

**Quality in Healthcare Delivery:**  
Marching towards Global Standards with Local Touch  
**Thailand Experience**

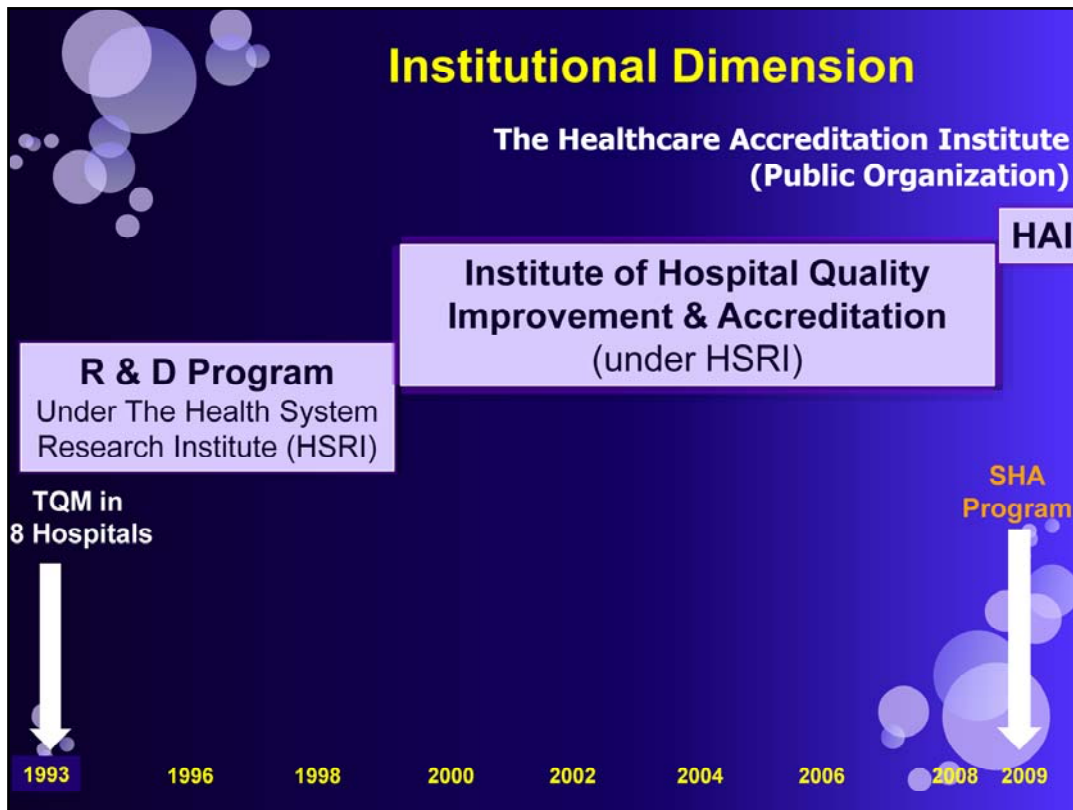
Presentation at FICCI HEAL 2010  
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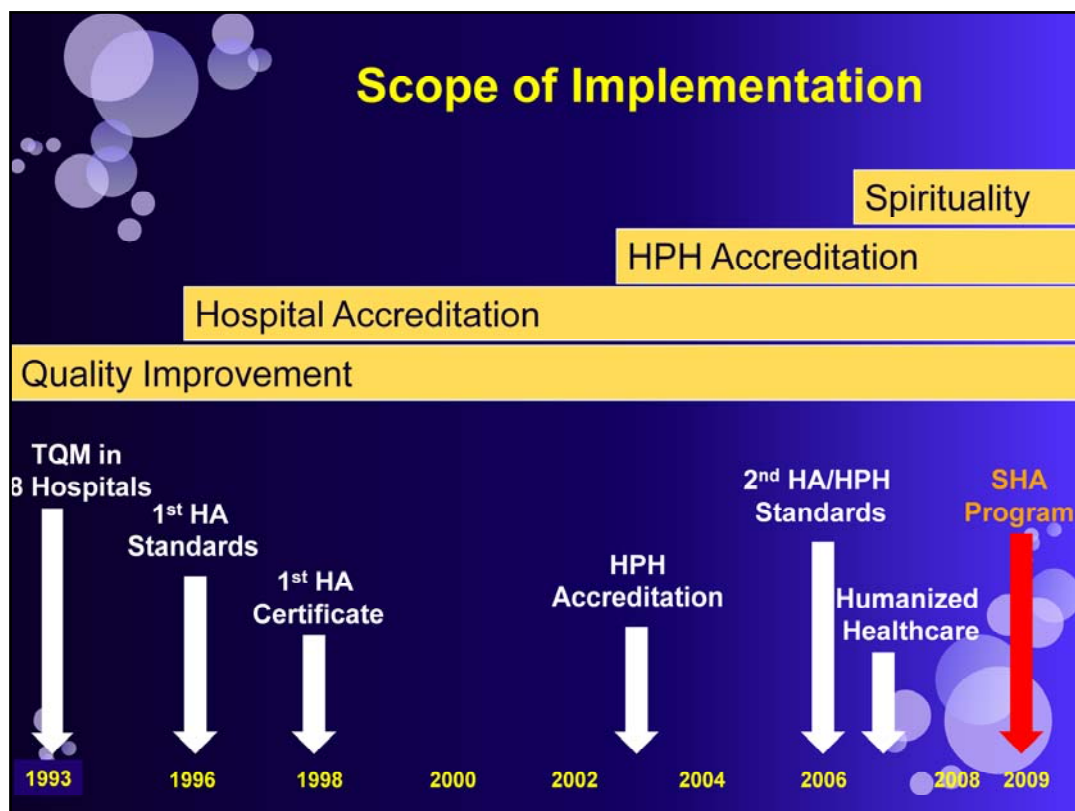


Mr.chairman, ladies and gentlemen,

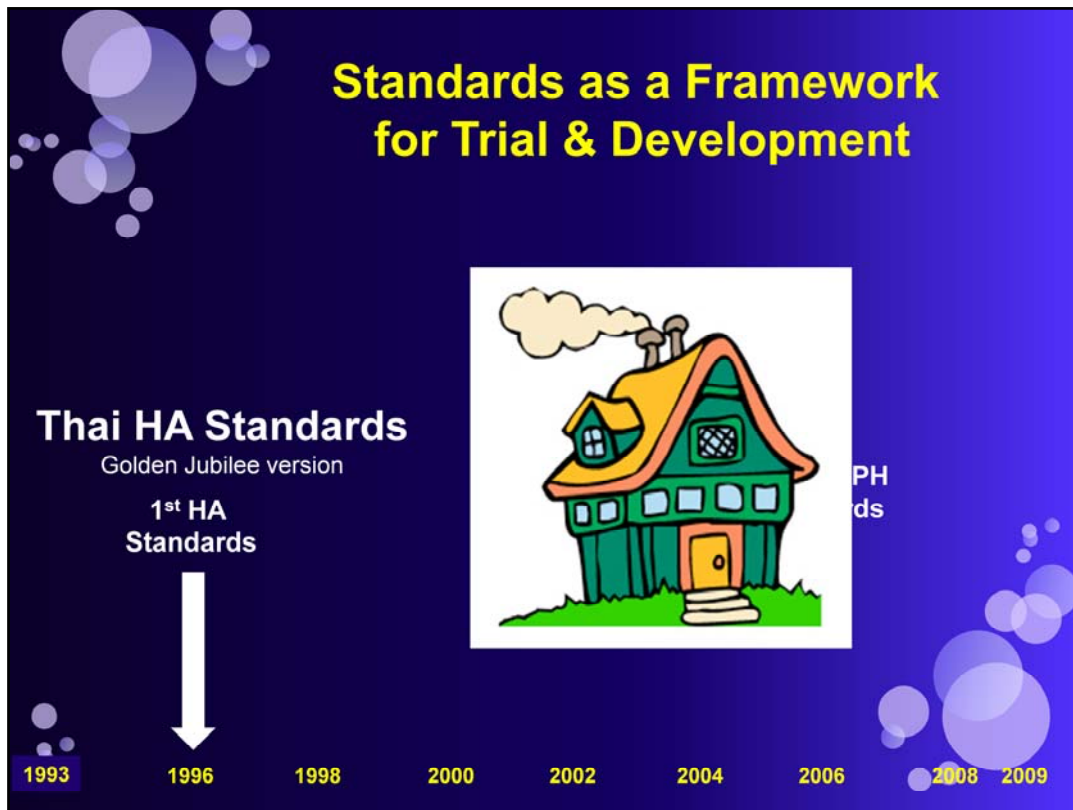
I am very glad to be part of this exciting conference.  
Marching with local touch makes an inspiration that the  
wisdom of our eastern culture will be very important for us  
and may be able to challenge the world.



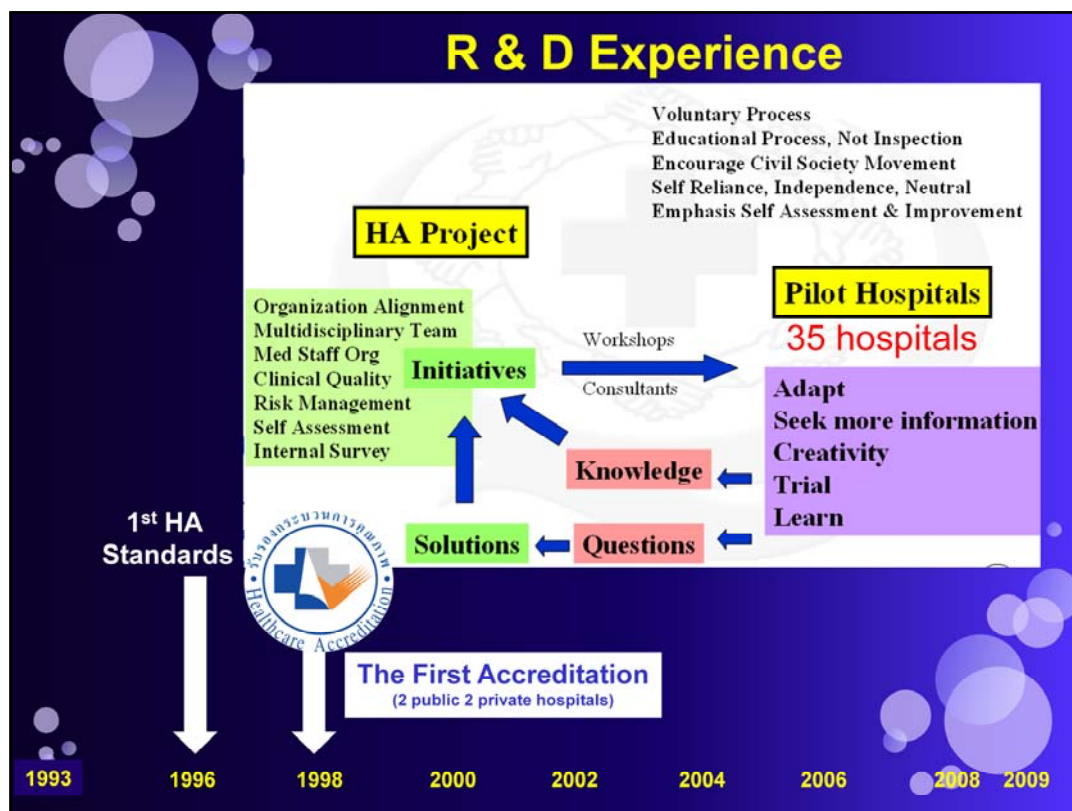
Thailand experience started with a trial of implementing TQM in 8 public hospitals as R & D project under The Health Systems Research Institute. Then another R & D for Hospital Accreditation, of which we met a Canadian consultant who demonstrated how to coach people. We became an institute under the HSRI. And last year the institute was legalized to be The Healthcare Accreditation Institute, which is an independent government agency that promote quality improvement of healthcare organizations in Thailand, using self assessment and self improvement together with external evaluation and recognition as an incentive.



Looking at the scope and dept of implementation. We started with learning how to use concepts and tools for quality improvement. Then move on to use hospital standards to drive quality improvement for hospitals as a whole. Health promoting hospital accreditation program was added as a separate program and then was integrated into the same standards. Lastly we move on with the spirituality dimension with the SHA Program.



We launched the first hospital standards in 1996 after 3 years of implementing Total Quality Management in some public hospitals and reviewing standards from various countries. The standard is a framework for trial and development by pilot hospitals, like a new house that wait for interior design by the hospital staff.



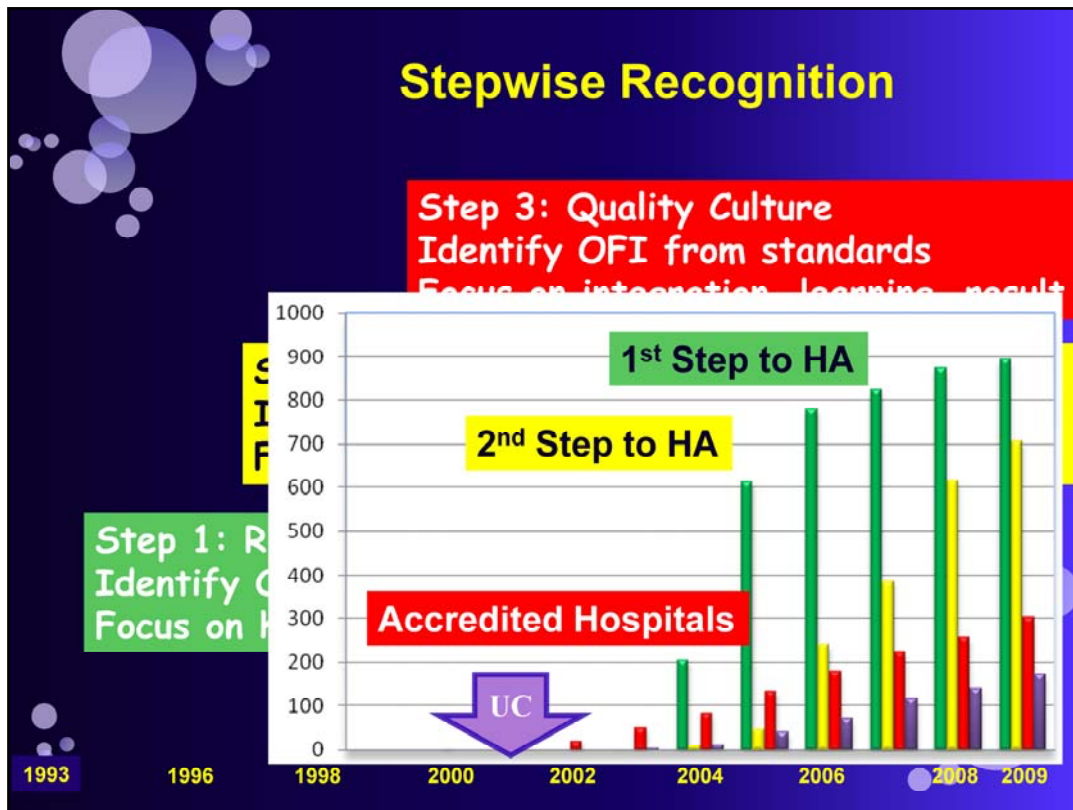
The first accreditation decision was made in 1999 for 4 hospitals.

What had we done with the 35 pilot hospitals during that period of time?

As a research and development project of a field trial, a series of concepts and tools had been gradually introduced under the framework of the HA Standards, e.g. multidisciplinary team, medical staff organization, clinical quality improvement, risk management, quality review, internal survey, and etc.

The hospitals were volunteer to join the project, they had a high degree of freedom to test their idea and lessons their heard from the others. We also learn from the hospitals and disseminate these lesson back to other hospitals.

The result is that the participated hospitals gained potential to be learning organizations and it's a good platform for any policies or innovative changes.

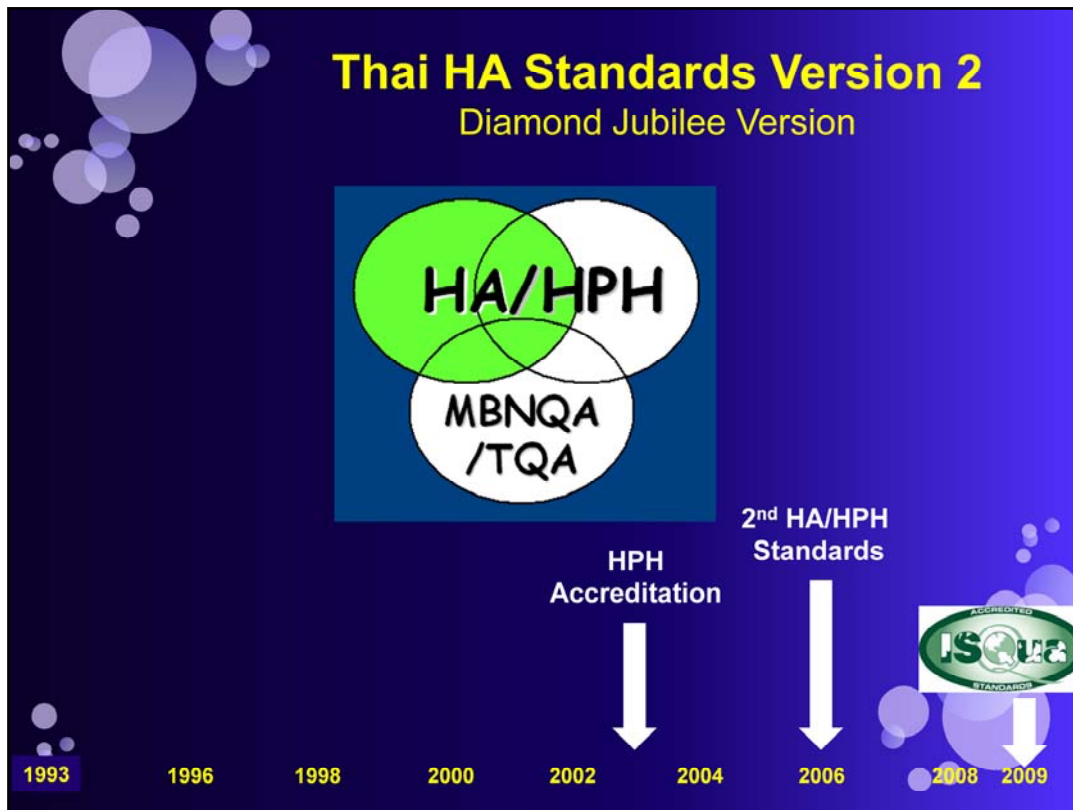


With the introduction of the government's universal coverage policy in 2001, the HA program had to adapt itself to match the need of broader access to quality care. The stepwise recognition program was started to assist hospitals with limited resources comparing to their workload to be able to get along with the quality journey.

The three steps are 1) learning to prevent future risk, 2) a basic quality process, and 3) compliance to the standards.

*The first step to HA emphasis quality review activities to identify opportunities for improvement and risk prevention. The second step to HA emphasizes quality assurance and quality improvement to fulfill purpose of the hospital and its units. The third step is a full hospital accreditation program that emphasizes compliance to HA standards in a learning mode.*

As a result of this approach, more hospitals can achieve their success gradually.



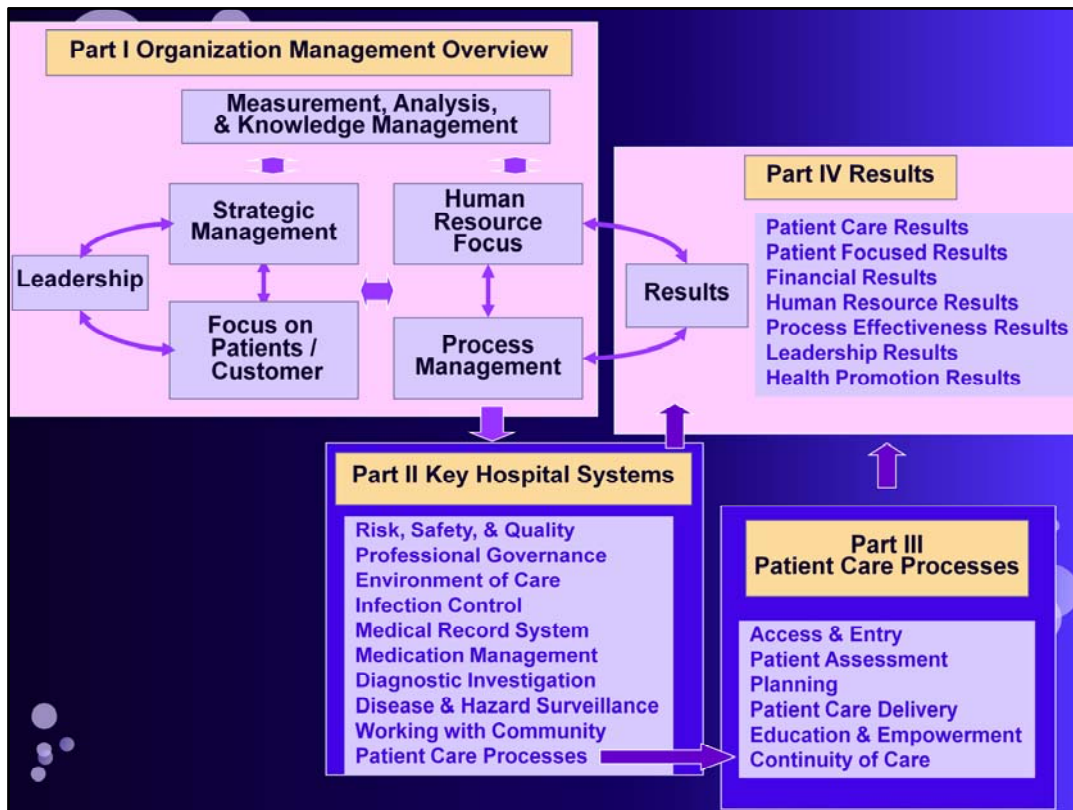
We believe in the power of integration. During the HA program implementation, hospitals are also encouraged to pay attention to health promotion by the Ministry of Health and by the Health Promotion Foundation.

At the same time, the Thailand National Quality Award Program has been very attractive to many high performance hospitals.

In 2004, we started drafting a new hospital standards, combining key concepts of patient safety and quality from HA, focus on health and empowerment from HPH, and learning and integration from TQA.

The Standards was launched in 2006 and has been accredited by the International Society for Quality in Healthcare (ISQua) early this year.





The is the structure of our present hospital standards based upon the Baldrige framework with the addition of key hospital processes and patient care processes in detail.



## 3S Perspective

### Safety Perspective

- Quality Review
- Risk Management System
- Patient Safety Goals
- Trigger Tools to Identify Adverse Event

### Standard Perspective

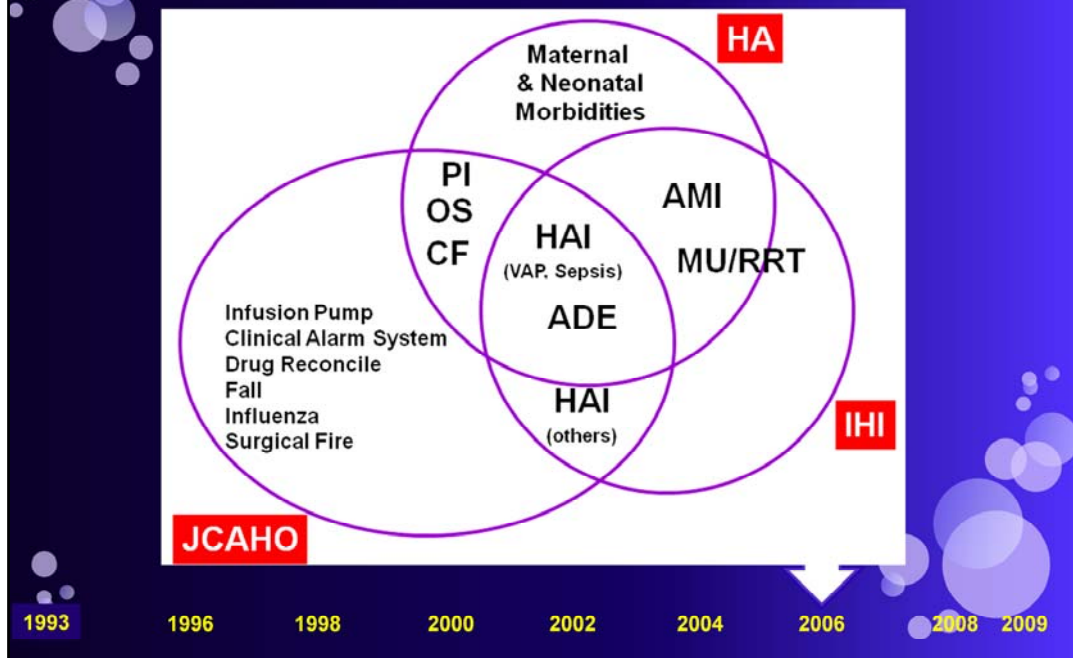
- Hospital Standards
- PDSA
- Self Assessment Tools
- Scoring System

### Spirituality Perspective

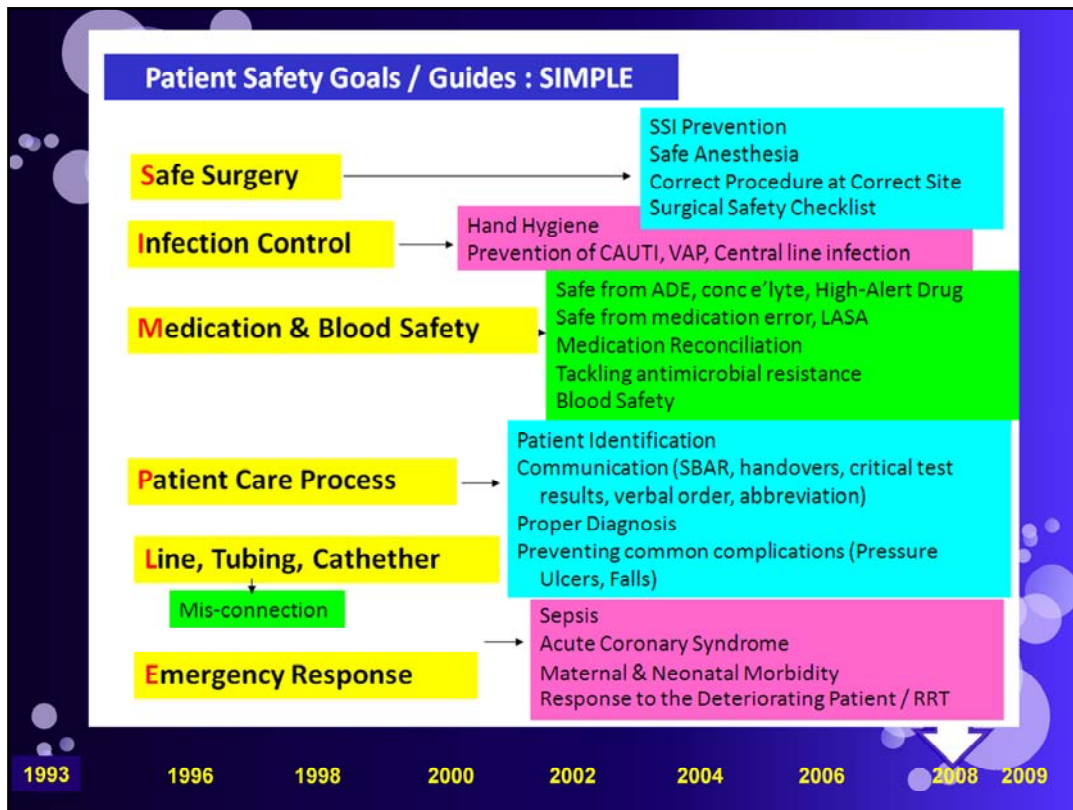
- Humanized Healthcare
- Living Organization
- SHA

With another perspective, the implementation of quality improvement may be considered as 3S- Safety, Standard, Spirituality, of which occur simultaneously through the whole journey of quality.

## Thai Patient Safety Goals



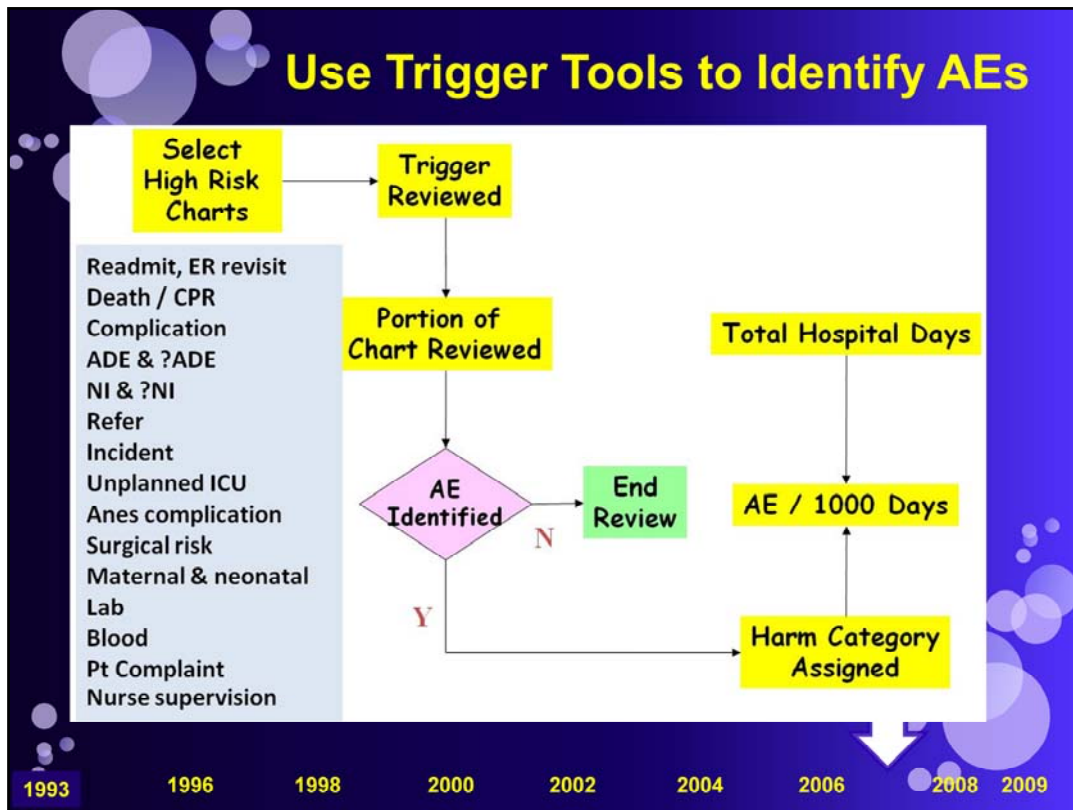
Thai patient safety goals has been set up since 2006 to guide hospitals on key areas to pay attention. Various guidelines, including WHO Patient Safety Solutions, JC Patient Safety Goals, and IHI Campaigns are studied and we select 9 issues as the first set of patient safety goals.



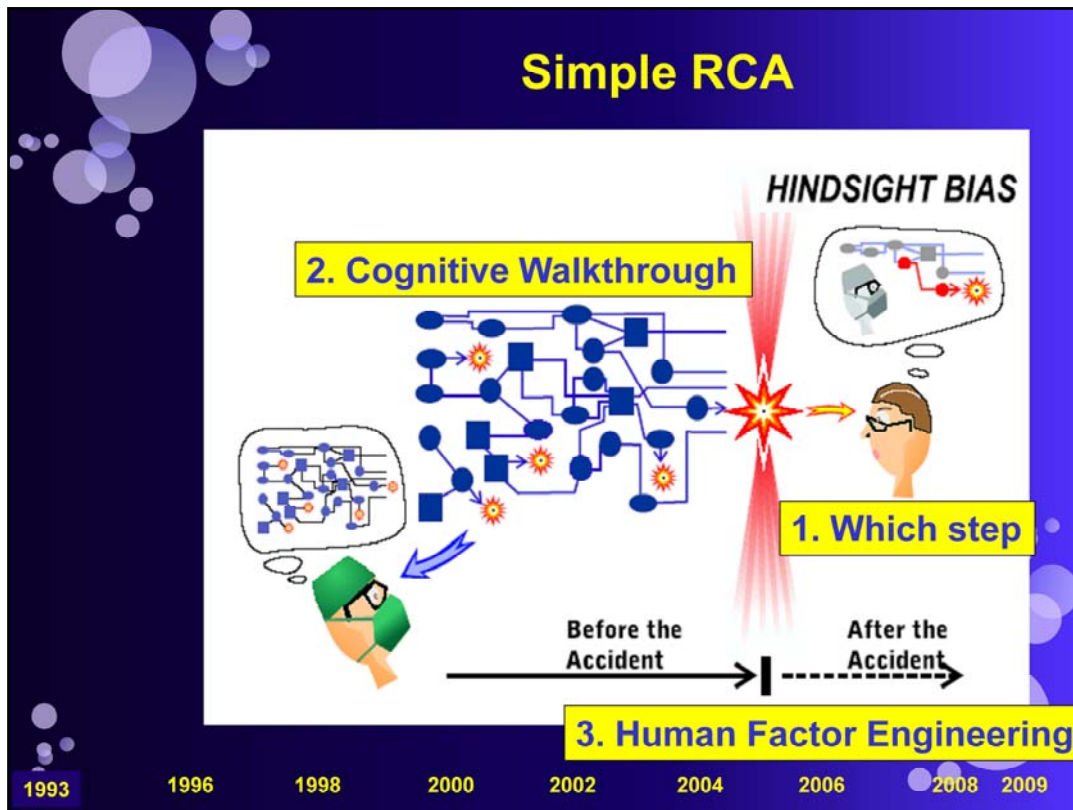
In 2008, they were grouped together under the heading of SIMPLE (safe surgery, infection control, medication & blood safety, patient care process, line/tube/catheter, emergency response) for ease of campaign. SIMPLE is now being promoted as a **guide** for tracing strengths and opportunities for improvement.

They cover the first 2 global patient safety challenge proposed by the WHO, and lately the 3<sup>rd</sup> one was added, tackling antimicrobial resistance.

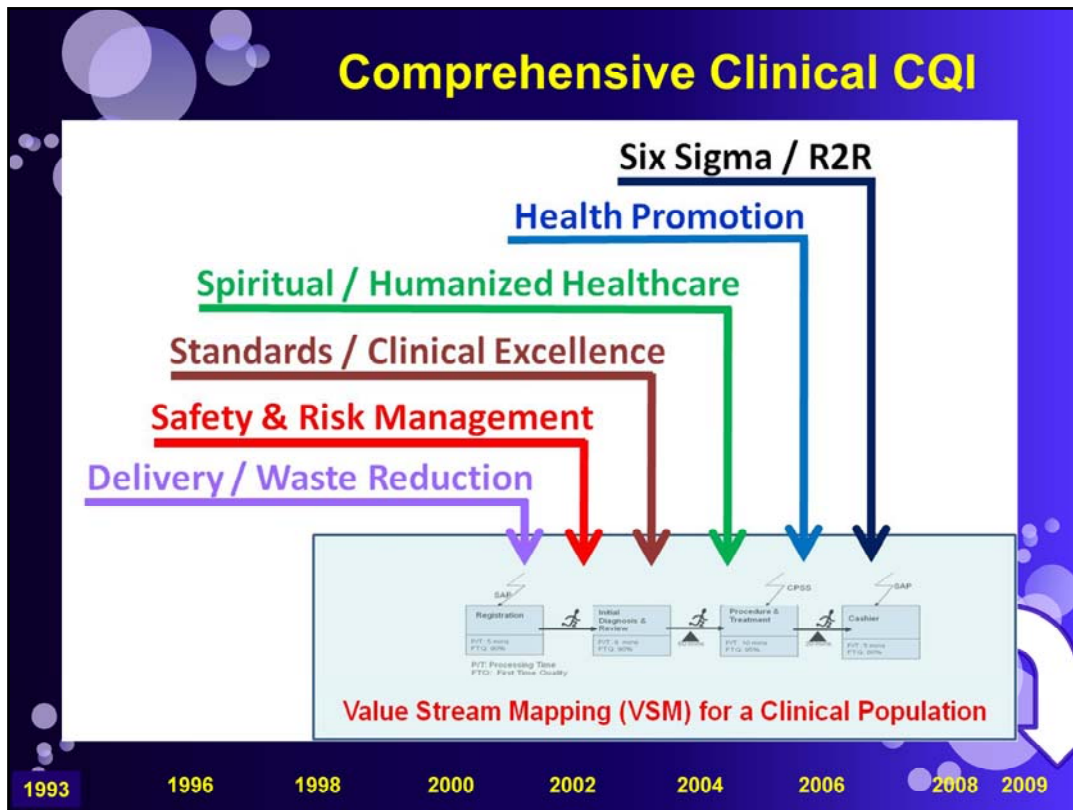
We promote hospital staff to use gap analysis and tracer methodology to identify opportunity for improvement using all evidences and guidelines available.



Furthermore, a methodology of trigger tool has been modified to enable hospital to identify serious adverse events that often are under-reported. Our approach is different from the IHI's that we use triggers as criteria to screen medical records for reviewing and we emphasize on learning from the events rather than trying to make an accurate calculation of adverse event rate. **FOCUS ON HIGH RISK CHARTS & LEARN MORE.**



We simplify the method for root cause analysis using the advantage of hindsight bias to identify the steps or process for potential improvement or change of decision, balanced by information from those practicing in the real situation, and then use the concept of human factor engineering to create the best solution.



With a good experience of LEAN management in healthcare, the DEMO project supported by the APO, we promote a comprehensive approach for clinical quality improvement.

We realize the potential of using a value stream mapping or key process flowchart of any clinical population as a platform for identifying opportunities for improvement. The approaches that can be combined together at the same time or sequentially are waste reduction, risk prevention, evidence-based practices, spirituality, health promotion, and also six sigma or routine to research.

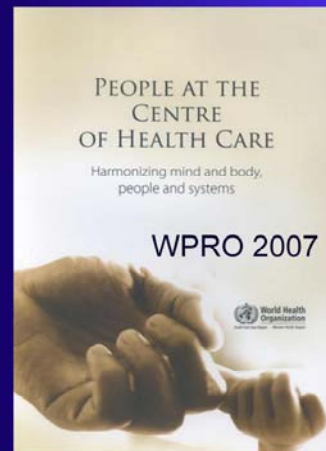
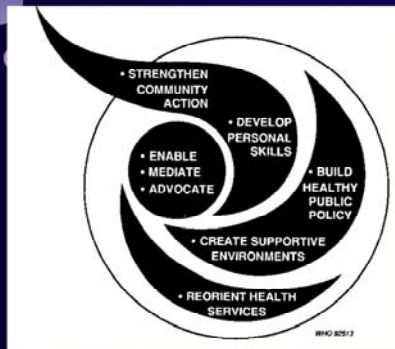




Through the annual conference, HA National Forum, we inspire the audience with some new idea and it is also the forum for experience sharing.

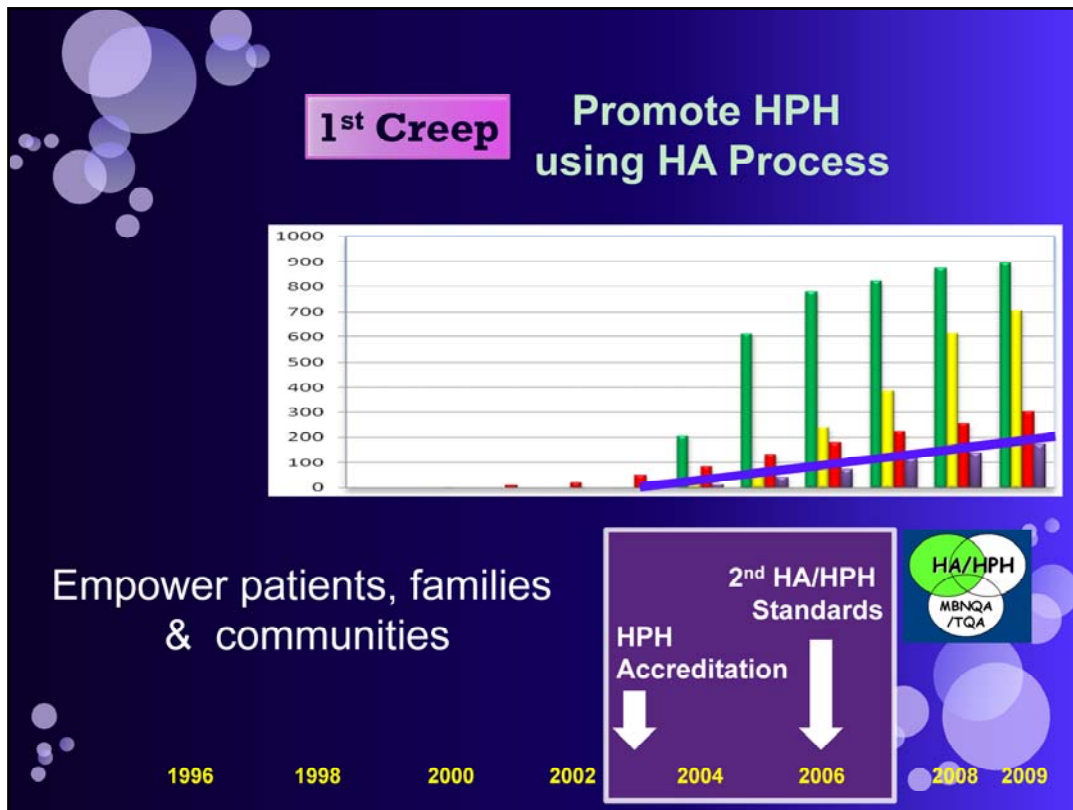
The theme of the forum reflect our concern, our hope, and also input from international society. The 8<sup>th</sup> and 9<sup>th</sup> National Forum on Humanized Healthcare and Living Organization gave a new direction to our movement.

## A Call to Transform Health Care Organization



- Domain 1 Better informed & more empowered individuals, families, & communities
- Domain 2 Competence & responsive health practitioners
- Domain 3 Efficient & benevolent health care organizations
- Domain 4 Supportive & humanitarian health care systems

There has been a call for transforming healthcare organization from Ottawa Charter to People-Centered Care.

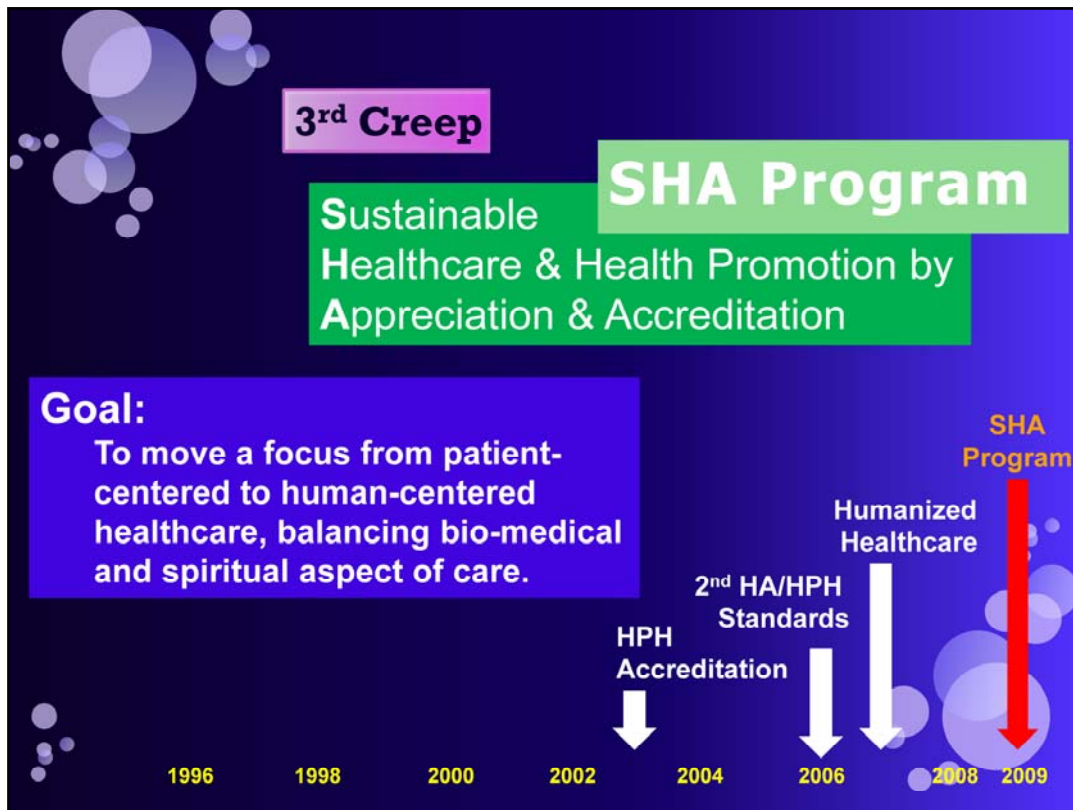


Our first creep was the integration of HPH with Hospital Accreditation, encouraging application of health promotion concepts to the communities, also to patients and hospital staff. Two-third of the HA accredited hospitals get HPH accreditation.



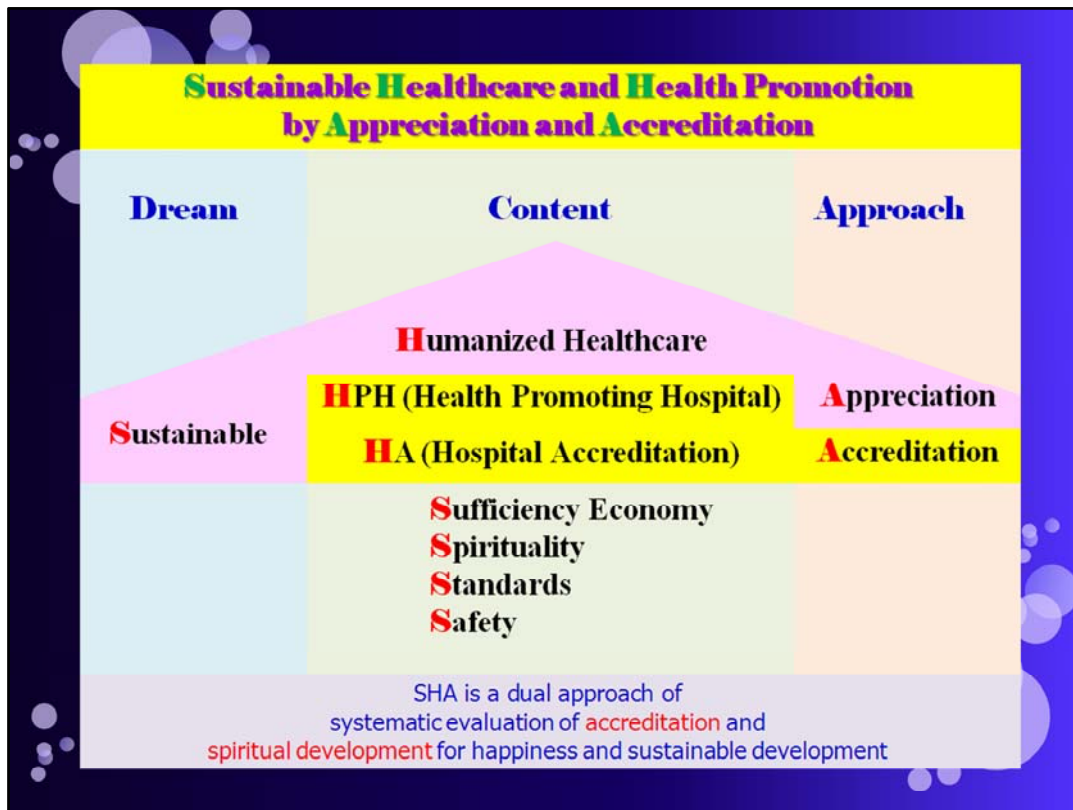
The second creep was Humanized Healthcare. It is a strong encouraging message giving to the Thai healthcare communities by Prof. Paves Wasi at our national conference in 2007.

He said that "Modernized healthcare is good, but not enough to cope with suffering of people and stress of healthcare practitioners. We need to think of humanized healthcare, and believe in the seeds of virtue in our people."



In 2009, we started a program called “SHA Program”, of which come from “sustainable healthcare and health promotion by appreciation and accreditation”. This program is funded by the “Thai Health Promotion Foundation”. The goal is to move a focus from patient-centered healthcare to human-centered healthcare, balancing bio-medical and spiritual aspect of care.

The concept of humanized healthcare which was launched in 2007 became systematically promoted through the SHA program in 2009.



SHA adds on components on the pink background with the dream of sustainable development and sustainable healthcare. SHA and HA become a dual approach of systematic evaluation and spiritual development.



**SHA Program**

**Sustainable  
Healthcare & Health Promotion by  
Appreciation & Accreditation**

**50 accredited & 10 non-accredited hospitals were invited.  
Build future scenario together**

**Happiness Culture of Caring:**

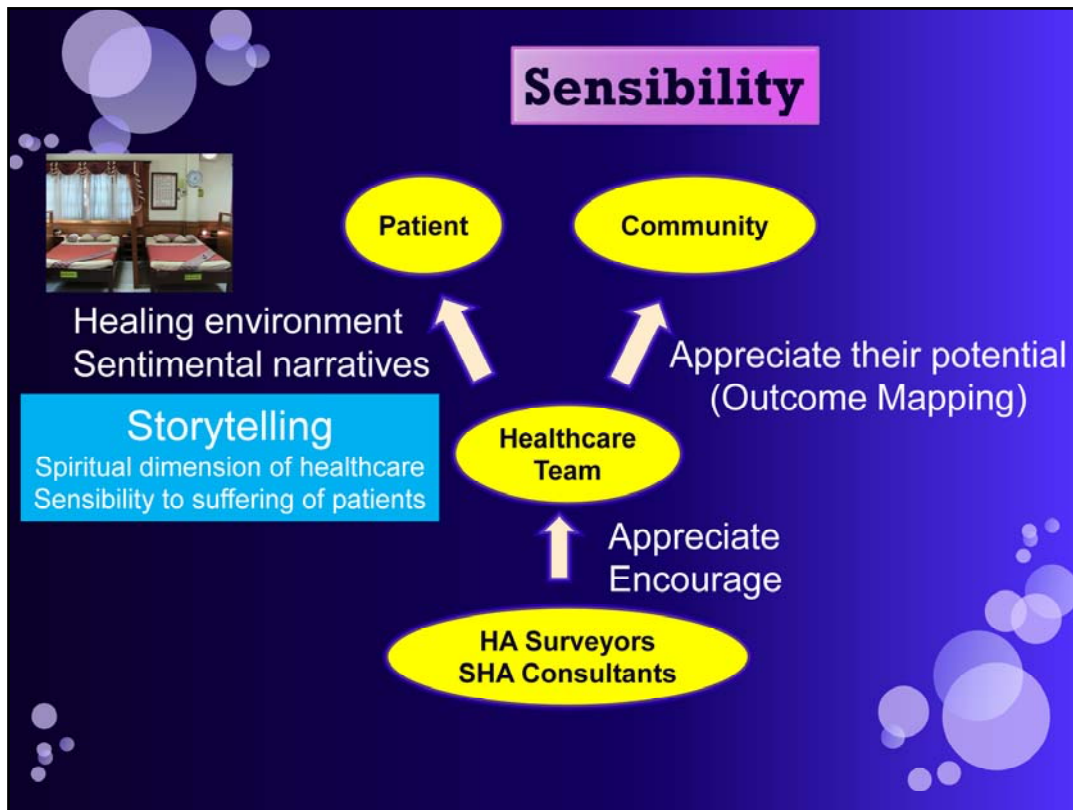
- Compassion
- Comprehensiveness
- Continuity
- Coordination
- Convenience
- Comfortable
- Contemplative
- Community

We invited 50 accredited hospital and 10 other interested hospitals to join the SHA program. We work upon the present success of the hospitals and the HA program, the leaders of hospitals and the HA institute came together and build future scenario for our healthcare. The SHA program encourage learning from each other, among the participated hospitals, between the hospitals and the SHA program. We also encourage freedom for creativity, incorporate the SHA concept into their routine work. We further emphasis the use of storytelling to learn sensibility and spiritual dimension of health needs. The SHA program encourages hospitals rather than evaluate them, with the believe that the potential of spirituality and humanized healthcare is unlimited.



We emphasize the important of integrating all efforts of improvement together every time we visit the hospitals, i.e. patient safety, standards of HA and HPH, spirituality and sensibility for humanized healthcare, and also sufficiency economy philosophy for sustainability of the organization and also for working with community. We believe that health promotion can be, and should be integrated with quality activities in healthcare organizations. We also believe that spirituality is the most important drive for quality and sustainability and be there in everyone.

We developed accreditation program as an educational process. We use accreditation as foundation for quality improvement and team building. At the same time, the survey process is adapted to be more humanistic. Surveyors use more appreciative approaches with deep listening. Learning will be better under the environment of appreciation.



We can look at sensibility as touching between people with external environment so that we promote healing environment, and also touching within our minds, something sentimental.

We encouraged story telling in our national conference many years ago, use this method more in the survey process in the past 2 years. We arrange training program on narrative skill for hospital in the program, which result in dissemination of good stories through weblog and facebook. The sentimental effect of these stories are very powerful. We also support participated hospitals to enhance their capacity in qualitative research, which might be considered as an interpretation of meaning and values of the stories. The example of these research are: identity and social abuse of the disables in the communities, spiritual dimension of the chronic patients, wording that discourage patients.

# Results



More empathy & understanding



Healthcare providers enhance their value & work with positive thinking



Working together with equal partnership



More communication & participation

What are the results from our observation and hospital feed back. Healthcare staff have more empathy and understanding to their patients, they enhance their value and work with positive thinking, they work with communities with equal partnership, more communication and participation. The hospitals transform space to a place, a place through meaning and sensory experience, e.g. postpartum ward for mothers and families, which also serve their believe and tradition.



## Feedback from Hospital Directors

*“The surveyors have been changed, especially assessing the hospitals according to their context.”*

*“Our staff work easier. It’s more flexible. The details of implementation depend upon hospital’s decision.”*

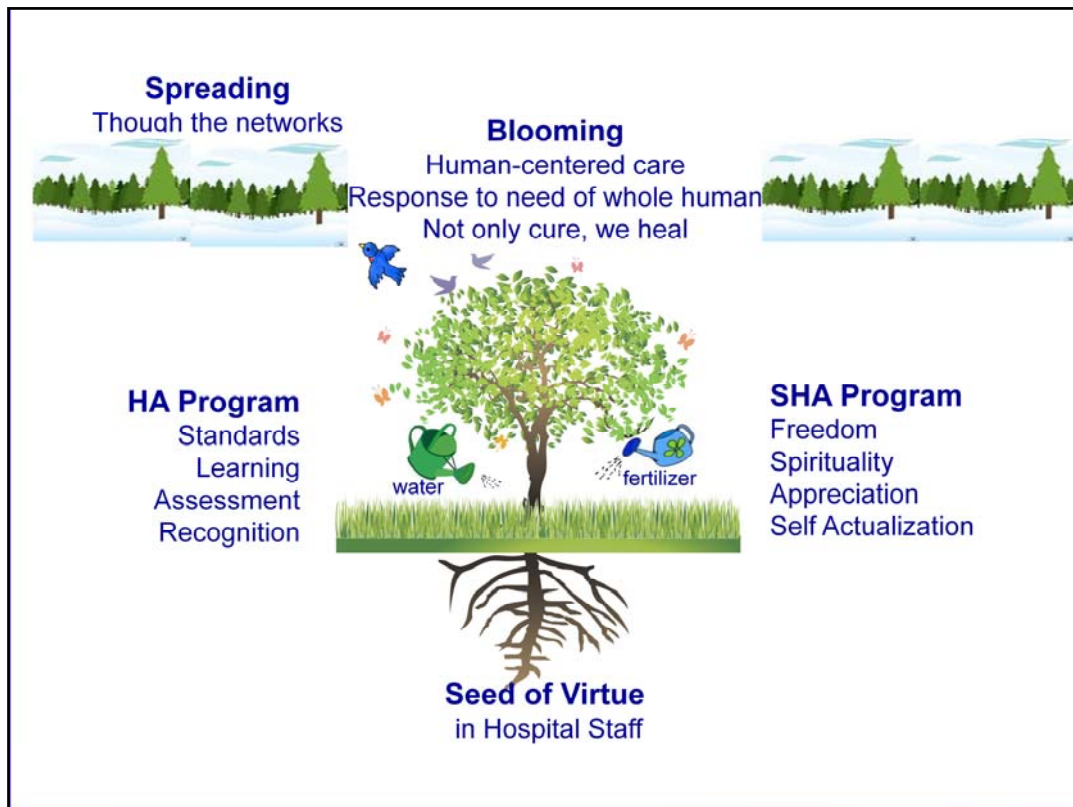
*“With freedom of thinking, people feel happier to do their works. It’s an approach of opening free space. Make them feel they have value, they have some place to stand.”*



## **Key Success Factors**

- 1. Learn from each other (SHA program & hospitals)**
- 2. Encourage freedom for creativity, incorporate the concept into their routine work**
- 3. Get use of storytelling & its variance**
- 4. Encourage, not evaluate**





It's like we plant a tree. The seed of virtue are there in hospital staff. The HA and SHA program are like water and fertilizer that make the seed grow to be a tree. The blooming is being human-centered care, responsive to need of the whole human. We hope that the success in any hospital will spread to other hospitals through various learning networks that we formed.