

Thai Healthcare & Accreditation Program

The Healthcare Accreditation Institute (Public Organization)
Presentation to the ISQua surveyors
29 July 2013



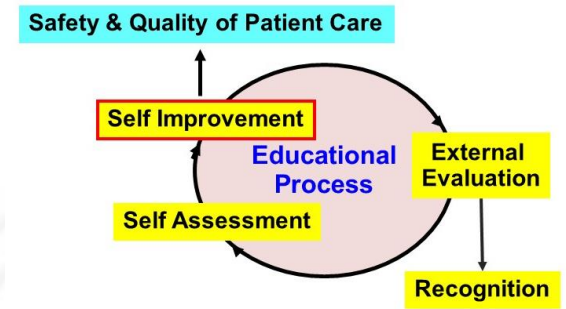
The Healthcare Accreditation Institute (Public Organization)

VISION: “Thailand has standard healthcare that is reliable to the society, of which the HAI has a role in encouraging quality culture movement (change catalyst)”

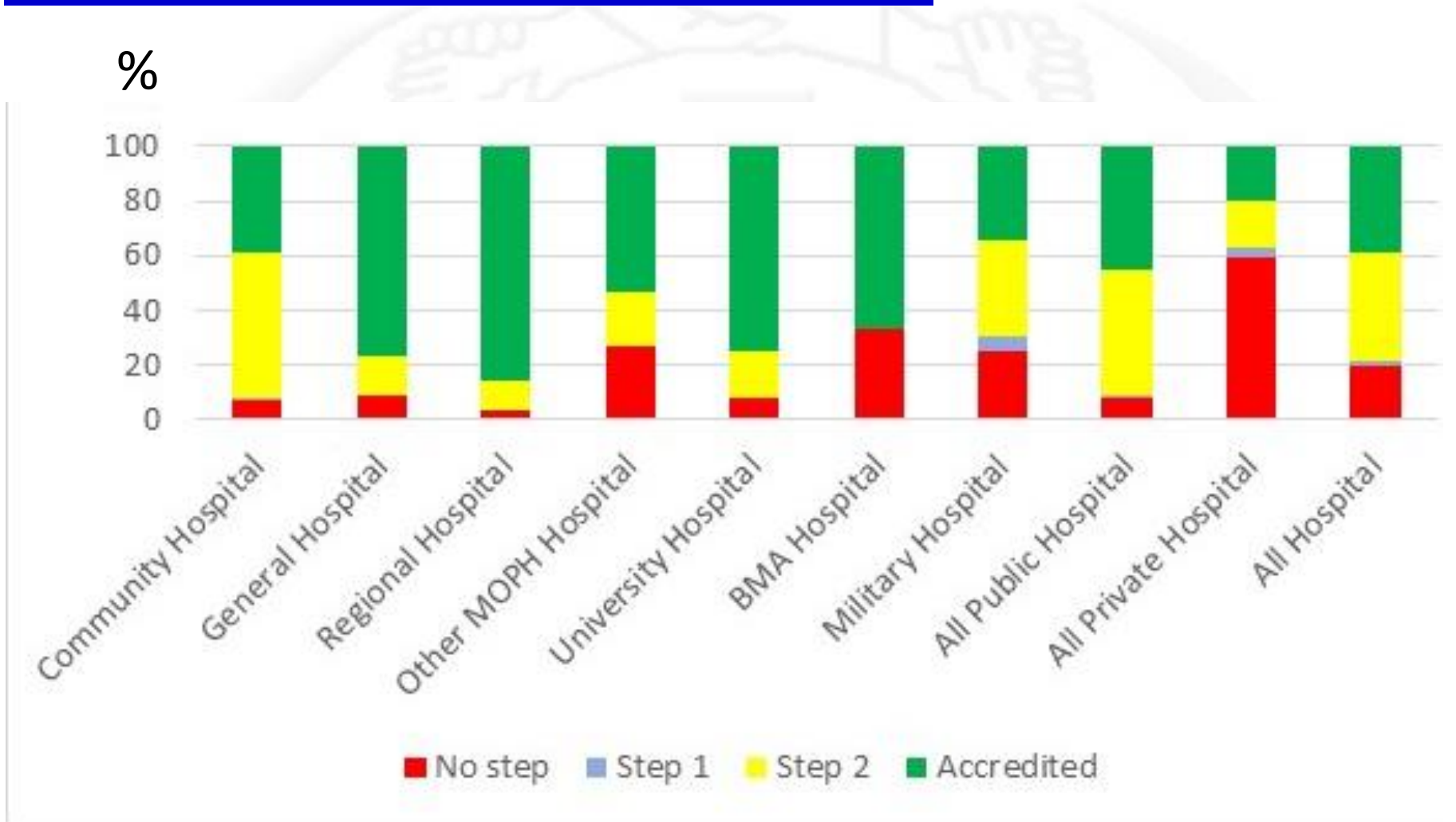
MISSION:

“To encourage, support, and drive quality improvement of the healthcare system; using self assessment, external survey, recognition and accreditation, and knowledge sharing as leverage mechanism”

STRATEGIES:

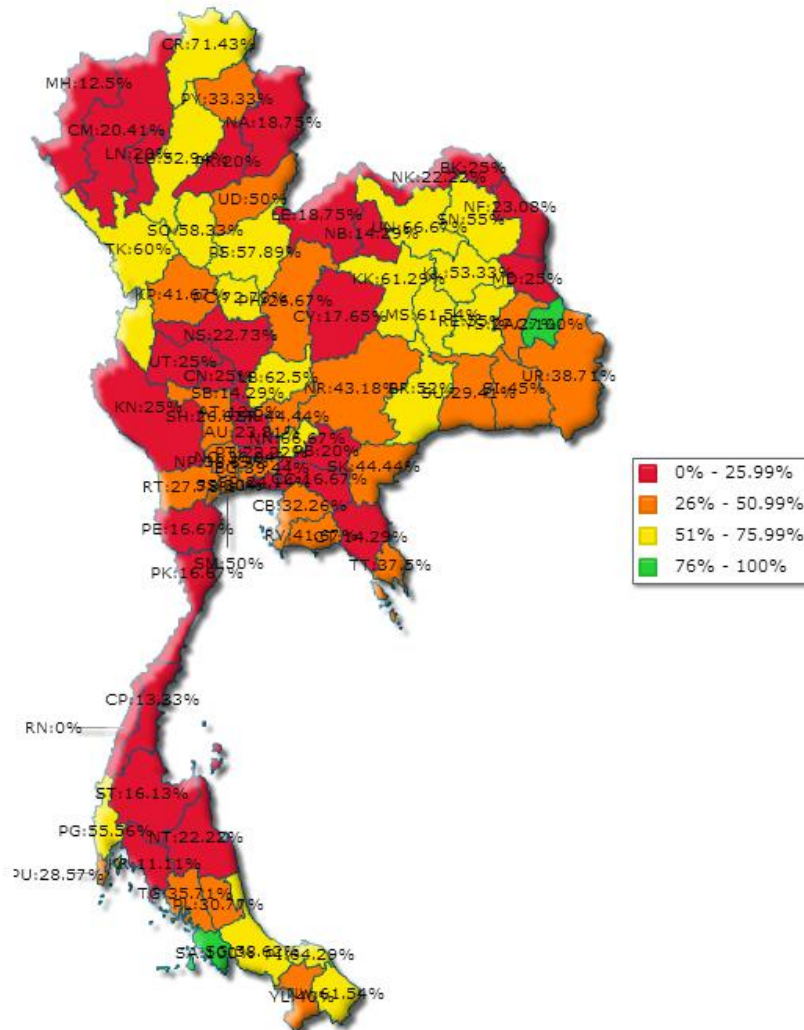


Achievement of Hospitals by Level of Recognition





Achievement of Accreditation by Provinces

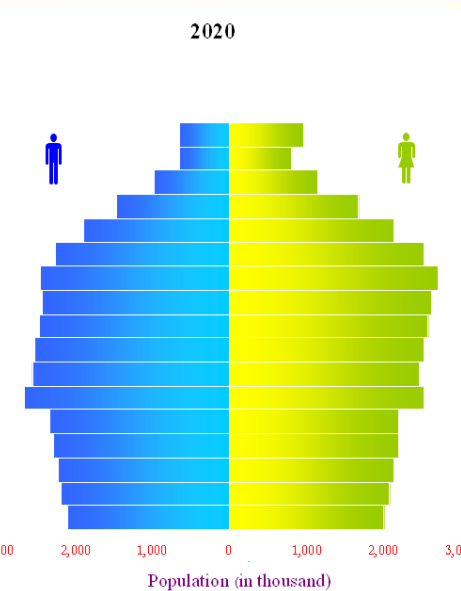
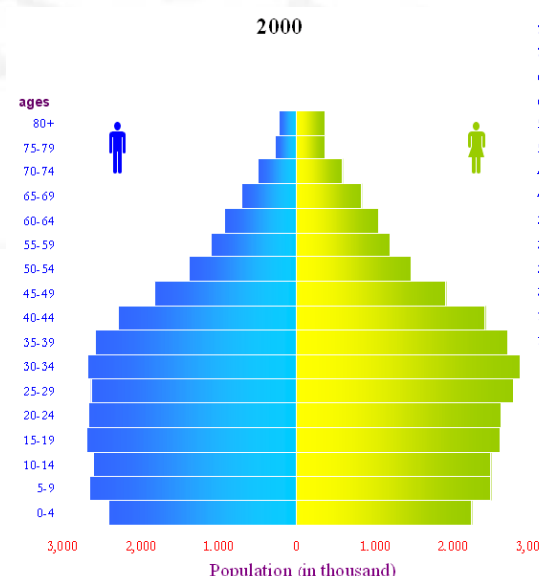
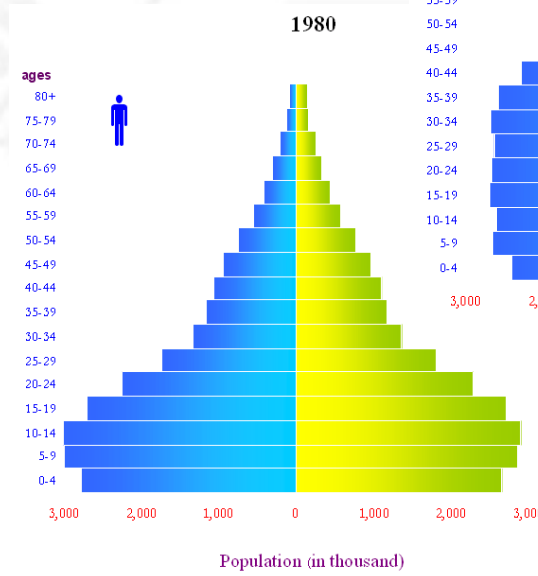
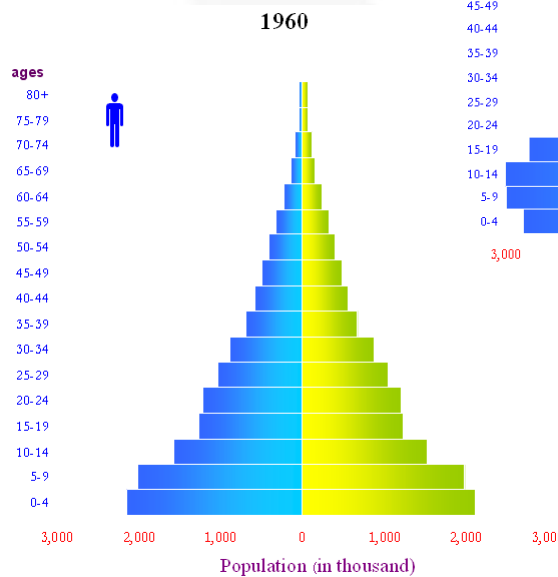




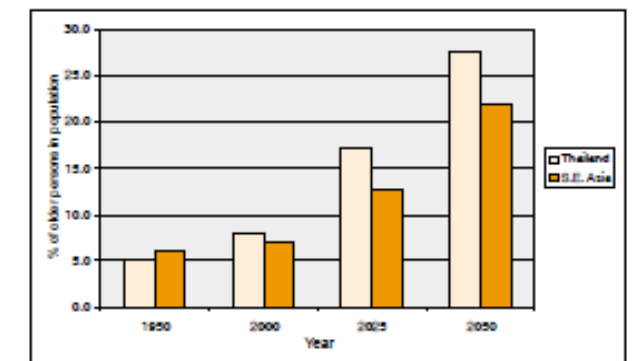
**Environment:
The Thai Healthcare System**



Thai Population Pyramid

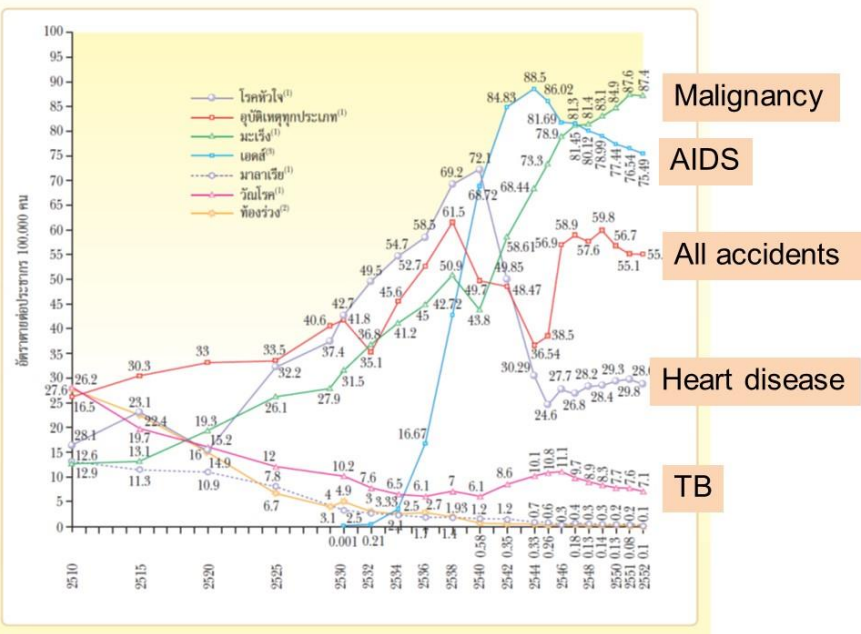


Thailand is ageing faster than others in South-East Asia



Sources: Institute for Population and Social Research, Mahidol University, *Population Projections for Thailand, 2005-2025, 2006*; and United Nations, Department of Economic and Social Affairs Division, *World Population Ageing 1950-2050*, Population Division, New York, 2002.

Mortality rate per 100,000 population by major causes (MOPH, 2012)



Causes of death (2005)

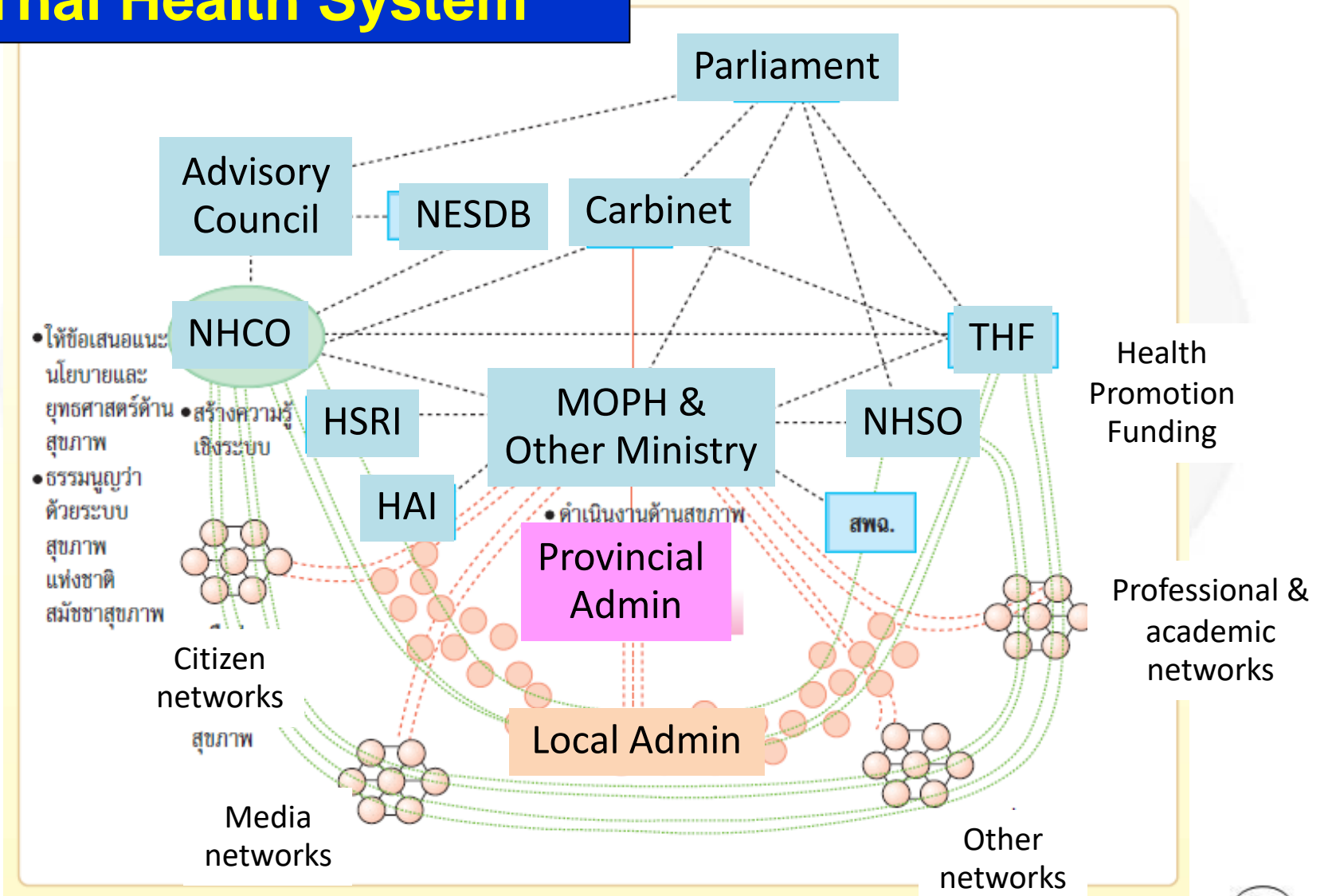
	Male			Female		
	Disease	#	%	Disease	#	%
1	Stroke	23,741	9.4	Stroke	21,546	11.3
2	Road accident	20,458	8.1	DM	15,254	8.0
3	AIDS	19,953	7.9	CAD	14,300	7.5
4	CAD	16,164	6.4	Ill-defined	13,728	7.2
5	COPD	14,396	5.7	AIDS	10,868	5.7
6	Cirrhosis	12,628	5.0	CKD	7,627	4.0

Burden of diseases (IHPP, 2006)

	Male			Female		
	Disease	DALYs loss	%	Disease	DALYs loss	%
1	HIV/AIDS	645,426	12.1	Stroke	307,131	7.9
2	Road accident	600,004	11.3	HIV/AIDS	290,711	7.5
3	Alcoholism	329,068	6.2	DM	267,549	6.9
4	Stroke	305,105	5.7	Depression	191,490	4.9
5	CA Liver	294,868	5.5	CA Liver	140,480	3.6
6	CAD	178,011	3.3	Road accident	135,832	3.5



Governing Mechanism of Thai Health System





MOPH Reform



National Health Authority

Regulator

Provider

Purchaser



สป./กรม
ส่วนกลาง

- สปสช.
- สปส.
- กรมบัญชีกลาง
- ฯลฯ

Regional Level

Regulator

Provider

Purchaser

คปสช.

อปสช.

Provincial Level

สำนักงานสาธารณสุขจังหวัด		
Regulator	Provider	Purchaser

DHS. (รพ+สตอ)

Government policies to Raise Income & Reduce Expenses

Income Boost

Rice Pledging



Increases Income of Farmers

Min. Wage
of ฿300/day



Increases Income of labors

฿15,000 Salary for
Uni. Graduates



Increases Income of
University Graduates

Allowance
for Elderly



Provides Income
Guarantee for Elderly
people

Price support for
agricultural produces
e.g. cassava,
rubber, pineapple



Increases Income of Farmers

Expenses Reduction

Corporate
Tax Cut



Increase competitiveness of
private sector & prepare for AEC

First-Time-
Car-Buyers
Scheme



Provide opportunity for car
ownership for personal &
commercial uses

First-Home
Policy



Increase opportunity for
home ownership

Support for Cost of Living



Maintain the prices of consumer
goods in a appropriate range

Support for
Energy Prices



Maintain the prices of
energy in a affordable
range

Impact of AEC

Free flow of goods, services, investments, capitals, professional labors

- Movement of labors & professional
- Communicable diseases at the borders
- Investment & competition in healthcare
- Brain drain from the public sectors
- Negative impact to the healthcare in the remote area



A large, faint, light-colored watermark of the Healthcare Accreditation Institute, Thailand logo is centered in the background. It features a central cross, surrounded by a circular emblem with hands holding a globe, and a banner at the bottom.

Development of the Thai Healthcare Accreditation Program



Starting HA Program

Voluntary Process
 Educational Process, Not Inspection
 Encourage Civil Society Movement
 Self Reliance, Independence, Neutral
 Emphasis Self Assessment & Improvement

HA Project

- Organization Alignment
- Multidisciplinary Team
- Med Staff Org
- Clinical Quality
- Risk Management
- Self Assessment
- Internal Survey

Initiatives

Workshops
 Consultants

Pilot Hospitals

- Adapt
- Seek more information
- Creativity
- Trial
- Learn

Knowledge

Solutions

Questions

Quality Improvement

TQM in
 8 Public Hospitals



93 95 97 99 01 03 05 07 09 11 13

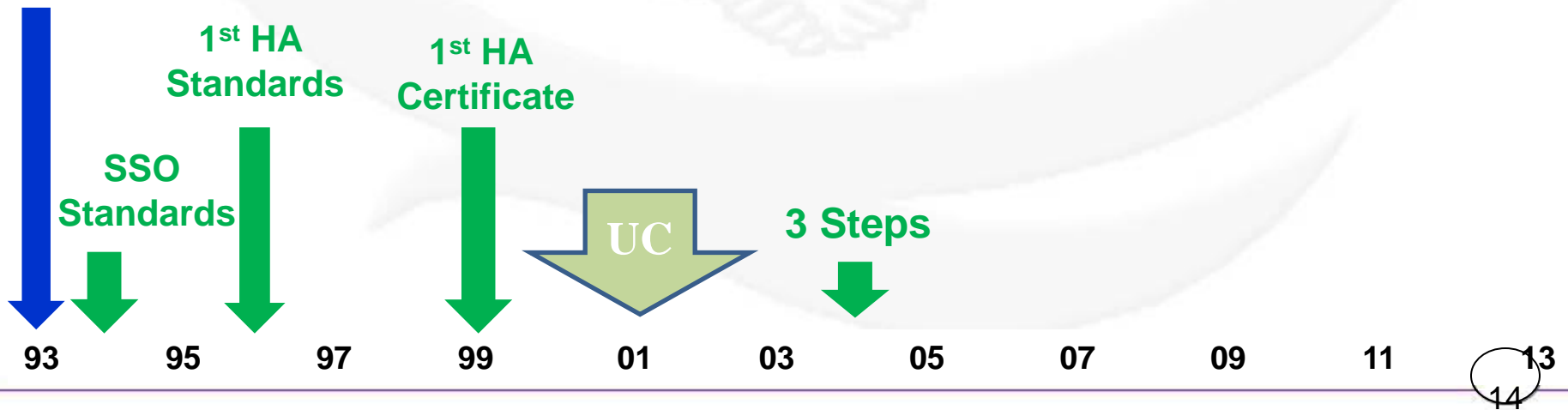
HA Program in Thailand



Hospital Accreditation (HA)

Quality Improvement/Quality Management

TQM in 8 Public Hospitals





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

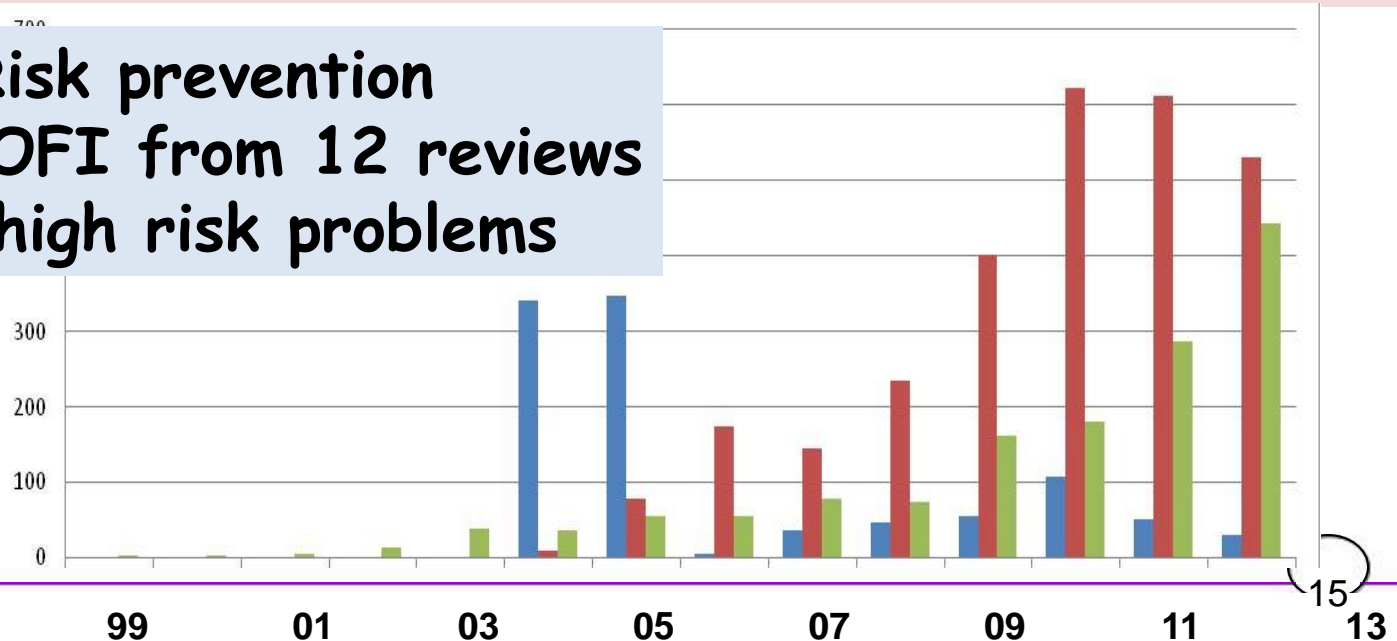
Identify OFI from goals & objectives of units

Focus on key process improvement

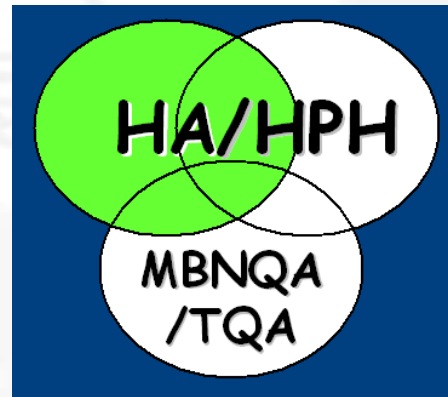
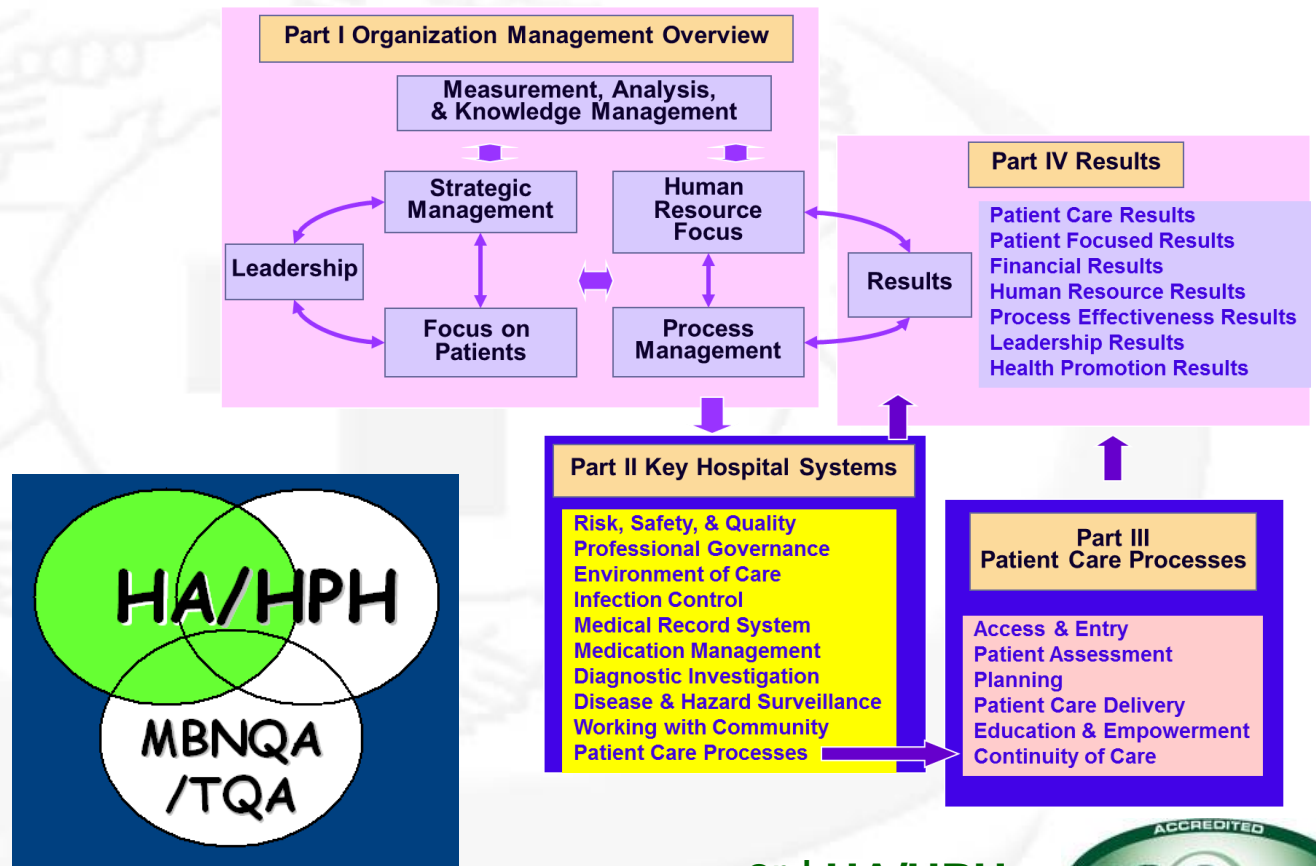
Step 1: Risk prevention

Identify OFI from 12 reviews

Focus on high risk problems



Thai HA Standards Version 2



1st HA Standards

HPH Accreditation

2nd HA/HPH Standards



1993

1996

1998

2000

2002

2004

2006

2008

2009



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





HAI Patient Safety Initiative

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)

Line, Tubing, Catheter

Proper Diagnosis
 Preventing common complications (Pressure Ulcers, Falls)

Mis-connection

Emergency Response

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

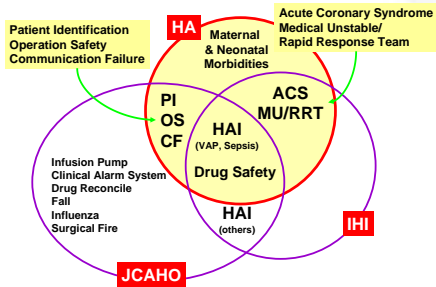
CoP

2nd Patient Safety Goals

Trigger Tools

1st Patient Safety Goals

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)**

HA Program Innovations



Year	Innovation	Description
2004	Stepwise recognition	To encourage continuous improvement for hospitals with different potential.
2004	3C-PDSA	Simplify concept of TQA/MBNQA into practice.
2006	Standard integration	Integrate HA, HPH, basic TQA criteria into a single standard.
2006	Scoring guideline	Promote continuum of compliance, improvement, & excellence.
2008	PSGs: SIMPLE	Promote common direction of evidence-based safety practice.
2008	THIP (compare KPI)	Use comparative KPI to drive improvement.
2009	Spiritual HA (SHA)	Promote spiritual dimension of healthcare & org. management.
2009	Spirituality mining	Story telling, narrative medicine, short movies.
2009	SPA	Guidelines for implementing HA Standards.
2010	Peer Network & 6 Tracks	Encourage local peer assist for implementing HA Standards.
2012	Provincial KM	A joyful environment to identify OFI by peers.
2012	CoP high risk care	Create awareness, network, & capture tacit knowledge.
2013	SPA in Action	Ask WHAT to get insight of hospitals' own problems.

A large, light gray speech bubble graphic is centered on the page. Inside the bubble, there is a white circle containing a gray cross in the center and a ring of hands holding each other around the perimeter. A semi-transparent blue rectangular box is overlaid on the cross, containing the text 'HAI at Present'.

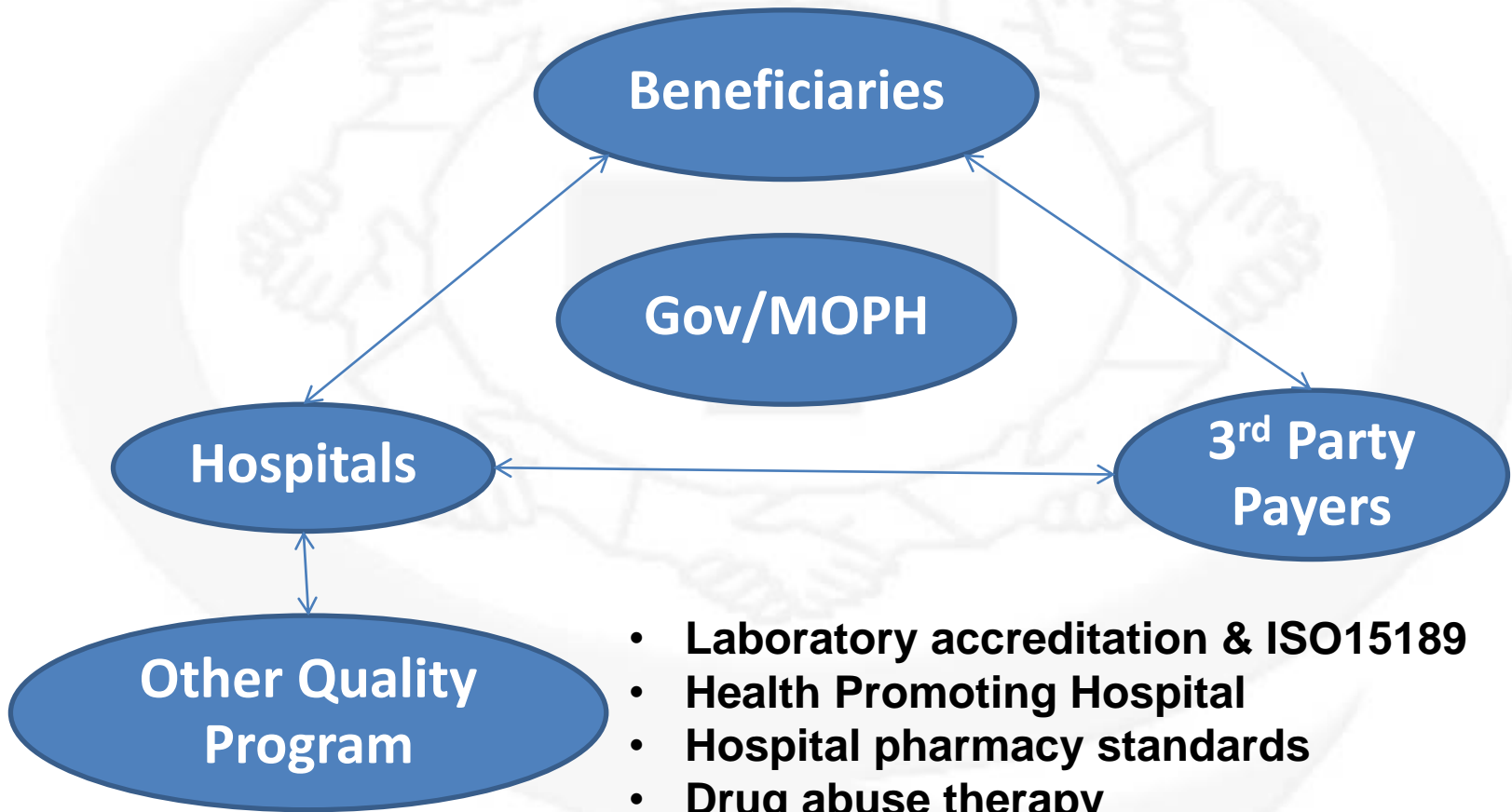
HAI at Present



3 Outstanding Pillars of HA

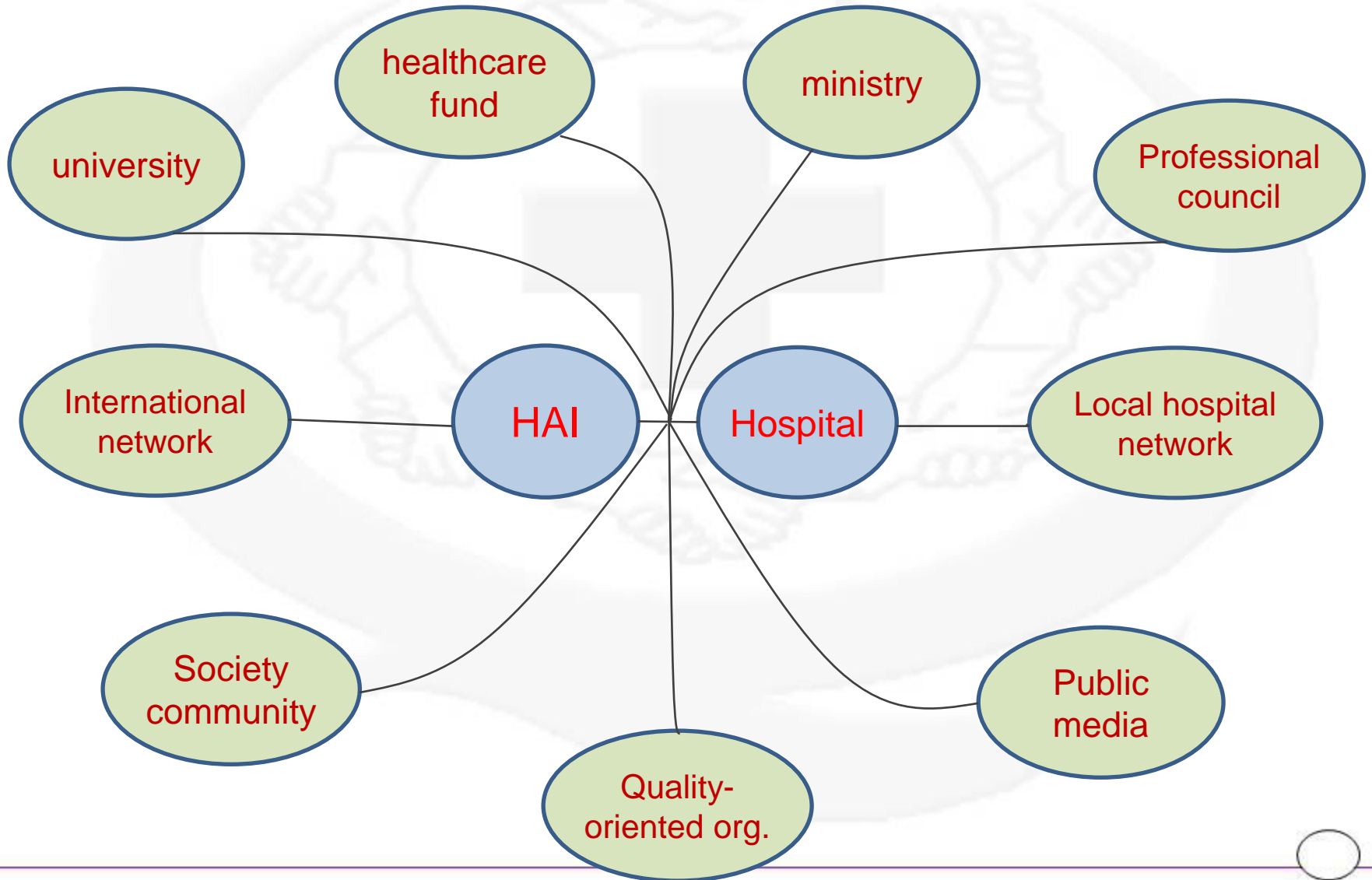


Collaboration of HA with Key Stakeholders & Other Programs



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

HAI network

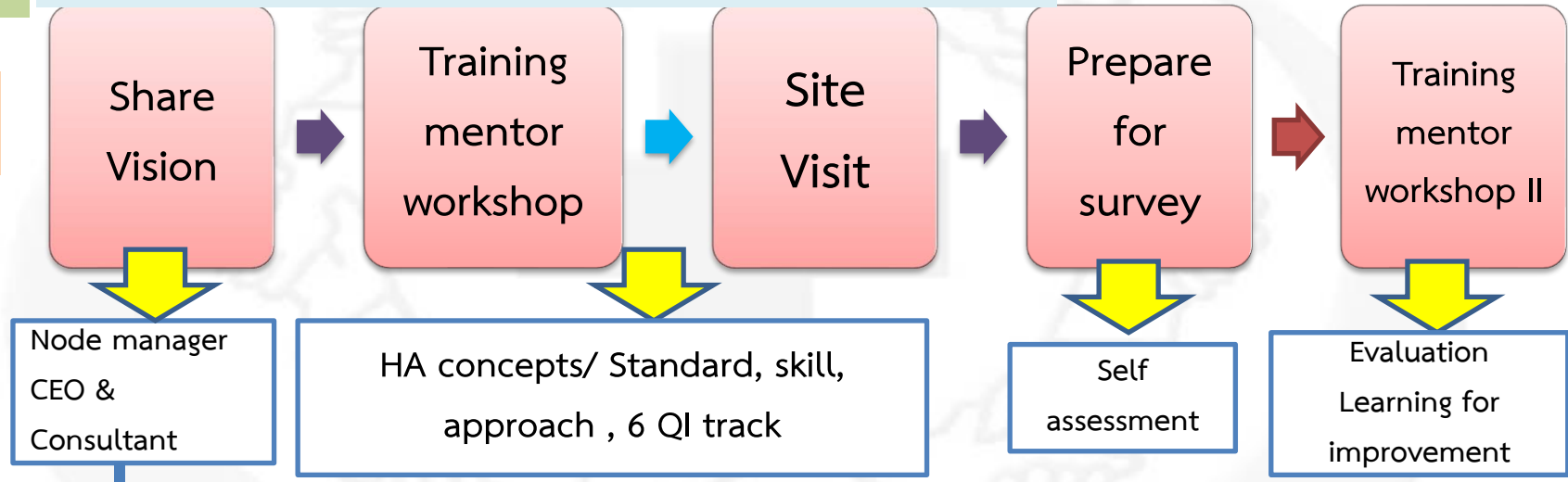




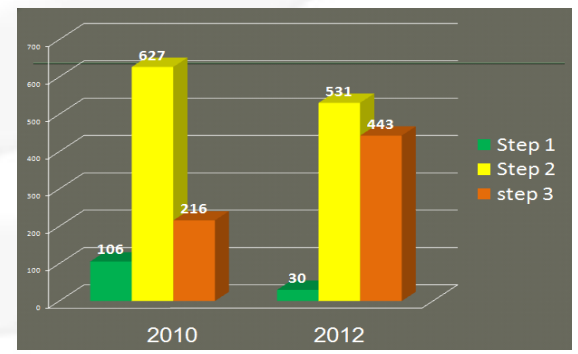
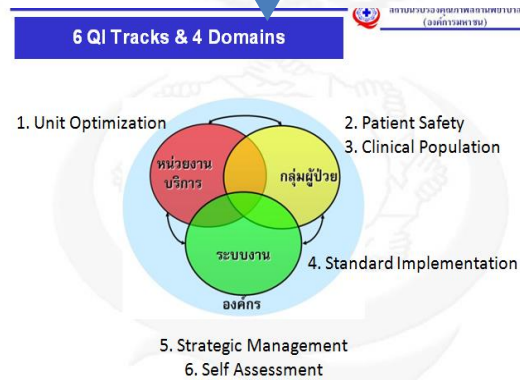
Quality Learning Network; a step for Accreditation

Approach : HA Standard, sharing , Learning , appreciation

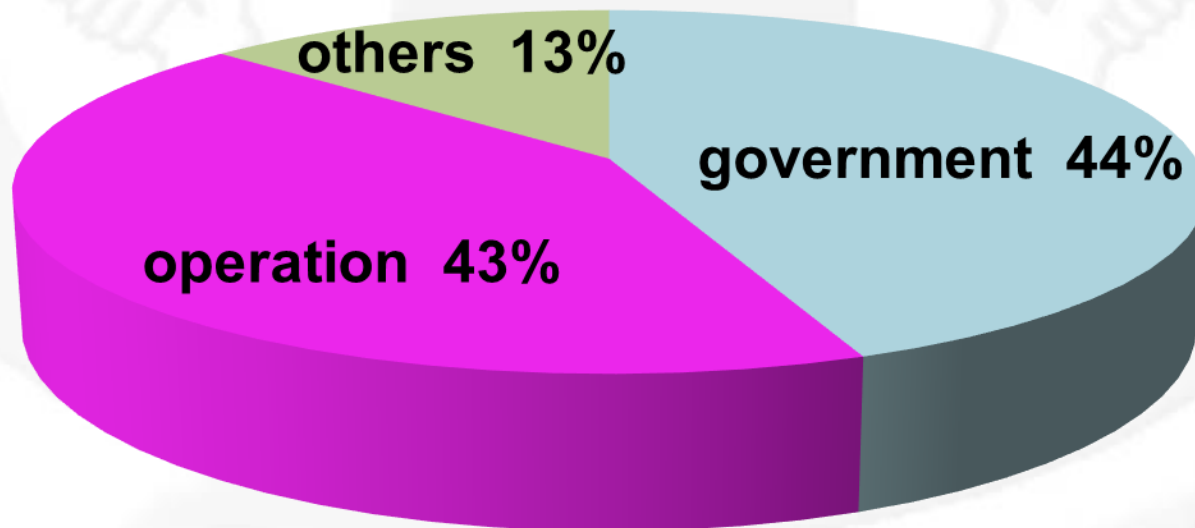
Process



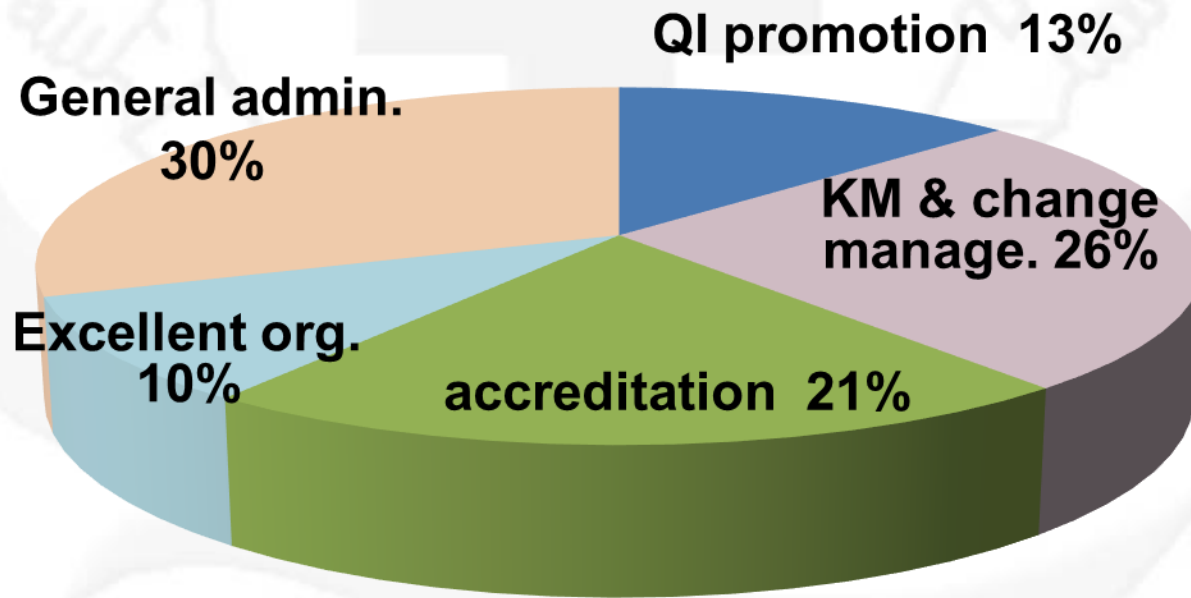
- Node manager requirement
- Quality experience : QMR, QRT
 - knowledge : standard, concept
 - skill of teamwork , AI
 - Commitment, management
 - Leadership , System approach



Estimated Sources of HAI Income (2013)



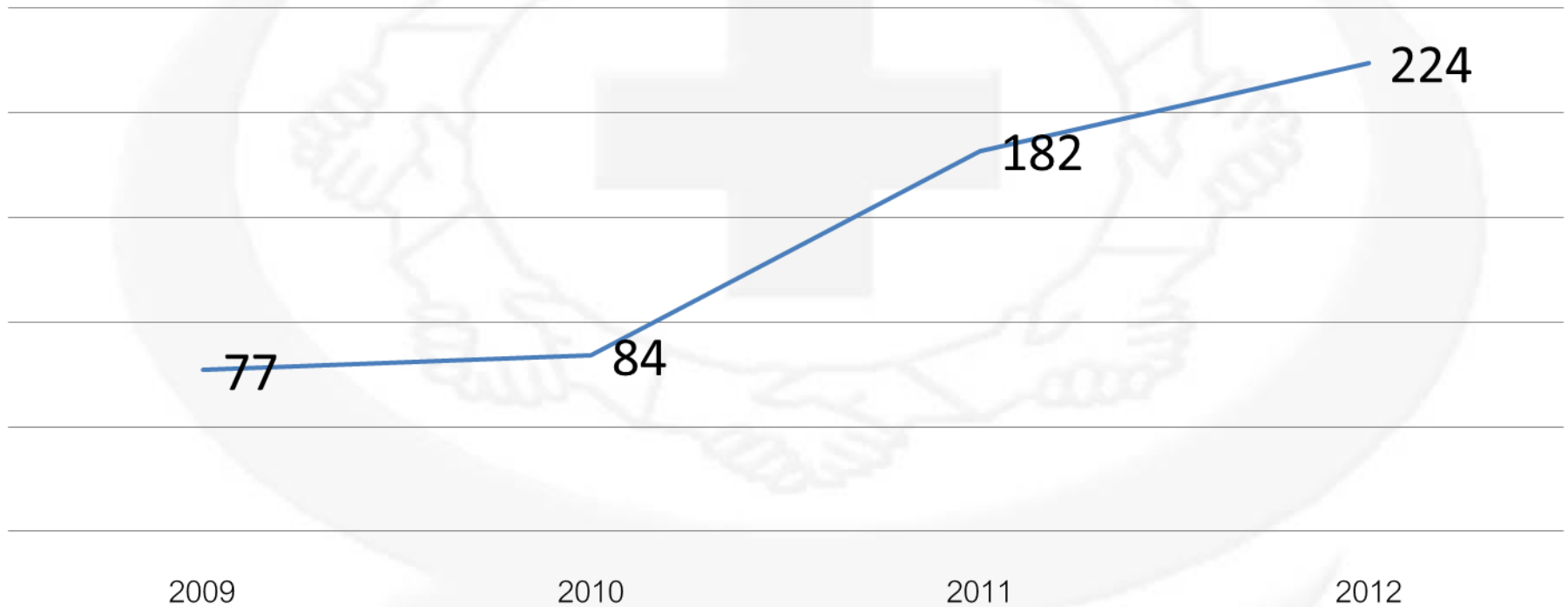
Budget Plan (2013)





Performance

Numbers of hospitals being accredited in each fiscal year



Accredited hospitals (at 15 Jun 2013) = $496 / 1320 = 37.58\%$



HAI Performance (2012)

indicator	weight	target	outcome	1	2	3	4	5
Overall average score = 4.6161	1.0							
% public hospitals being accredited	0.1	30%	39.06%					
% hospitals being accredited according to action plan	0.1	80%	100%					
Average score of accredited hospitals	0.05	62%	59.40%					
Numbers of quality network	0.05	27	33					
Achievement of HA Forum	0.1	3	5					
Achievement of training programs	0.1	3	5					
% satisfaction level of customers	0.1	80%	84.38%					
% accredited within 3 months after survey	0.1	55%	77.69%					
Achievement level of calculating unit costs	.05	3	5					
% of spending according to budget plan	0.05	90	97.79					
Achievement level of governance and organization development	0.2	3	4.68					

KPI in the agreement with OPDC



Challenges



Issues HAI has been/is facing

- MOPH policy on service plan and demand for better outcome demonstrated
- Demand for quality of primary care
- Constraint at community hospitals: high workload, high turn over
- Response to cultural diversity, especially at the Southern border provinces
- Need capable surveyors at an increasing rate
- Many government agencies and professional organizations would like to collaborate with HA program as a platform for improvement
- Education on quality & safety to be started as early as possible
- Demand of neighboring countries to learn from Thailand



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Additional Improvement



Improvement since SAR has been completed

- Additional evaluation of some system, e.g. risk management education & communication
- Review & update of policies & procedures
- Collection of more evidence & information
- Collaboration with the Thai Stroke Society to develop certification program for Stroke Center
- Collaboration with government commission to promote rational use of drug and reduce antibiotic resistance
- Consultation with the Board on how to implement recognition for primary care quality



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Thank You

