



# Hospital Accreditation & Quality Assurance in UHC System

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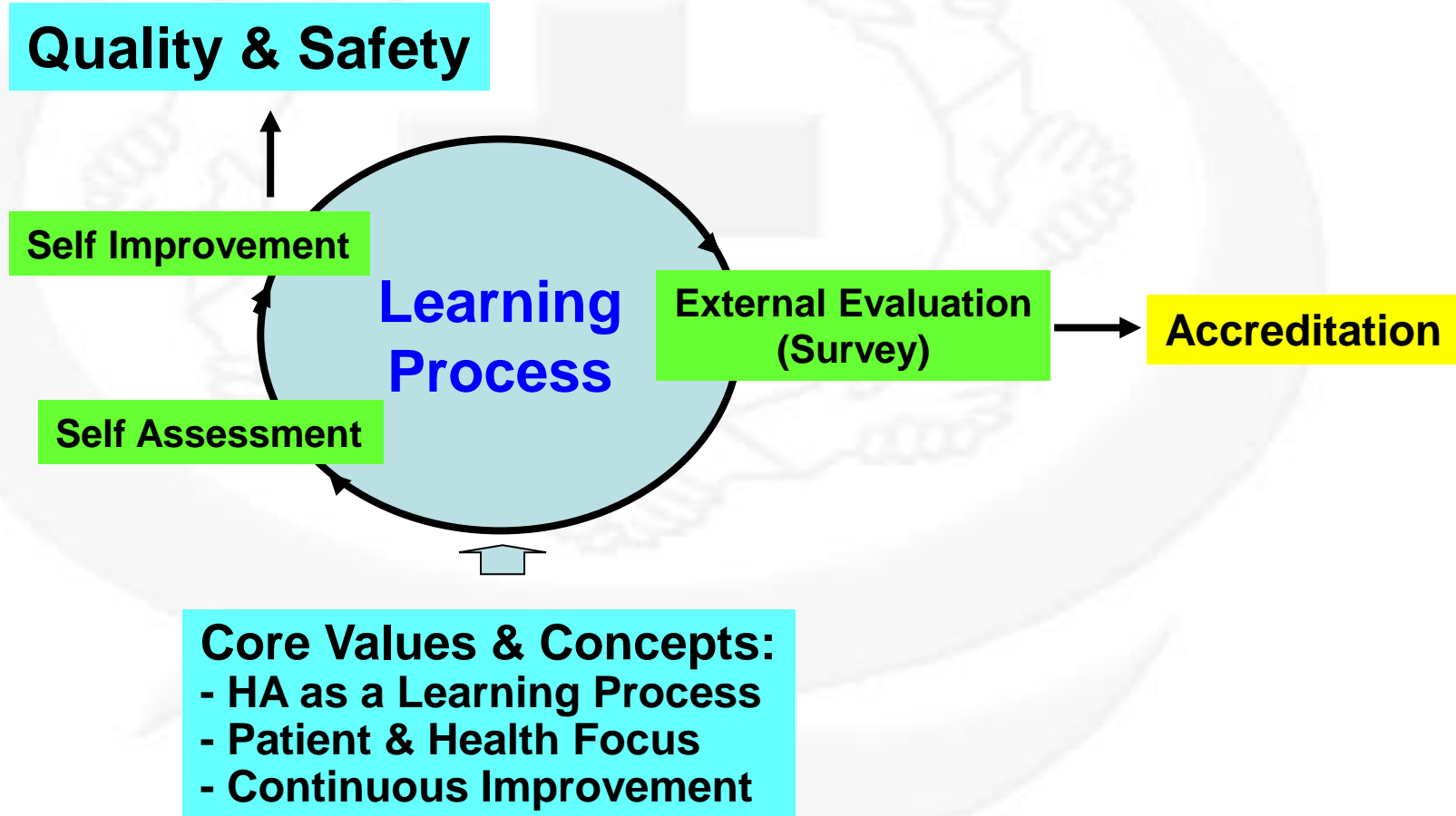
23 November 2012

A large, faint, light blue watermark of the Healthcare Accreditation Institute, Thailand logo is centered in the background. It features a central cross surrounded by a circular arrangement of hands holding each other, all enclosed within a speech bubble-like shape.

## Key Principle of HA Program Thailand



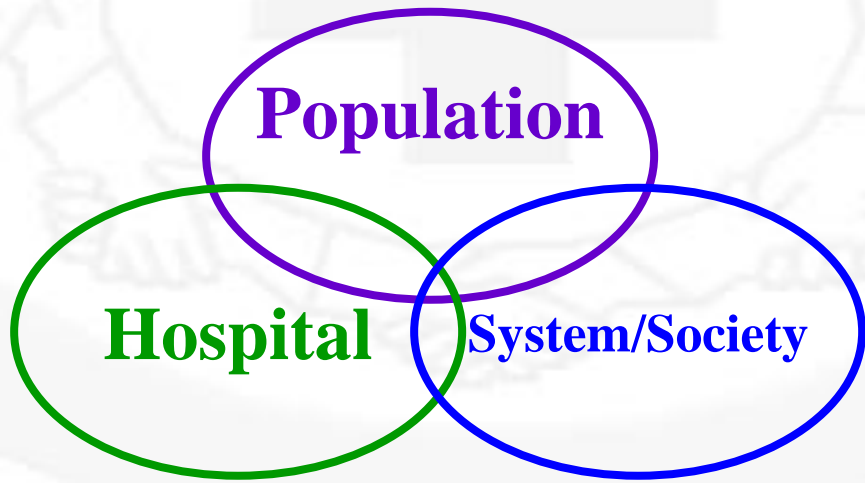
# Basic Concepts of Hospital Accreditation





# Benefit of the HA Program

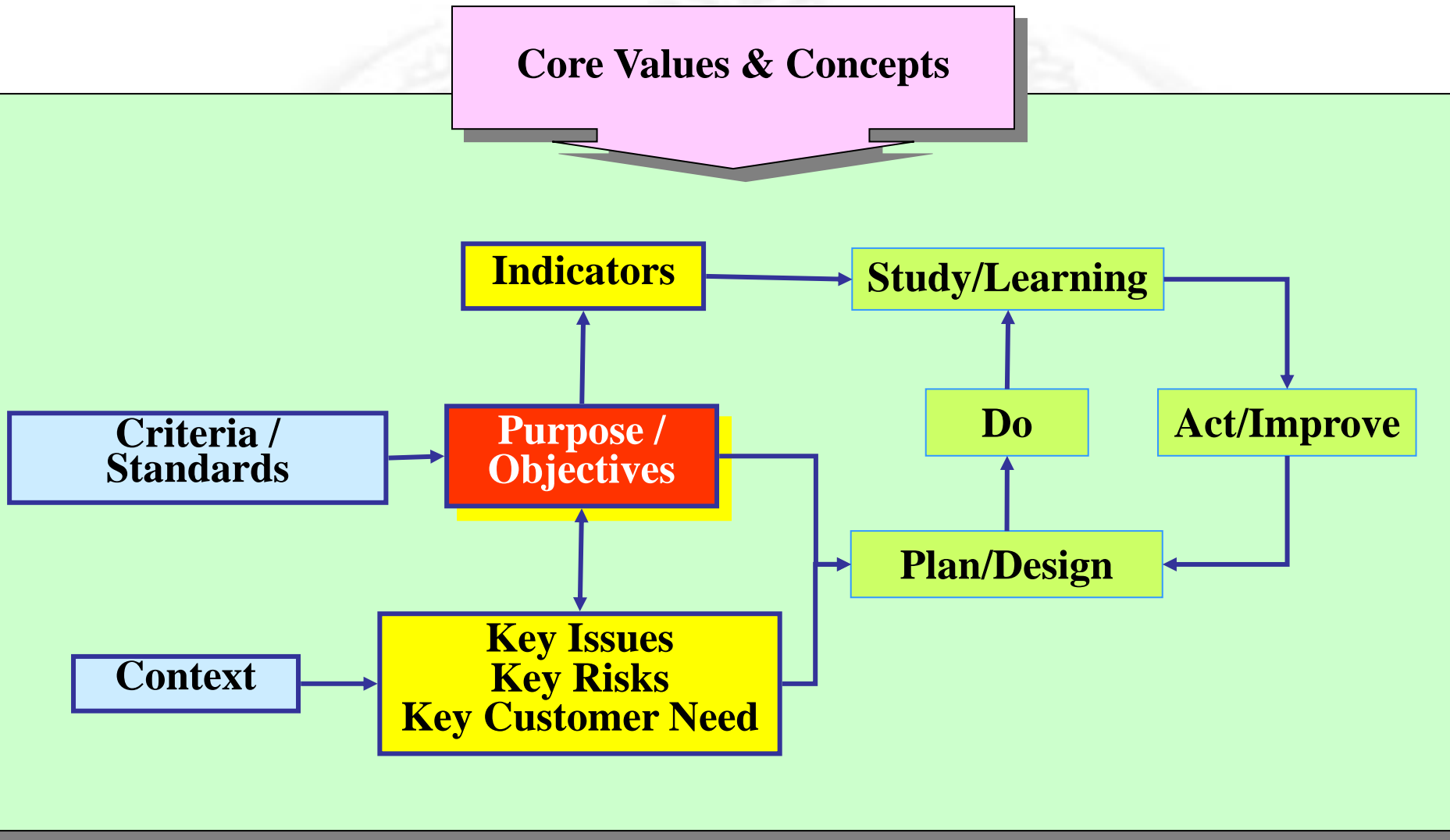
**Satisfaction**  
**Safety**  
**More Responsive**  
**Patient's Right Protection**  
**Holistic care & Health Promotion**



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

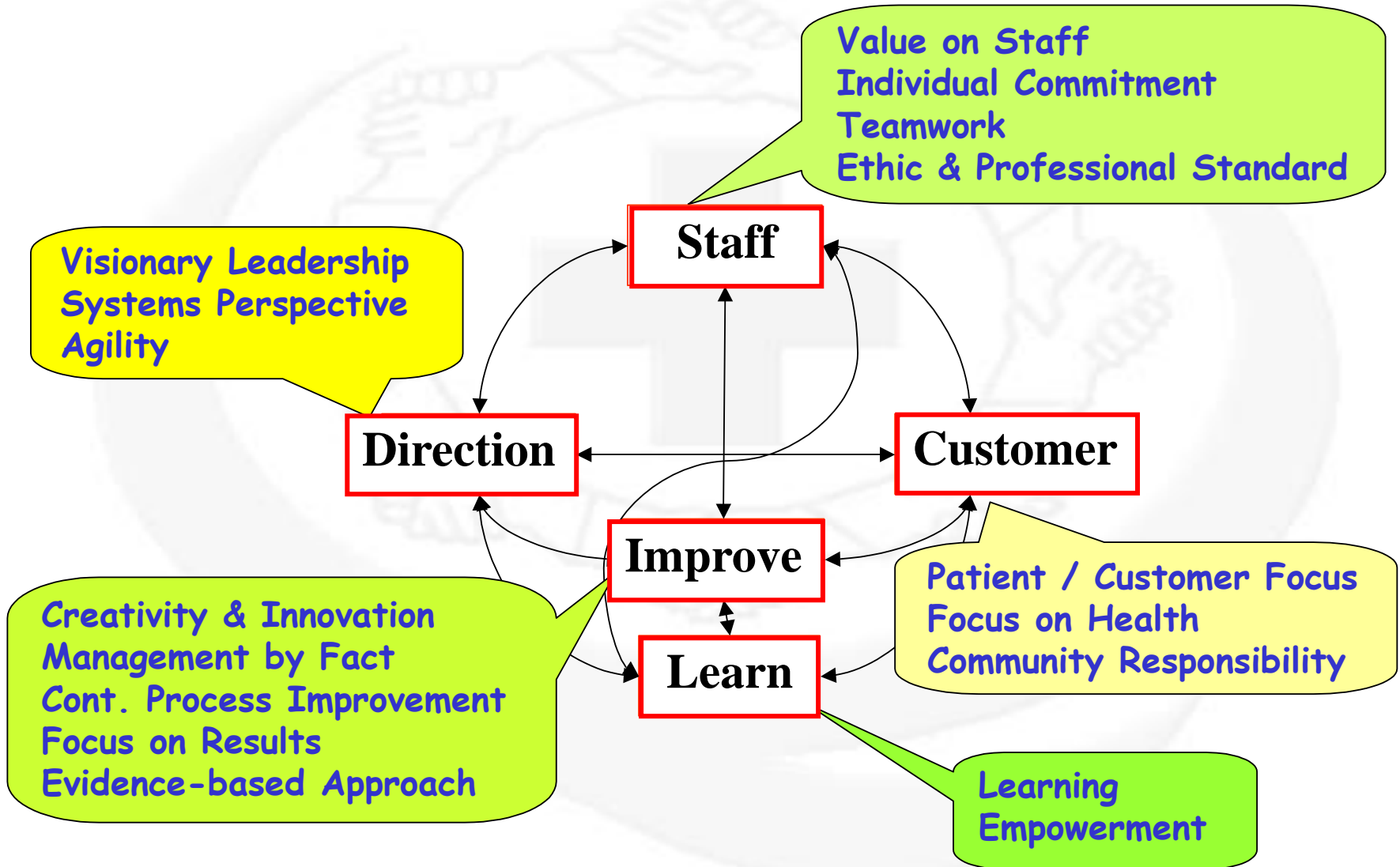
**National Indicator**  
**Public Participation**  
**Consumer Protection**  
**Access to Quality Care**  
**Efficient Use of Resources**

# 3C-PDSA

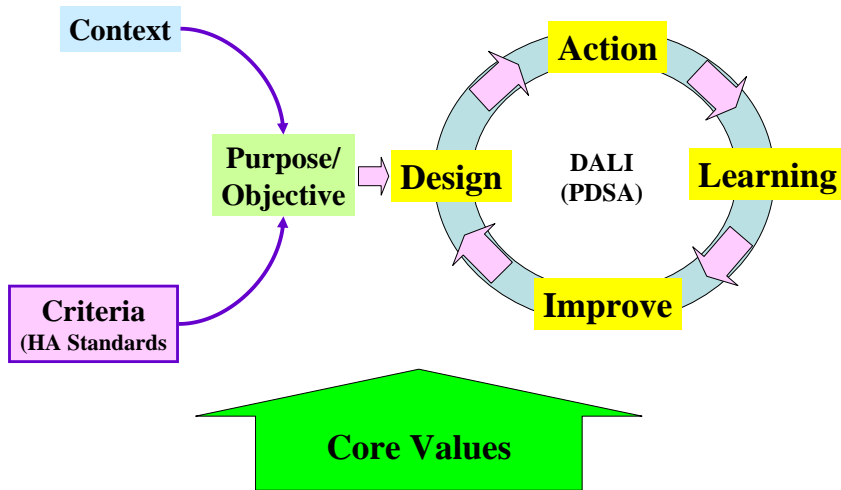




# Core Values & Concepts



## Learning & Planning Tools



- Knowledge Management
- Performance Improvement
  - CQI
  - Lean
  - Six Sigma
- Self Assessment
  - Identify opportunities for improvement
  - Clinical review / audit
    - By case
    - By clinical population
  - Performance review
  - Self enquiry
  - Internal survey
  - Scoring
- Research



# Key Quality Dimension

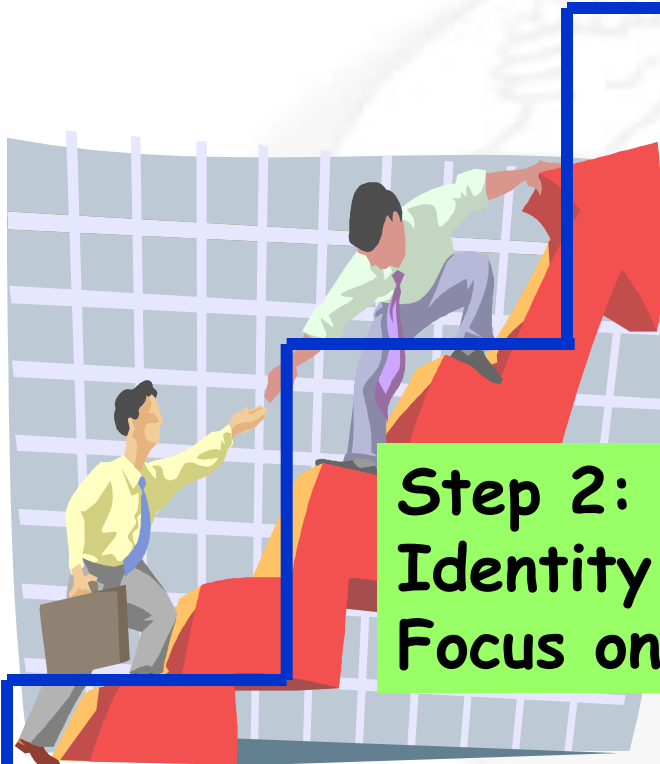
**Access**  
**Appropriate**  
**Acceptability**  
**Competency**  
**Continuity**  
**Coverage**  
**Effective**  
**Efficiency**  
**Equity**  
**Humanized/Holistic**  
**Responsive**  
**Safety**  
**Timeliness**





## 3 Steps to HA

A strategy to gain acceptance and expand coverage

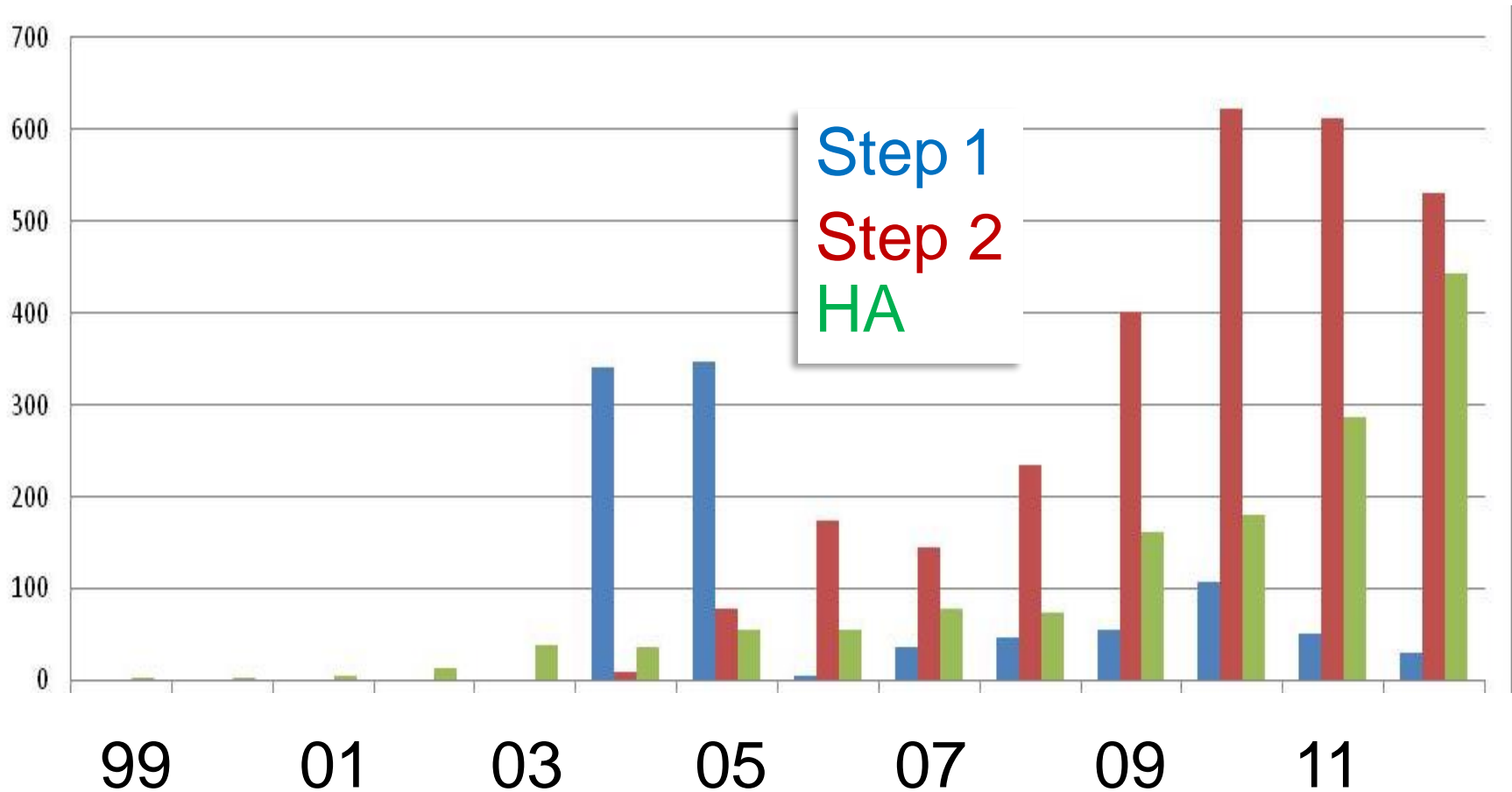


**Step 3: Quality Culture**  
Identify OFI from standards  
Focus on integration, learning, result

**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

# Overview of Stepwise Recognition



A large, faint, light-colored version of the Healthcare Accreditation Institute, Thailand logo is centered in the background. It features a central cross surrounded by a circular arrangement of hands holding each other, all enclosed within a speech bubble-like shape.

## How was the HA Program Started in 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

93

95

97

99

01

03

05

07

09

11

12<sup>13</sup>



**The first step is learning how to apply various quality improvement tools.**

various quality improvement tools.

## Then we drafted a hospital standard.

- 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)

- 11 Medical Staff Organization
- 12 Nursing Administration

- 13 Patient's Right
- 14 Org Ethics

**Professional Standards & Ethics**

**Patient's Right & Org. Ethics**

**Commitment to Quality Improvement**

- 1 Leadership
- 2 Policy Direction

**Resource & R Manangement**

- 3 Coordination of care
- 4 HRM & HRD
- 5 Environment & Safety
- 6 Equipment
- 7 Information System

**Patient Care**

- 15 Teamwork
- 16 Patient Preparation
- 17 Assessment & Planning
- 18 Delivery of Care
- 19 Medical Record
- 20 Discharge Planning & Continuity of Care

**Quality Process**

- 8 General Quality
- 9 Clinical Quality
- 10 Infection Control

## Suggestion for drafting a standard

- Make it simple, not an ideal one
- A structure that fit for the country
- Balance between ease of assessment and filling the gap
- Half of the hospitals should be able to comply within a few years





# Hospital Accreditation Project

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**

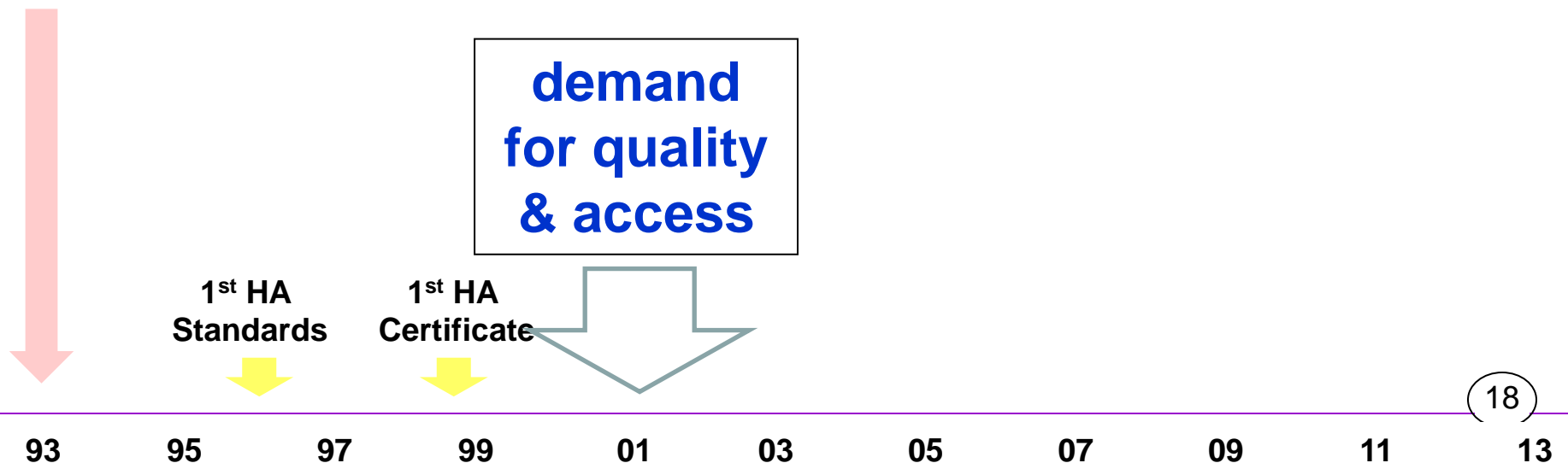
**Questions**



## What did we do?

- Response to the policy makers strategically
- Use threat to scale up

TQM in  
8 Public Hospitals





# Stepwise Recognition

## Step 3: Quality Culture

Identify OFI from standards

Focus on integration, learning, result

## Step 2: Quality Assurance & Improvement

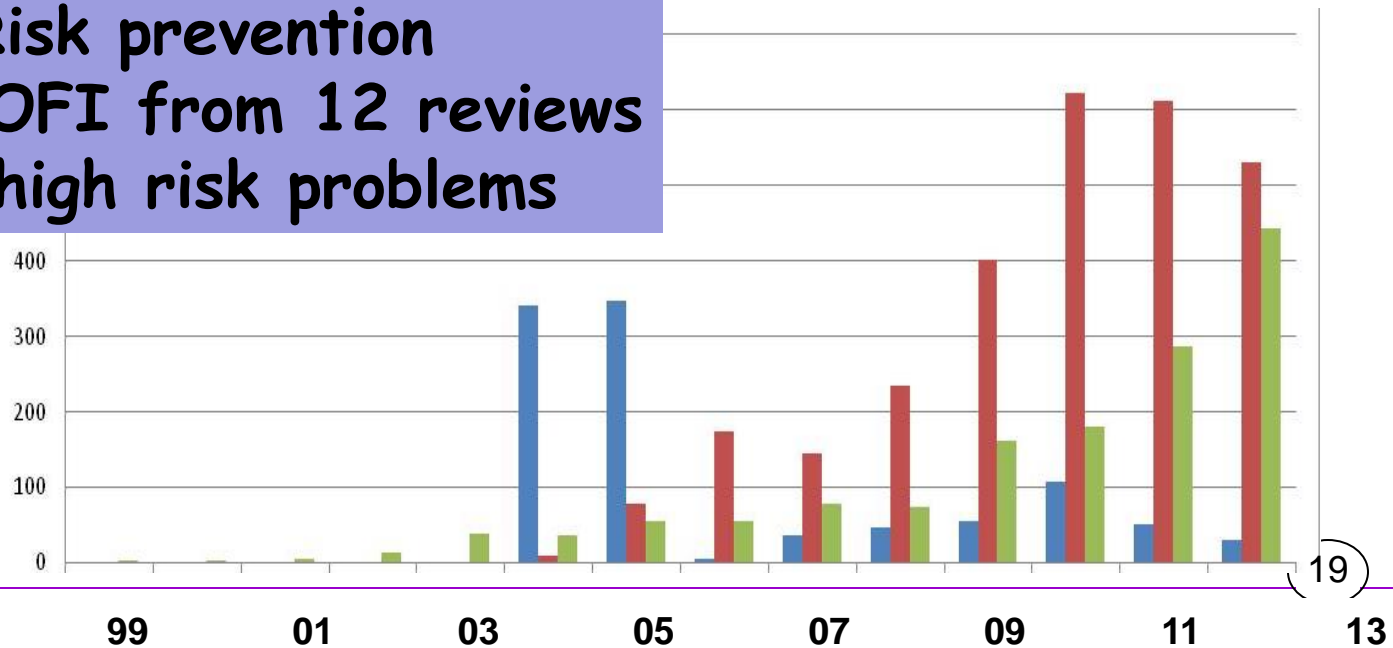
Identify OFI from goals & objectives of units

Focus on key process improvement

## Step 1: Risk prevention

Identify OFI from 12 reviews

Focus on high risk problems





# Power of Recognition

- Willingness to open their house
- High level of collaboration, at least temporarily
- Positive reinforcement
- More friendly than top-down policy
- No one want to stay behind
- Make the impossible possible
- Any level of achievement can be recognized



	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 <sup>21</sup>



# Quality Review : Tools to Identify the Case in Step 1





# Scoring of Step 1 to HA

Just start  
Structure  
Guideline

Change  
Communicate  
Facilitate

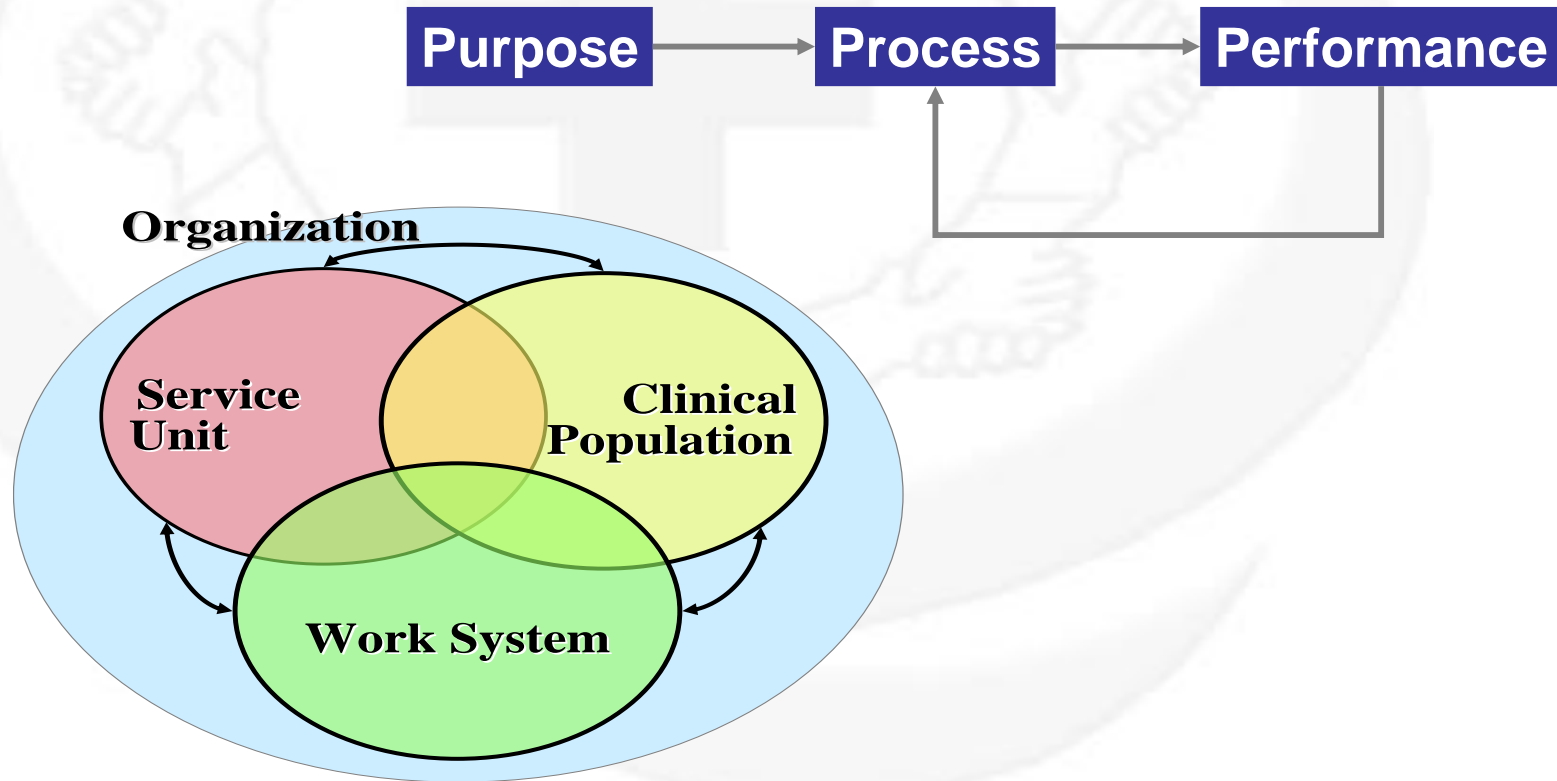
Meet purpose  
Understand  
Basis for CQI

Above average  
Coordinate  
Evaluate  
Expand

	<b>Begin</b> 1/3	<b>Fair</b> 2/3	<b>Good</b> 1	<b>Very Good</b> 1	<b>Excellent</b> 1
<b>Review</b>					
<b>Coverage</b>					
<b>Preventive Measures</b>					
<b>Communication</b>					
<b>Practice</b>					

# 4 Domains for Improvement

Step 2: Quality Assurance & Improvement  
Identity OFI from goals & objectives of units  
Focus on key process improvement





# **Service Profile**

# Context

Team:

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**Purpose:**

**Scope of Service:**

**Key Customer Requirements:**

**Key Internal Co-ordination Requirements:**

**Key Service Characteristics:**

**Key Quality Issues:**

**Key Staff:**

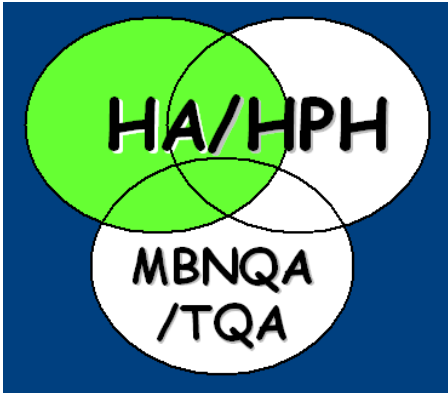
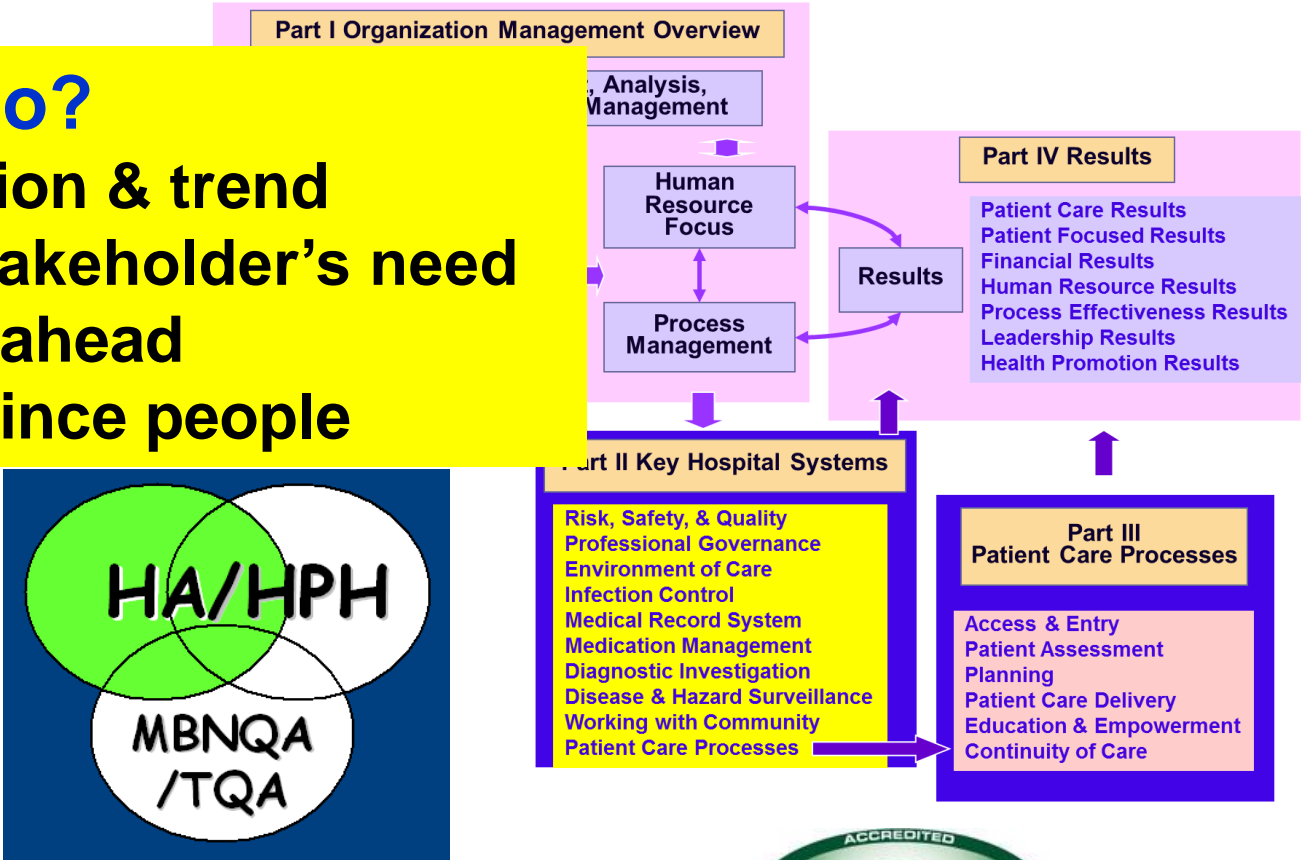
**Key Technology & Equipment:**

**Key HPH Issues:**



# 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



1<sup>st</sup> HA Standards  
↓

HPH Accreditation  
↓

2<sup>nd</sup> HA/HPH Standards  
↓



**Information & Knowledge Management**



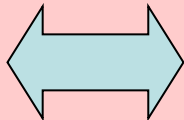
**Strategic Planning**



**Staff Focus**

**Leadership**

**Patient Focus  
& Patient Right**



**Process  
Management**

**Results**

**PART IV**

- Clinical Results**
- Patient & Customer Results**
- Financial Results**
- Staff & Work System Results**
- Organization Effectiveness**
- Leadership & Social Resp**
- Health Promotion**

**PART I**

MBNOA/TOA Model



**Key Hospital Systems**

**PART II**

- Risk, Safety & Quality**
- Clinical Governance**
- Environment of Care**
- Infection Control**
- Medical Record System**
- Medication Management**
- Clinical Investigation System**
- Disease Surveillance**
- Work with Community**
- Patient Care Process**

**PART III**

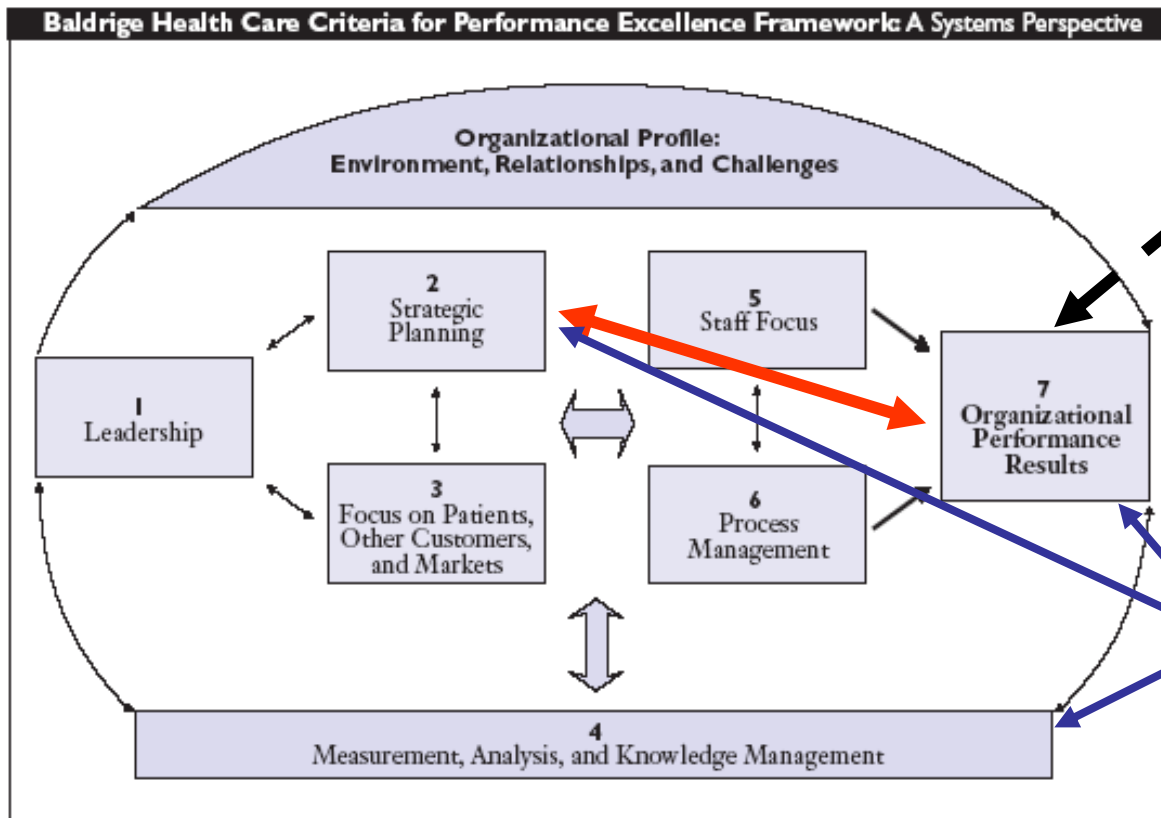
**Patient Care Process**

- Entry**
- Assessment**
- Planning of Care**
- Delivery of Care**
- Education & Empowerment**
- Continuous Care**

**HA Standards  
2006  
(Diamond Jubilee)**

# 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**

# 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**

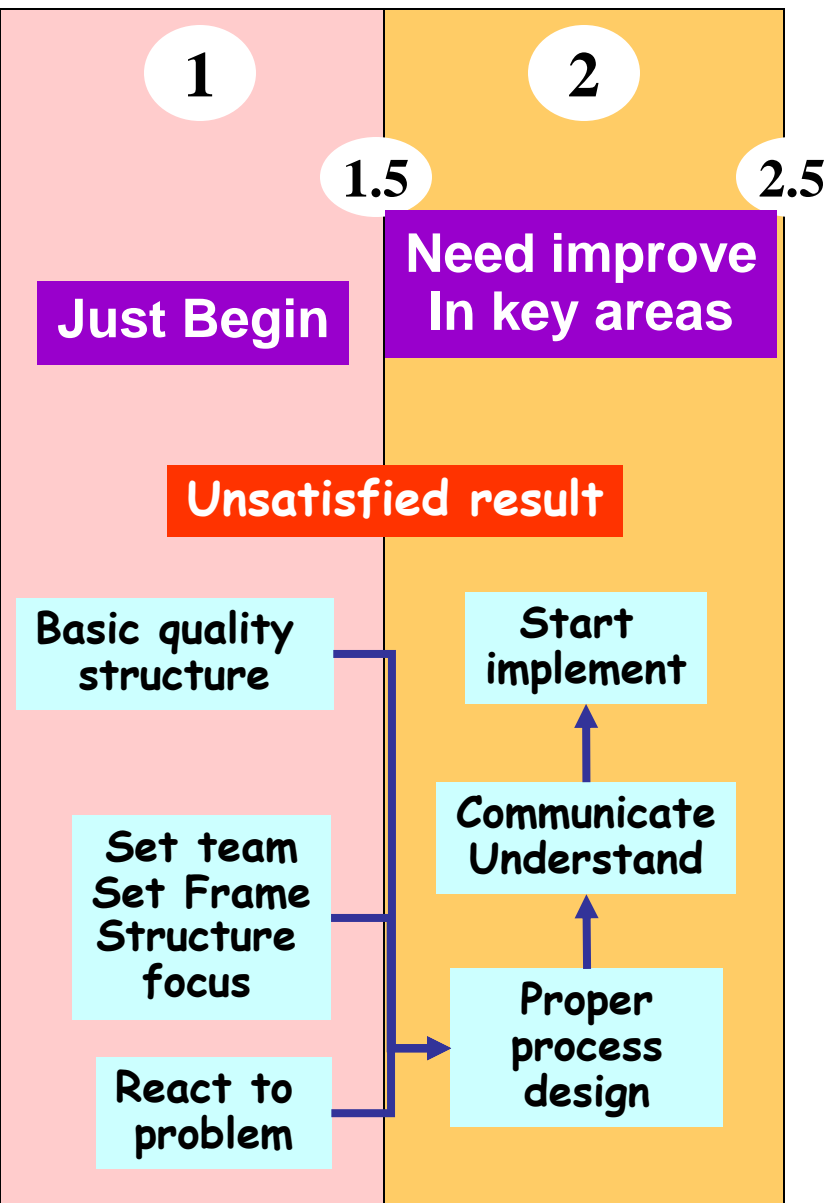
**Set guidelines**

**Problem analysis**

**Reactive response**

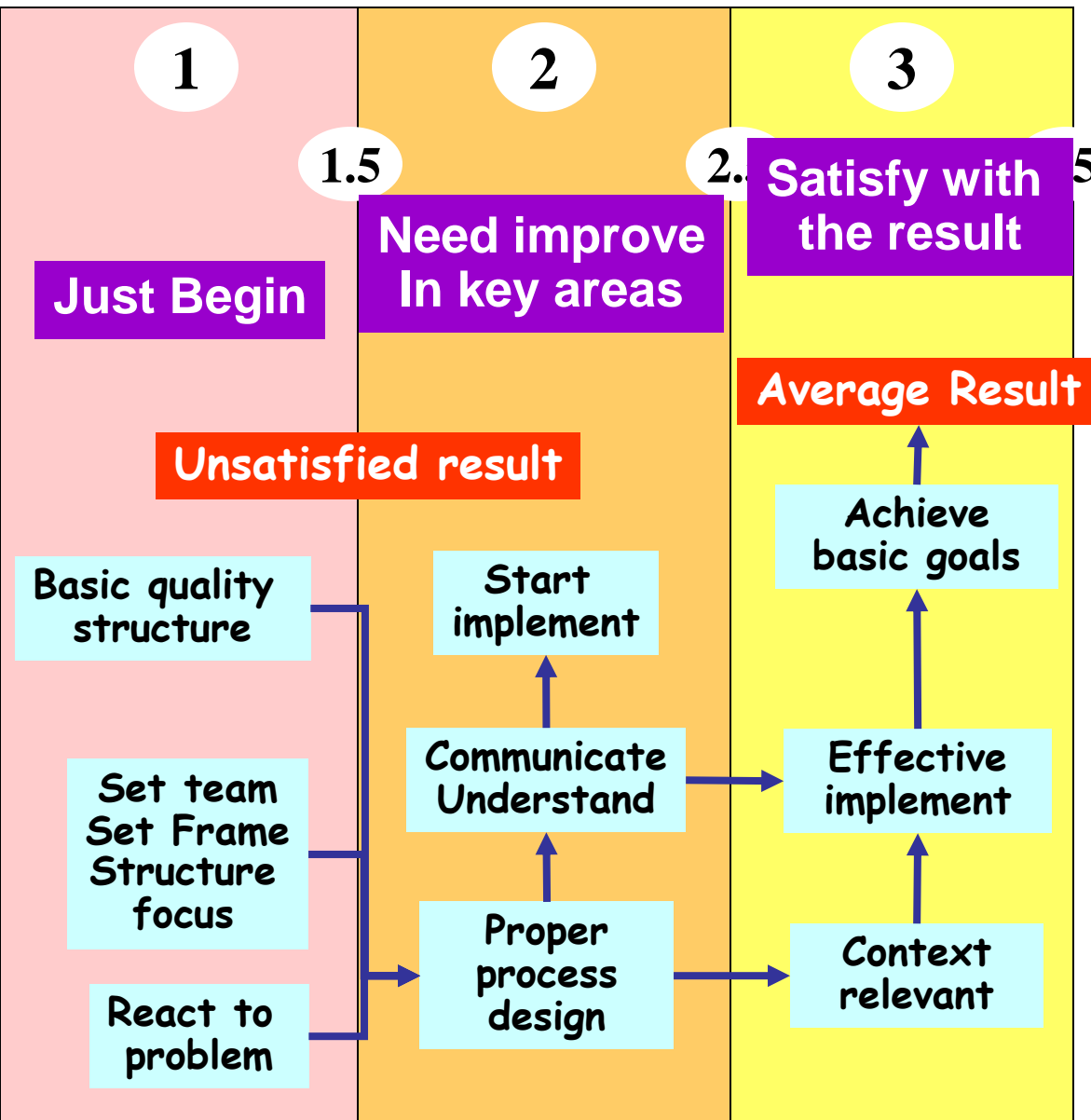
**Early improvement on simple issues**

# Scoring Guideline: For Continuous Improvement to Excellence



**Plan & Do**

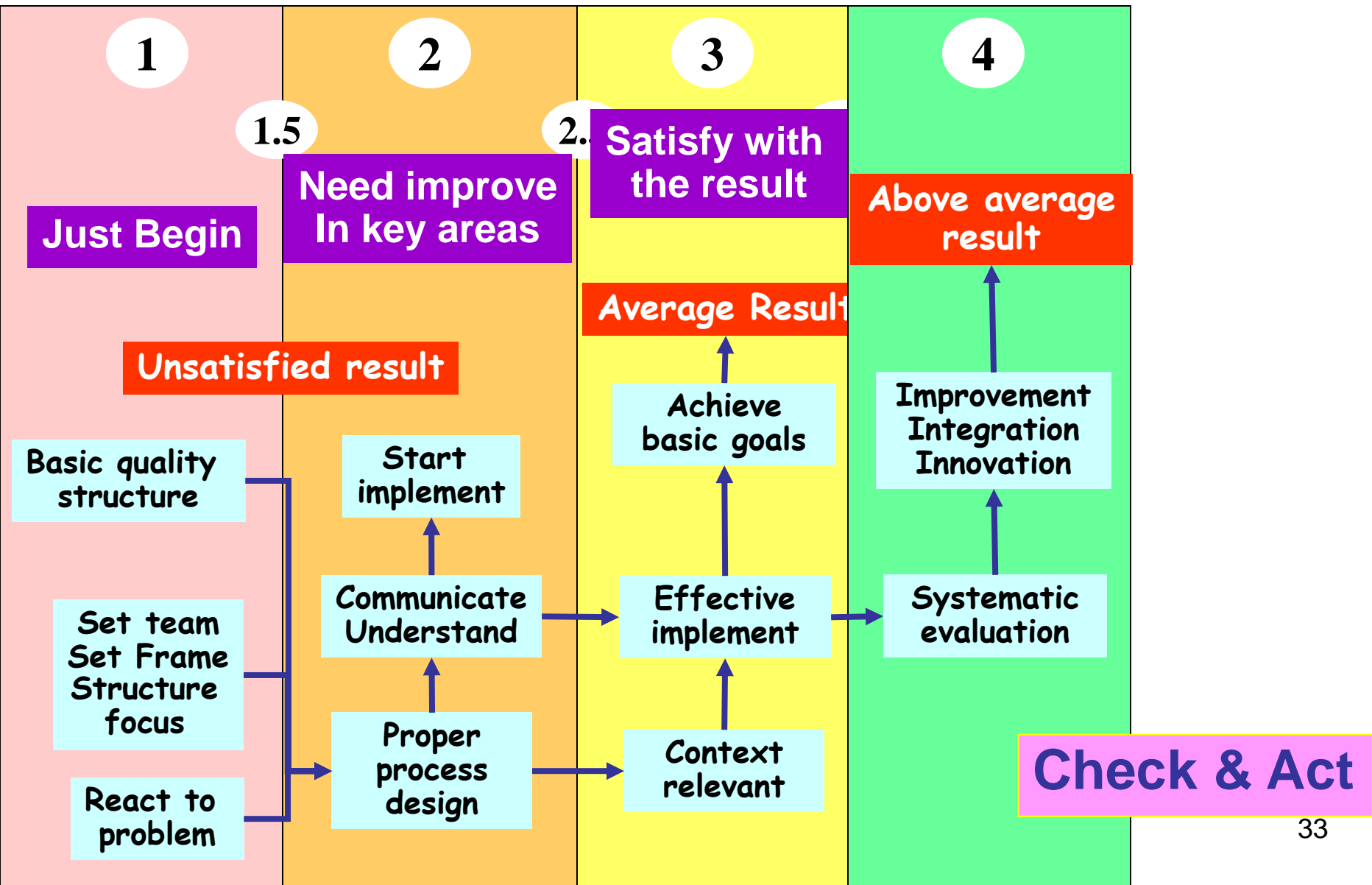
# Scoring Guideline: For Continuous Improvement to Excellence



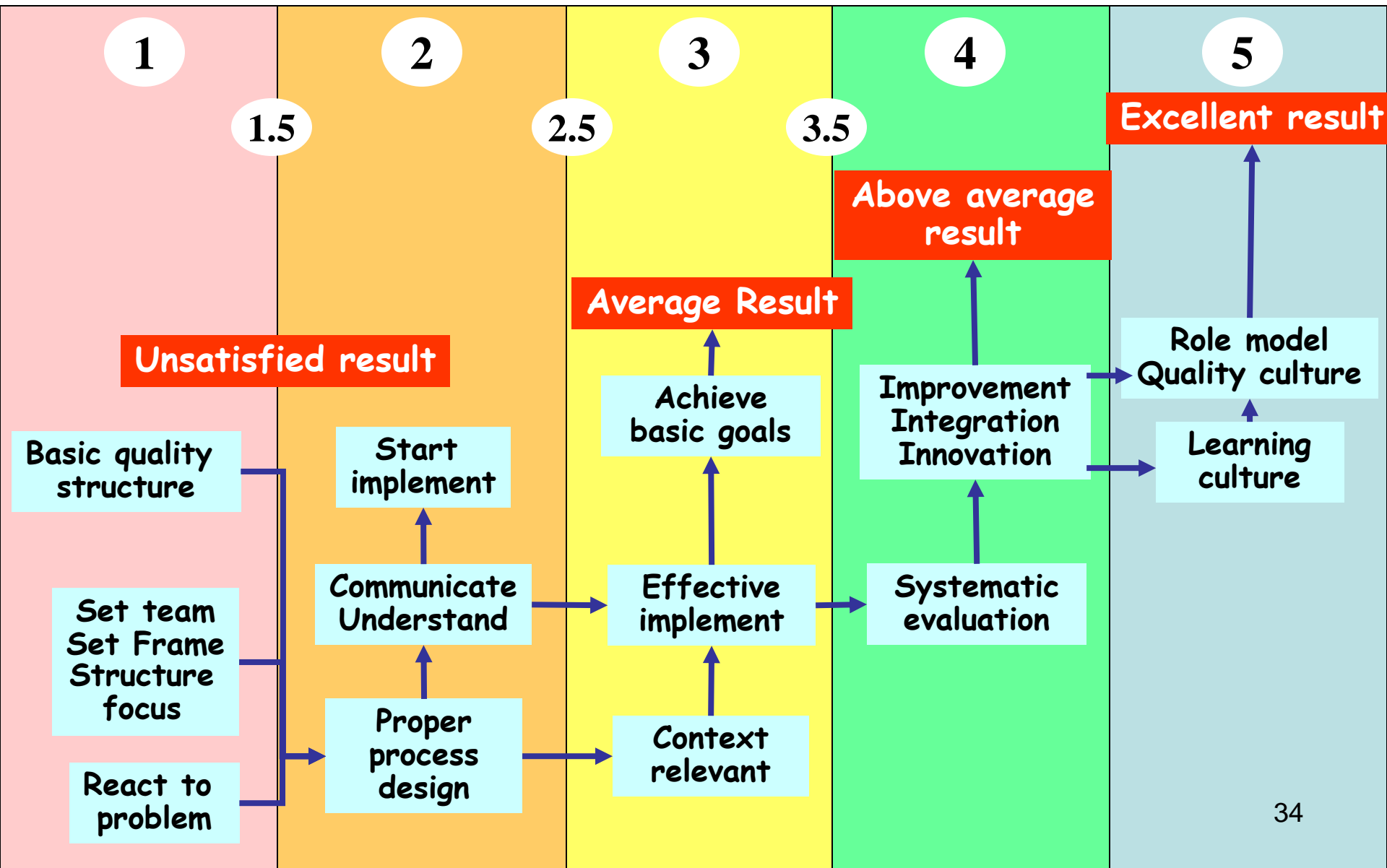
**Do & Check**  
 Effective design (HFE)  
 Deploy in all key areas  
 Effective implement  
 Qualitative assessment  
 Achieve basic goals



# Scoring Guideline: For Continuous Improvement to Excellence



# Scoring Guideline: For Continuous Improvement to Excellence

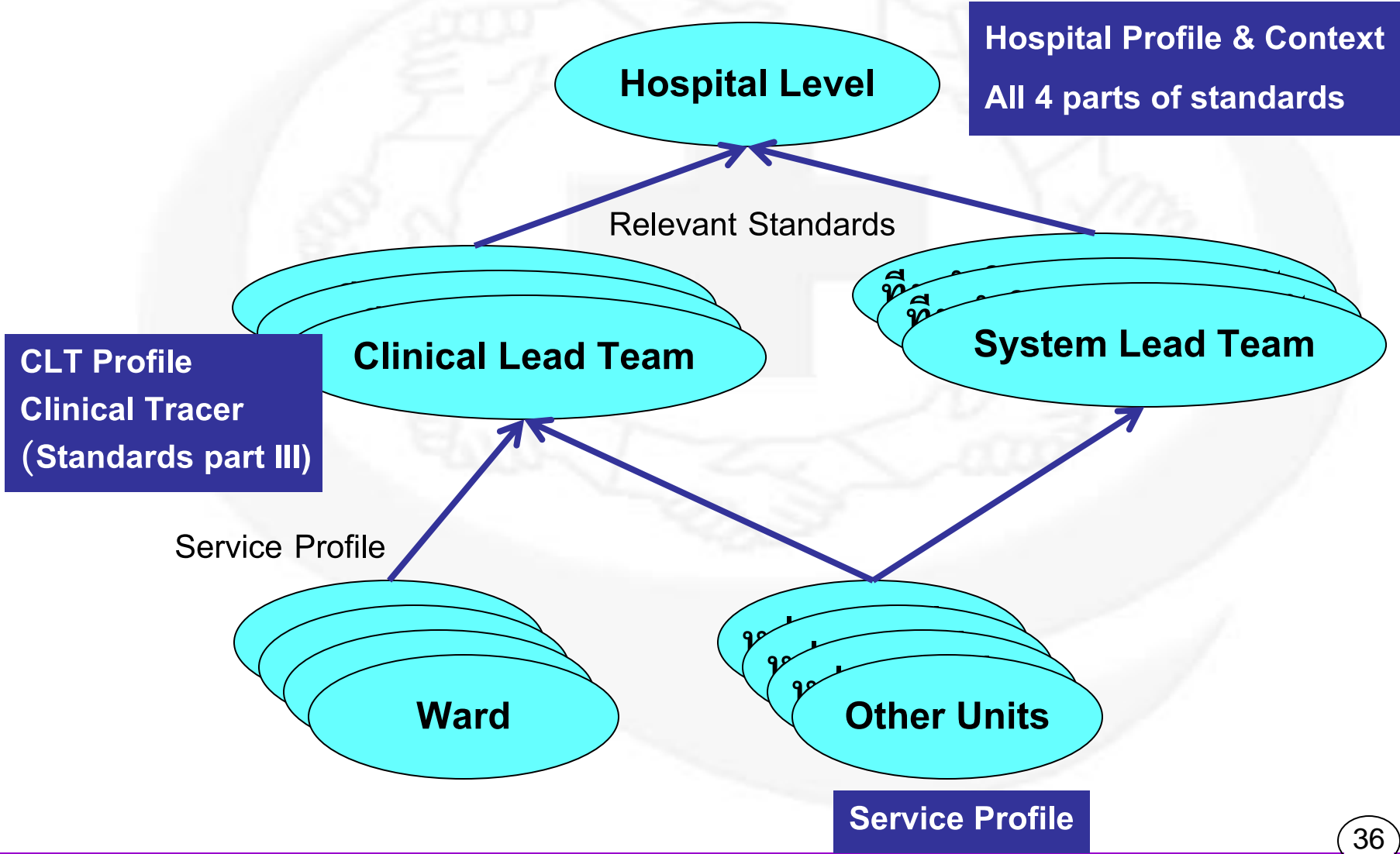




# Use of Self Assessment



# 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?

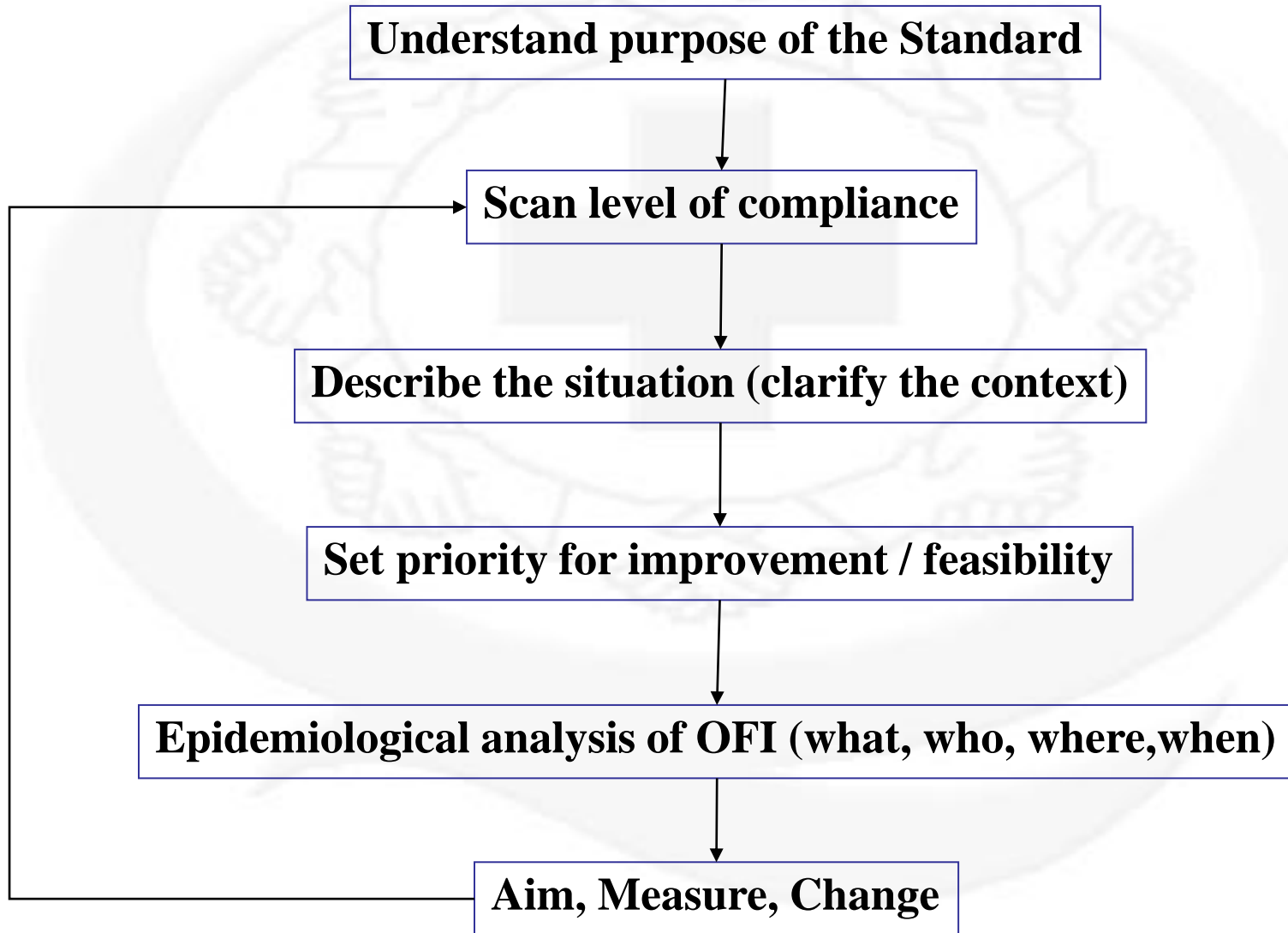
## Dialogue

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

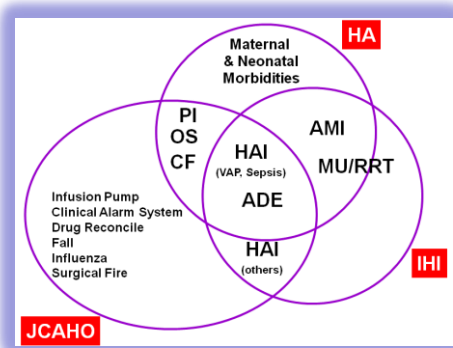
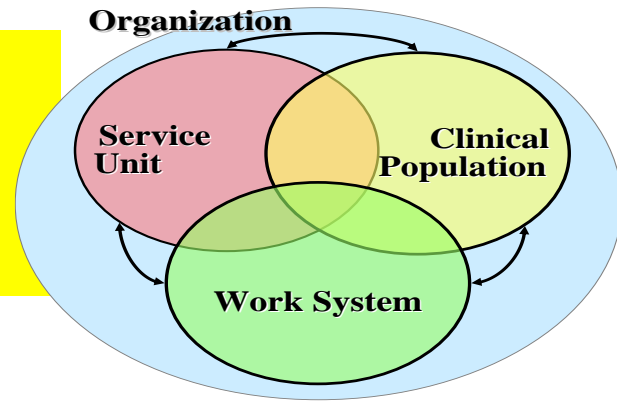




# Patient Safety

## What did we do?

- Simplify & communicate
- Integrate into our framework



## 1<sup>st</sup> Patient Safety Goals

Quality Review

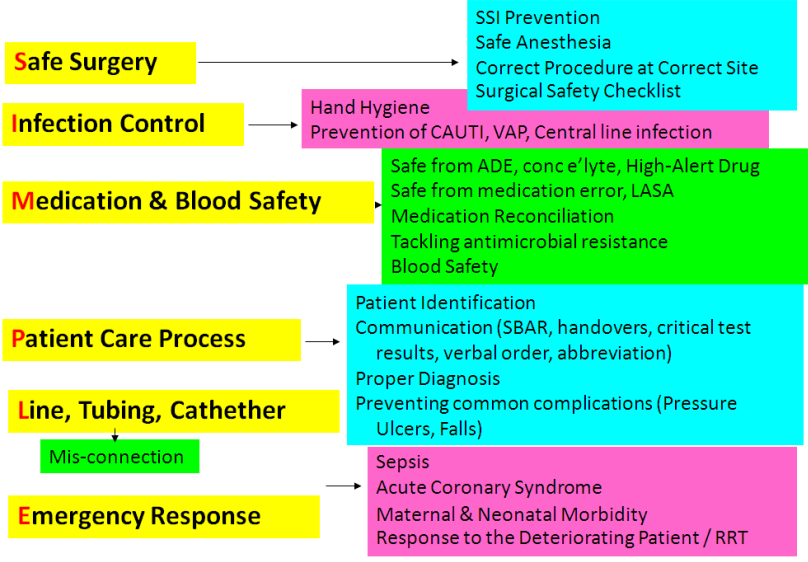




# Patient Safety

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

## Patient Safety Goals / Guides : SIMPLE

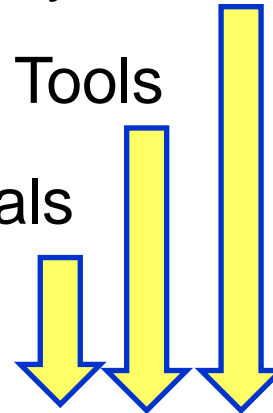


## 2<sup>nd</sup> Patient Safety Goals

### Trigger Tools

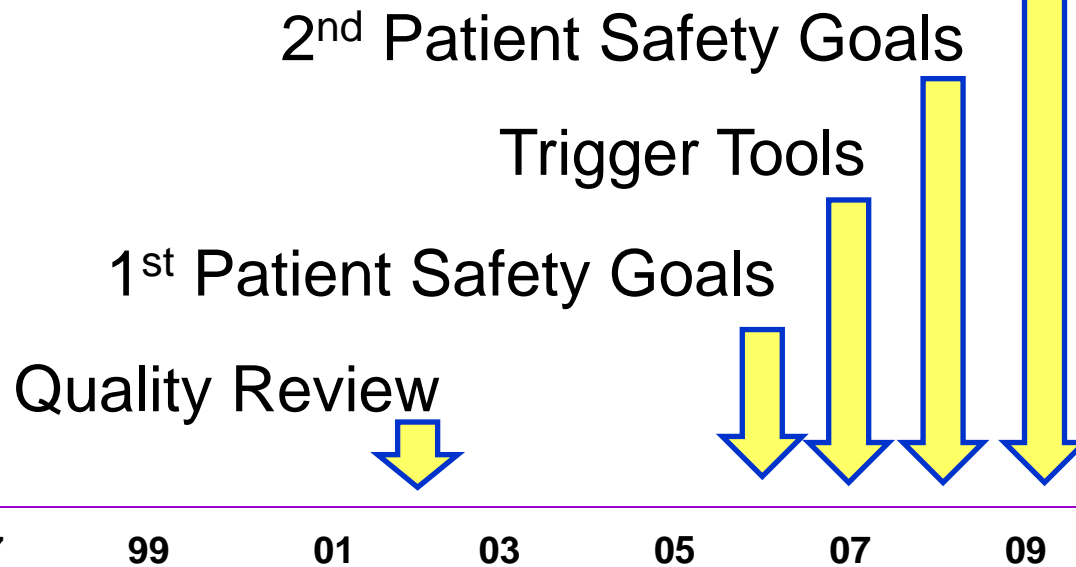
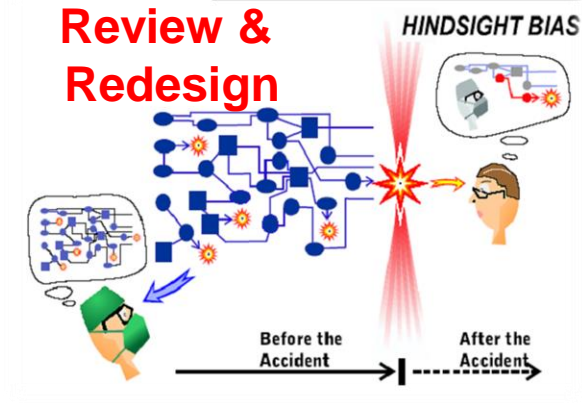
### 1<sup>st</sup> Patient Safety Goals

### Quality Review





# Patient Safety





# 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



# HA National Forum

## A Forum for Appreciation, Campaign & Sharing

- 1<sup>st</sup> (1999): Quality Improvement to Serve the Public
- 2<sup>nd</sup> (2000): Roadmap for a Learning Society in Healthcare
- 3<sup>rd</sup> (2002): **Simplicity in a Complex System**
- 4<sup>th</sup> (2003): **Best Practices for Patient Safety**
- 5<sup>th</sup> (2004): **Knowledge Management for Balance of Quality**
- 6<sup>th</sup> (2005): **Systems Approach: A Holistic Way to Create Value**
- 7<sup>th</sup> (2006): **Innovate, Trace & Measure**
- 8<sup>th</sup> (2007): **Humanized Healthcare**
- 9<sup>th</sup> (2008): **Living Organization**
- 10<sup>th</sup> (2009): **Lean & Seamless Healthcare**
- 11<sup>th</sup> (2010): **Flexible & Sustainable Development**
- 12<sup>th</sup> (2011): **Beauty in Diversity**
- 13<sup>th</sup> (2012): **The Wholeness of Work & Life**
- 14<sup>th</sup> (2013): **High Reliability Organization (HRO)**