Thailand Experience in Payors Promoting Quality of Care In the Health System

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Chennai, India
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The Healthcare Accreditation Institute (HAI)

A special independent government agency called **'Public Organization'**.

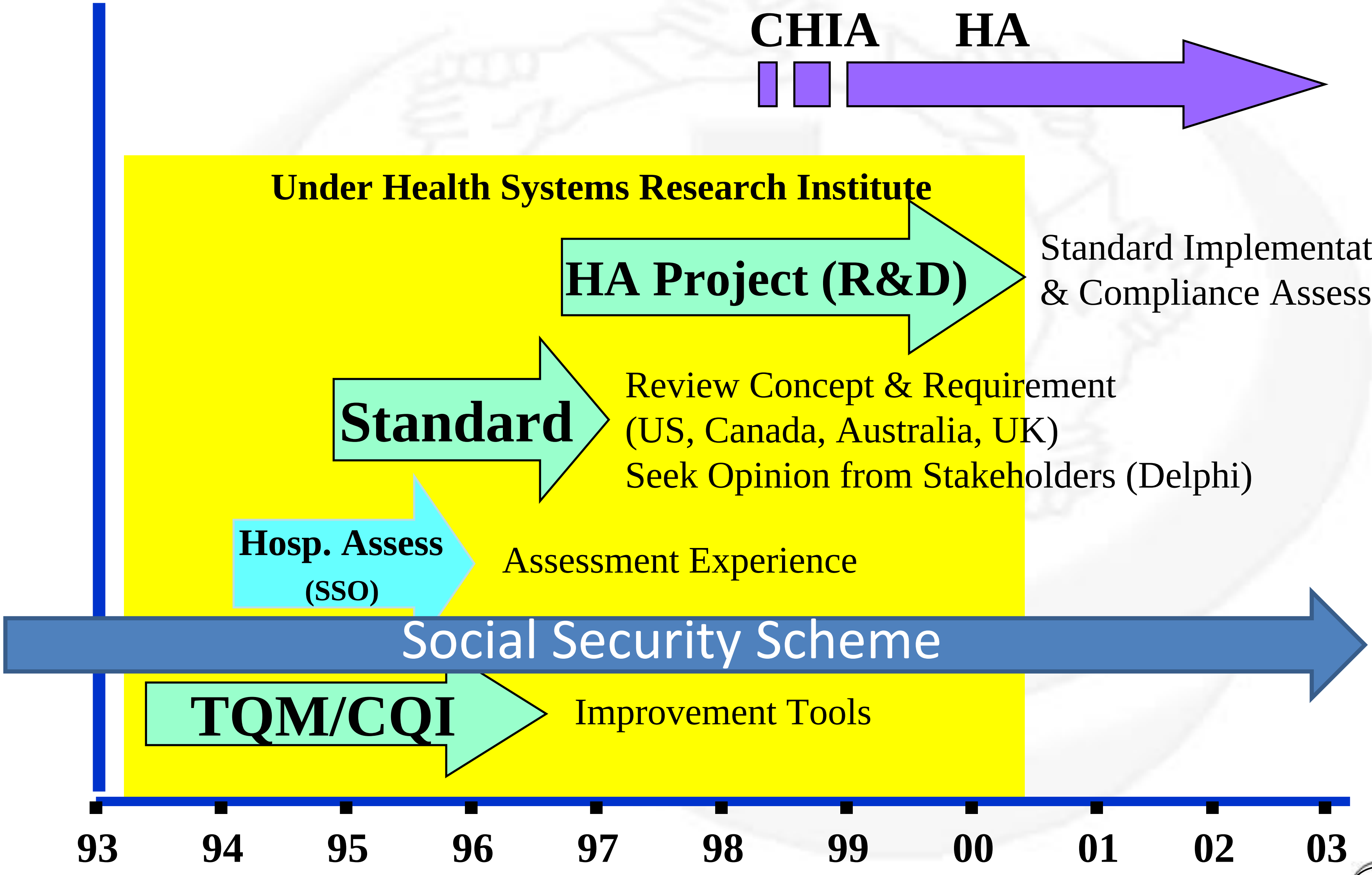
Mission: to promote, support and drive continuous quality improvement of healthcare system using self-assessment, external evaluation and knowledge sharing.

Vision: High standard & reliable healthcare system , with HAI as a change catalyst for quality culture

Half of the **operating cost** come from the government budget.

Early Phase of Quality Improvement of Hospital in Thailand

Early Phase of QI & HA Program



CHIA HA

Under Health Systems Research Institute

HA Project (R&D)

Standard Implementation
& Compliance Assessment

Standard

Review Concept & Requirement
(US, Canada, Australia, UK)
Seek Opinion from Stakeholders (Delphi)

Hosp. Assess
(SSO)

Assessment Experience

Social Security Scheme

TQM/CQI

Improvement Tools

Social Security Scheme

The 1st capitation payment: -> ILO concern about quality and encourage quality assurance program

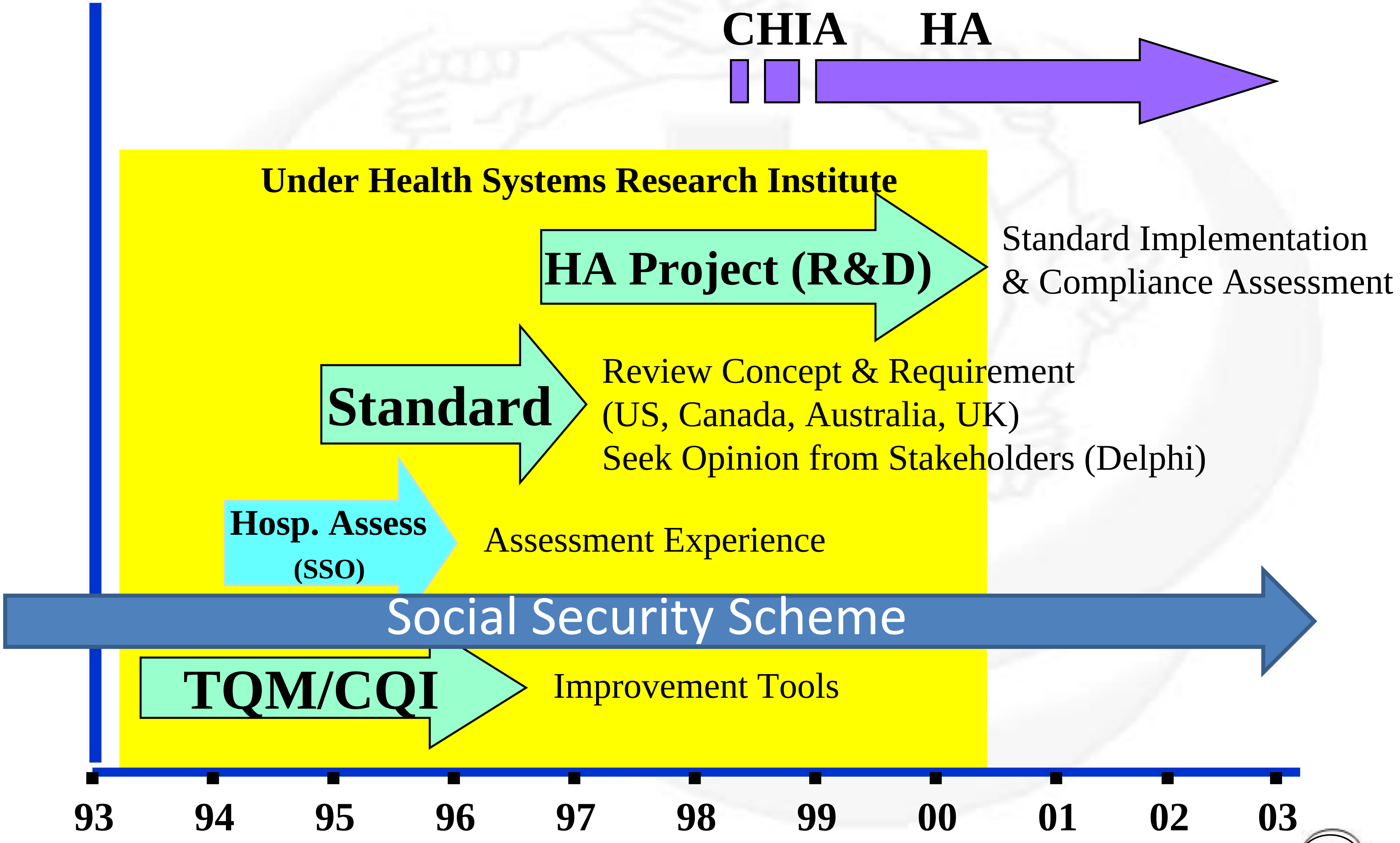
Set hospital standards: Use Australia framework, but focus mostly on structure, use to encourage improvement

Adverse event enquiry

Medical Committee: set policy, set benefit package, set capitation fee, complaint review

Incentive: quota -> financial incentive

Early Phase of QI & HA Program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Social Security Scheme
TQM/CQI
Improvement Tools
93
94
95
96
97
98
99
00
01
02
03

TQM Pilot Project

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

Basic tools: 5S, suggestion system

ESB (Excellence Service Behavior):

e.g. facing, eye contact, smile, greeting, inquire

Teamwork: brainstorm, decision tool (multi-voting)

CQI steps

Tools for idea & data: affinity diagram, tree diagram, various charting esp. control chart

TQM

93 95 97 99 01 03 05 07 09 11 13

Phase of Quality Implementation

Preparation

Management Education Workshop

Quality Structure
- Steering Team
- Facilitator Team

Baseline Assessment
- Waste/Gap
- Customer need
- Environment
- Compliance to Standard

Development

Pilot Project

Vision & Mission

Strategic Plan

Communication

Education

Implementation

Unit Optimization (SS, RM, QA, CQI)

Horizontal Integration

Vertical Alignment

Performance Monitor Progress Review

Integration

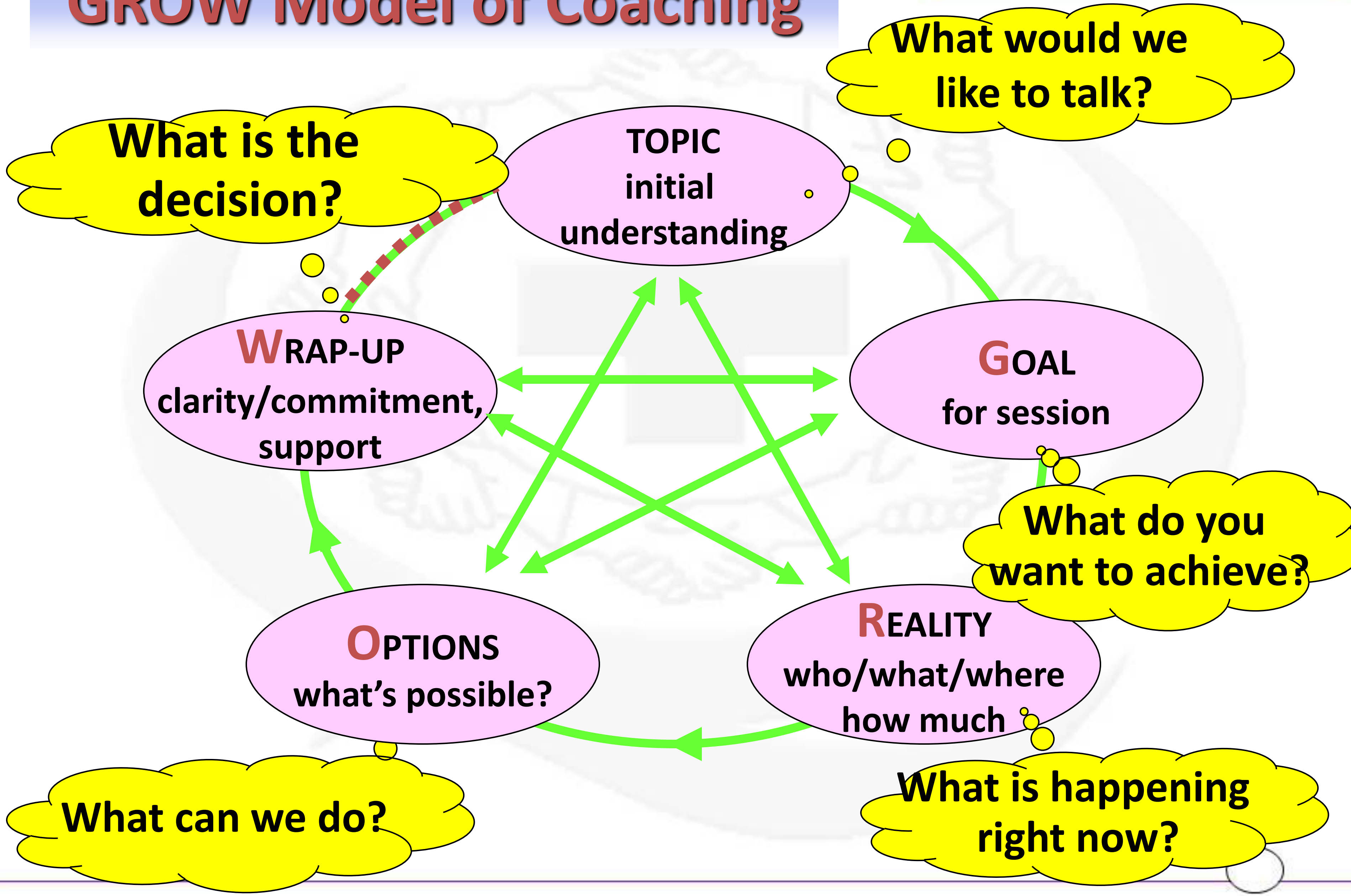
Structure

Skill

System
- Measurement
- Compensation

Culture

GROW Model of Coaching



What would we like to talk?

TOPIC
initial understanding

What is the decision?

WRAP-UP
clarity/commitment, support

GOAL
for session

What do you want to achieve?

REALITY
who/what/where how much

What is happening right now?

OPTIONS
what's possible?

What can we do?

adapted from 'Coaching for Performance' by Sir John Whitmore

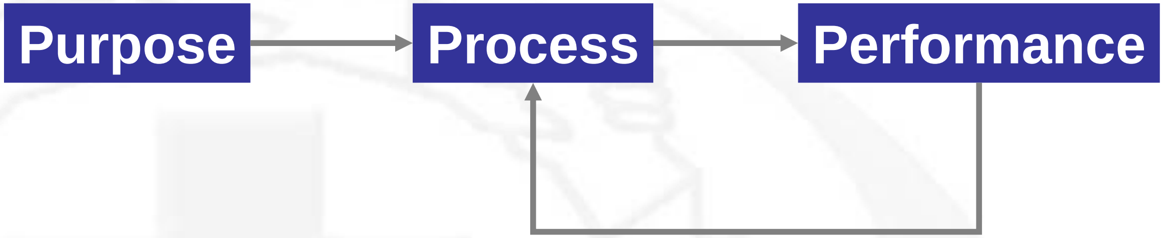
What is Quality Management?

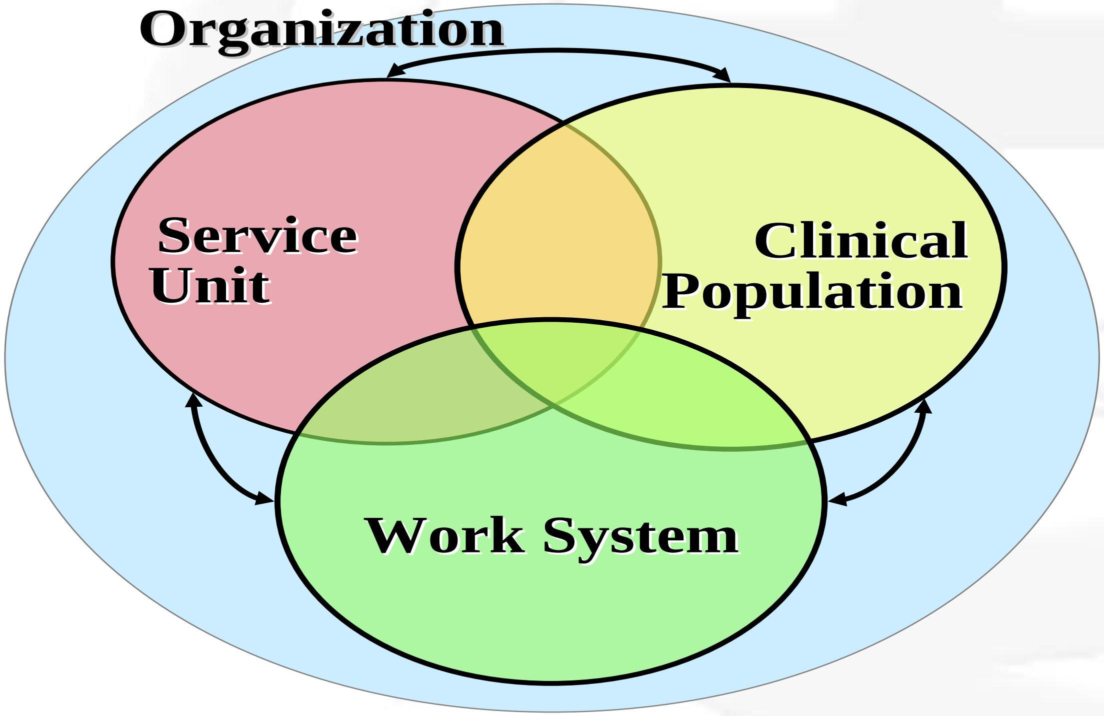
Quality management: coordinated activities to direct & control an organization with regards to quality (ISO9000)

Quality: degree to which a set of inherent characteristics fulfills requirement (need or expectation)

Quality in Healthcare: Response to patient’s need (explicit need, implicit need, expectation), with holistic approach, base on professional standards, respect patient’s right & dignity

3P in 4 Domain & 6 Levels of Application

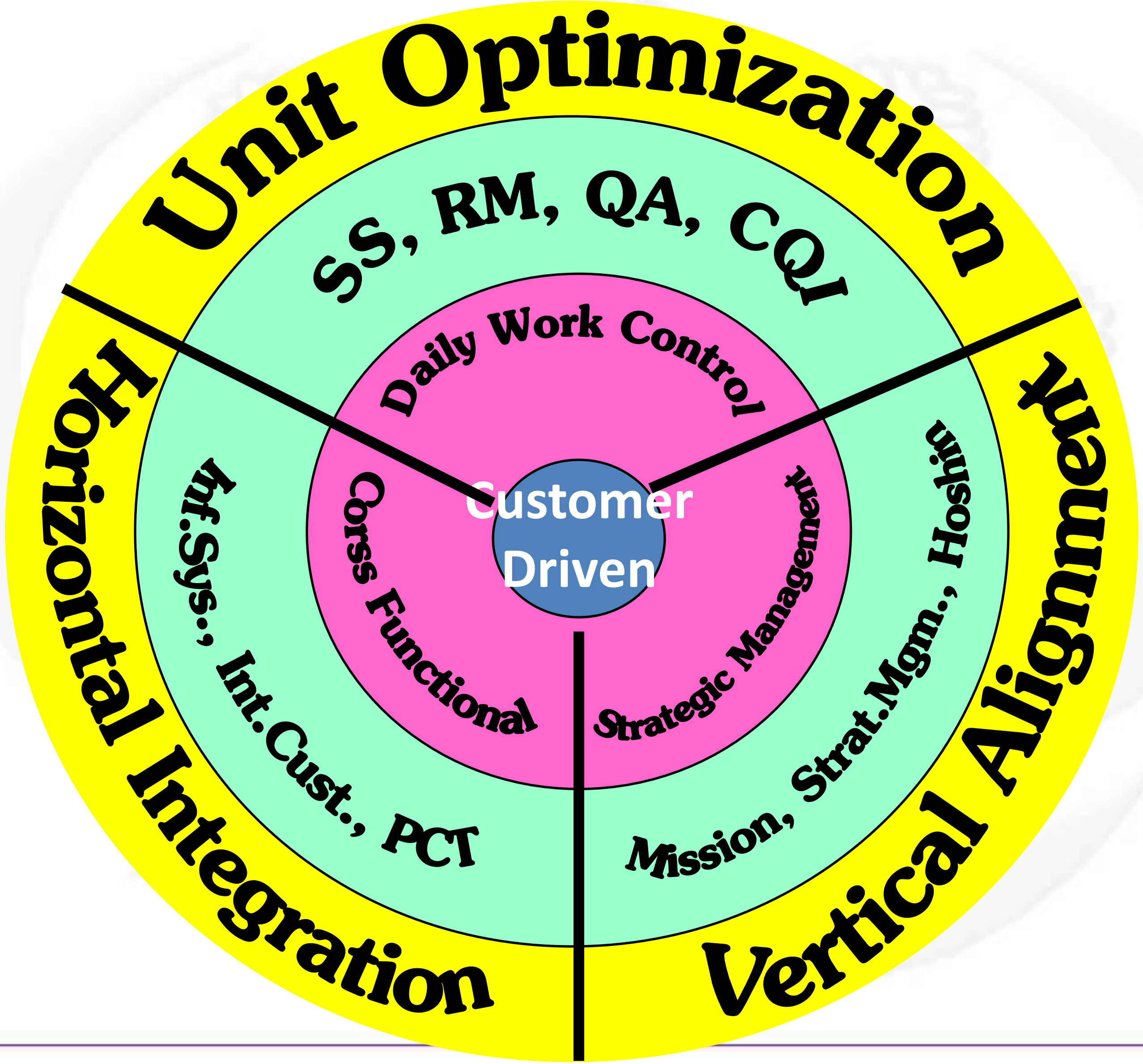

Purpose
Process
Performance

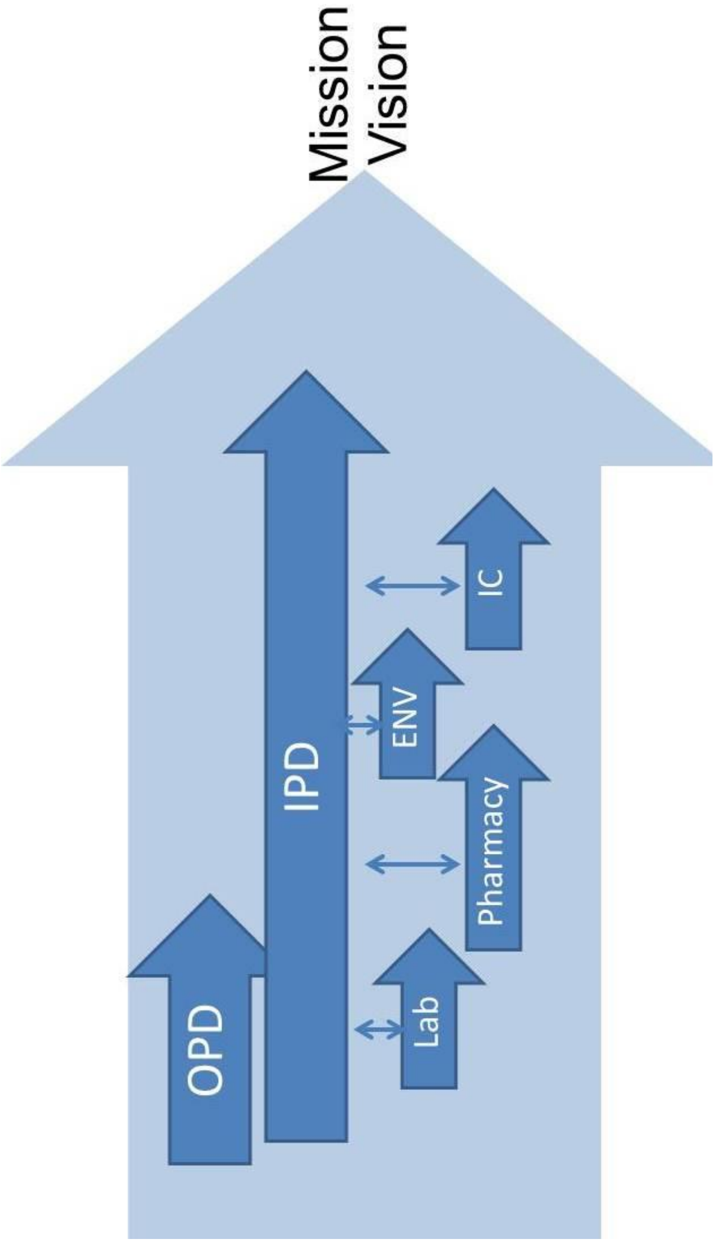

Organization
Service Unit
Clinical Population
Work System

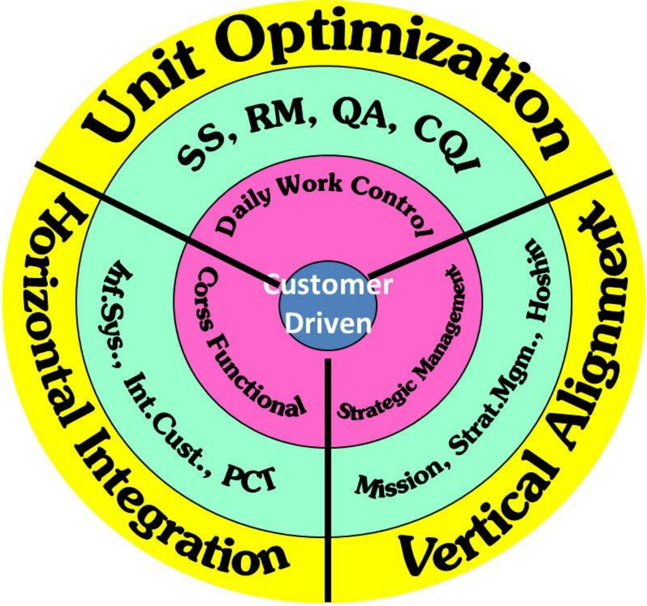
Level of 3P Application

- Daily activities
- Projects
- Units
- Patient groups
- Systems
- Hospital

Total Quality Management


Unit Optimization
SS, RM, QA, CQI
Daily Work Control
Horizontal Integration
Inf.Sys., Int.Cust., PCT
Corss Functional
Vertical Alignment
Mission, Strat.Mgm., Hoshin
Strategic Management
Customer Driven


Mission
Vision
IPD
IC
ENV
Pharmacy
OPD
Lab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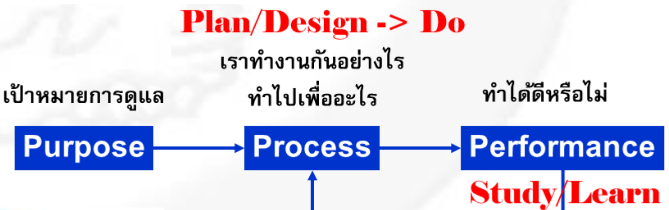

Plan/Design -> Do

เราทำงานกันอย่างไร

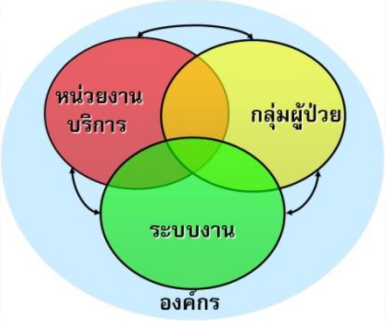
เป้าหมายการดูแล — ทำไปเพื่ออะไร — ทำได้ดีหรือไม่

Purpose → **Process** → **Performance**

Study/Learn

จะทำให้ดีขึ้นได้อย่างไร

Act/Improve


หน่วยงานบริการ
กลุ่มผู้ป่วย
ระบบงาน
องค์กร

Then we drafted a hospital standard

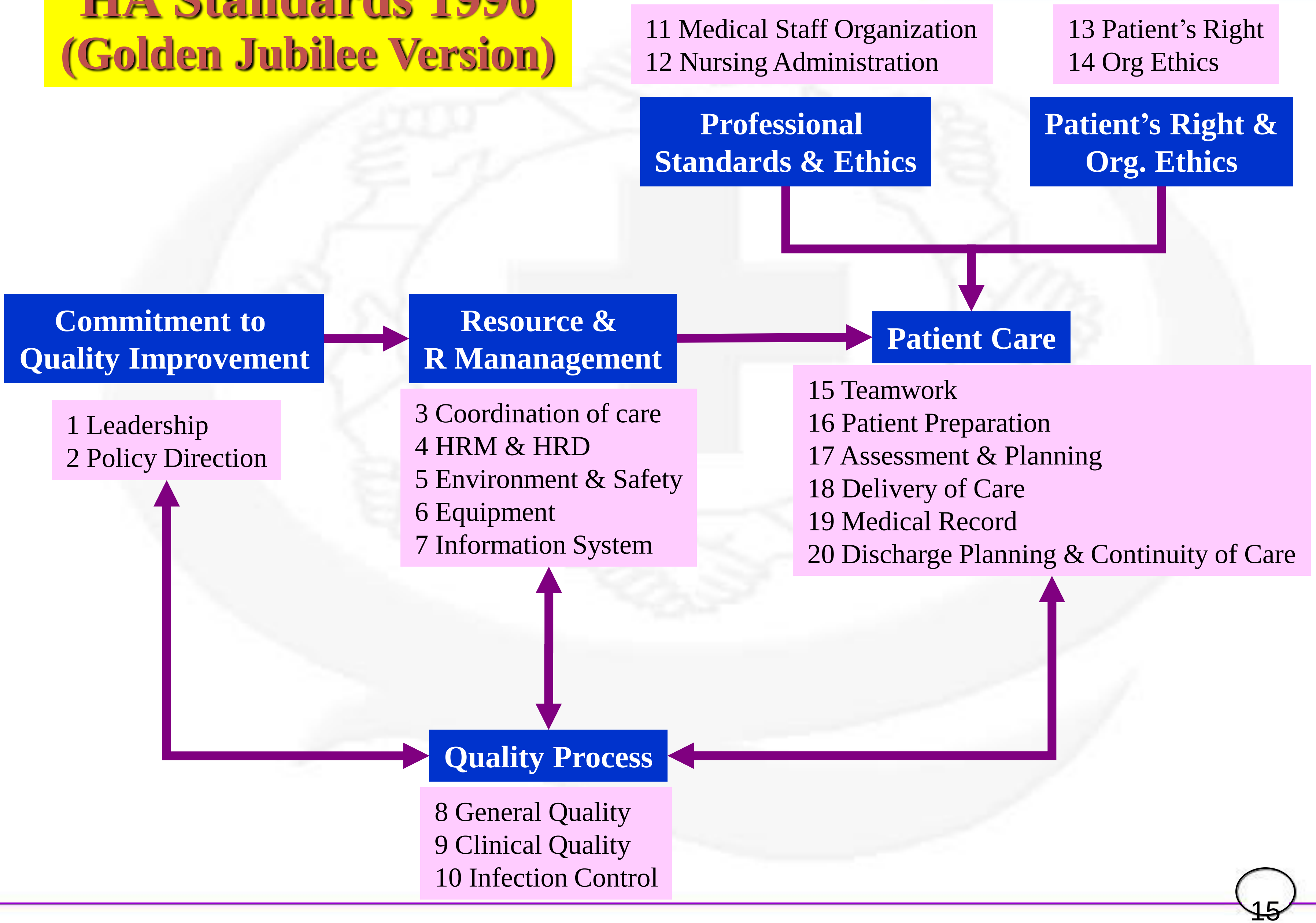
Review of Social Security Office (SSO) Hospital Standards & HA Standards of other countries

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 Mananagement

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

Patient Care

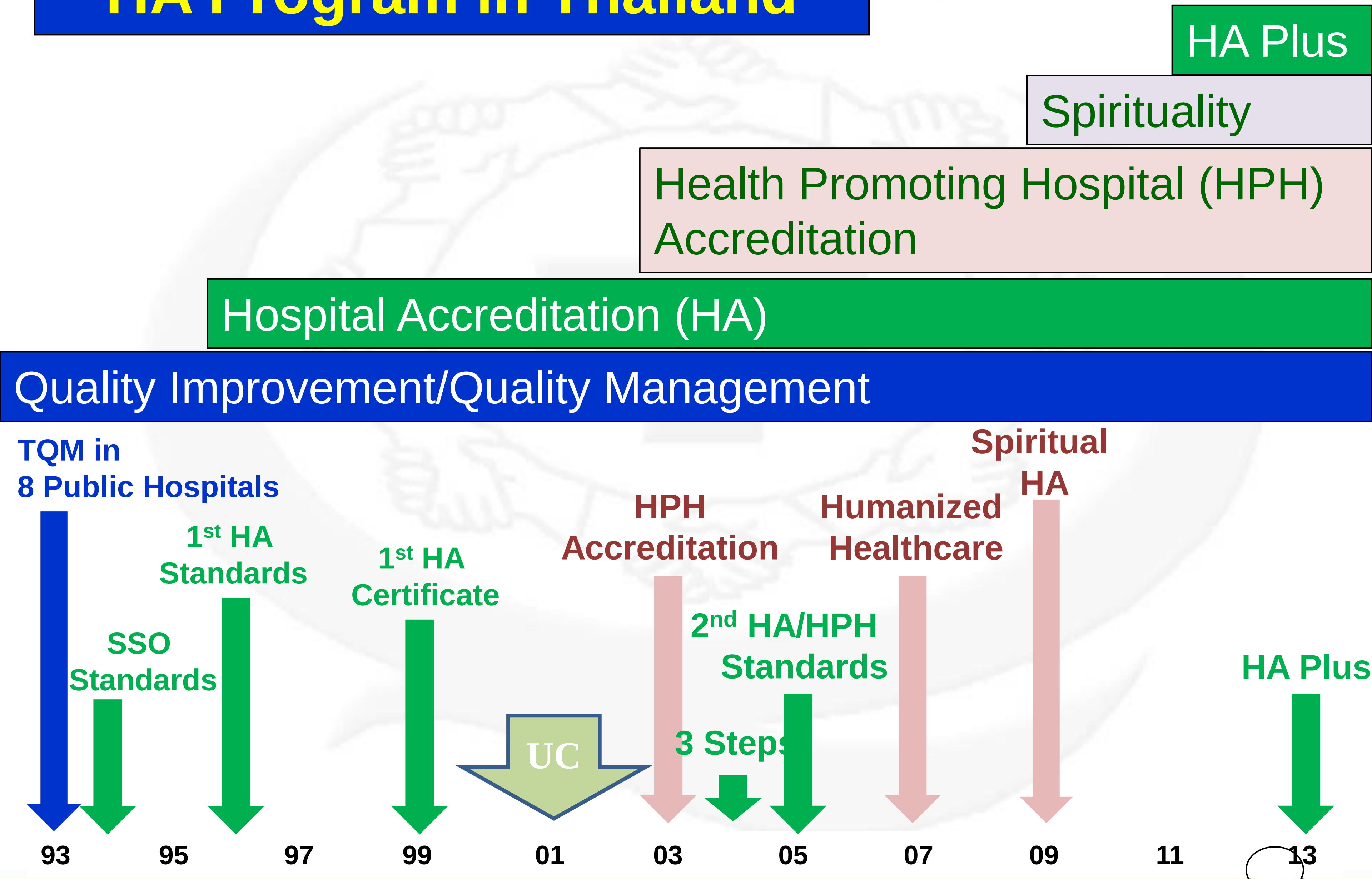
15 Teamwork
16 Patient Preparation
17 Assessment & Planning
18 Delivery of Care
19 Medical Record
20 Discharge Planning & Continuity of Care

Quality Process

8 General Quality
9 Clinical Quality
10 Infection Control

Hospital Accreditation in Thailand

HA Program in Thailand



HA Plus

Spirituality

Health Promoting Hospital (HPH) Accreditation

Hospital Accreditation (HA)

Quality Improvement/Quality Management

TQM in 8 Public Hospitals

SSO Standards

1st HA Standards

1st HA Certificate

UC

HPH Accreditation

3 Steps

2nd HA/HPH Standards

Humanized Healthcare

Spiritual HA

HA Plus

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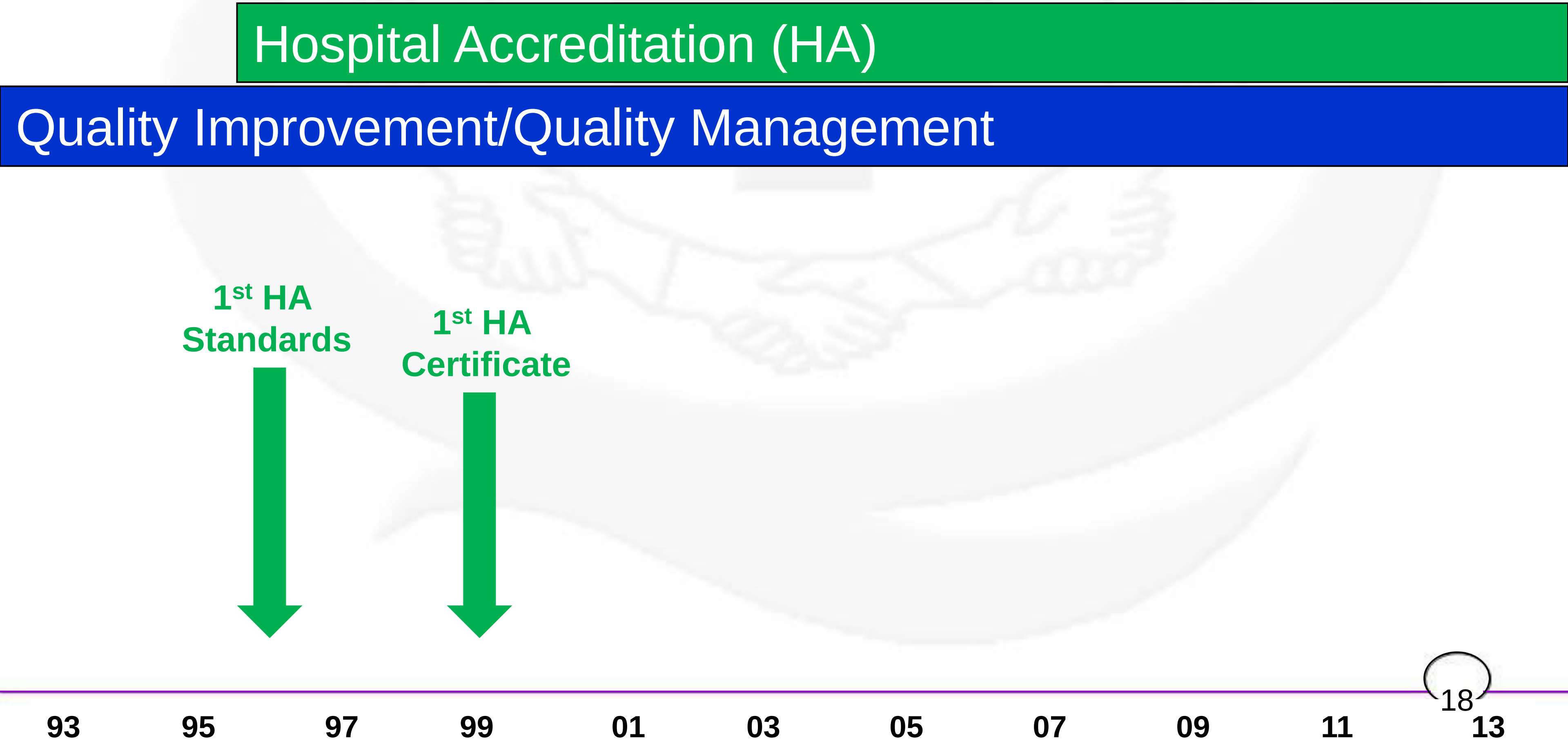
Hospital Accreditation Project

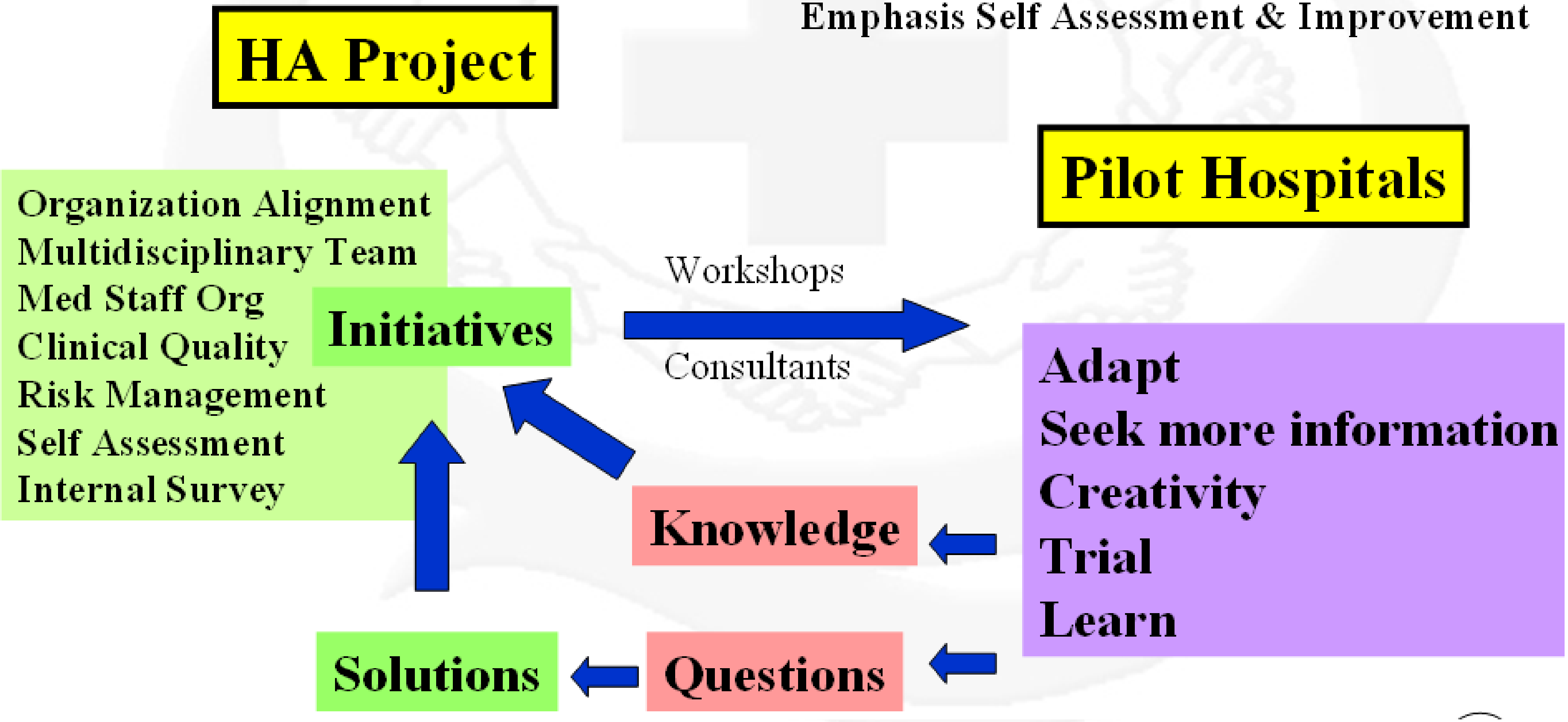
What did we do?

- Use comprehensive framework
  - Cover the whole organization
- Encourage Paradigm shift
  - Accreditation as an educational process
- Give freedom to test during R&D phase



Hospital Accreditation (HA)
Quality Improvement/Quality Management
1st HA Standards
1st HA Certificate
93
95
97
99
01
03
05
07
09
11
13

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

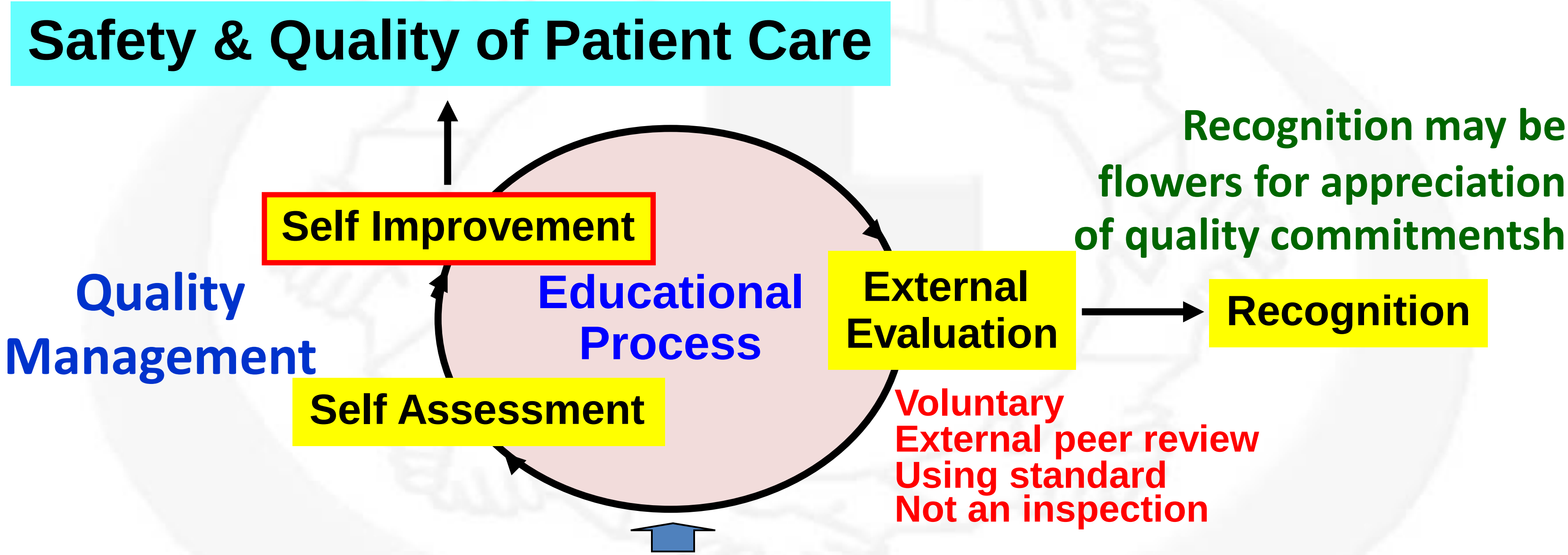
Adapt
Seek more information
Creativity
Trial
Learn

Knowledge

Solutions

Questions

Hospital Accreditation



Safety & Quality of Patient Care

Quality Management

Self Improvement

Educational Process

Self Assessment

External Evaluation

Recognition

Recognition may be flowers for appreciation of quality commitmentsh

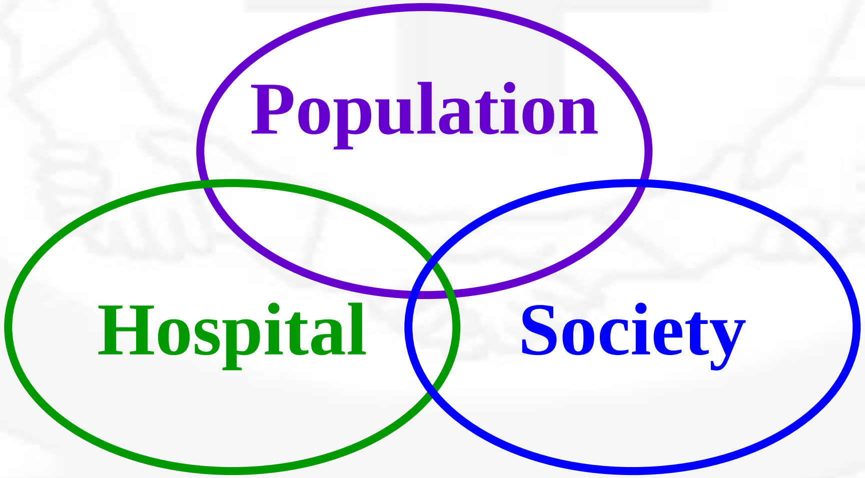
Voluntary
External peer review
Using standard
Not an inspection

Core Concepts:

Flexible, context oriented
System approach, integration
Positive approach
Evaluation to stimulate improvement
Special character of healthcare (uncertainty, autonomy & accountability)

Possible Benefits of Quality Improvement

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

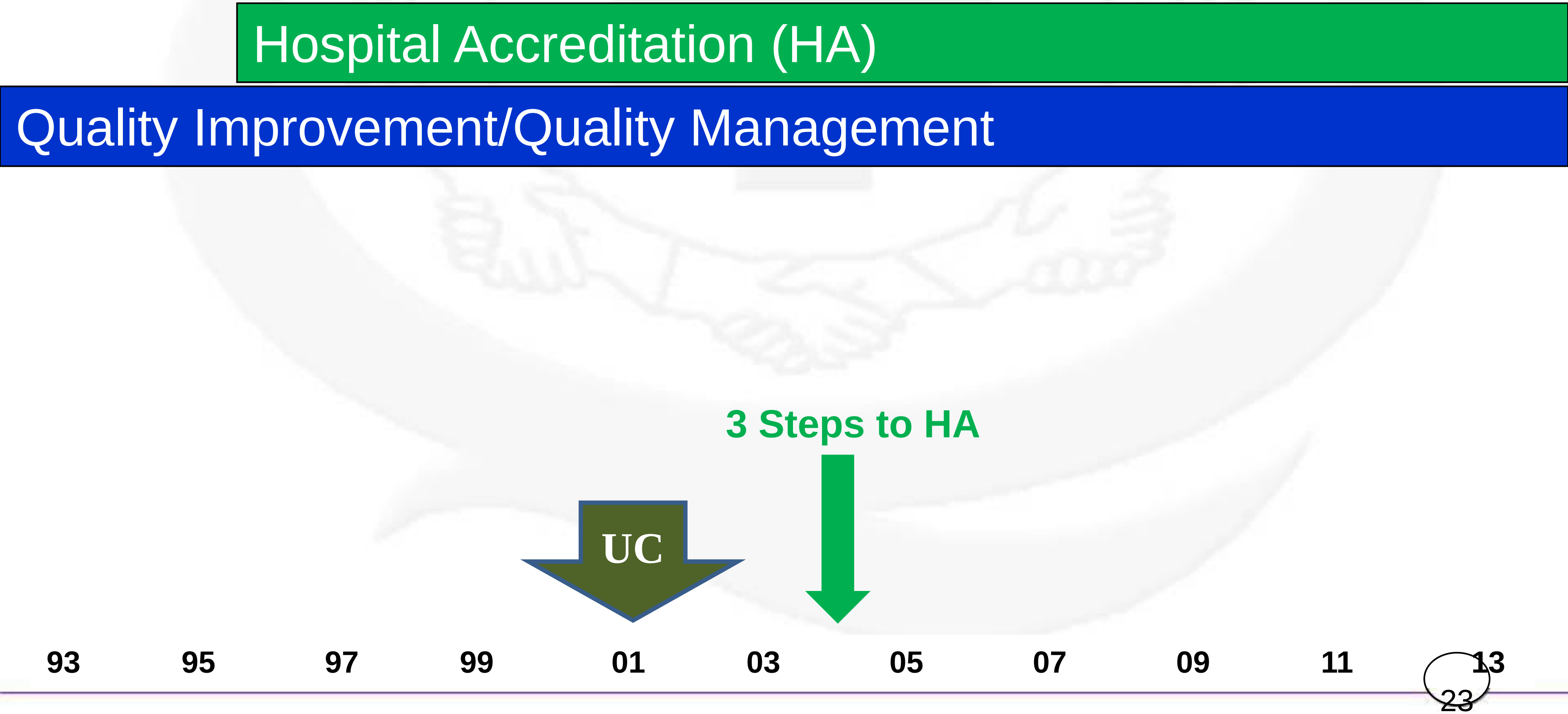


Reputation
Accountability
Good Governance
Professional Practice (less lawsuit)
Knowledge-based Org.
Commitment & Participation
Financial Incentive

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

Stepwise Recognition

3 Steps to HA



Hospital Accreditation (HA)

Quality Improvement/Quality Management

3 Steps to HA

UC

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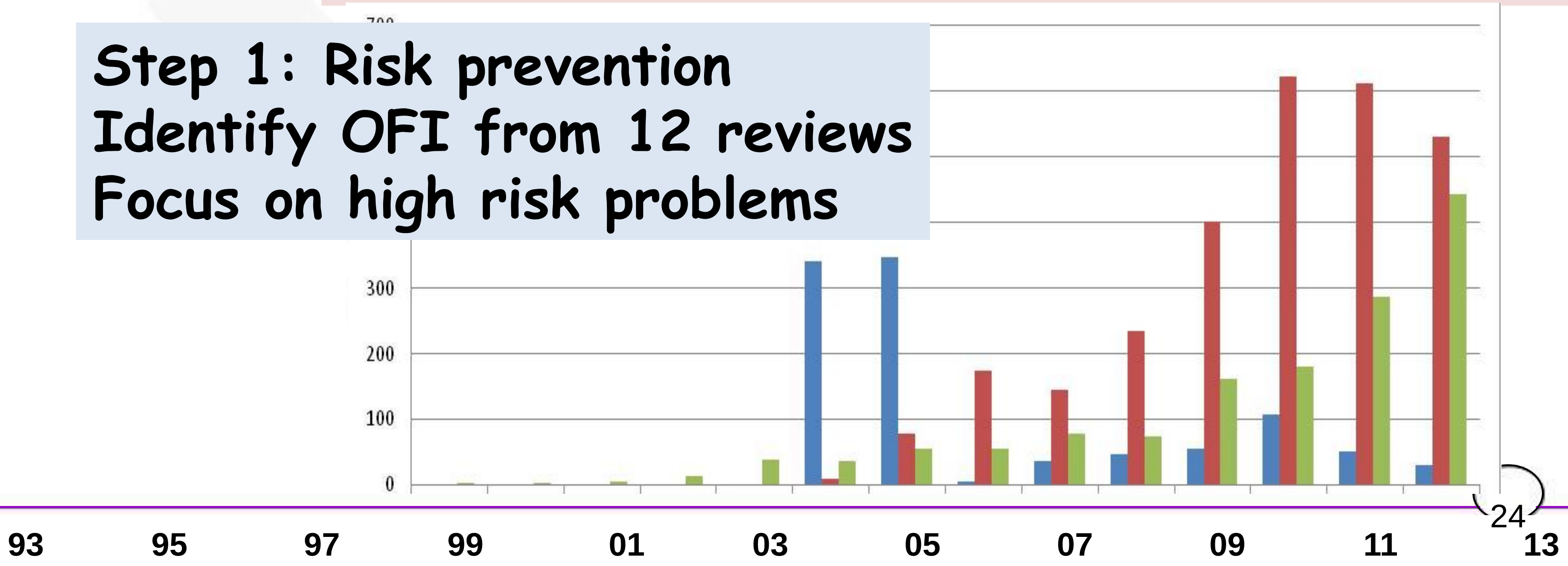
Stepwise Recognition

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



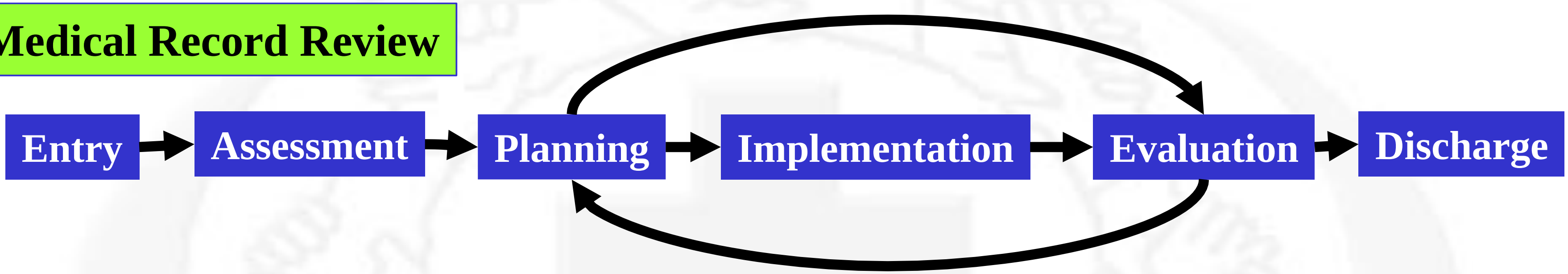
Power of Recognition

- 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

Quality Review :
Tools to Identify the Case in Step 1

Medical Record Review


Entry
Assessment
Planning
Implementation
Evaluation
Discharge

Bedside Review

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

Other Reviews

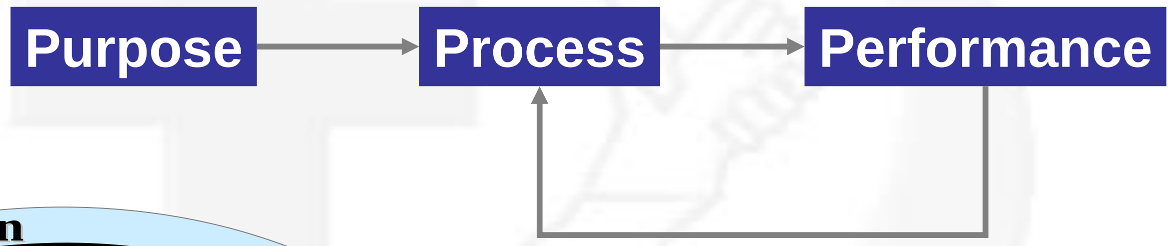
- Customer Complaint Review
- Adverse Event/Risk Management System
- Competency Management System
- Infection Control
- Drug Management System
- Medical Record Review
- Resource Utilization Review
- KPI Review

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

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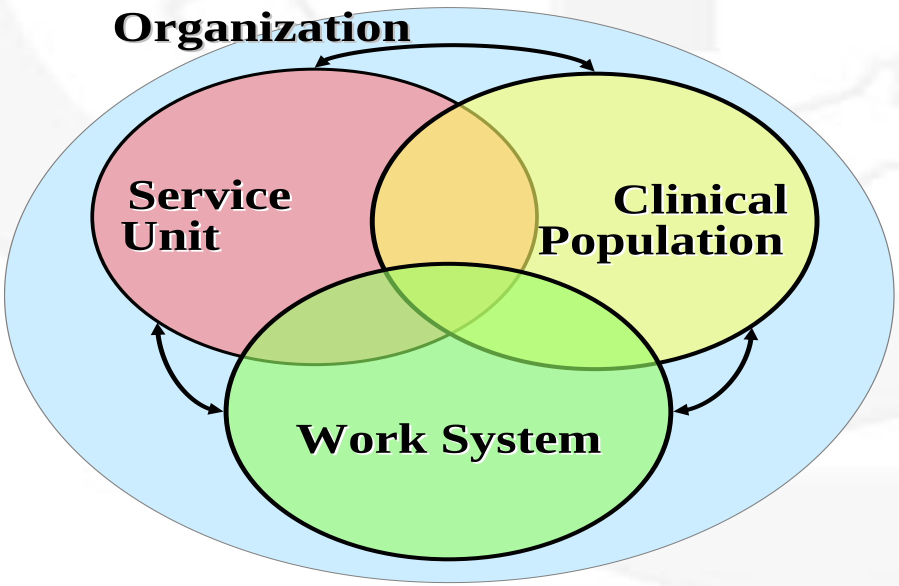
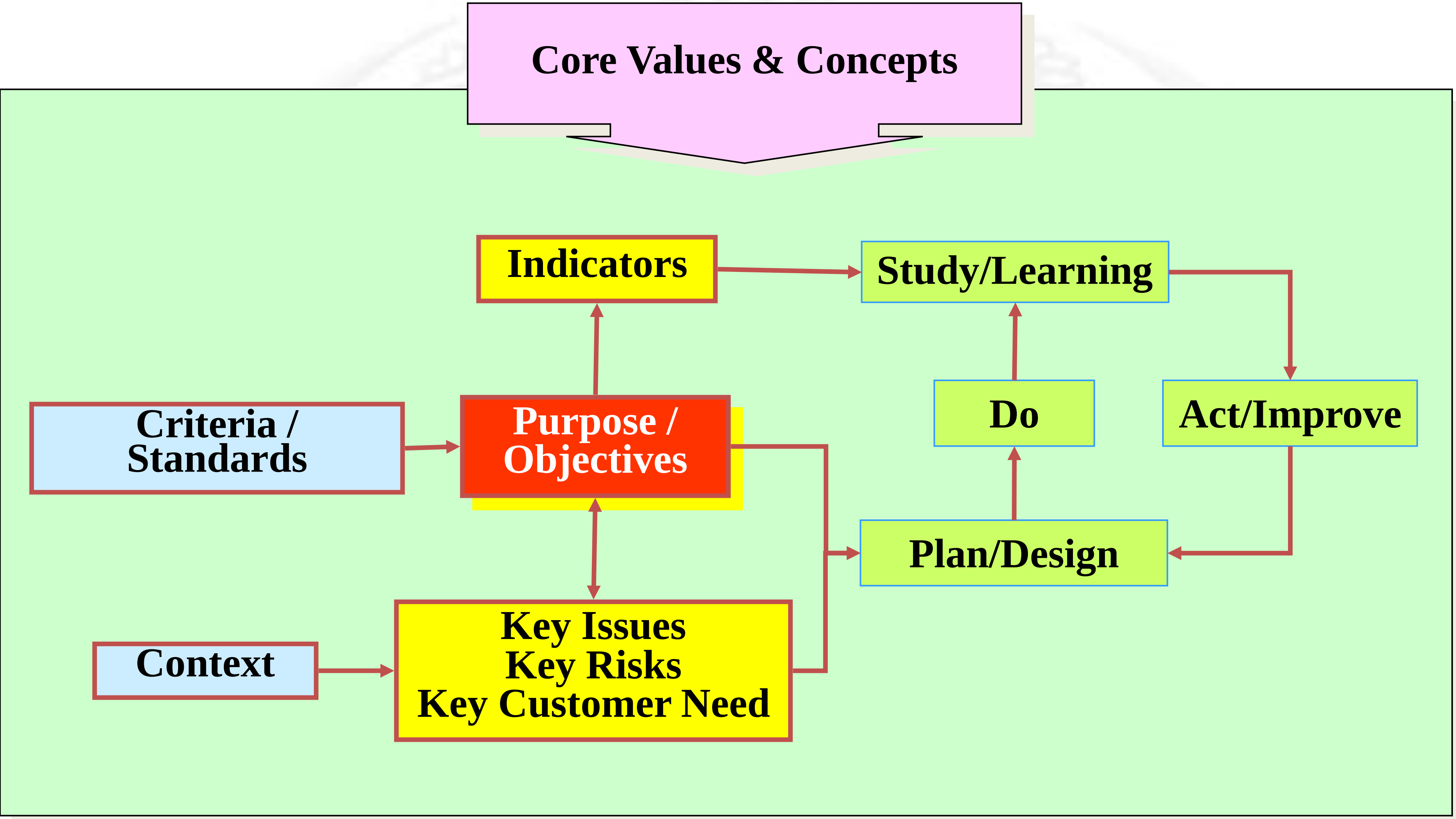
Performance


Organization
Service Unit
Clinical Population
Work System

3C-PDSA



Core Values & Concepts

Indicators

Study/Learning

Criteria / Standards

Purpose / Objectives

Do

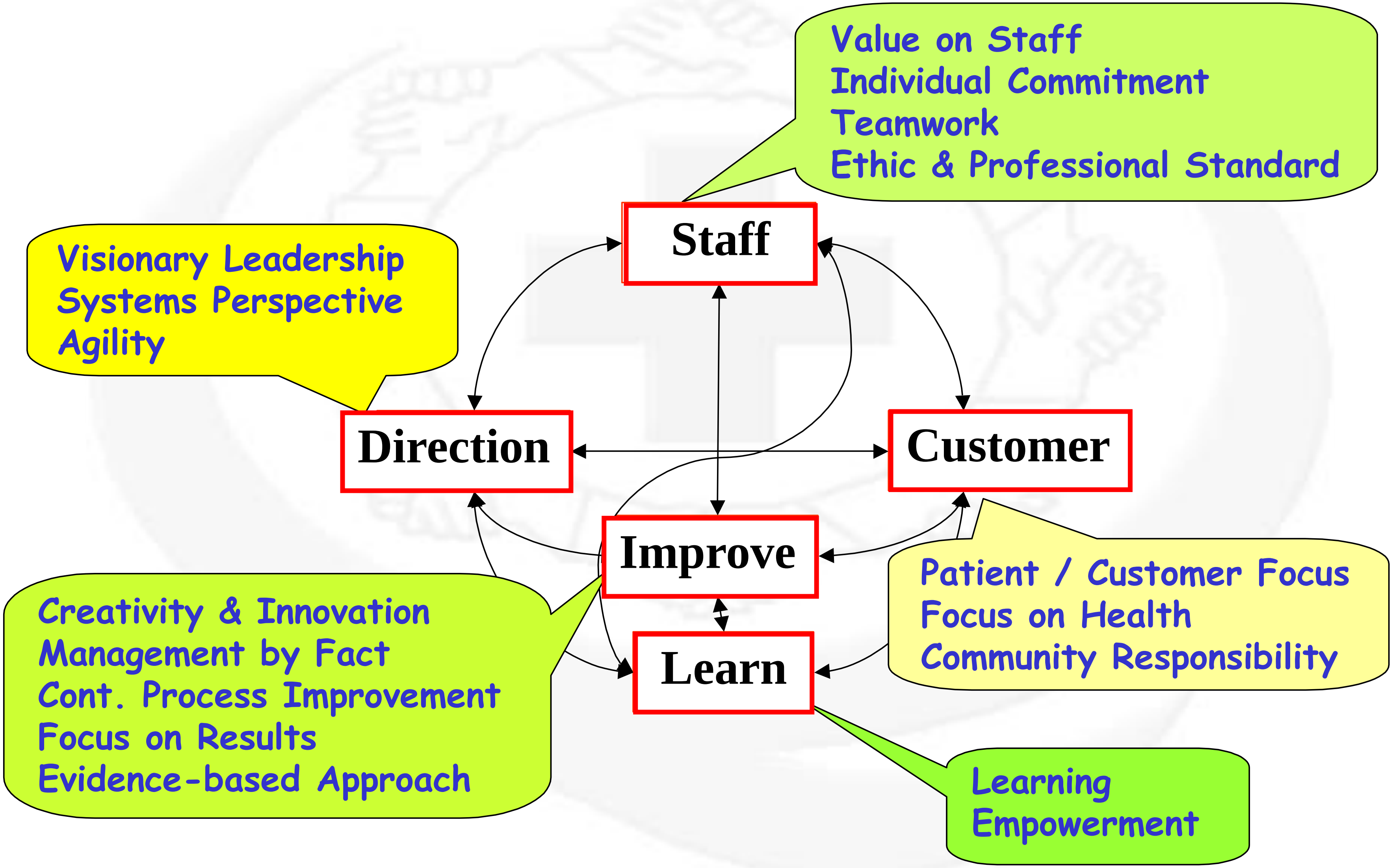
Act/Improve

Plan/Design

Context

Key Issues
Key Risks
Key Customer Need

Core Values & Concepts



Value on Staff
Individual Commitment
Teamwork
Ethic & Professional Standard

Staff

Visionary Leadership
Systems Perspective
Agility

Direction

Customer

Improve

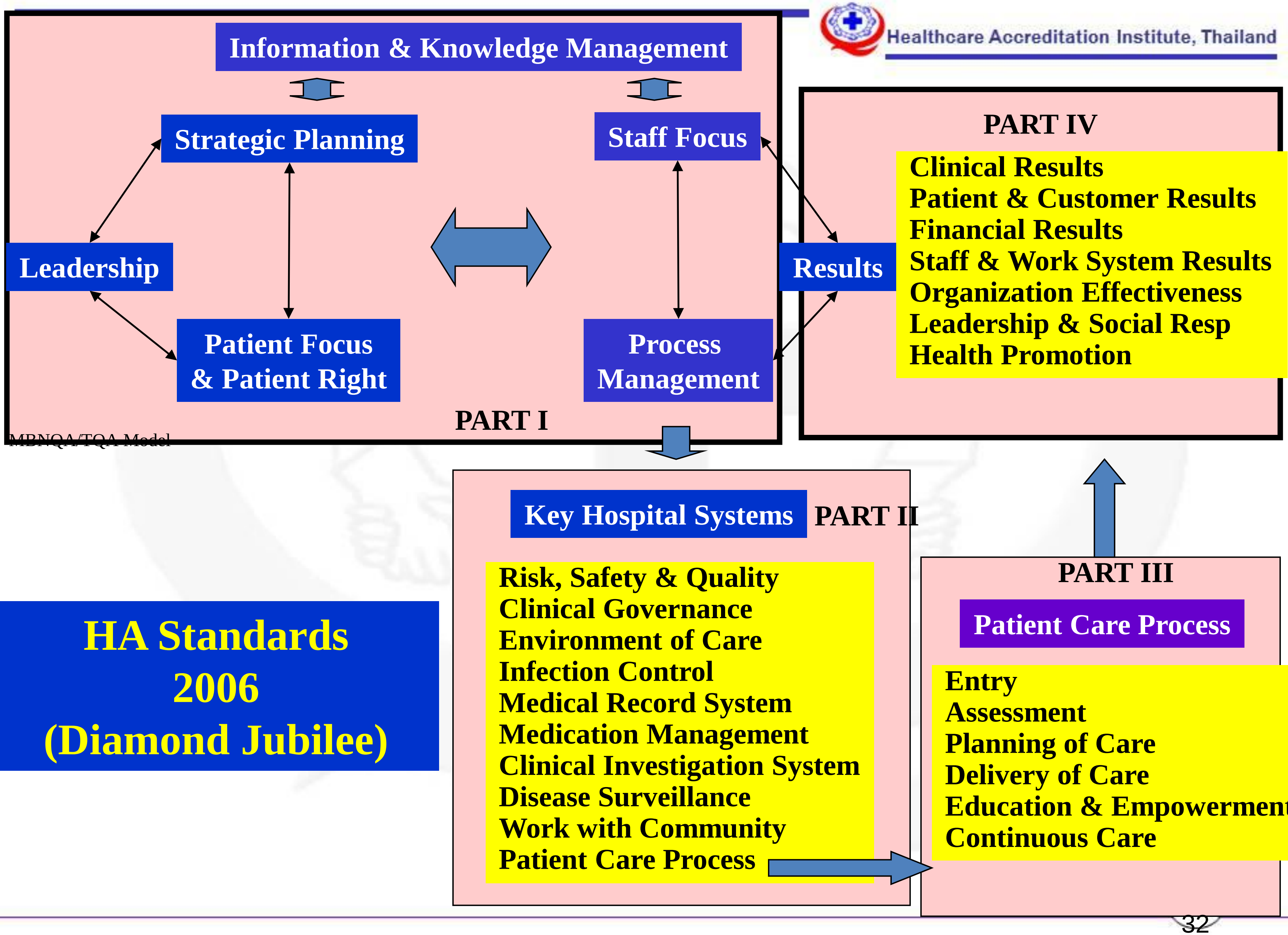
Learn

Creativity & Innovation
Management by Fact
Cont. Process Improvement
Focus on Results
Evidence-based Approach

Patient / Customer Focus
Focus on Health
Community Responsibility

Learning
Empowerment

HA Standards 2006 (Diamond Jubilee)



PART I

Information & Knowledge Management

Strategic Planning

Staff Focus

Leadership

Patient Focus & Patient Right

Process Management

MBNQA/TQA Model

PART II

Key Hospital Systems

- 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 & Empowermen
- Continuous Care

PART IV

Results

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

Scoring Guideline:
For Continuous Improvement to Excellence

1

1.5

Just Begin

Unsatisfied result

Basic quality structure

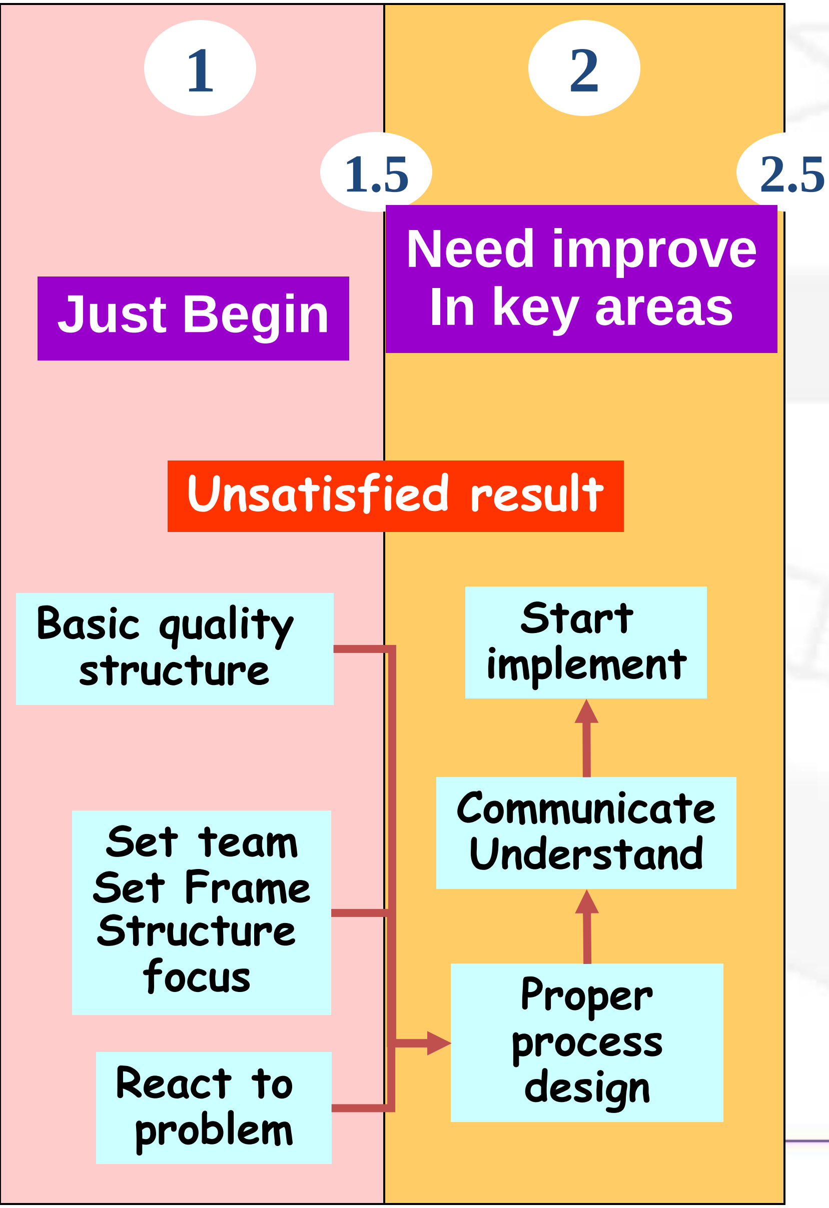
Set team
Set Frame
Structure focus

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



1

2

1.5

2.5

Just Begin

Need improve
In key areas

Unsatisfied result

Basic quality structure

Set team
Set Frame
Structure
focus

React to problem

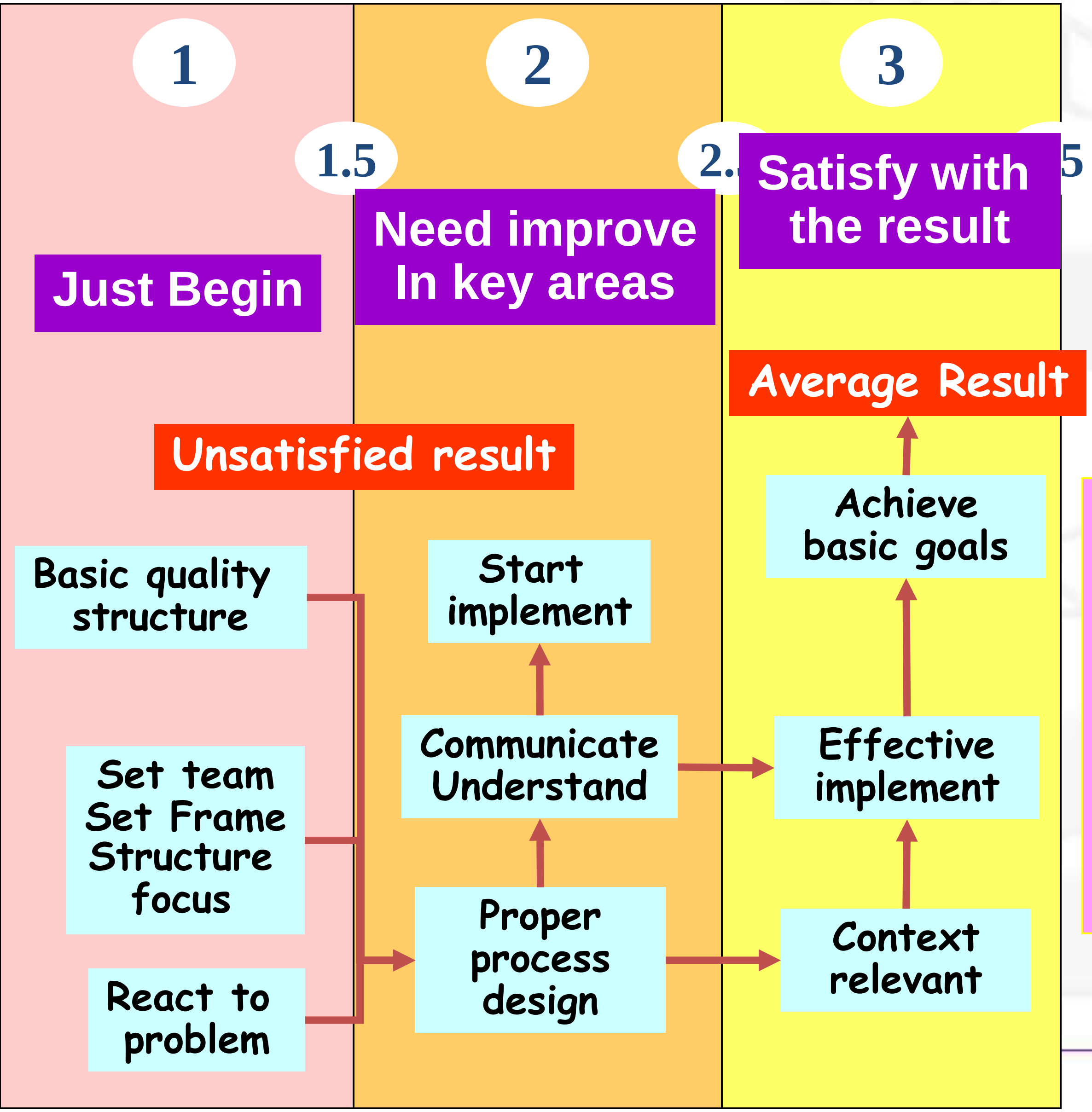
Proper process design

Communicate
Understand

Start implement

Plan & Do

Scoring Guideline:
For Continuous Improvement to Excellence



1

2

3

1.5

2.

5

Just Begin

Need improve In key areas

Satisfy with the result

Unsatisfied result

Average Result

Basic quality structure

Set team Set Frame Structure focus

React to problem

Start implement

Communicate Understand

Proper process design

Achieve basic goals

Effective implement

Context relevant

Do & Check

Effective design (HFE)

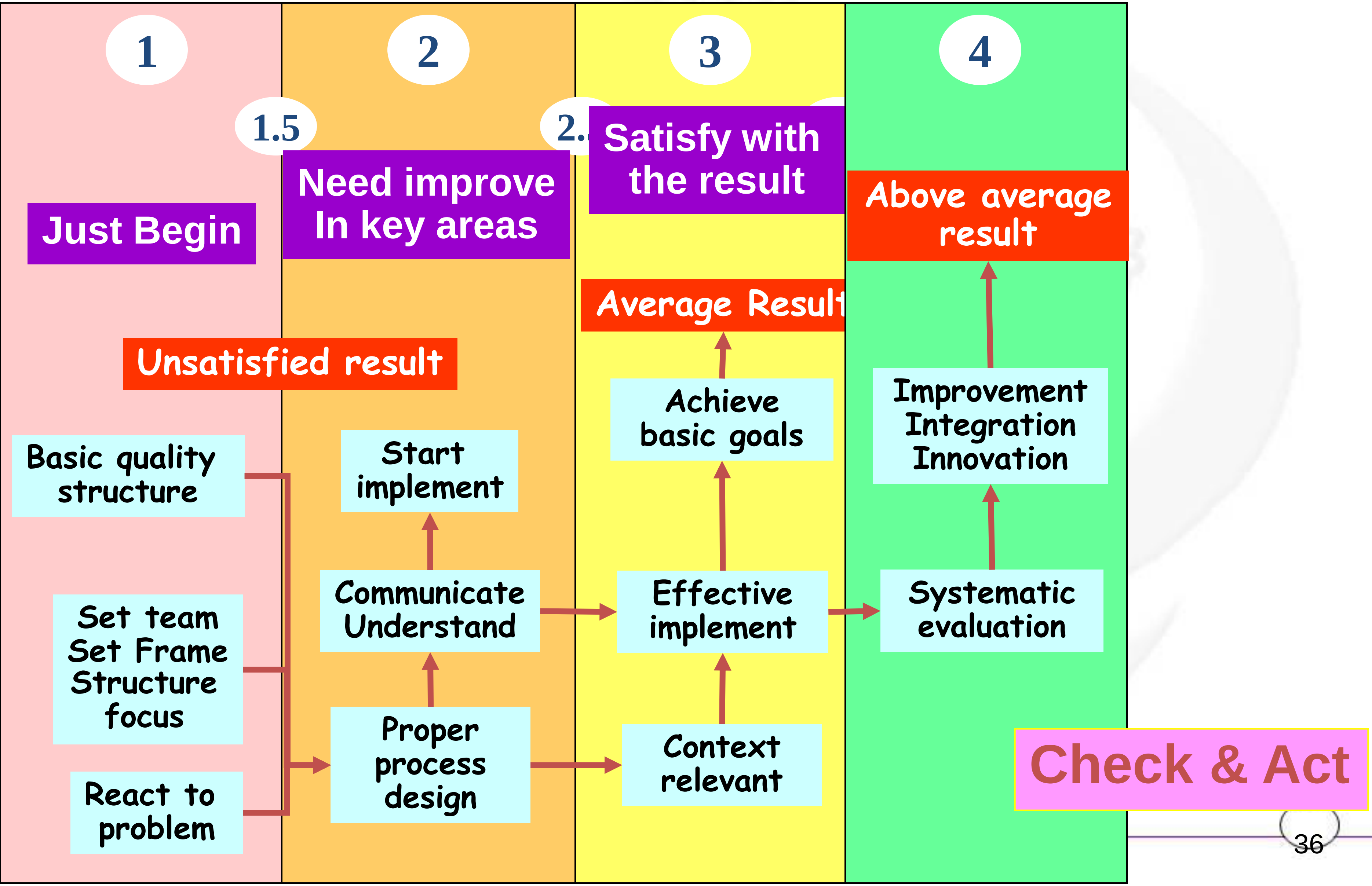
Deploy in all key areas

Effective implement

Qualitative assessment

Achieve basic goals

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

2

2.

Need improve In key areas

Start implement

Communicate Understand

Proper process design

3

Satisfy with the result

Average Result

Achieve basic goals

Effective implement

Context relevant

4

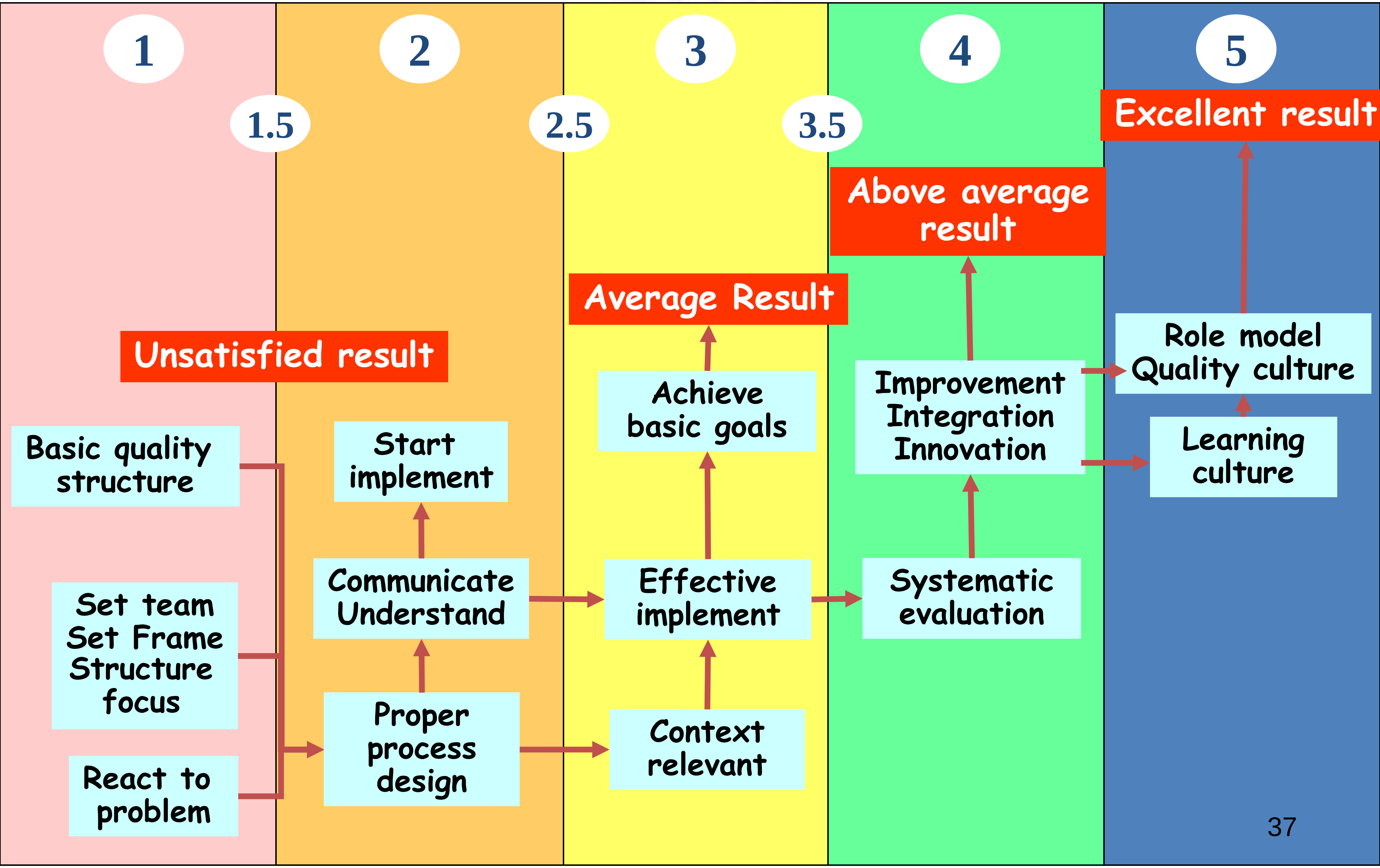
Above average result

Improvement Integration Innovation

Systematic evaluation

Check & Act

Scoring Guideline:
For Continuous Improvement to Excellence



1

1.5

2

2.5

3

3.5

4

5

Unsatisfied result

Basic quality structure

Set team Set Frame Structure focus

React to problem

Start implement

Communicate Understand

Proper process design

Average Result

Achieve basic goals

Effective implement

Context relevant

Above average result

Improvement Integration Innovation

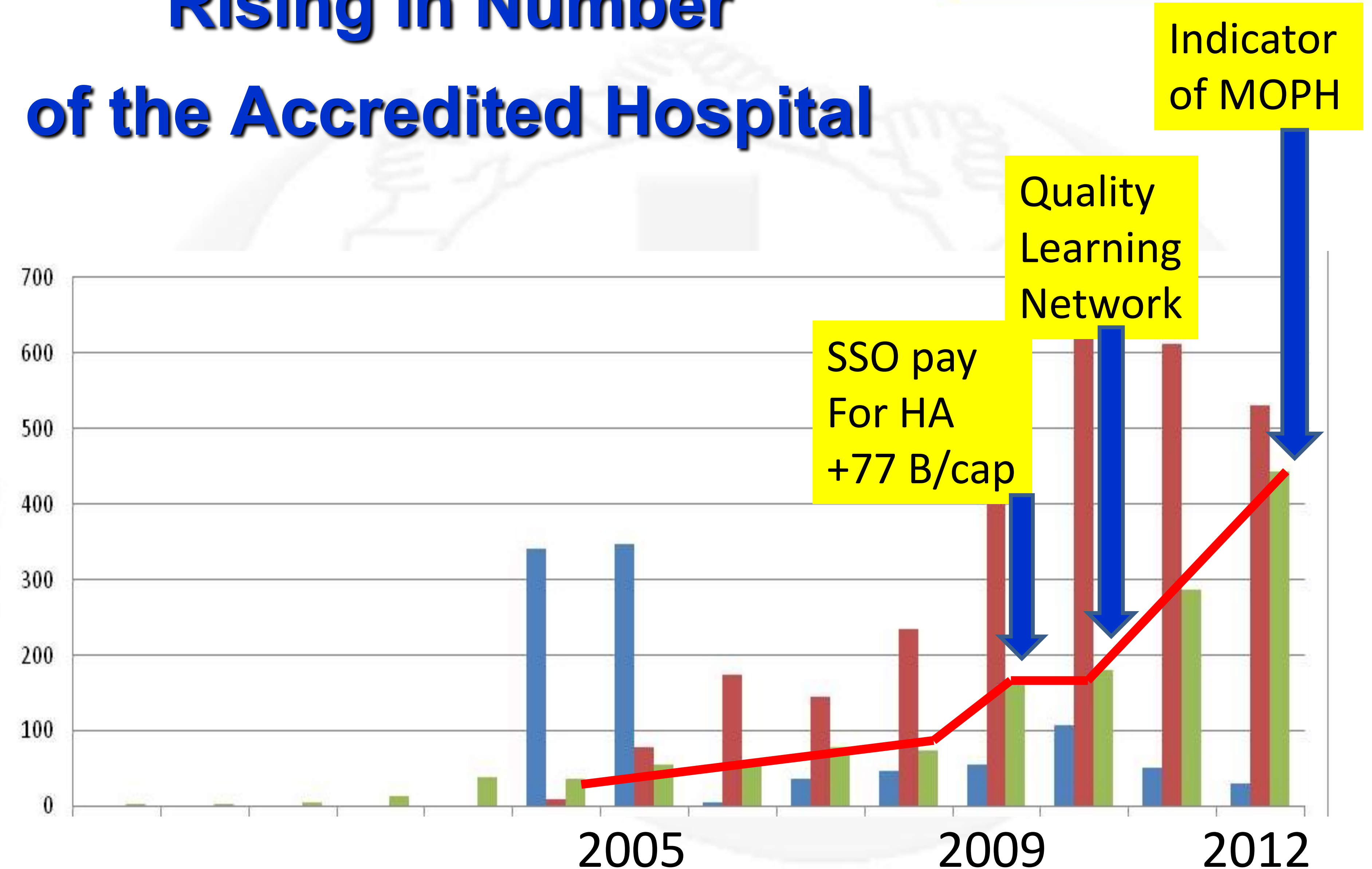
Systematic evaluation

Excellent result

Role model Quality culture

Learning culture

Rising in Number of the Accredited Hospital



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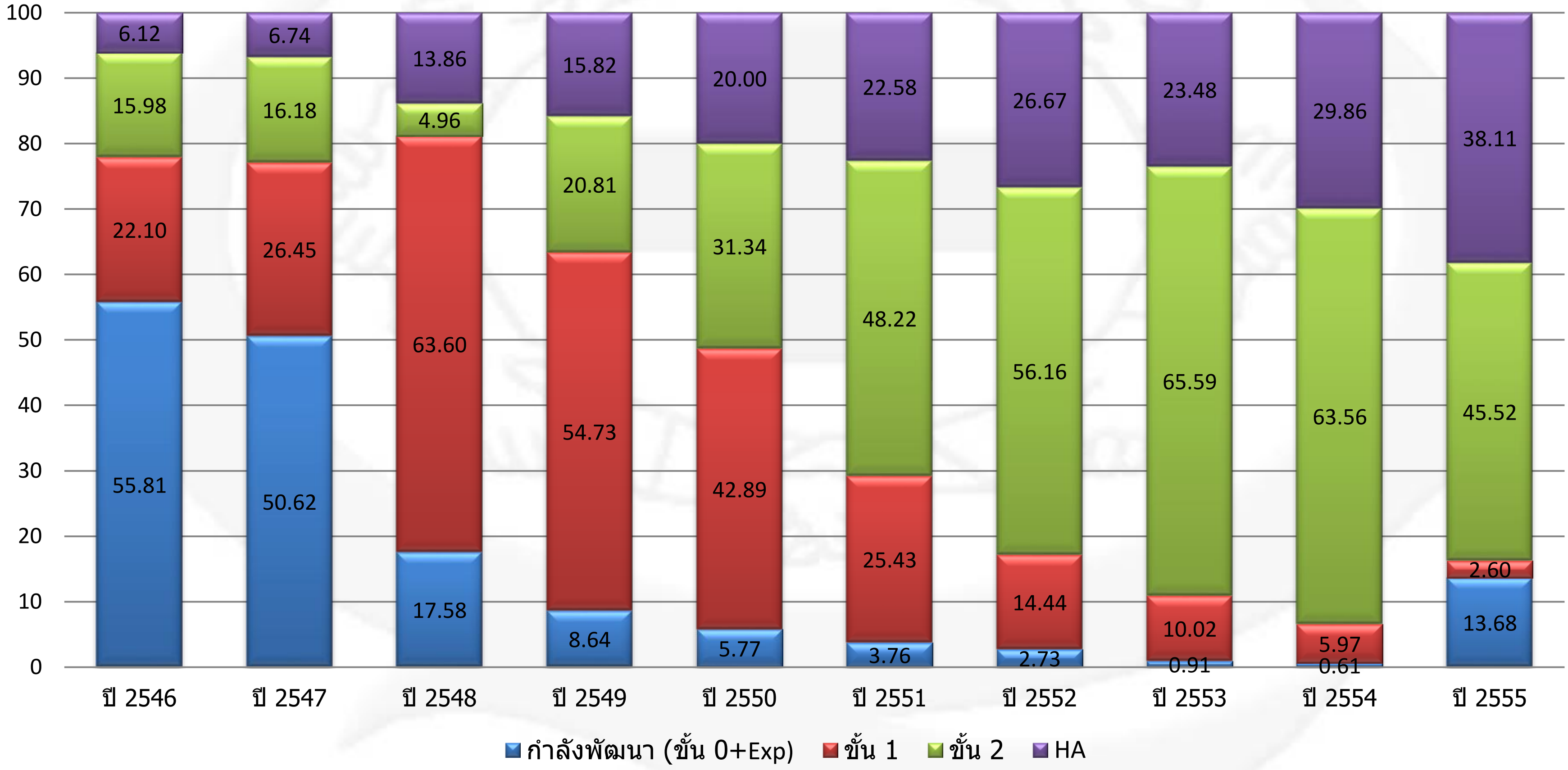


Pay for Quality

Pay for Service & Quality

The Universal Coverage Program under NHSO (2013)

In addition to payment by number of patients

Primary Care

- Prevention/promotion expressed demand (25 Baht/pop)
- Achieve standard primary care (30 Baht per capita)
- Chronic disease service (20% of 410.8 Million Baht)

Secondary Care & up

- Regional global budget (<=15 Baht per capita)
- Quality of service (4.76 Baht per capita)

Pay for Service & Quality

Quality of Service

- Accreditation status (0.76 Baht per capita)
  - Scoring: HA = 5, step 2 = 3, step 1 =1)
- Rational drug use (1 Baht per capita)
- Medical record quality (1 Baht per capita)
- Provincial network (2 Baht per capita)
  - STEMI, stroke, chemotherapy, newborn, psychiatry, smoking cessation)

Pay for Service & Quality

Regional Global Budget

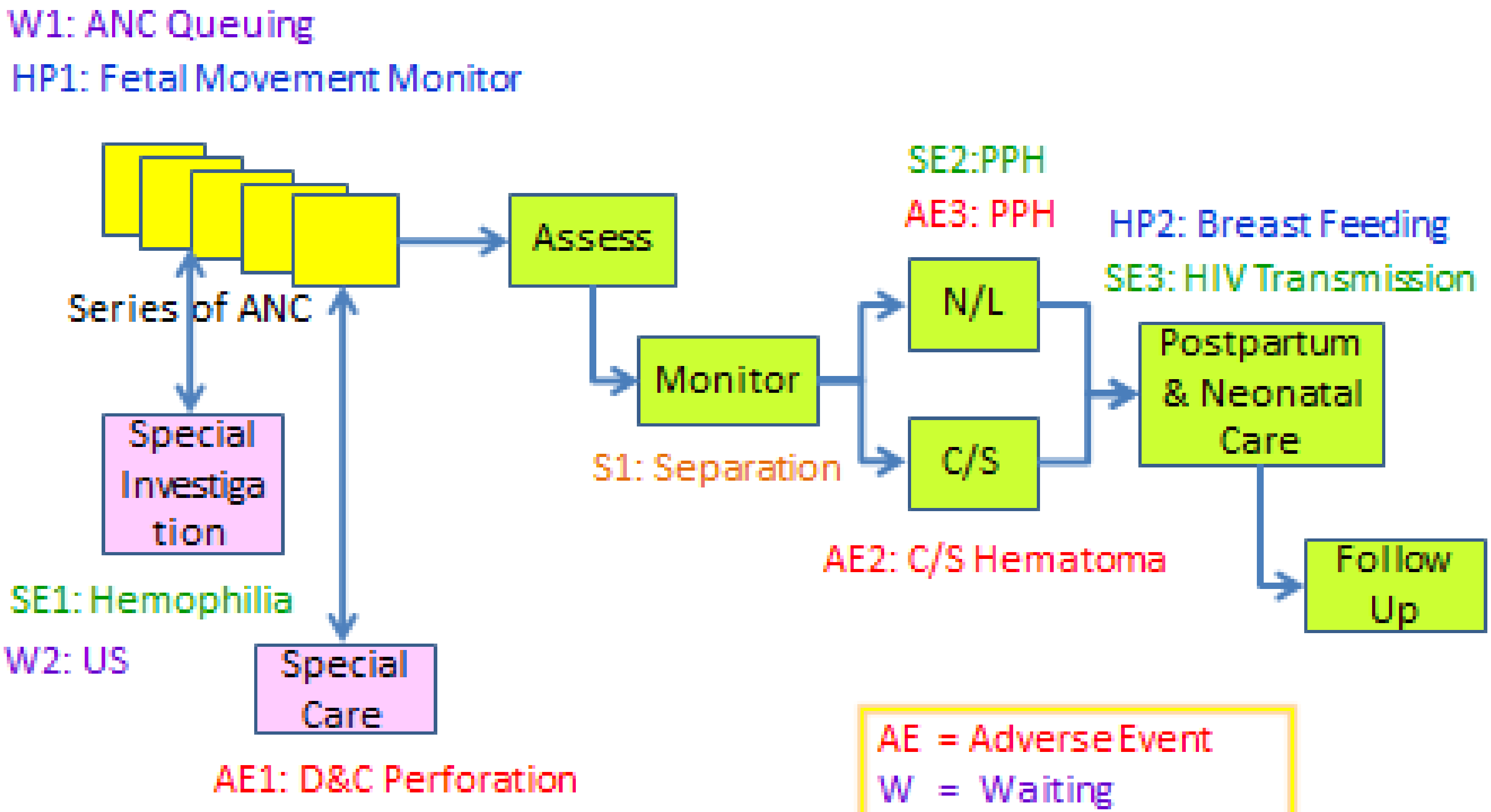
- Asthma admission rate
- COPD admission rate
- COPD readmission rate
- Stroke rehabilitation
- Palliative care
- MCH quality
- C/S rate
- Low birth weight <7%
- Ruptured appendicitis
- PTC
- Complaint management

Case Review at the Quality & Standard Committee

- Limit to consideration of whether a standard care was given or not
- Unable to pinpoint to the system’s problem
- Reimbursement can relieve the pressure, but cannot encourage the disclosure culture

Clinical Quality Improvement

Identify OFI Using Various Concepts



W1: ANC Queuing

HP1: Fetal Movement Monitor

Series of ANC

Assess

Monitor

SE2:PPH

AE3: PPH

N/L

C/S

HP2: Breast Feeding

SE3: HIV Transmission

Postpartum & Neonatal Care

Follow Up

Special Investigation

SE1: Hemophilia

W2: US

Special Care

S1: Separation

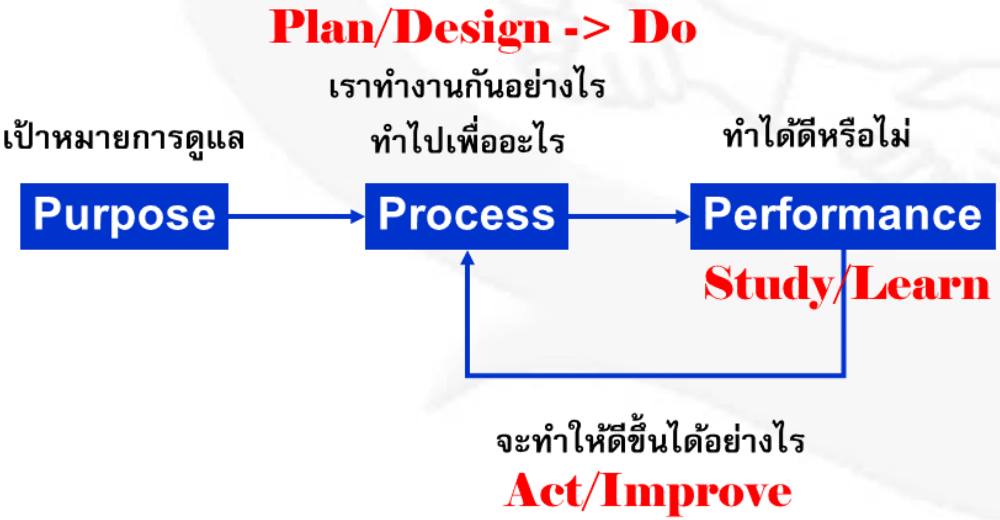
AE2: C/S Hematoma

AE1: D&C Perforation

- Identify OFI
- Trace the progress of process improvement
- Review the outcome

AE = Adverse Event
W = Waiting
SE = Scientific Evidence
S = Spirituality
HP = Health Promotion
R = Research

Assessment from Various Dimension


Plan/Design -> Do

เราทำงานกันอย่างไร

เป้าหมายการดูแล

ทำไปเพื่ออะไร

ทำได้ดีหรือไม่

Purpose → **Process** → **Performance**

Study/Learn

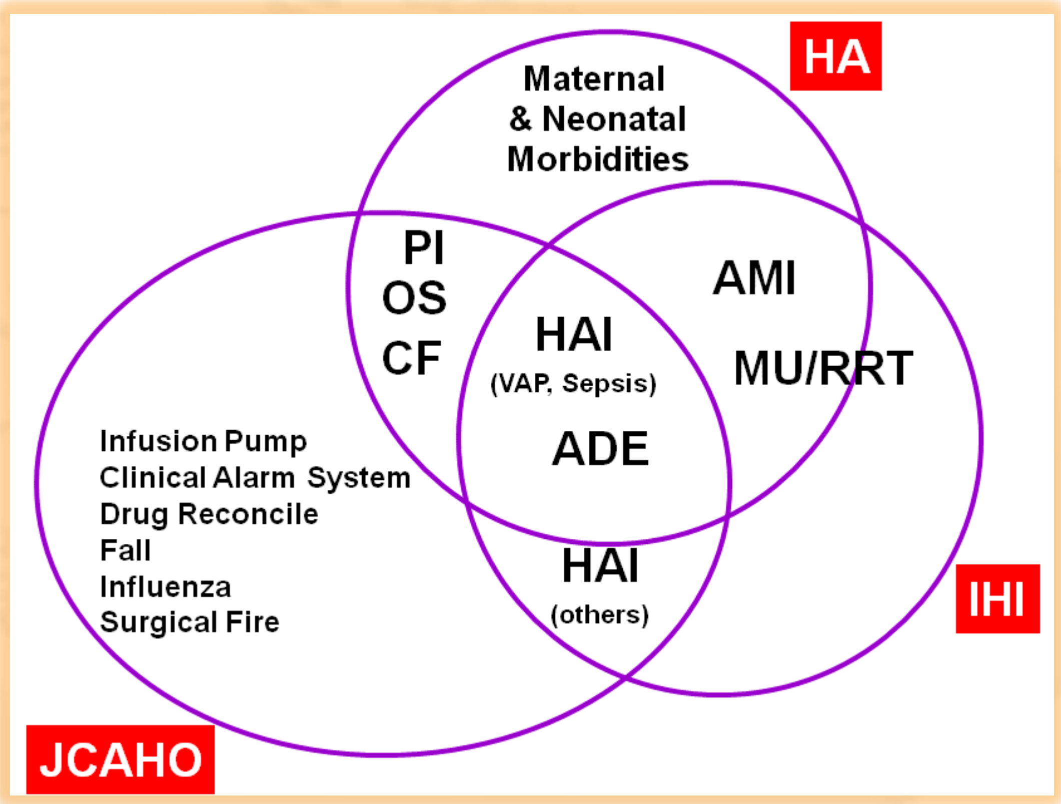
จะทำให้ดีขึ้นได้อย่างไร

Act/Improve

Accessibility
Appropriateness
Acceptability
Competency
Continuity
Coverage
Effectiveness
Efficiency
Equity
Humanized/Holistic
Responsive
Safety
Timeliness

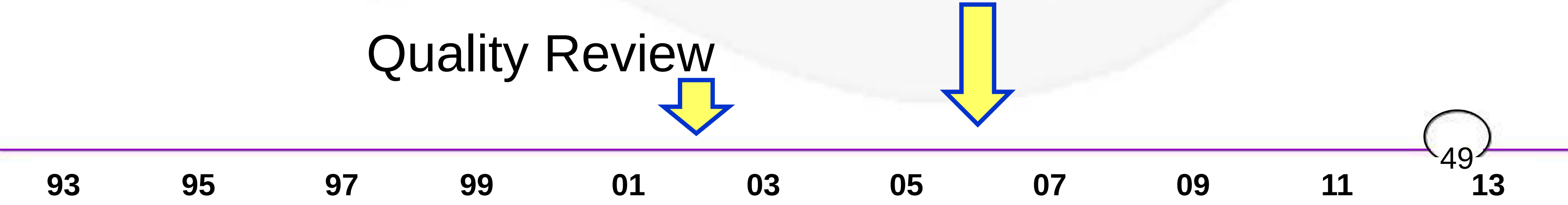
Patient Safety

Patient Safety


HA
Maternal
& Neonatal
Morbidities
PI
OS
CF
AMI
HAI
(VAP, Sepsis)
MU/RRT
ADE
Infusion Pump
Clinical Alarm System
Drug Reconcile
Fall
Influenza
Surgical Fire
HAI
(others)
IHI
JCAHO

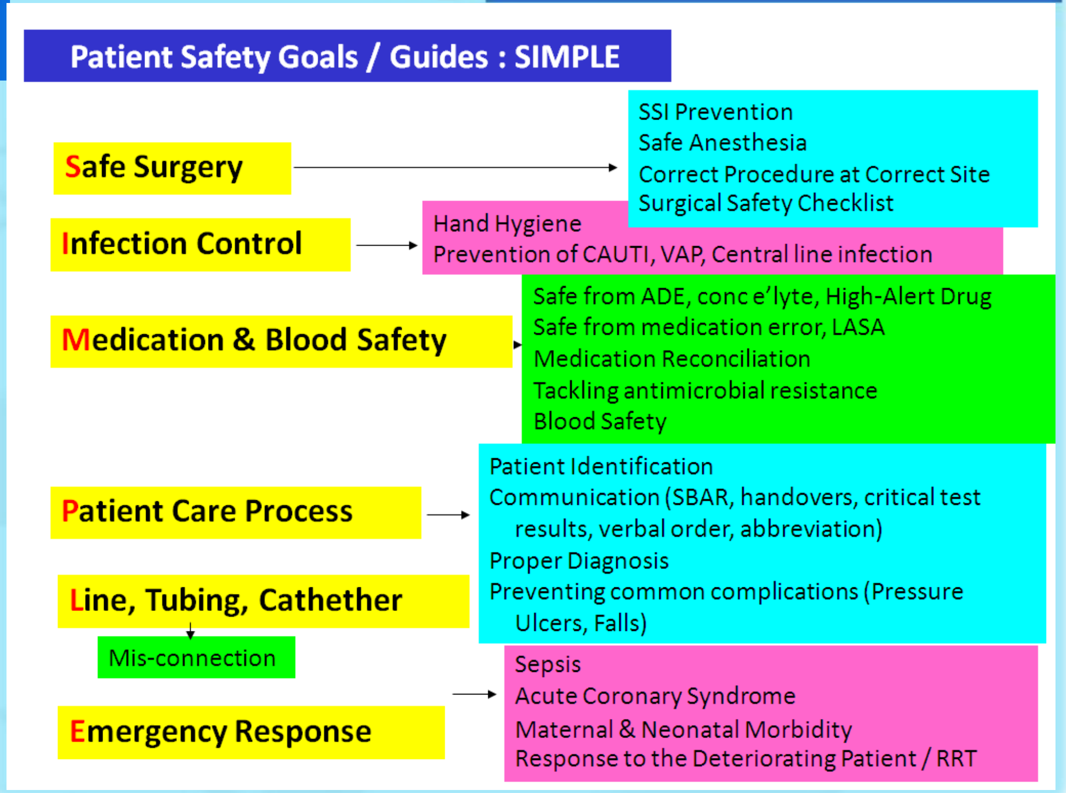
1st Patient Safety Goals

Quality Review


93
95
97
99
01
03
05
07
09
11
13

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

Safe Surgery →
- SSI Prevention
- Safe Anesthesia
- Correct Procedure at Correct Site
- Surgical Safety Checklist

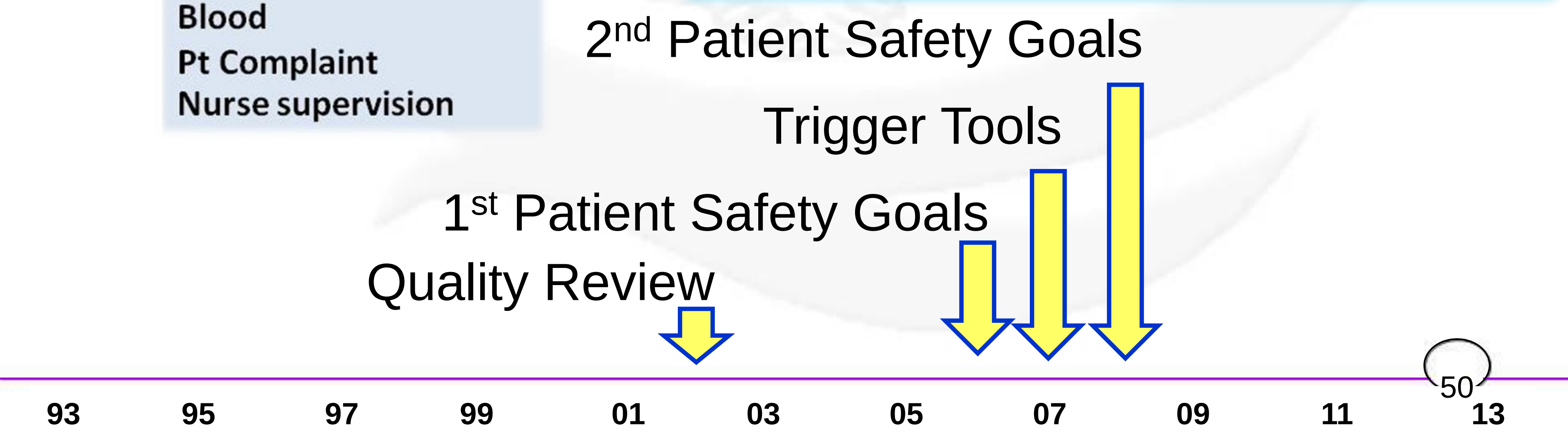
Infection Control →
- Hand Hygiene
- Prevention of CAUTI, VAP, Central line infection

Medication & Blood Safety →
- Safe from ADE, conc e'lyte, High-Alert Drug
- Safe from medication error, LASA
- Medication Reconciliation
- Tackling antimicrobial resistance
- Blood Safety

Patient Care Process →
- Patient Identification
- Communication (SBAR, handovers, critical test results, verbal order, abbreviation)
- Proper Diagnosis
- Preventing common complications (Pressure Ulcers, Falls)

Line, Tubing, Cathether
- Mis-connection

Emergency Response →
- Sepsis
- Acute Coronary Syndrome
- Maternal & Neonatal Morbidity
- Response to the Deteriorating Patient / RRT



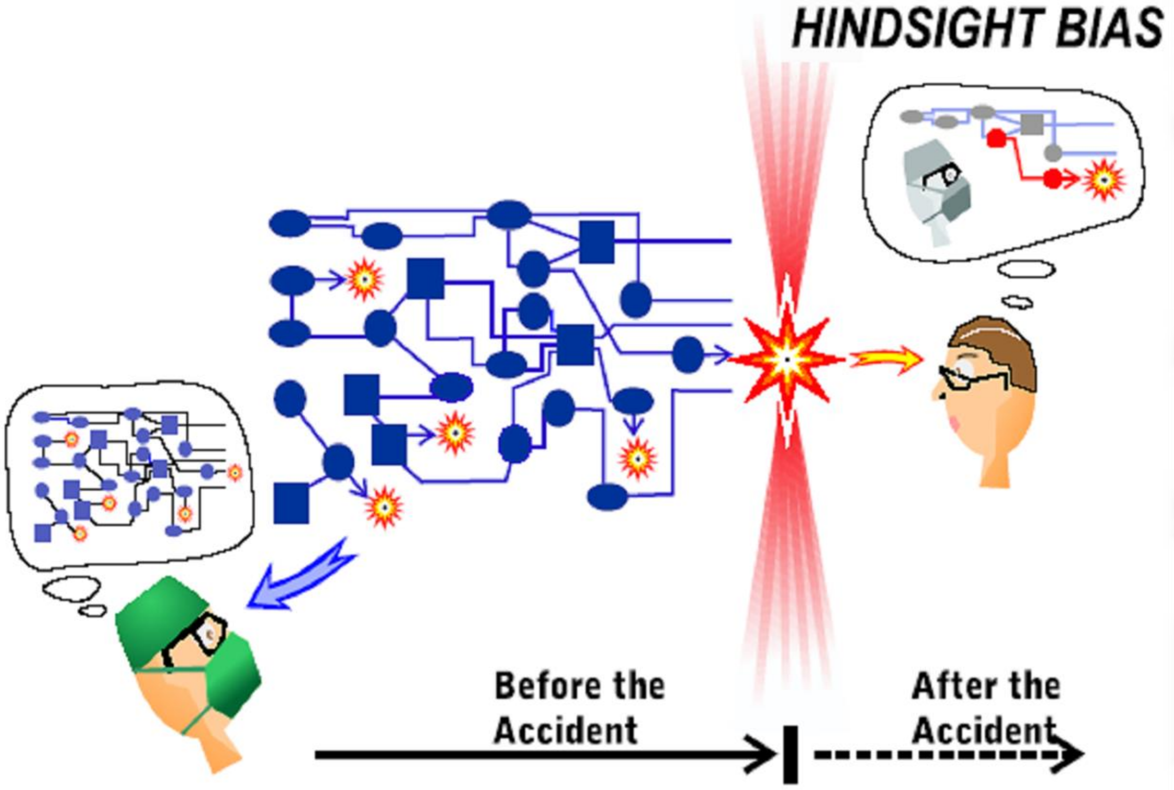
2nd Patient Safety Goals

Trigger Tools

1st Patient Safety Goals

Quality Review

Patient Safety


HINDSIGHT BIAS
Before the Accident
After the Accident

Review & Redesign

Quality Review

93 95 97 99 01 03 05 07 09 11 13

HA National Forum

A Forum for Appreciation, Campaign & Sharing

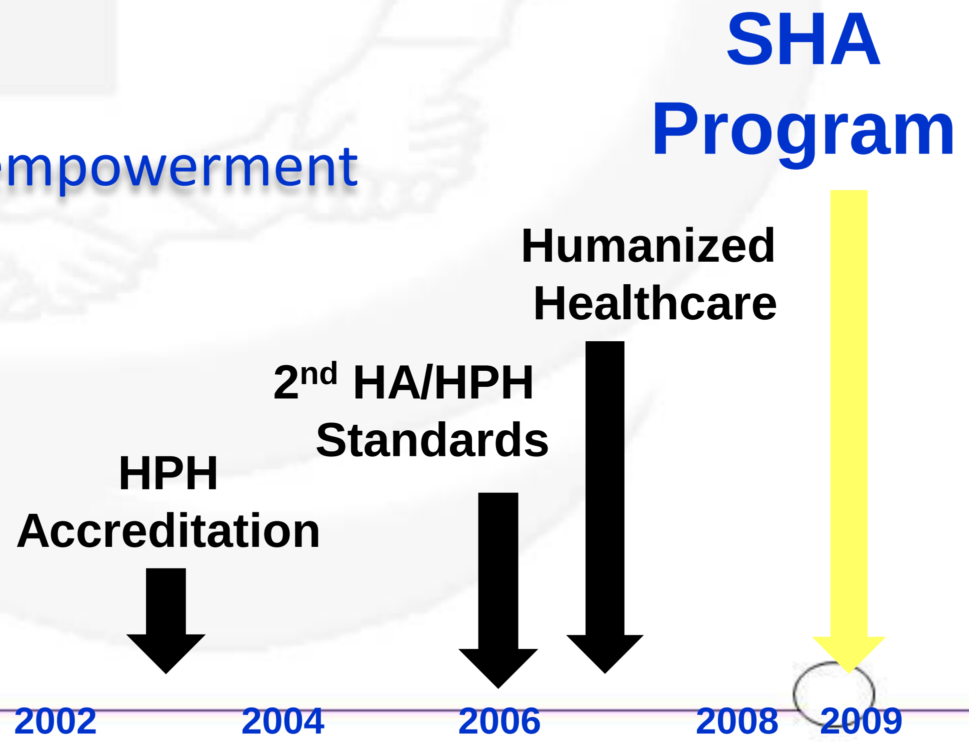
1st (1999): Quality Improvement to Serve the Public
2nd (2000): Roadmap for a Learning Society in Healthcare
3rd (2002): Simplicity in a Complex System
4th (2003): Best Practices for Patient Safety
5th (2004): Knowledge Management for Balance of Quality
6th (2005): Systems Approach: A Holistic Way to 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
14th (2013): High Reliability Organization (HRO)

Spiritual Dimension of Quality Improvement

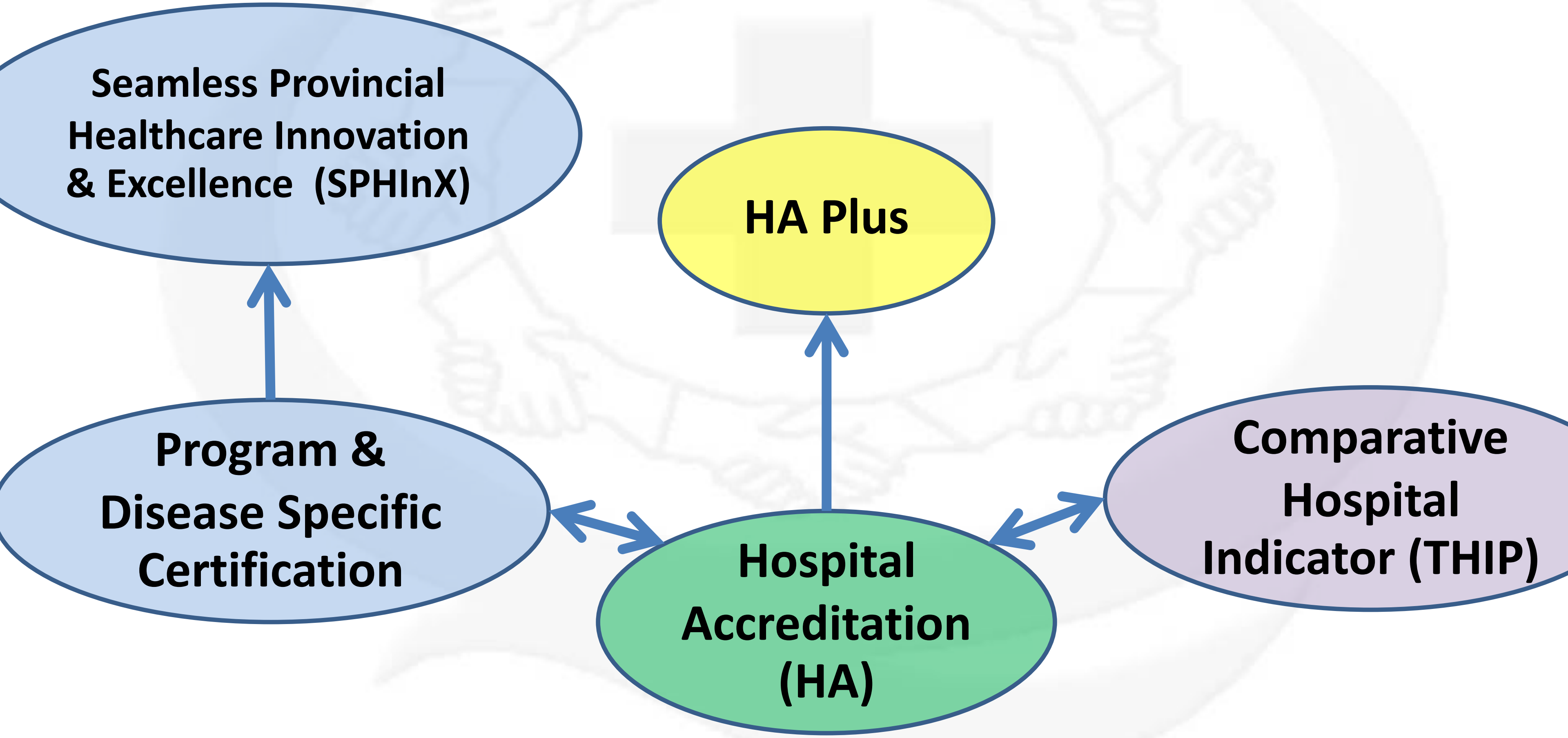
Sustainable
Healthcare & Health Promotion by
Appreciation & Accreditation

Spiritual HA

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


SHA Program
Humanized Healthcare
2nd HA/HPH Standards
HPH Accreditation
1996
1998
2000
2002
2004
2006
2008
2009

New Programs



Seamless Provincial Healthcare Innovation & Excellence (SPHInX)

HA Plus

Program & Disease Specific Certification

Hospital Accreditation (HA)

Comparative Hospital Indicator (THIP)

How to Move the Elephants

1. Start with R & D
2. Power of Recognition
3. Stepwise Approach
4. Integrate with the others & existing initiatives
5. Move the whole organization
6. Multiple tools
7. Forum for campaign & sharing
8. Humanized Healthcare
9. Living Organization
10. Collaboration with the professional organization
11. From “Training” to “Doing & Learning”

Lesson Learned from Thailand

- Quality tools is essential as a basic for improvement
- Core values is difficult to understand, but make effective & sustainable improvement
- Balance of everything, e.g. system & culture, process & outcome
- Stepwise recognition works
- Keep on moving to sustain momentum
- Create inspiration from within, story telling or narrative medicine makes people realize their value
- Documentation may draw staff from patients
- Optimal financial incentive is important
- Working with physicians: don’t tell, just ask

Recommendation

- Make it easy and fun for everyone
- Go together, don’t left someone behind
- Don’t hurry to use pass/fail decision, use appreciation at the beginning
- Use peer assist (e.g. local hospitals visit each other) and sharing
- Integrate all concepts and tool of improvement into practice
- Works with the payors and MOPH