Strengthening Leadership and Policy for Improving Care in Low and Middle Income Economies

"Hospital Accreditation in Thailand"

Anuwat Supachutikul, M.D.
The Healthcare Accreditation Institute
Thailand

Review the Journey

- **1981 Community hospital management**
- **1983 Nursing service**
- **1984 STAR the hospitals**
- **1985 Rural healthcare system & network**
- **1989 Nursing quality assurance**

MOPH

Quality Improvement

R&D Program Under The HSRI

**TQM in
8 Public Hospitals**

What did we do?
- **Find the right people**
- **Analyze the current trends**
- **Work with the people on what they have**
- **Learn with them**

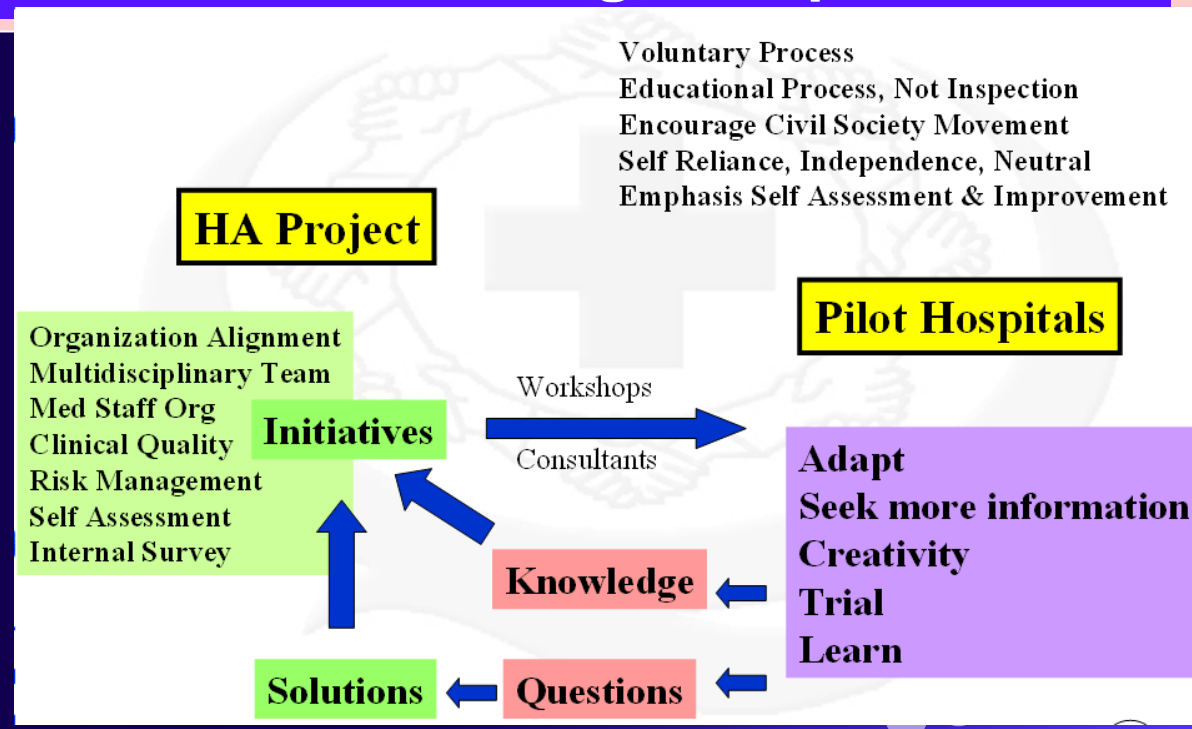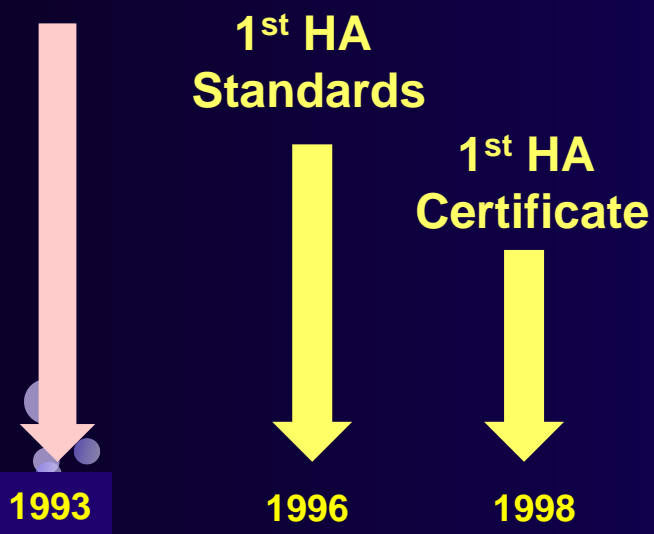| 1993 | 1996 | 1998 | 2000 | 2002 | 2004 | 2006 | 2008 | 2009 |

What did we do?

- **Manage the opportunity**
  - **SSO hospital standard focus on audit mode**
- **Use comprehensive framework**
  - **Cover the whole organization**
- **Encourage Paradigm shift**
  - **Accreditation as an educational process**
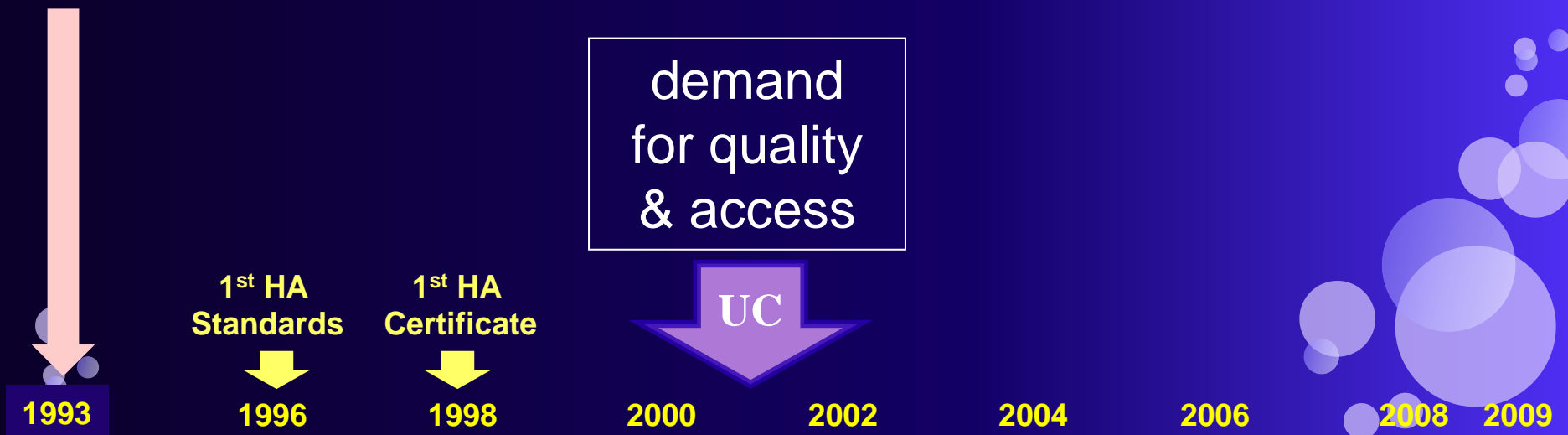- **Give freedom to test during R&D phase**

Hosp...

Quality Improve...

1st HA Standards

1st HA Certificate

1993   **1996**   **1998**

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**

Stepwise Recognition

Step 3: Quality Culture
Identify OFI from standards

1st Step to HA

2nd Step to HA

Accredited Hospitals

Step 1: R...
Identify C...
Focus on ...

1st HA Standards

UC

1993   1996   1998   2000   2002   2004   2006   2008   2009

(Chart y-axis: 0, 100, 200, 300, 400, 500, 600, 700, 800, 900, 1000)
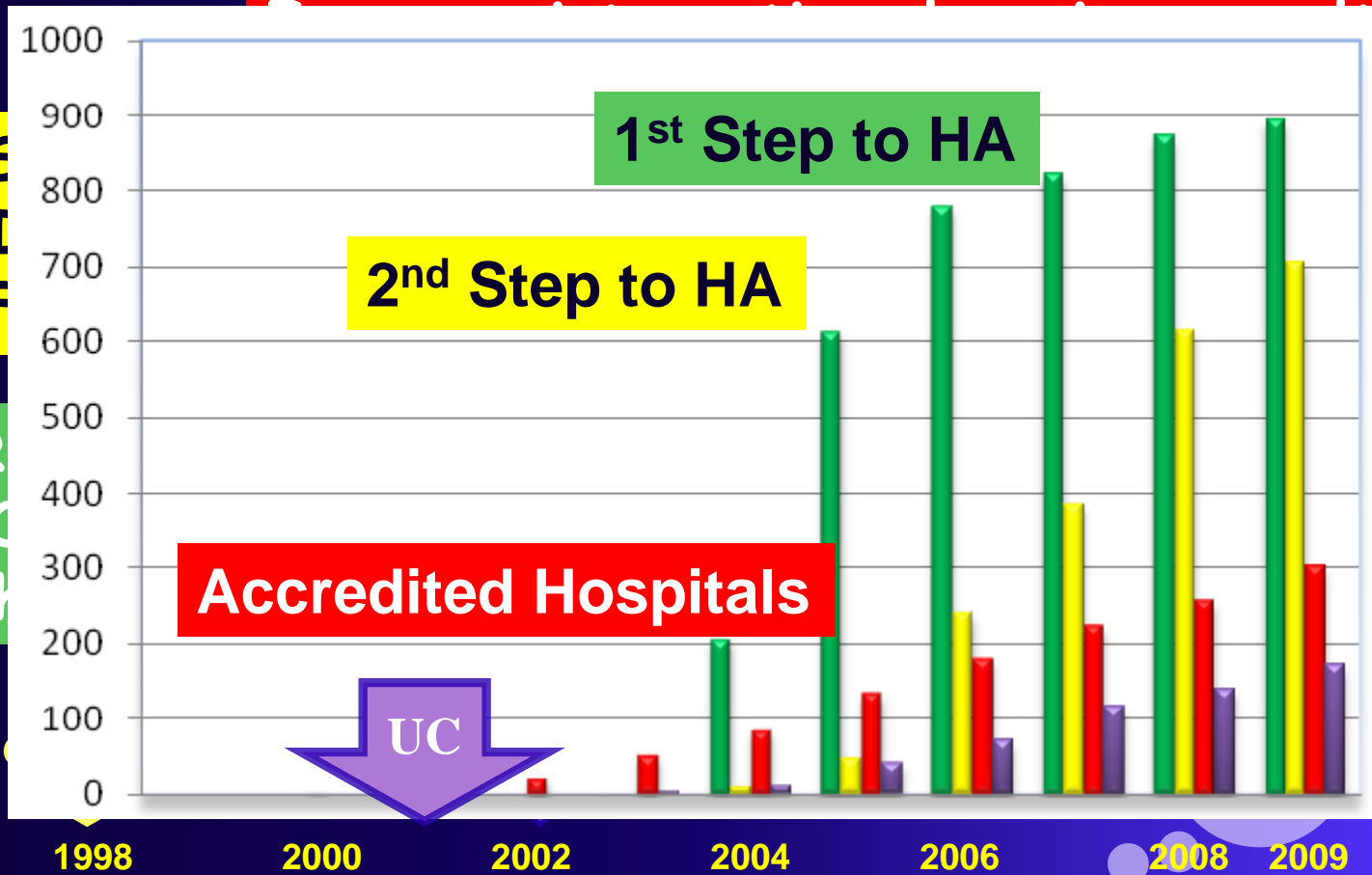
Patient Safety

What did we do?
- **Simplify & communicate**
- **Integrate into review**

Patient Safety Goals / Guides : SIMPLE

- **S**afe Surgery
- **I**nfection Control → Hand Hygiene / Prevention of
- **M**edication & Blood Safety → Safe / Safe / Medi / Tackling antimicrobial resistance / Blood Safety
- **P**atient Care Process → Patient Identification / Communication (SBAR, handovers, critical test results, verbal order, abbreviation) / Proper Diagnosis / Preventing common complications (Pressure Ulcers, Falls)
- **L**ine, Tubing, Catheter → Mis-connection
- **E**mergency Response → Sepsis / Acute Coronary Syndrome / Maternal & Neonatal Morbidity / Response to the Deteriorating Patient / RRT

Review & Redesign

HINDSIGHT BIAS

Before the Accident | After the Accident

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

HA

Maternal & Neonatal Morbidities

PI OS CF
HAI (VAP, Sepsis)
AMI
MU/RRT
ADE
HAI (others)

Infusion Pump
Clinical Alarm System
Drug Reconcile
Fall
Influenza
Surgical Fire
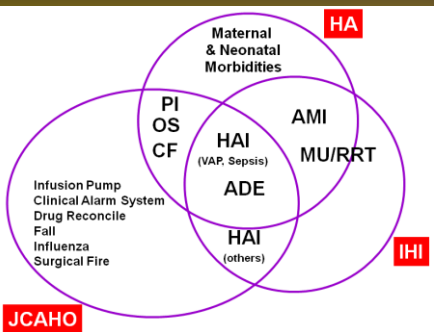
JCAHO   IHI

2nd Patient Safety Goals

Trigger Tools

1st Patient Safety Goals

Quality Review
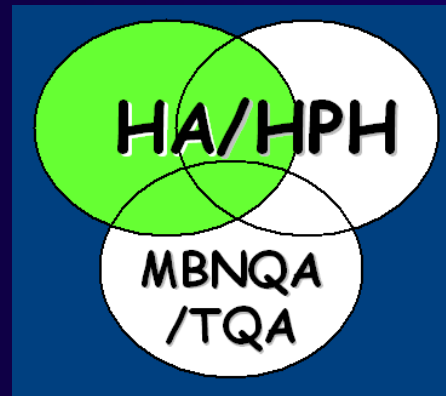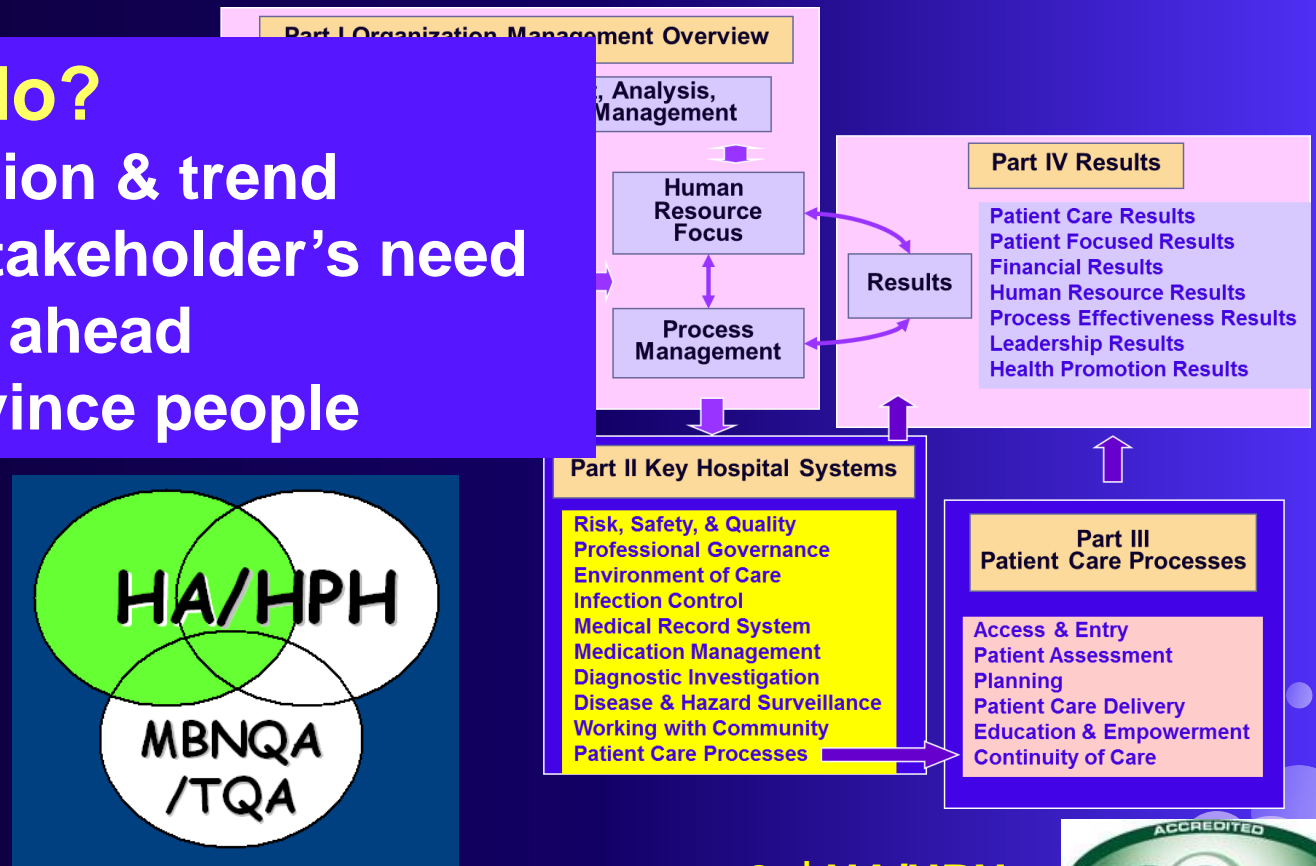
1993   1996   1998   2000   2002   2004   2006   2008   2009

Thai HA Standards Version 2

What did we do?
- **Scan the situation & trend**
- **Response to stakeholder's need**
- **Move one step ahead**
- **Gradually convince people**

Part I Organization Management Overview

, Analysis, Management

Human Resource Focus

Process Management

Part IV Results

Results

Patient Care Results
Patient Focused Results
Financial Results
Human Resource Results
Process Effectiveness Results
Leadership Results
Health Promotion Results

Part II Key Hospital Systems

Risk, Safety, & Quality
Professional Governance
Environment of Care
Infection Control
Medical Record System
Medication Management
Diagnostic Investigation
Disease & Hazard Surveillance
Working with Community
Patient Care Processes

Part III Patient Care Processes

Access & Entry
Patient Assessment
Planning
Patient Care Delivery
Education & Empowerment
Continuity of Care

HA/HPH
MBNQA /TQA

HPH Accreditation

2nd HA/HPH Standards

1st HA Standards

| 1993 | 1996 | 1998 | 2000 | 2002 | 2004 | 2006 | 2008 | 2009 |

Spiritual Dimension
of Quality Improvement

Spirituality

HPH Accreditation

Hospital Accreditation

Quality Improvement

Self: Awareness
Patient: Humanized Healthcare, empowerment
Team: Living Organization
Env: Healing Environment
Survey: Appreciation
Tool: Narrative/storytelling

Spiritual HA

Humanized Healthcare

2nd HA/HPH Standards

HPH Accreditation

| 1996 | 1998 | 2000 | 2002 | 2004 | 2006 | 2008 | 2009 |

HA National Forum
A Forum for Appreciation, Campaign & Sharing

1st (1999): **Quality Improvement to Serve the Public**
2nd (2000): **Roadmap for a Learning Society in Healthcare**
3rd (2002): **Simplicity in a Complex System**
4th (2003): **Best Practices for Patient Safety**
5th (2004): **Knowledge Management for Balance of Quality**
6th (2005): **Systems Approach: A Holistic Way to Create Value**
7th (2006): **Innovate, Trace & Measure**
8th (2007): **Humanized Healthcare**
9th (2008): **Living Organization**
10th (2009): **Lean & Seamless Healthcare**
11th (2010): **Flexible & Sustainable Development**
12th (2011): **Beauty in Diversity**
13th (2012): **The Wholeness of Work & Life**

1st HA National Forum

1993   **1996**   **1998**   **2000**   **2002**   **2004**   **2006**   **2008** **2009**

Promote Use of Data for Improvement

- **Encourage core values of focus on results and management by facts**
- **Propose a set of appropriate indicators (volunteer & compulsory)**
- **Use results of CQI project for learning how to better use of data & information**
- **A program that can compare KPI among similar healthcare organizations**
- **Discuss on context and rationale of health service program development**

Community Engagement

- A tool to change paradigm in working with people: "Outcome Mapping"
- Set a standard of "Community Empowerment"
- Visit and encourage
- Capture knowledge & experience
- Promote community dialogue
- Promote community planning
- Promote community funds (and banks?)

Collaboration of HA
with Key Stakeholders & Other Programs

Beneficiaries

Gov/MOPH

Hospitals

3rd Party Payers

Other Quality Program
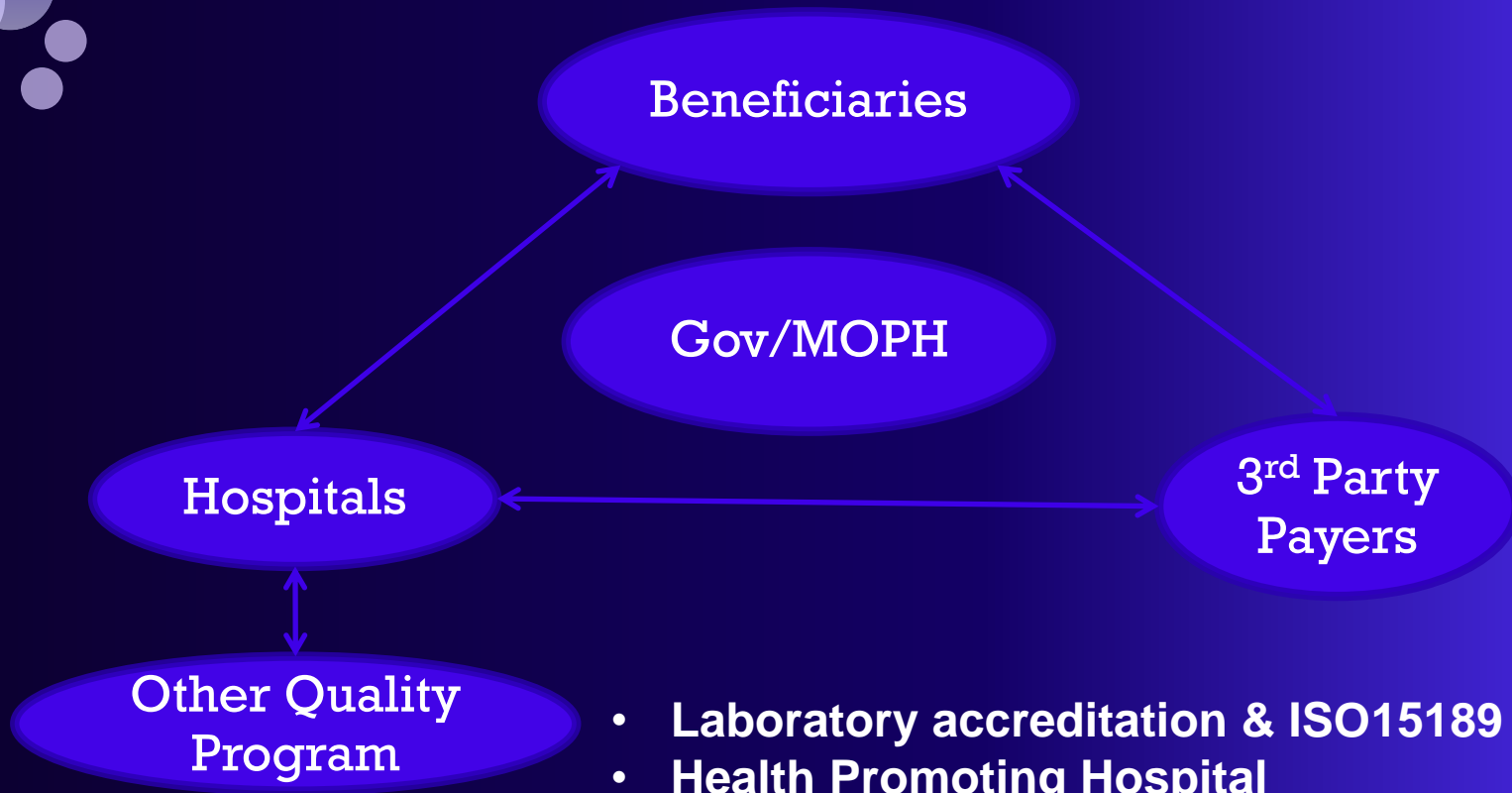
- **Laboratory accreditation & ISO15189**
- **Health Promoting Hospital**
- **Hospital pharmacy standards**
- **Drug abuse therapy**
- **HIV program**
- **Tobacco cessation program**

HIVQUAL-T Evolution

2003

Level I: System centered

Level II: Outcome centered

Level III: Patient centered

2011

20

Level IV: Human centered

HIVQUAL-T indicators

Quality Improvement Processes

Software development

QI training and coaching

Humanized health Care

Empowerment

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 we do?
- Just say "Yes" (Same concept, good tool, good team, people & environment are ready)

Challenges & Strategies

- **Staff**
  - **Attitude and education ->**
    - Role model of educational institutes
    - Re-train after graduate
  - **Turnover of staff ->** area-based collective effort
- **Management**
  - **Leadership ->** peer motivation
  - **Incentive ->** keep balance
  - **Workload ->** empower the communities
- **Patient-centered care**
  - **Seamless healthcare ->** SPHInX (Seamles Provincial Healthcare Innovation & Excellence)
  - **Quality of primary care ->** local mechanism

Thank You