



National and International Perspective in Professionalizing Evaluators: Thailand Healthcare Accreditation

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**Evaluators/surveyors are shaped
by the system & environment**



The Healthcare Accreditation Institute (Public Organization)



Healthcare Accreditation Institute, Thailand

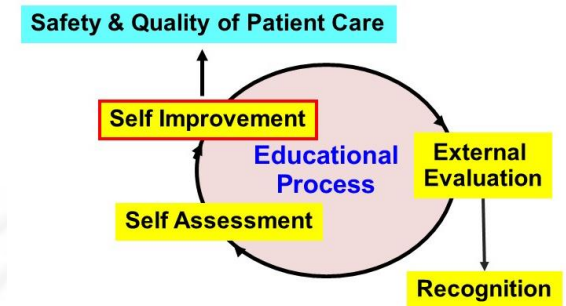
A special independent government agency called 'Public Organization'.

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"

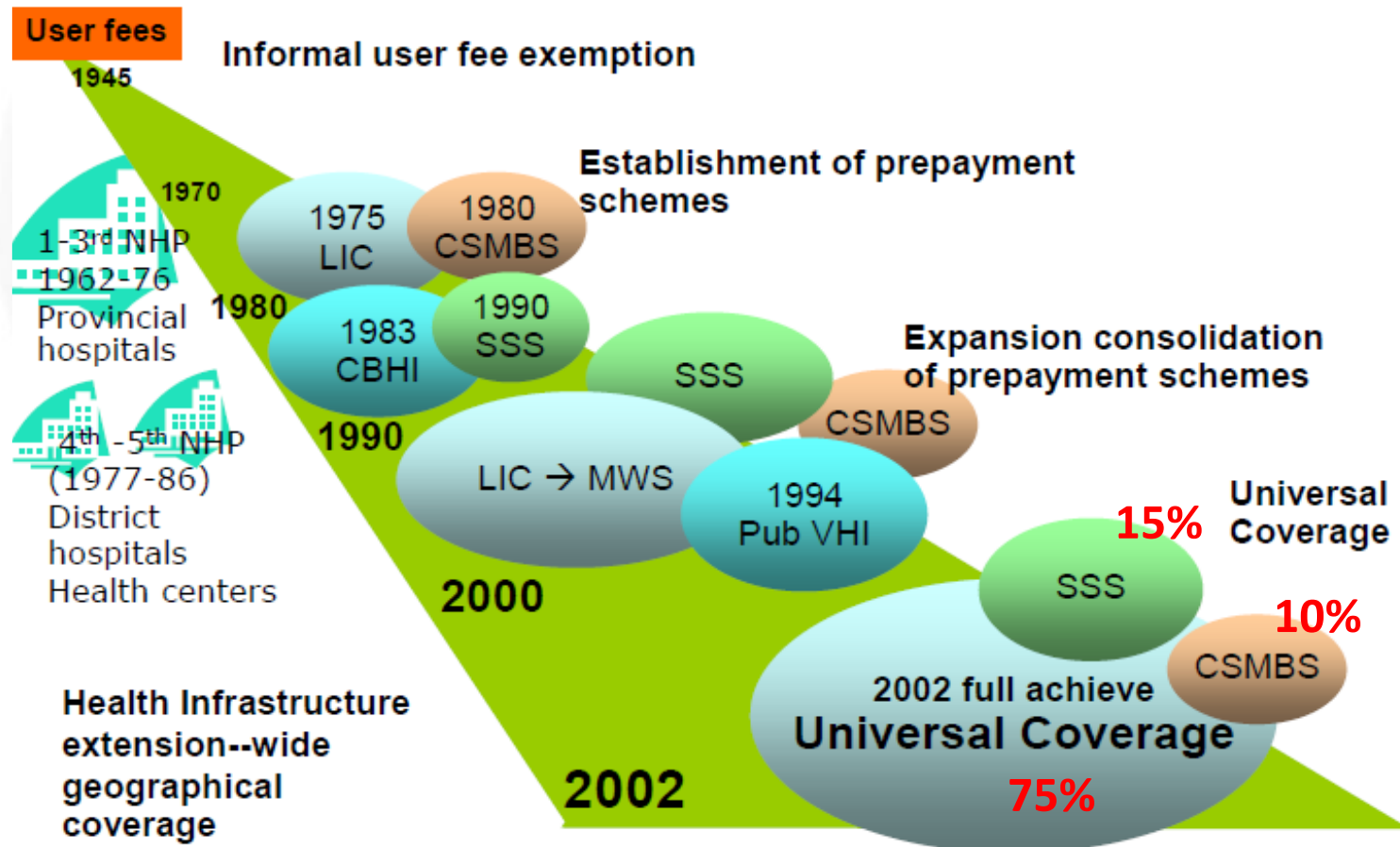
STRATEGIES:



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

Important of 3rd party as user & promoter of evaluation

Historical development of the Thai health system:
Infrastructure development + financial protection extension





We started with Quality Improvement experience

What did we do?

- Find the right people
- Analyze the current trends
- Work with the people on what they have
- Learn with them

Surveyors that know how to improve will give a realistic recommendation

learning how to apply various QI tools

Basic tools: 5S, suggestion system

ESB (Excellence Service Behavior)

Teamwork: brainstorm, decision tool (multi-voting)

CQI steps

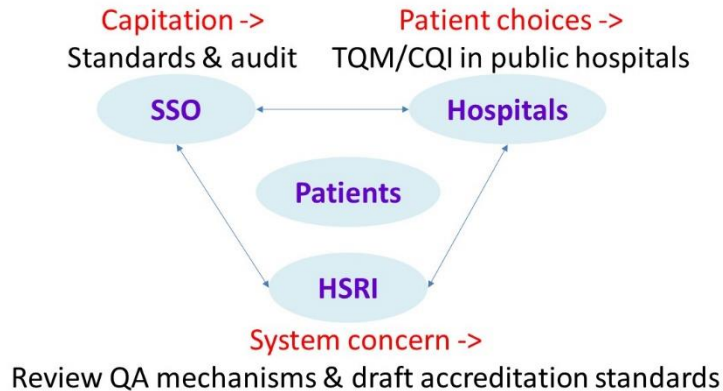
Tools for idea & data: affinity diagram, tree diagram, various charting esp. control chart

**TQM in
8 Public Hospitals**



93 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09 10 11 12 13

External Evaluation Program due to Capitation



Start together
Support & fulfill each other
Listen & learn from each other
Source of incentive

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

Set hospital standards: Use Australia framework, but focus mostly on structure

Adverse event enquiry

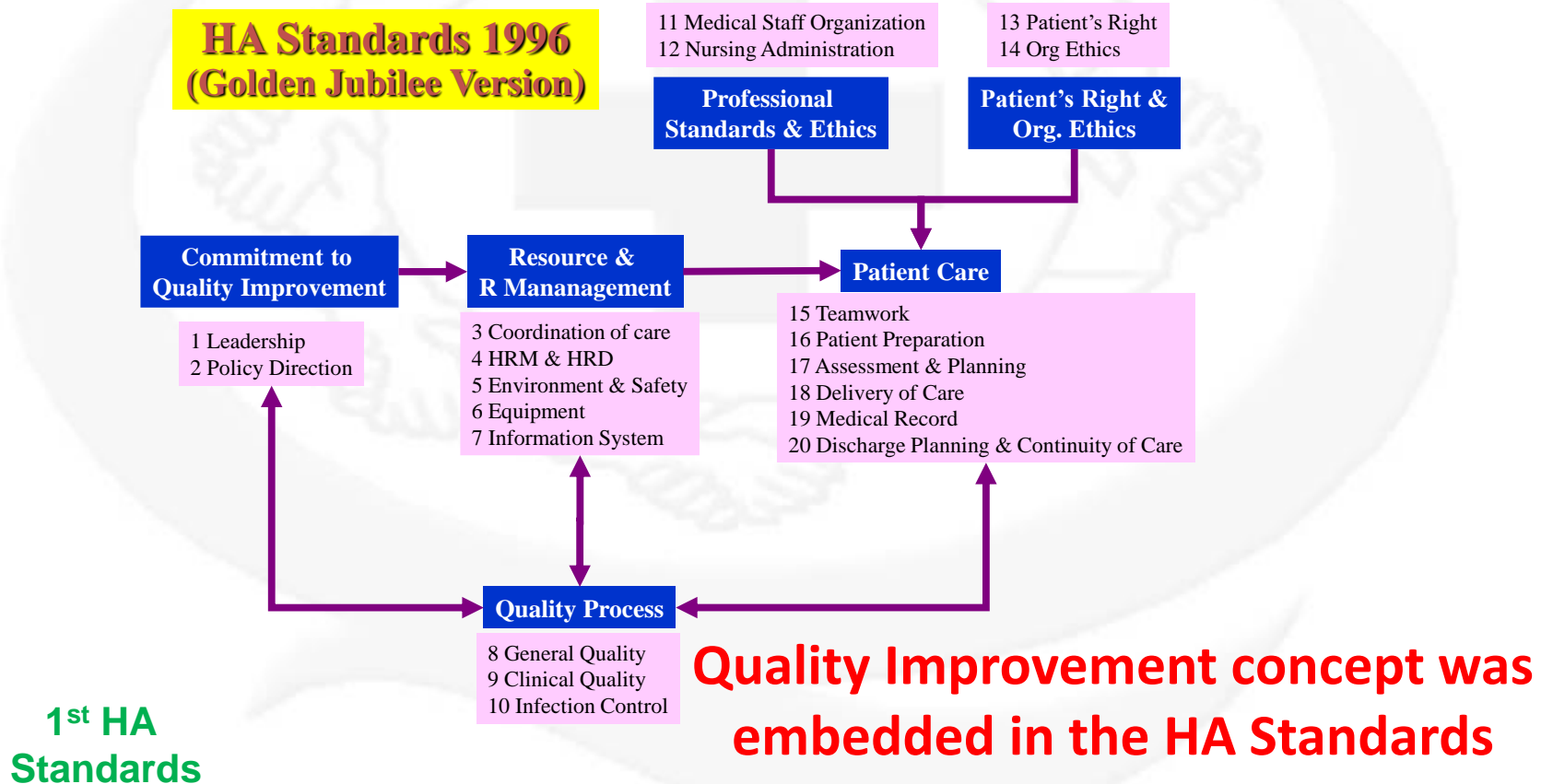
Medical Committee: set policy, set benefit package, set capitation fee, complaint review

SSO
Standards



Development of Hospital Accreditation Standards

Review concepts & requirements (US, Can, Aus, UK)





HA Standards Implementation as R&D 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

Voluntary Process

Educational Process, Not Inspection

Encourage Civil Society Movement

Self Reliance, Independence, Neutral

Emphasis Self Assessment & Improvement

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

Initiatives

35 Pilot Hospitals

Workshops

Consultants

Adapt
Seek more information
Creativity
Trial
Learn

Knowledge

Solutions

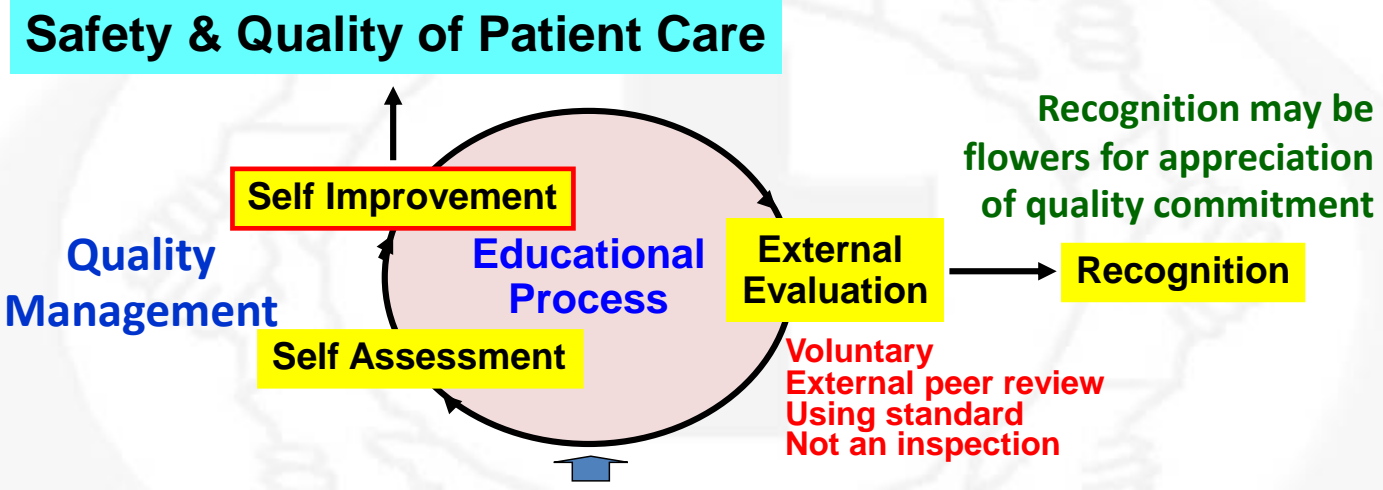
Questions

HA Standards Implementation (R&D Project)

Less expectation to surveyors during R&D

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HA as an Educational Process Not an Inspection

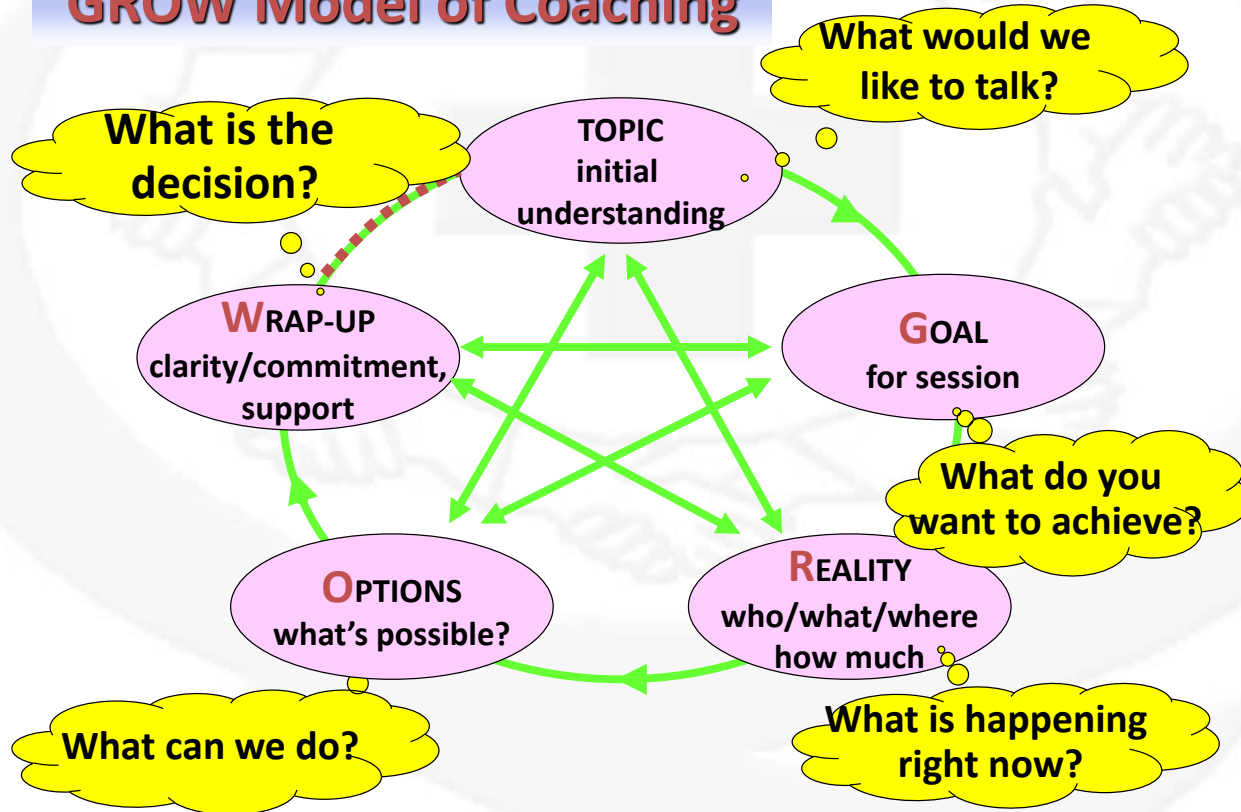


Core Concepts:
Flexible, context oriented
System approach, integration
Positive approach
Evaluation to stimulate improvement
Special character of healthcare (uncertainty, autonomy & accountability)

HA Standards Implementation (R&D Project) **Balance of learning mode & audit mode**

Coaching: The Most Important Skills of Surveyors for Learning Mode

GROW Model of Coaching



Experience of Implementing QI

Surveyors have to understand the mode of development in the organization they visit -> fill the gap

**Start with
QI Tools**

- + Good preparation for teamwork & learning
- Delay in applying standard, fragmented

**Start with
Standards**

- + Clear direction & expectation
- Focus on system more than patients

**Start with
Tangible
Experience**

- + Clinicians feel happier
- + Improvement activities closer to the patients

Stepwise Recognition

What did we do?

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

3 Steps
to HA

Politician
demanded for
quality & access

Universal
Coverage





Stepwise Recognition

A strategy to gain acceptance and expand coverage

Surveyors



Step 3: Quality Culture

Identify OFI from standards

Focus on integration, learning, result

Potential Surveyors

Step 2: Quality Assurance & Improvement

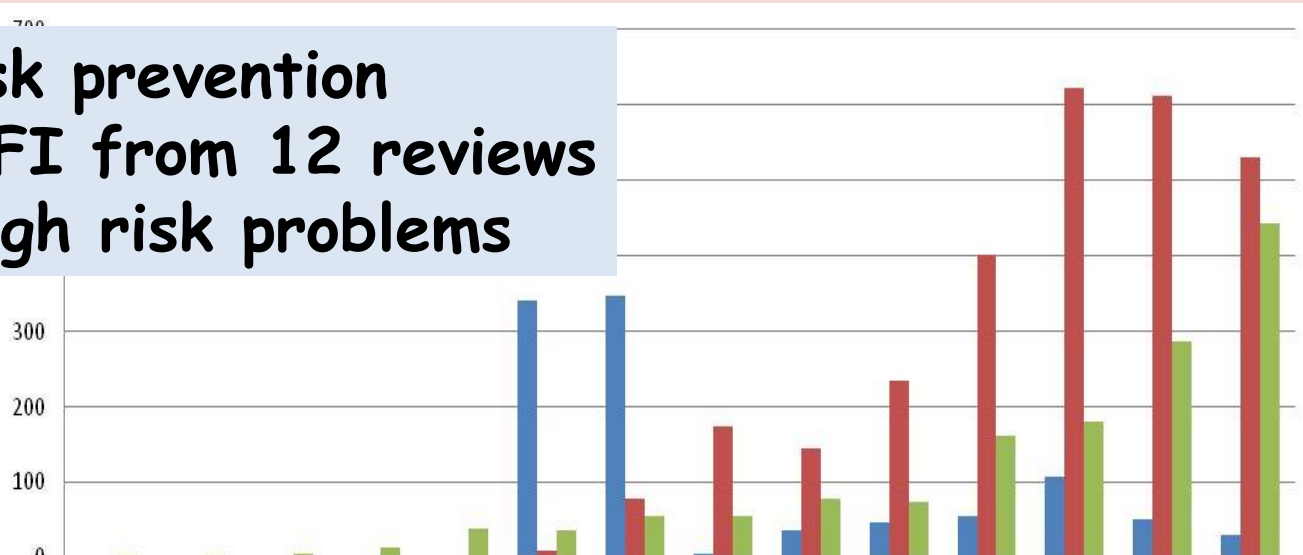
Identify OFI from goals & objectives of units

Focus on key process improvement

Step 1: Risk prevention

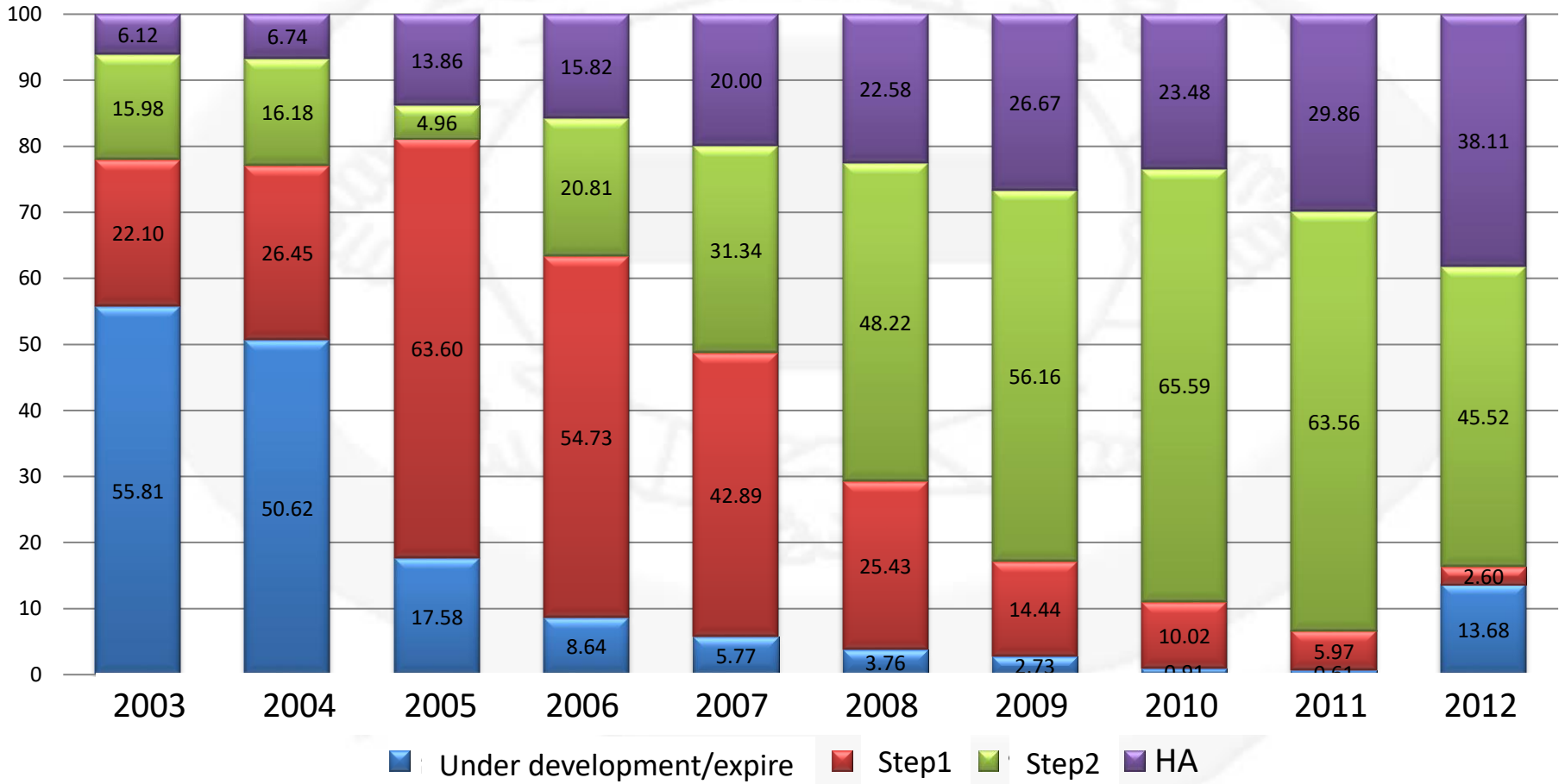
Identify OFI from 12 reviews

Focus on high risk problems





% Hospital in the UC Program being Recognized by Level of HA 2003-2012



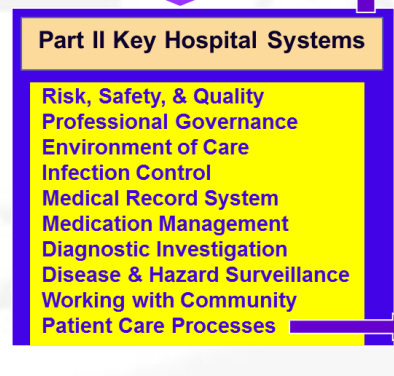
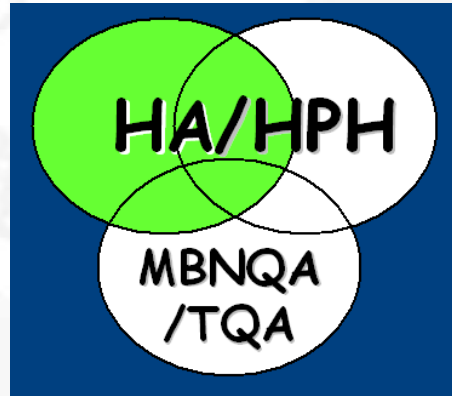
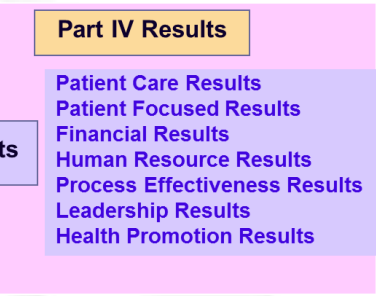
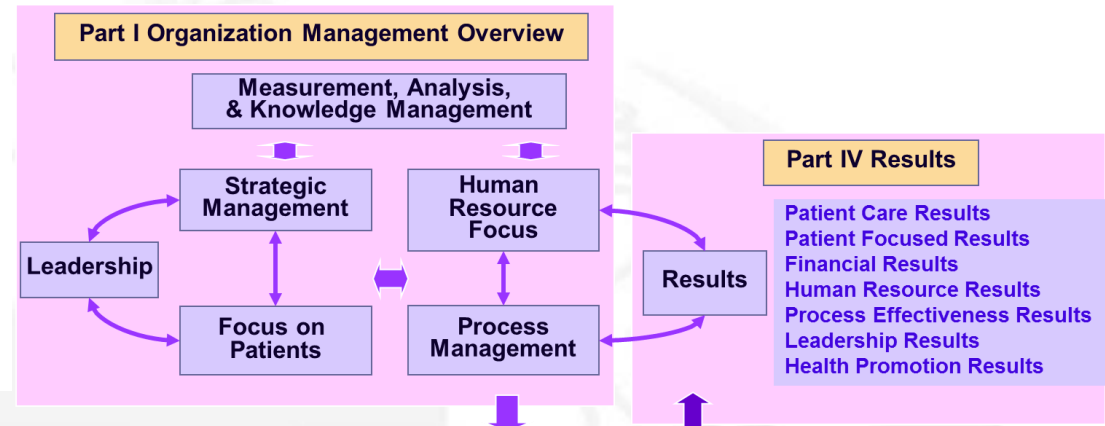


Thai HA Standards Version 2

What did we do?

- Scan the situation & trend
- Response to stakeholder's need
- Move one step ahead
- Gradually convince people

Get surveyors involved during the 3 years of new standards development



2nd HA/HPH Standards

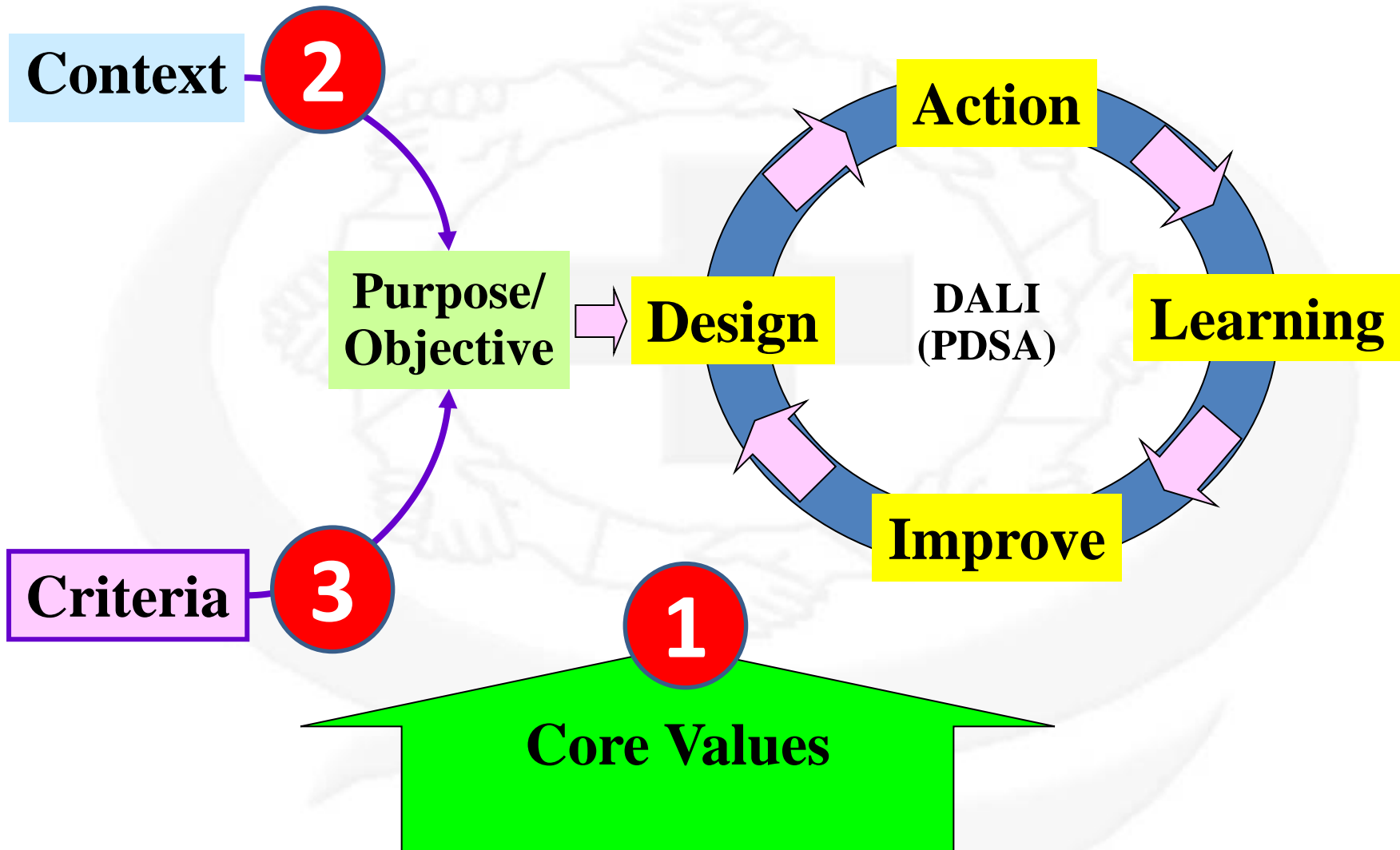


1st HA Standards

HPH Accreditation

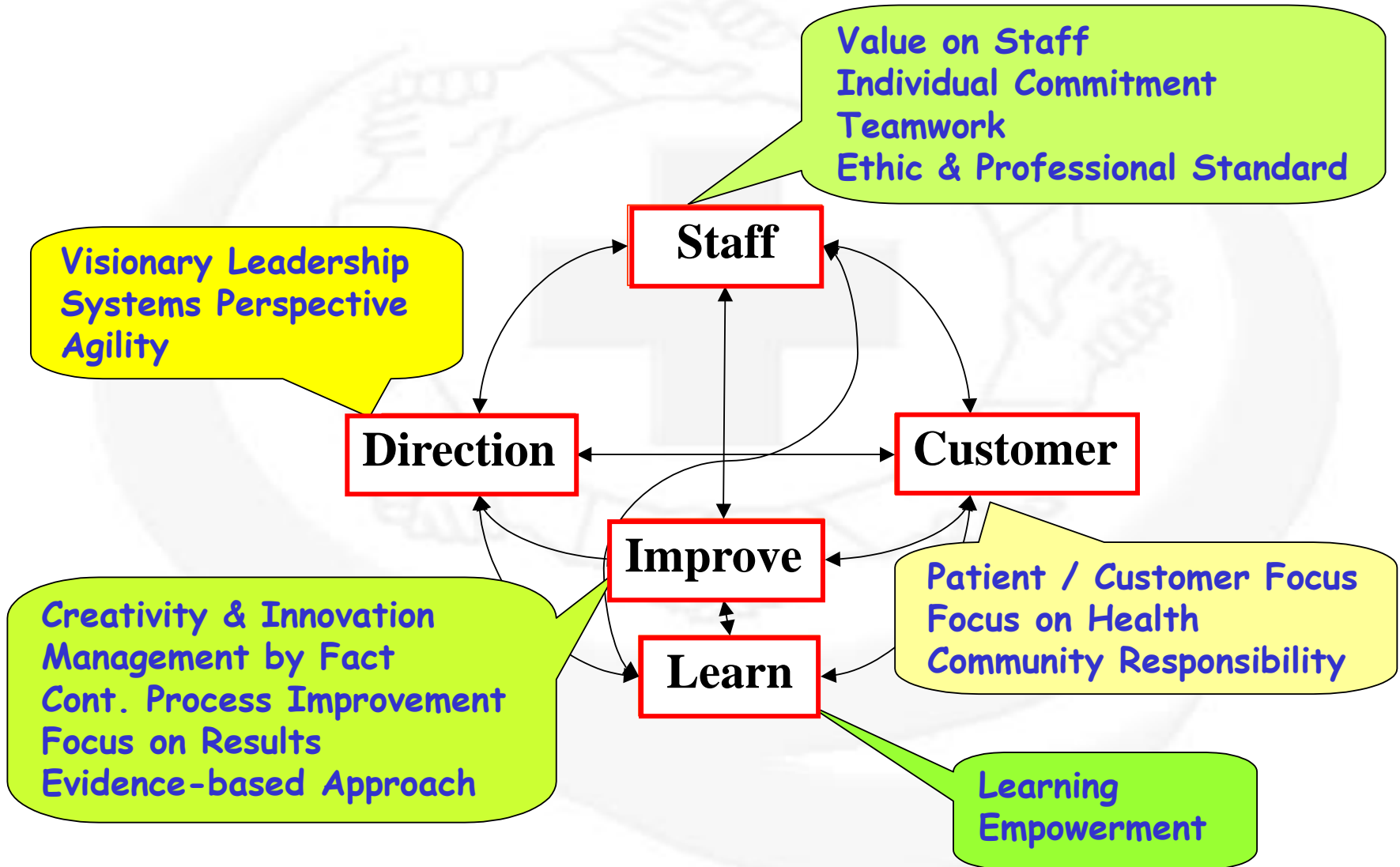


Cycle of Learning & Improvement

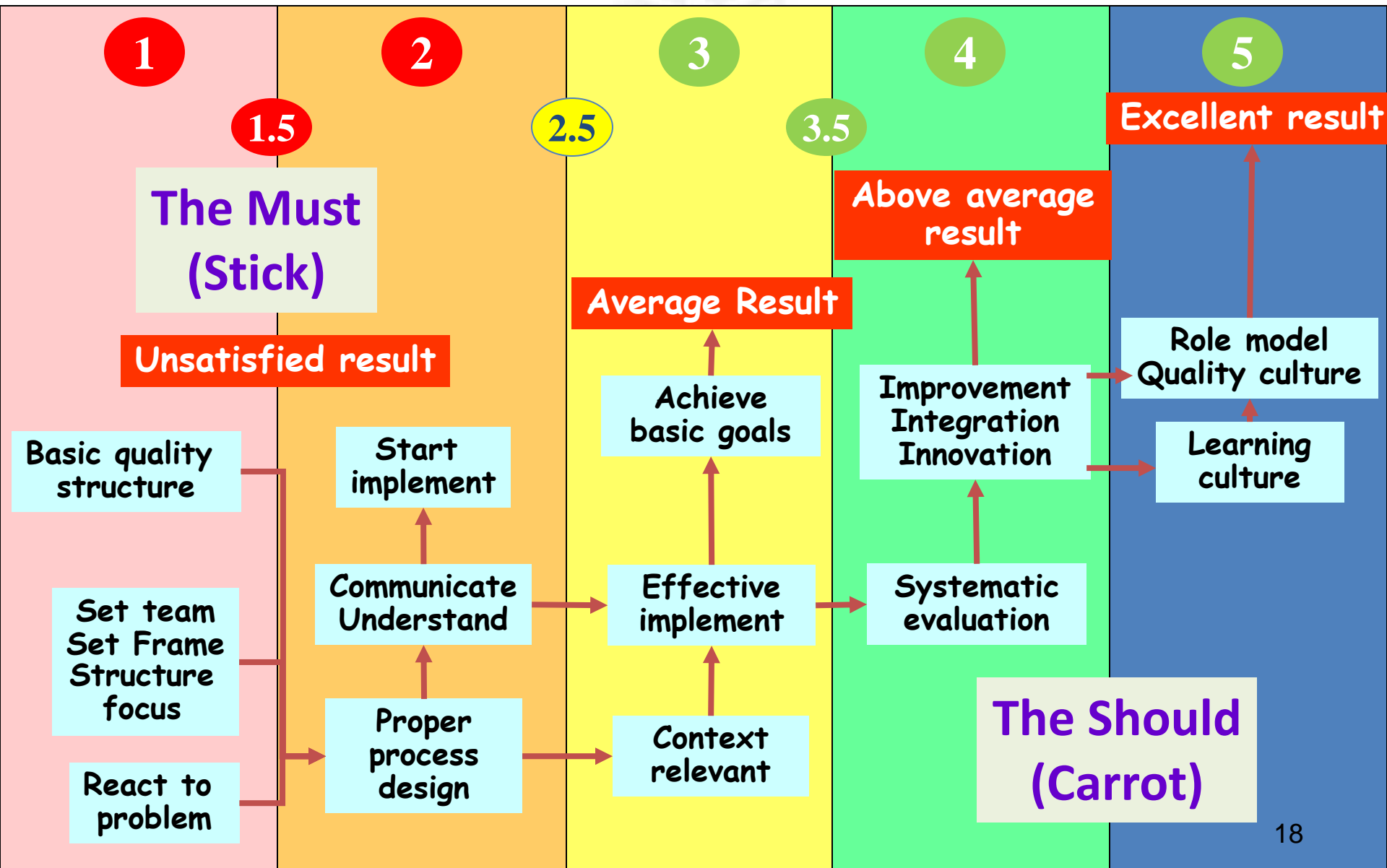




Core Values & Concepts



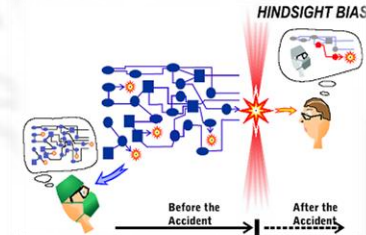
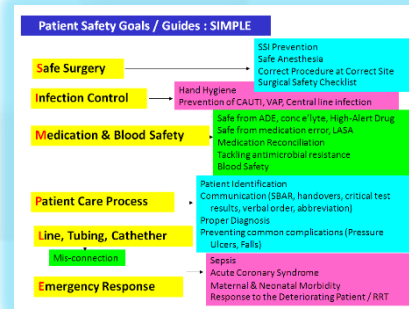
Scoring Guideline: For Continuous Improvement to Excellence





Patient Safety Initiatives

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



CoP

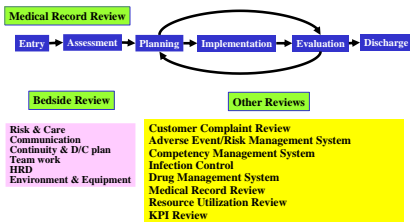
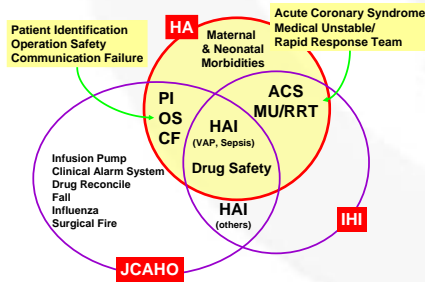
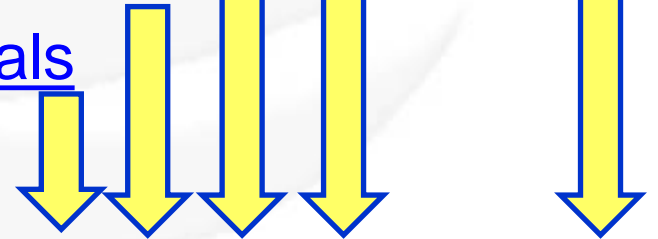
Review & Redesign

2nd Patient Safety Goals

Trigger Tools

1st Patient Safety Goals

Quality Review



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, Catheter

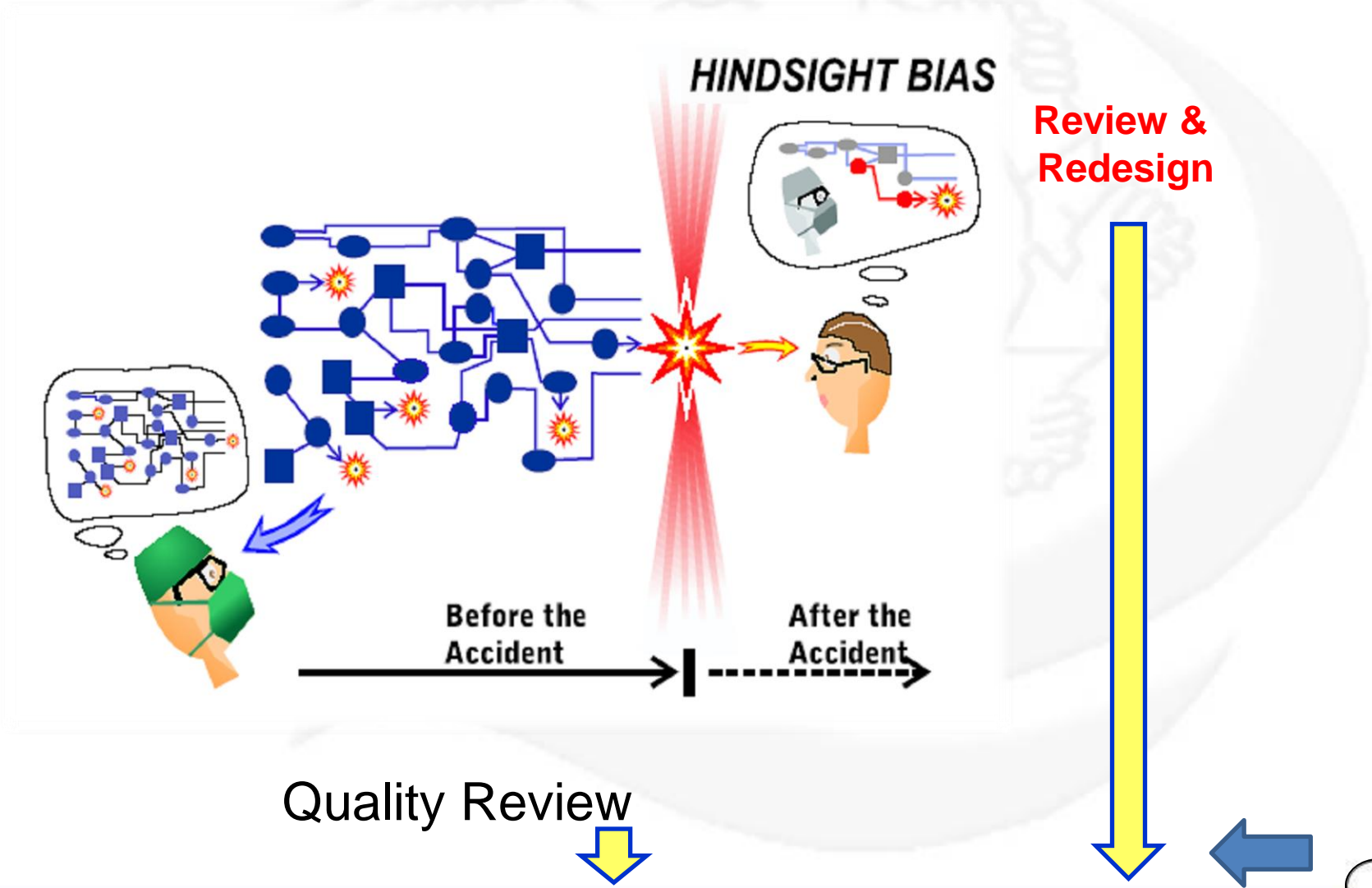
Mis-connection

Emergency Response

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



Review & Redesign



Spirituality in Healthcare

Self: Awareness

Team: Deep listening & productive discussion

Patient: Humanized Healthcare, empowerment

Org.: Living Organization

Env: Healing Environment

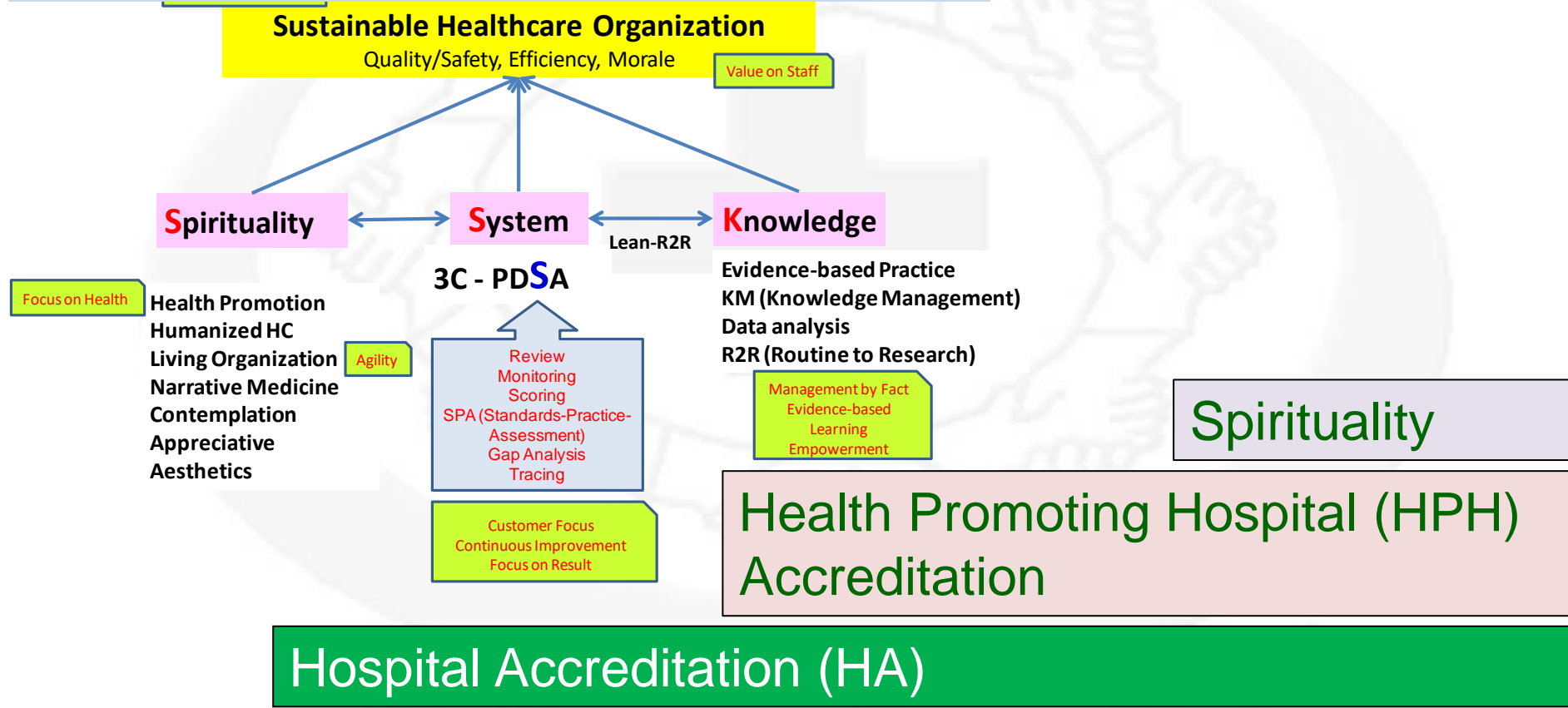
Survey: Appreciation

Tool: Narrative/storytelling





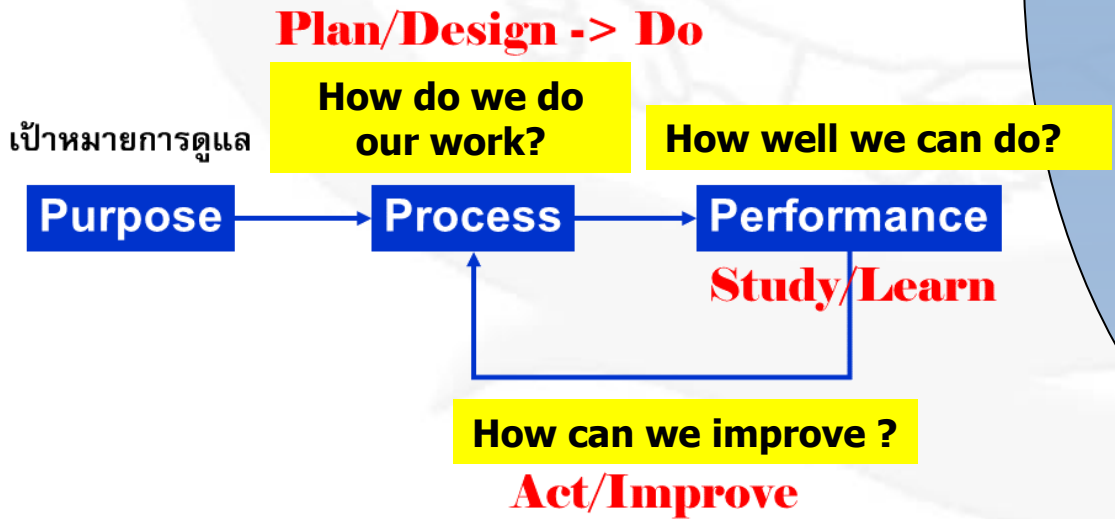
Summary on the Development of the HA Program





3P & Focus on Result

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

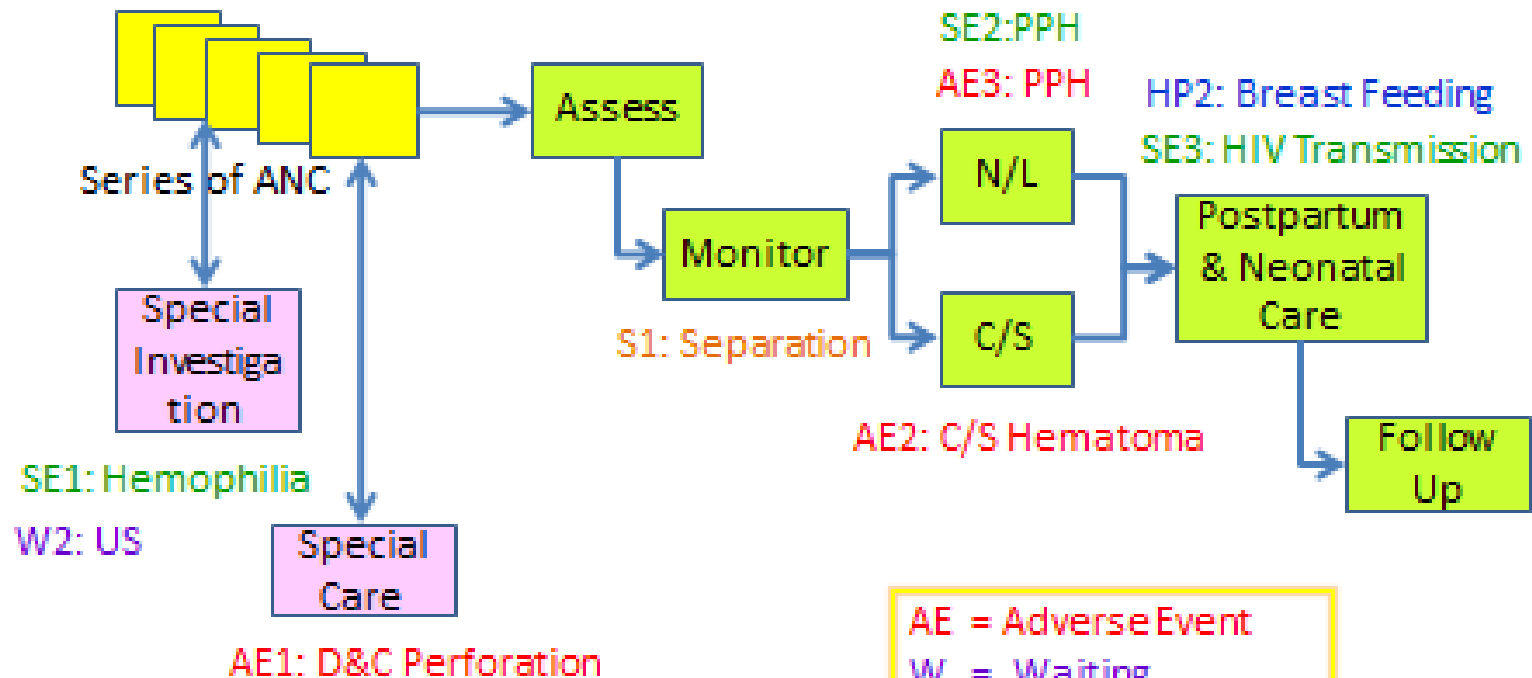


Process Oriented

R1: Teenage Pregnancy

W1: ANC Queuing

HP1: Fetal Movement Monitor



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

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

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.



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)**



Surveyor Competency Framework

Knowledge



Skill



Task



Standard Work

- Quality Concept
- Quality Tools
- HPH Concepts
- HA/HPH Standards
- Assessment
- Health System

- Reading
- Analysis
- System 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 Program

Training

- 5 days on concepts, standards and scoring
- 5 days on assessment process (case study & field practice)
- At least 3 site visits under supervision

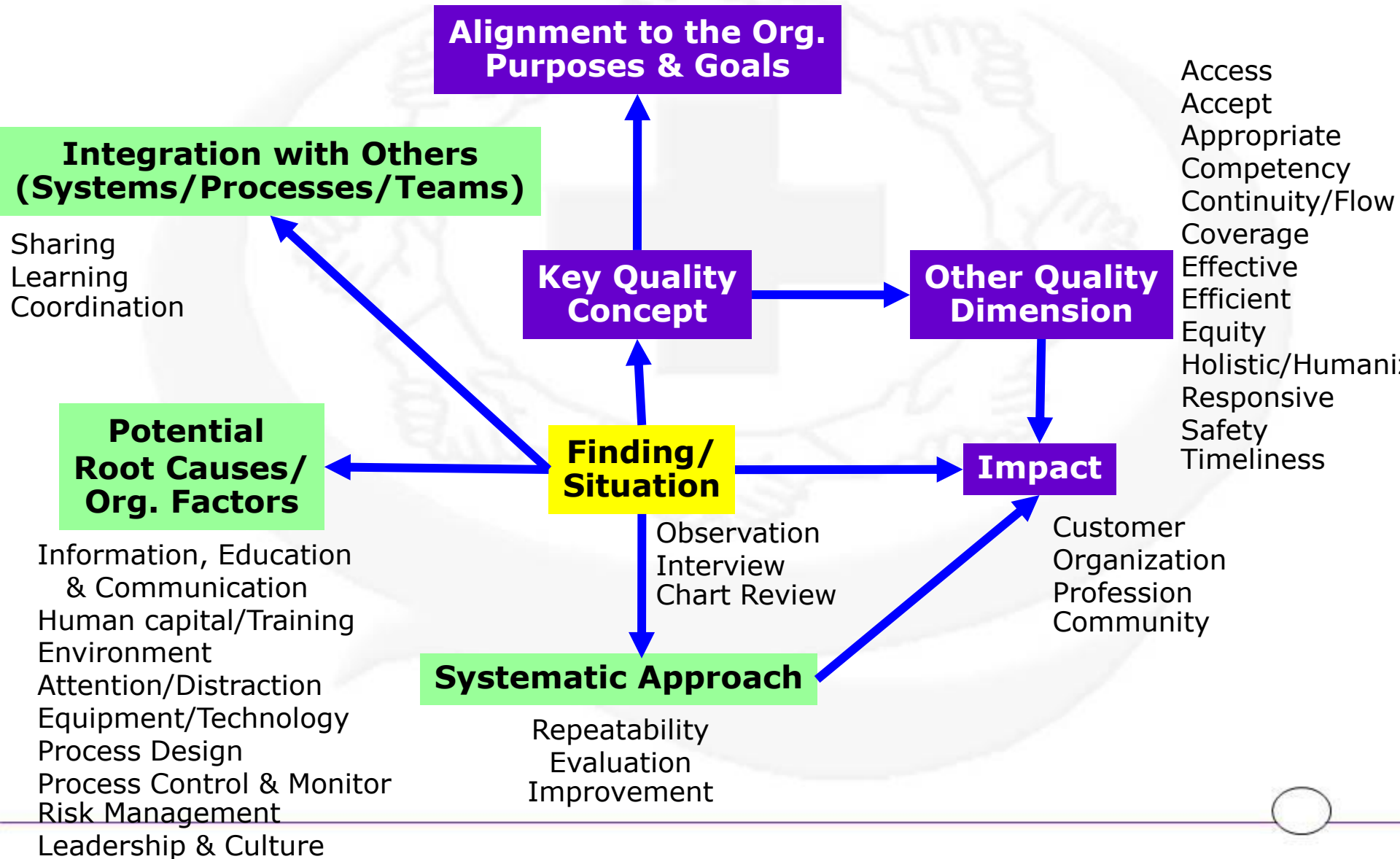
Evaluation

- Evaluation by supervisor after each training
- Evaluation by hospitals after each survey
- Peer review after each survey





Bonanza Model: Systems Perspective for HA Survey



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

Some Key Success Factors

- 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