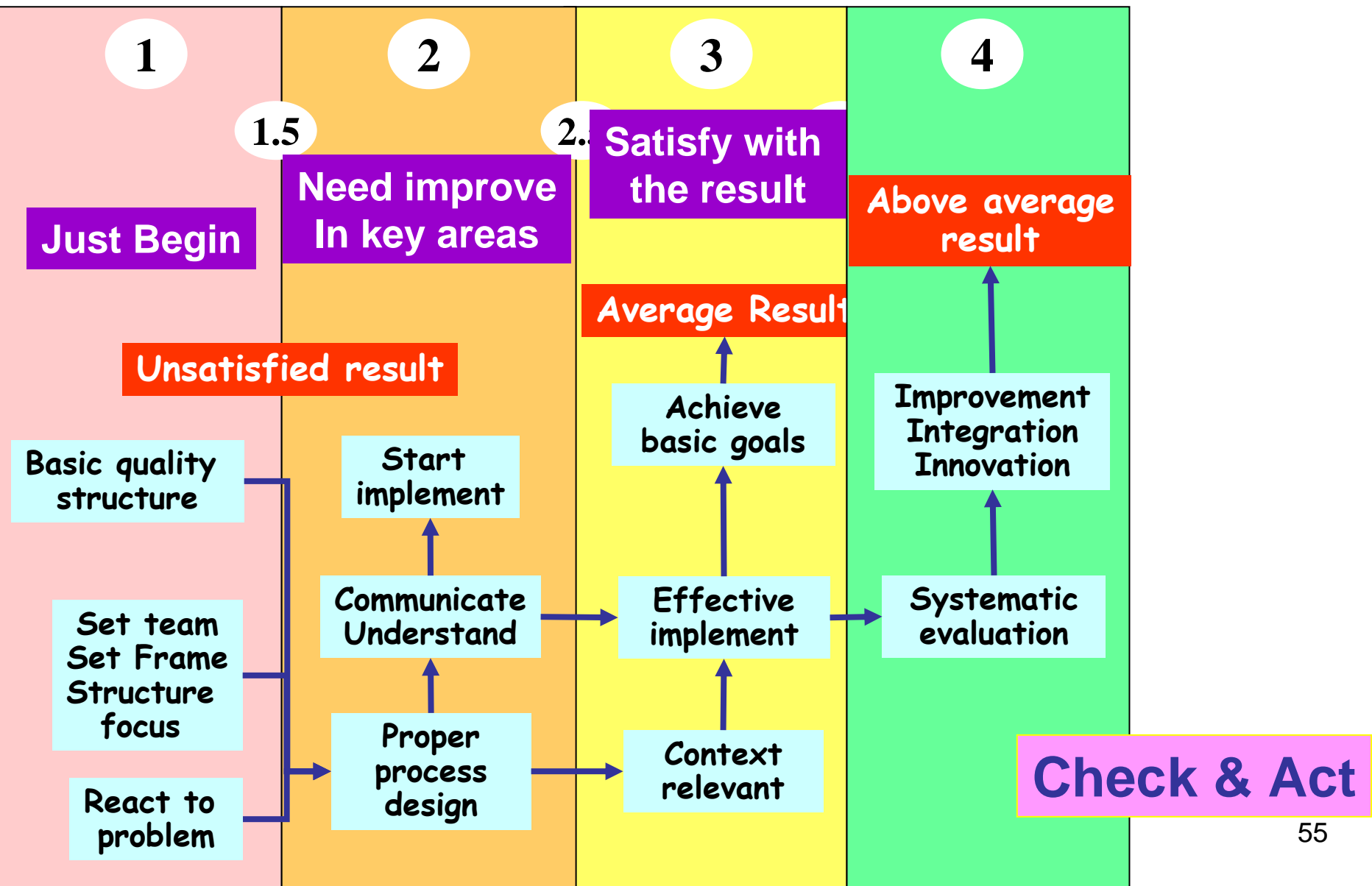


Scoring Guideline: For Continuous Improvement to Excellence



Do & Check
 Effective design (HFE)
 Deploy in all key areas
 Effective implement
 Qualitative assessment
 Achieve basic goals

Scoring Guideline: For Continuous Improvement to Excellence



Scoring Guideline: For Continuous Improvement to Excellence

