Hospital Accreditation Program in Thailand

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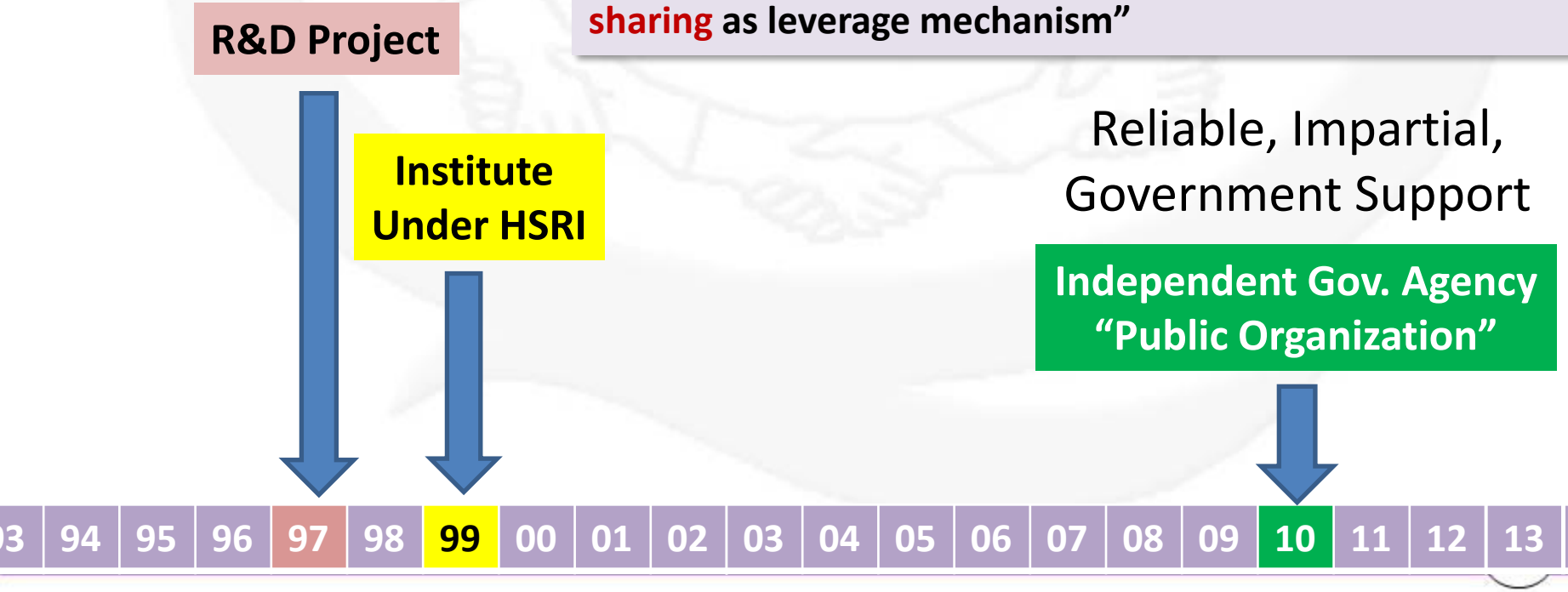
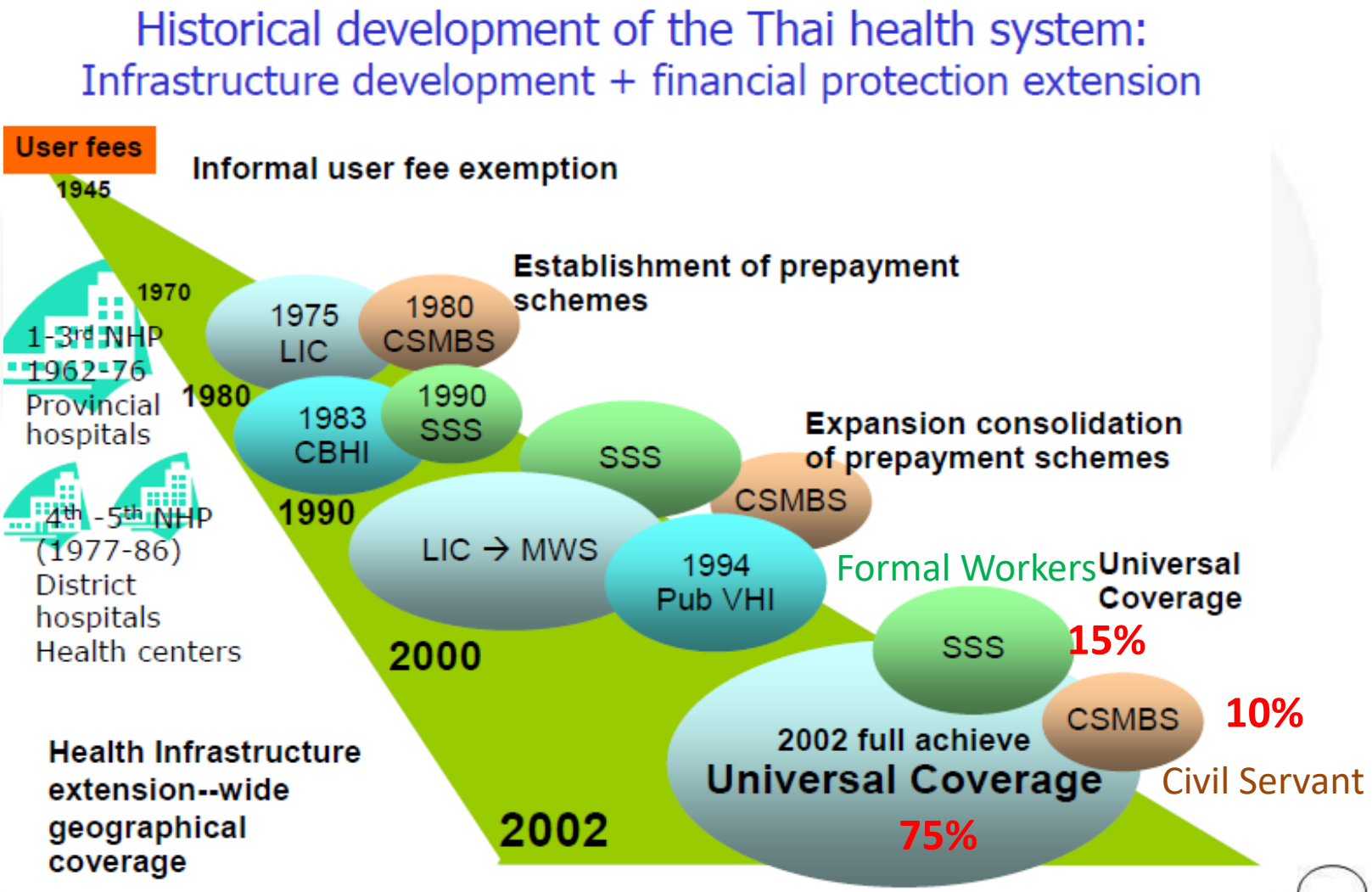
The Healthcare Accreditation Institute (HAI)

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)"

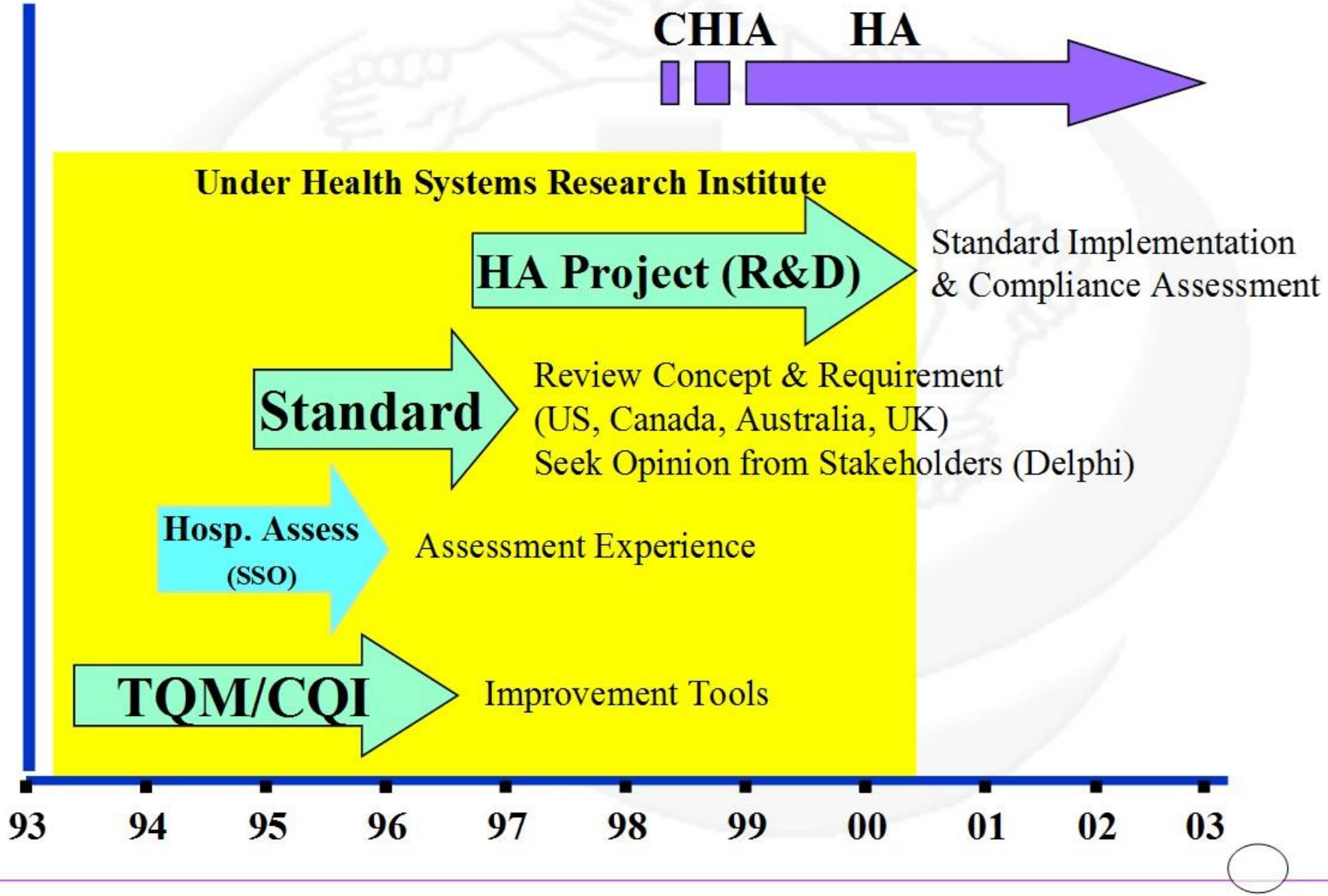
MISSION:
"To encourage, support, and drive quality improvement of the healthcare system; using self assessment, external survey, recognition and accreditation, and knowledge sharing as leverage mechanism"



Important of 3rd party as user & promoter of evaluation

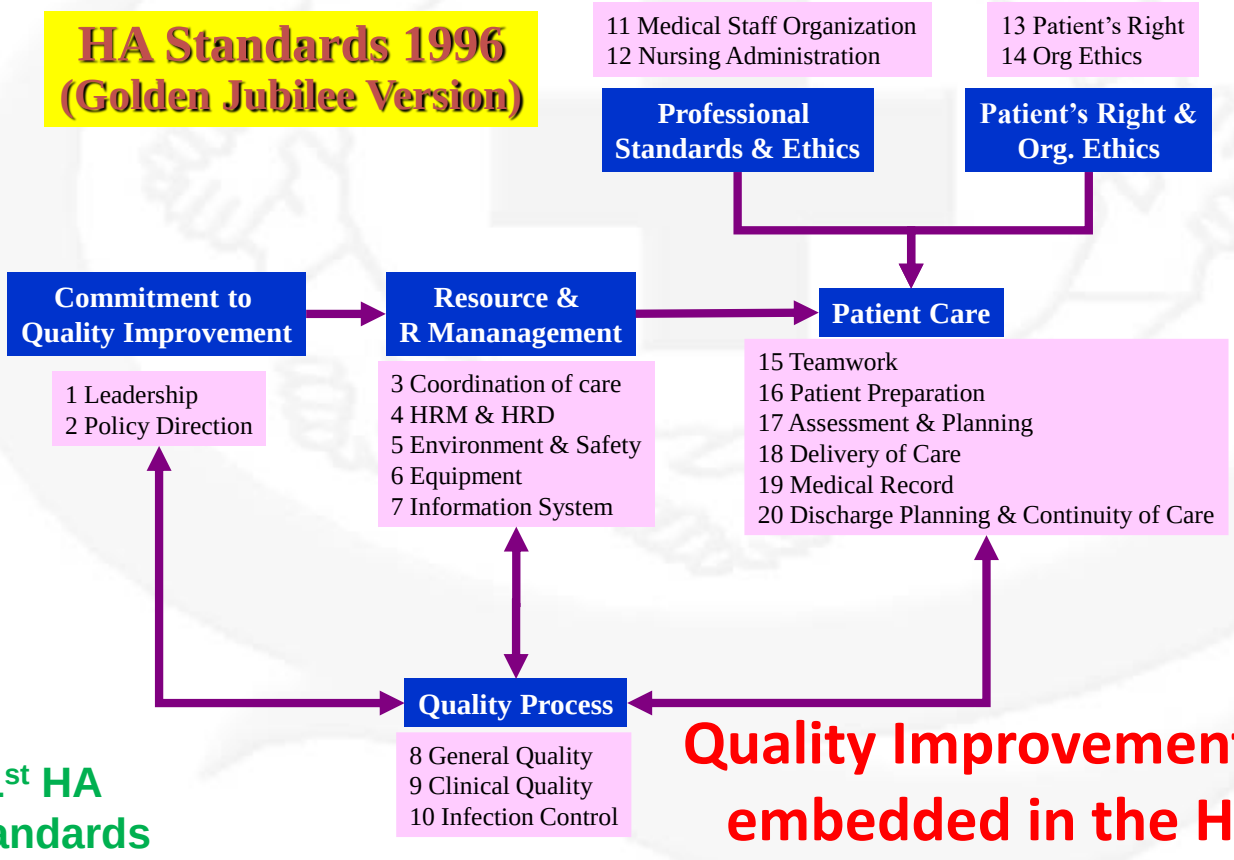


Early Phase of QI & HA Program



Development of Hospital Accreditation Standards

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



1st HA Standards

Quality Improvement concept was embedded in the HA Standards

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

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**

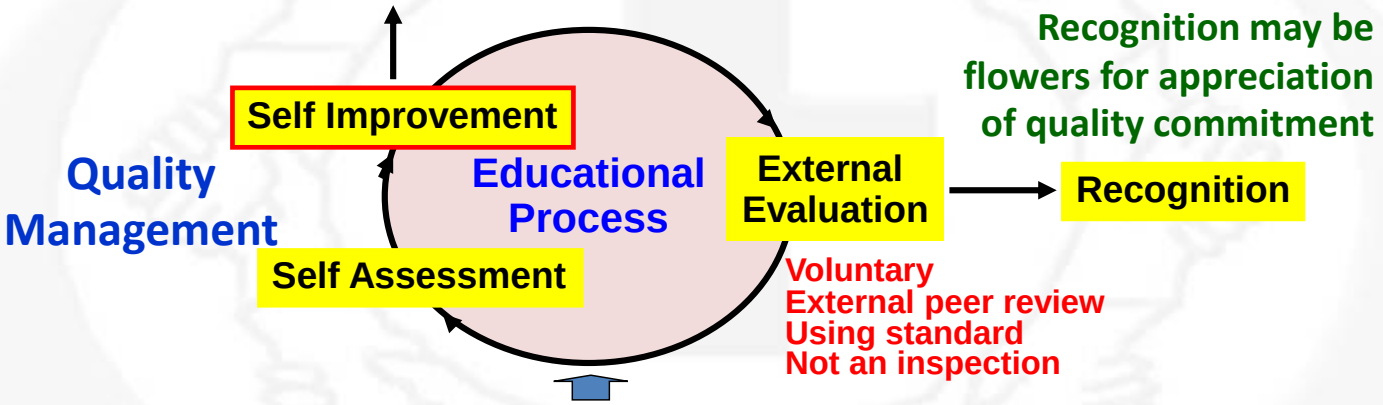
Voluntary Process
Educational Process, Not Inspection
Encourage Civil Society Movement
Self Reliance, Independence, Neutral
Emphasis Self Assessment & Improvement

HA Standards Implementation (R&D Project)

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

HA as an Educational Process
Not an Inspection

Safety & Quality of Patient Care



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

Stepwise Recognition

What did we do?

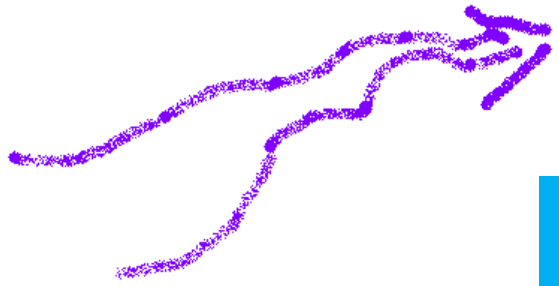
- **Response to the policy makers strategically**
- **Use threat to scale up**

Politician demanded for quality & access

Universal Coverage

3 Steps to HA

3 Steps to HA



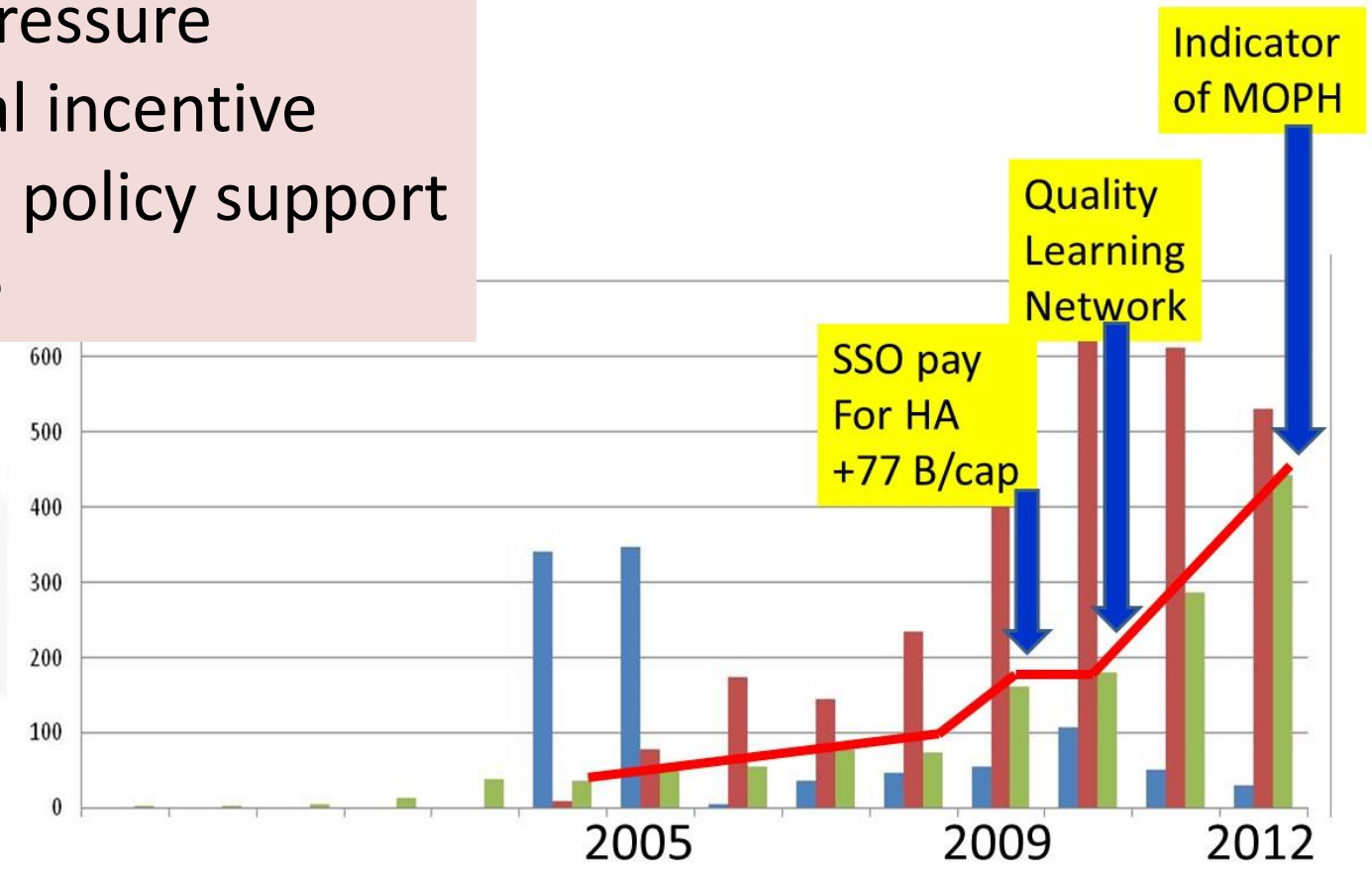
Vision: High Reliability Hospital

Step 1 Repair defect (good daily work, dialogue, regular review)
Step 2 Direction (aim, measure, creative, value)
Step 3 Speed up (good outcome, quality culture, standard compliance)

	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

Incentive for hospitals to become accredited

Social pressure
Financial incentive
Optimal policy support
Prestige



Number of Hospital by Accreditation Status

Type of Hospital	Total	Step 1		Step 2		Step 3		Total	
		No.	%	No.	%	No.	%	No.	%
Community Hospital	724	1	0.14	234	32.32	386	53.31	621	85.77
Provincial Hospital	88	0	0.00	8	9.09	70	79.55	78	88.64
Regional Hospital	28	0	0.00	1	3.57	23	82.14	24	85.71
Other MOPH Hospital	61	0	0.00	7	11.48	35	57.38	42	68.85
Teaching Hospital	12	0	0.00	1	8.33	9	75.00	10	83.33
Bangkok Metro Hospital	8	0	0.00	0	0.00	7	87.50	7	87.50
Military Hospital	59	1	1.69	18	30.51	25	42.37	44	74.58
Other Public Hospital	28	1	3.57	2	7.14	6	21.43	9	32.14
All Public Hospital	1,008	3	0.30	271	26.88	561	55.65	835	82.84
All Private Hospital	308	4	1.30	57	18.51	69	22.40	130	42.21
Total	1,316	7	0.53	328	24.92	630	47.87	965	73.33

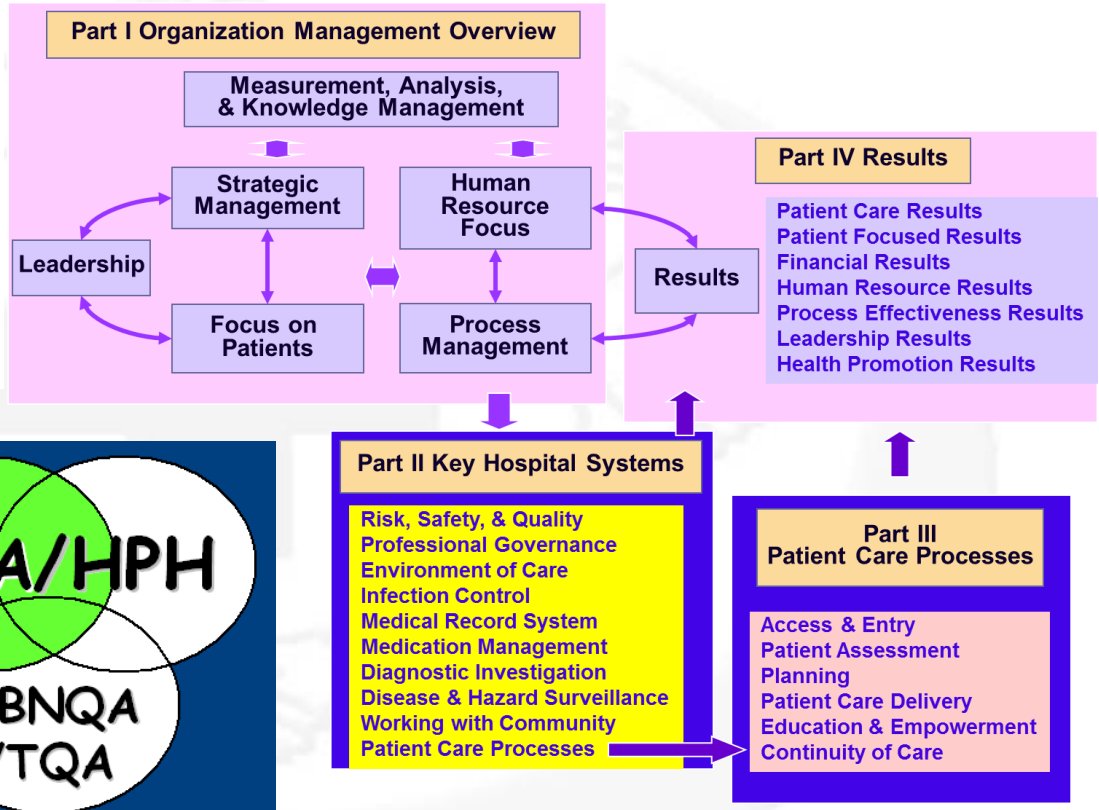
Step 3 include Advance HA 3 hospitals

30 April 2015

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



1st HA Standards

HPH Accreditation

2nd HA/HPH Standards

ISQua ACCREDITED STANDARDS

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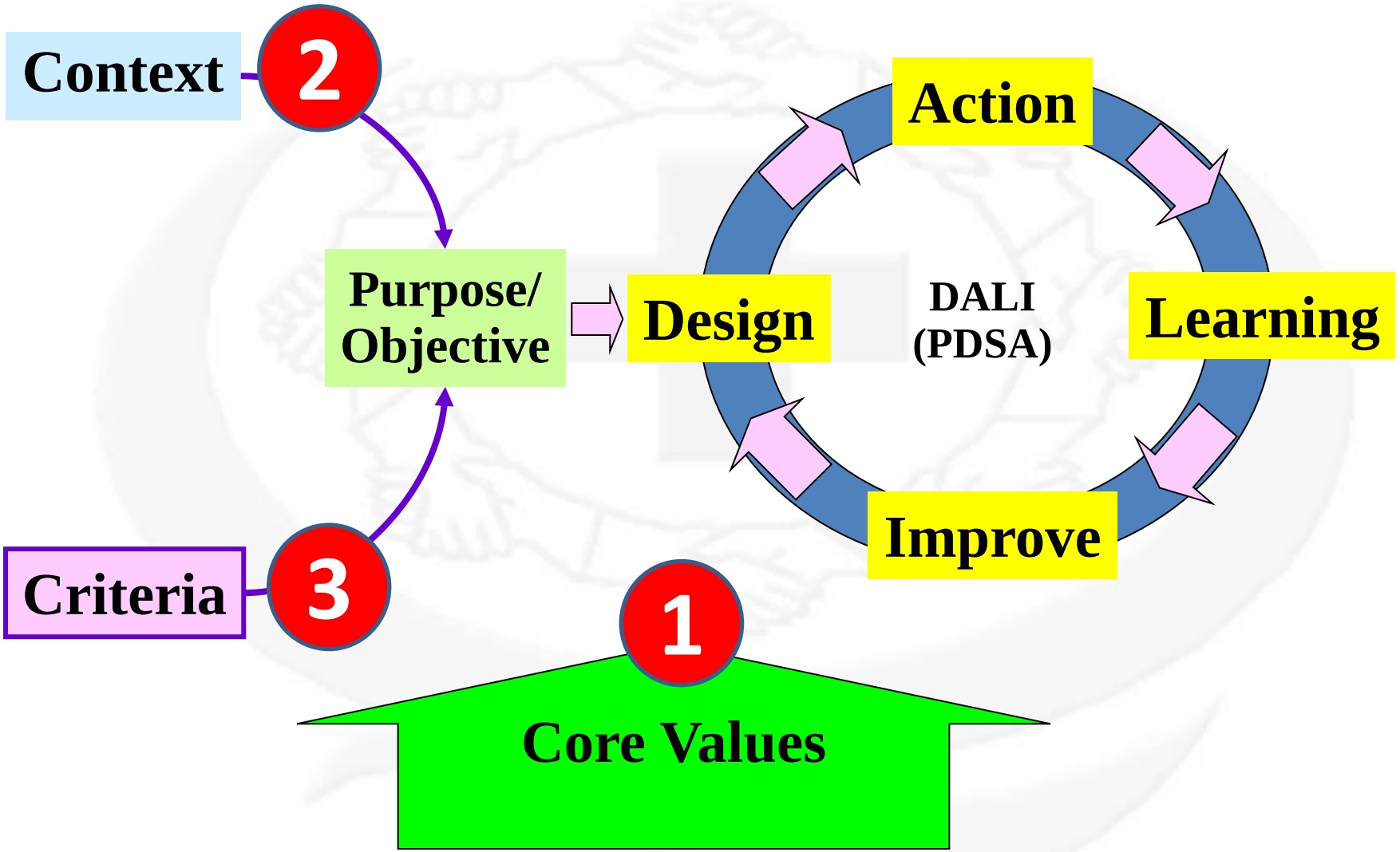
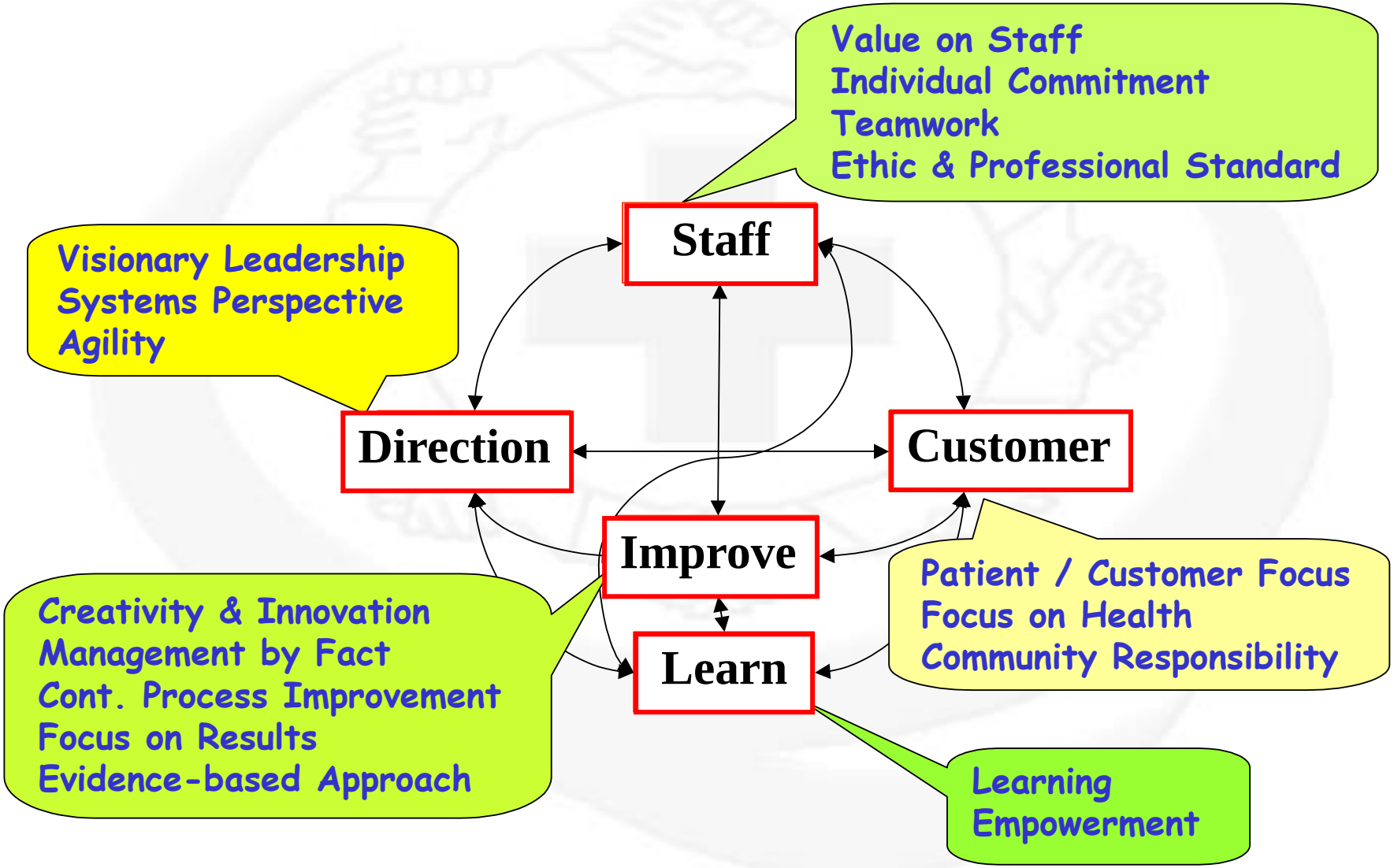
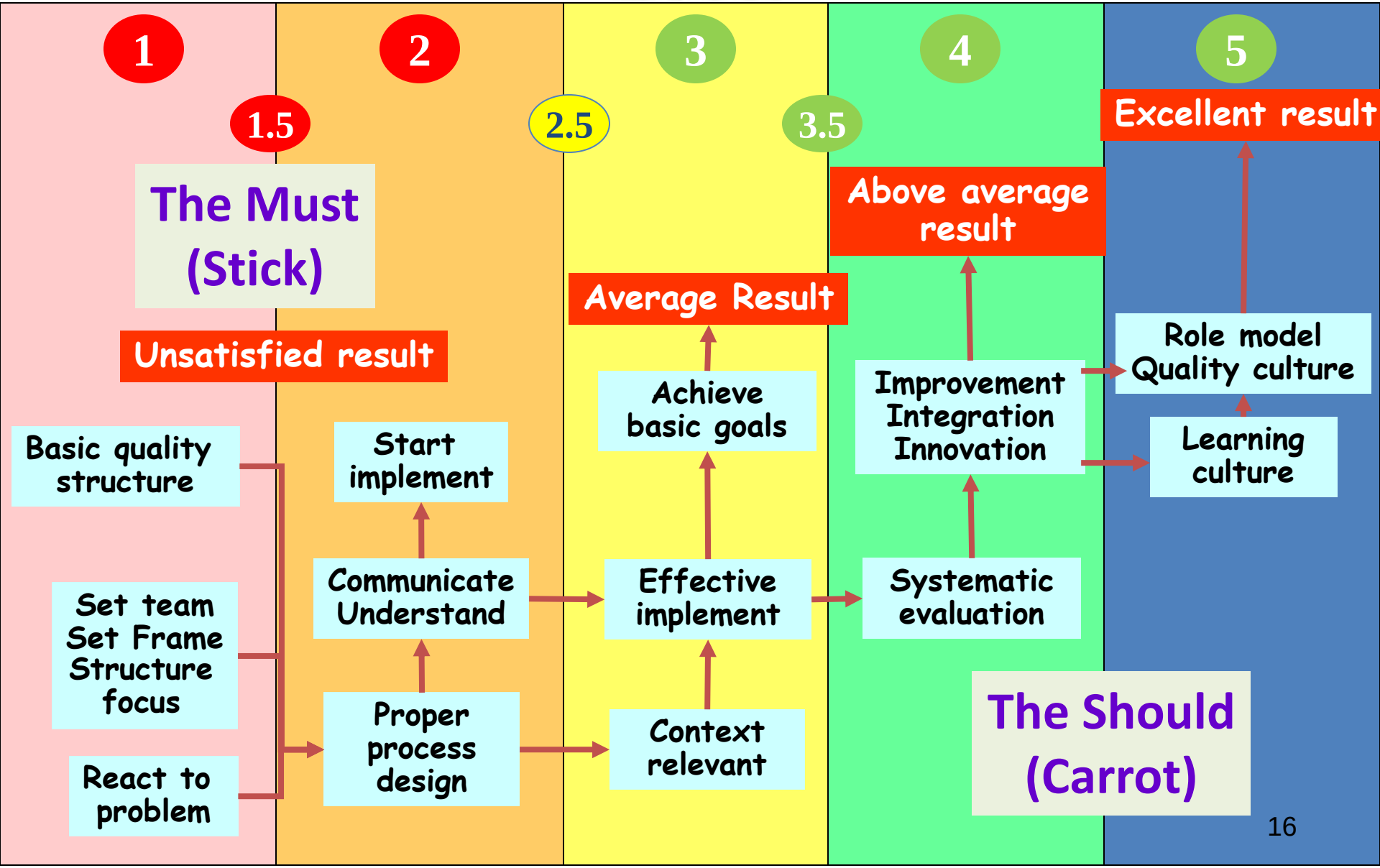
Cycle of Learning & Improvement



Core Values & Concepts



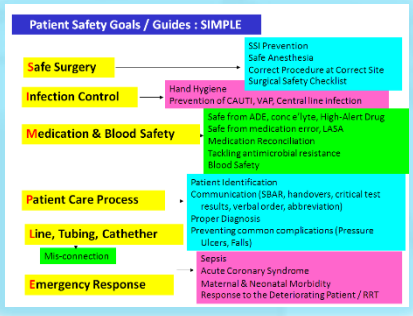
Scoring Guideline:
For Continuous Improvement to Excellence



Patient Safety Initiatives

Patient for Patient Safety

WHO Patient Safety Curriculum

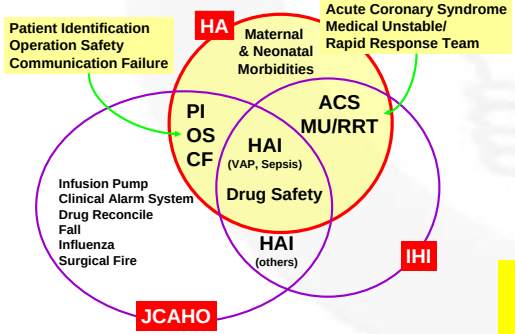


2nd Patient Safety Goals

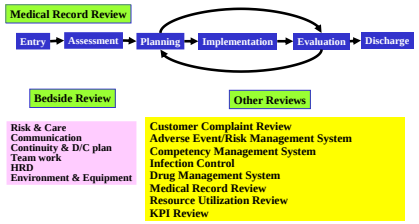
Readmit, ER revisit
Death / CPR
Complication
ADE & ?ADE
NI & ?NI
Refer
Incident
Unplanned ICU
Anes complication
Surgical risk
Maternal & neonatal
Lab
Blood
Pt Complaint
Nurse supervision

Trigger Tools

Community of Practice for high risk area



1st Patient Safety Goals



Quality Review

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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

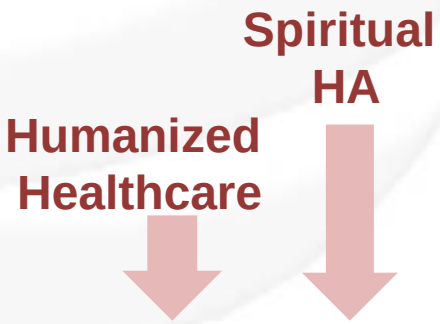
Patient Care Process
- Patient Identification
- Communication (SBAR, handovers, critical test results, verbal order, abbreviation)
- Proper Diagnosis
- Preventing common complications (Pressure Ulcers, Falls)

Line, Tubing, Cathether
- Mis-connection

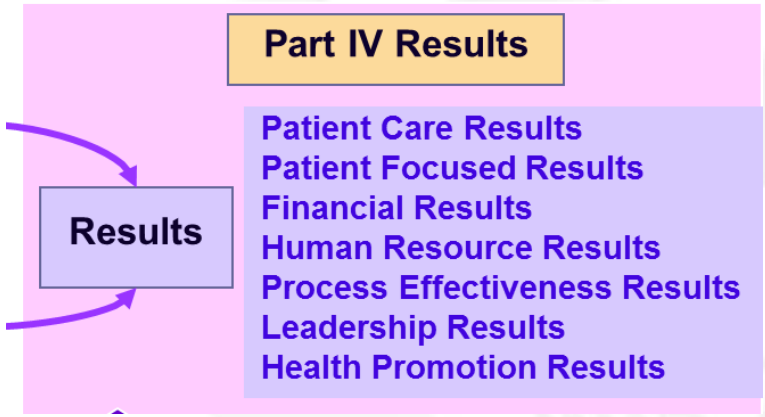
Emergency Response
- Sepsis
- Acute Coronary Syndrome
- Maternal & Neonatal Morbidity
- Response to the Deteriorating Patient / RRT

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



Focus on Performance



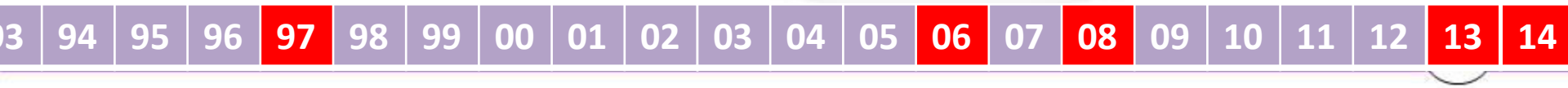
Advanced HA focus on outcome

Comparative Hospital Indicator Project Phase II

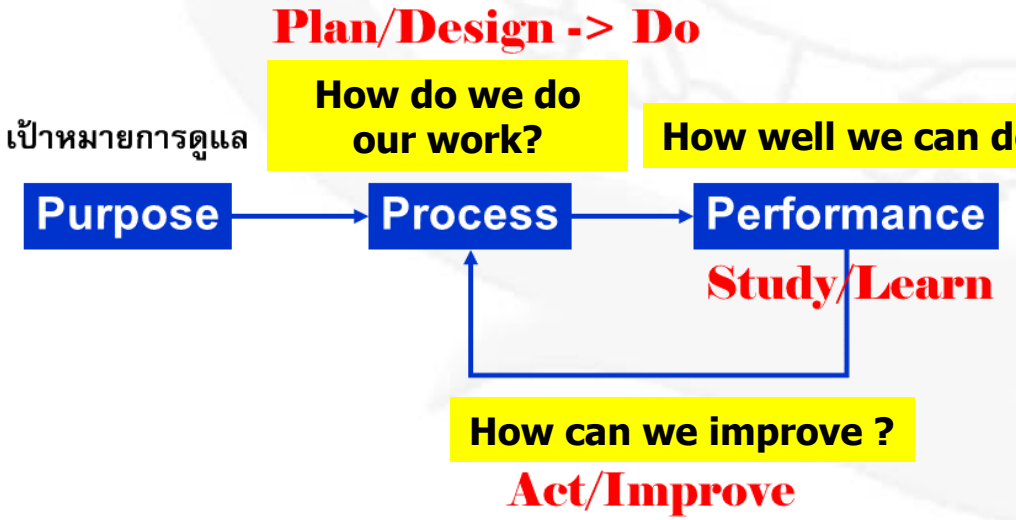
Comparative Hospital Indicator Project Phase I

2nd HA/HPH Standards Specify area of performance to be monitored

Self-determined KPI

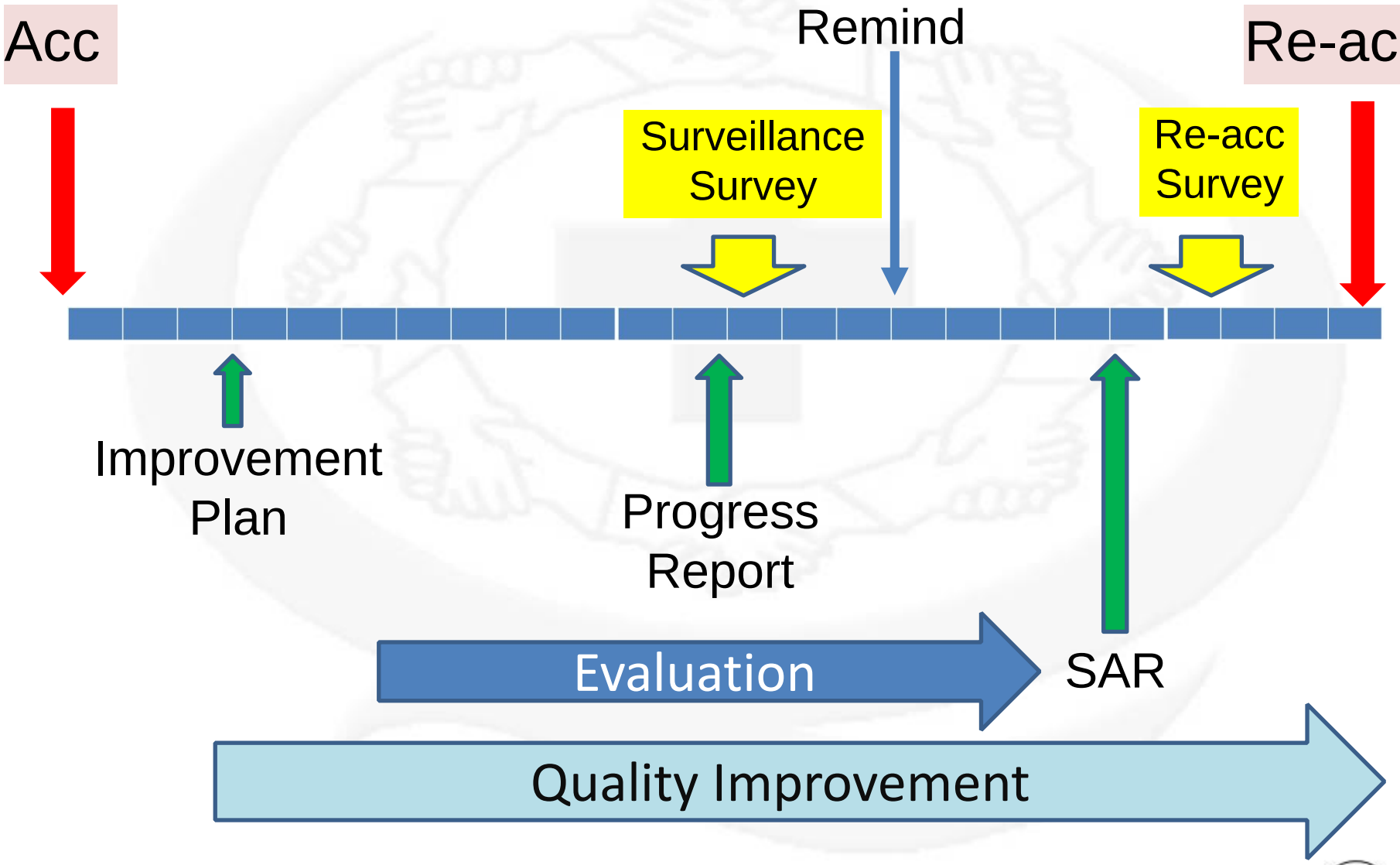


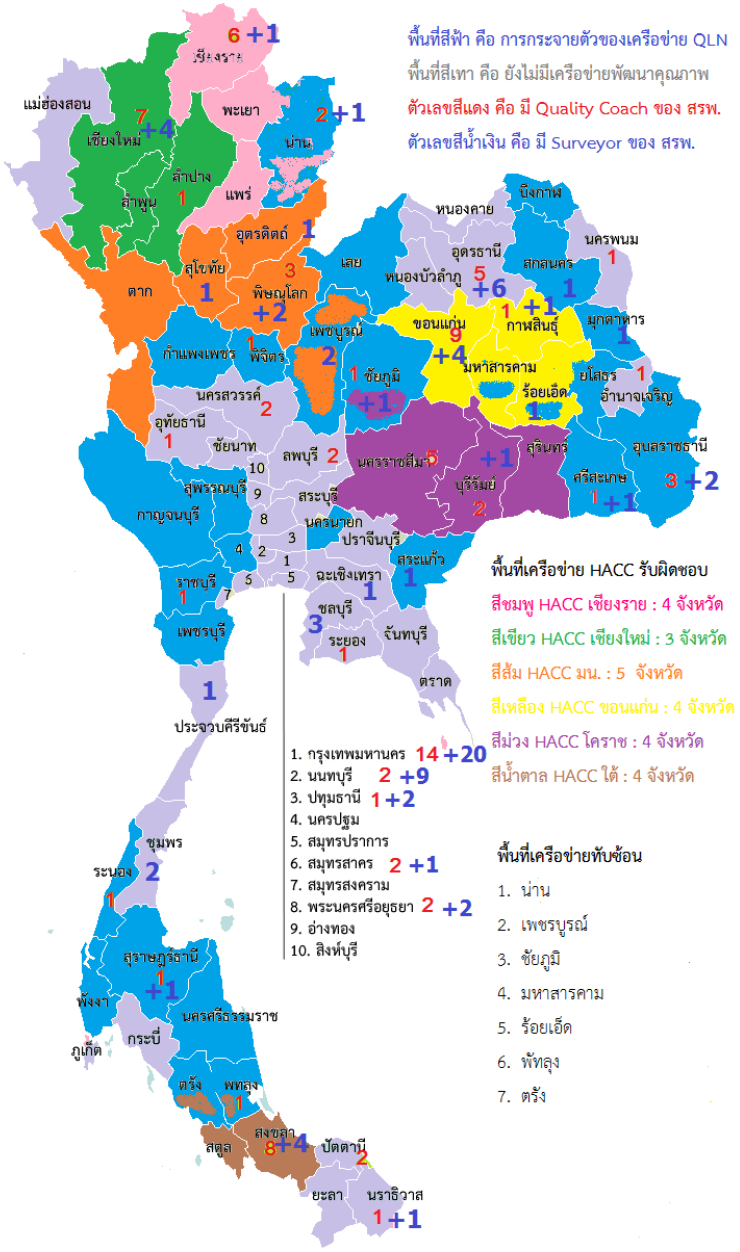
3P & Focus on Result



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

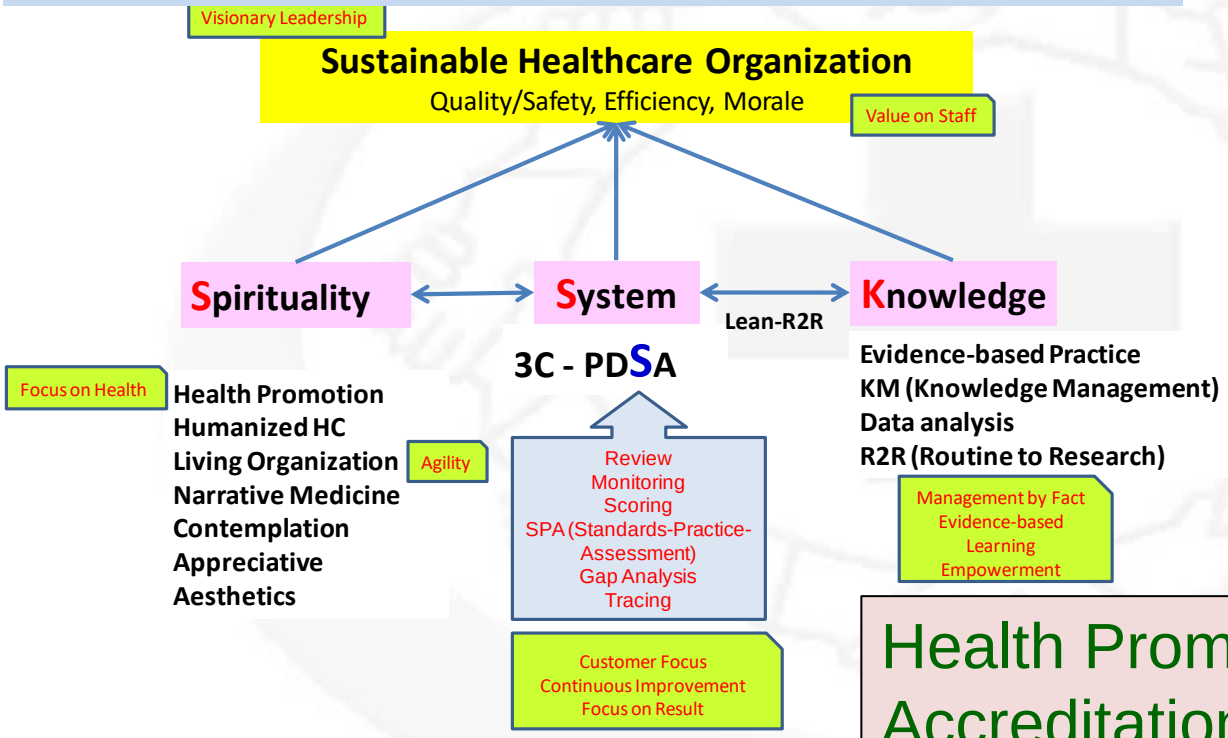
During the 2-3 Year Cycle of Accreditation





HA Collaborating Center
Quality Learning Network

Summary on the Development of the HA Program



Spirituality

Health Promoting Hospital (HPH) Accreditation

Hospital Accreditation (HA)

Quality Improvement/Quality Management

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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)
15th (2013): Engagement for Quality
16th (2013): Imagination for Quality

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