



Thailand Healthcare Accreditation: A Journey

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1991

Capitation ->

Standards & audit

Patient choices ->

TQM/CQI in public hospitals

SSO

Hospitals

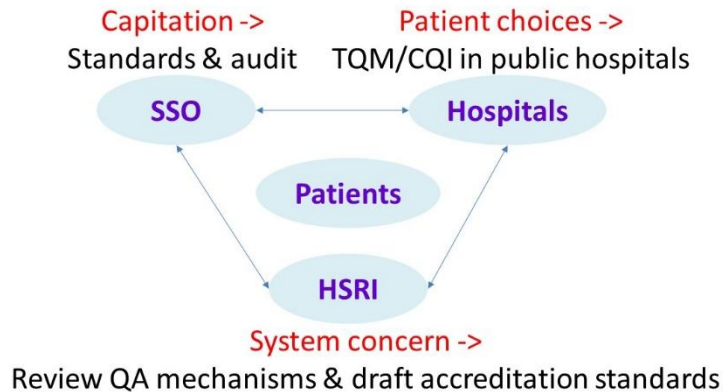
Patients

HSRI

System concern ->

Review QA mechanisms & draft accreditation standards

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



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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

learning how to apply various QI tools

Basic tools: 5S, suggestion system

ESB (Excellence Service Behavior)

Teamwork: brainstorm, decision tool (multi-voting)

CQI steps

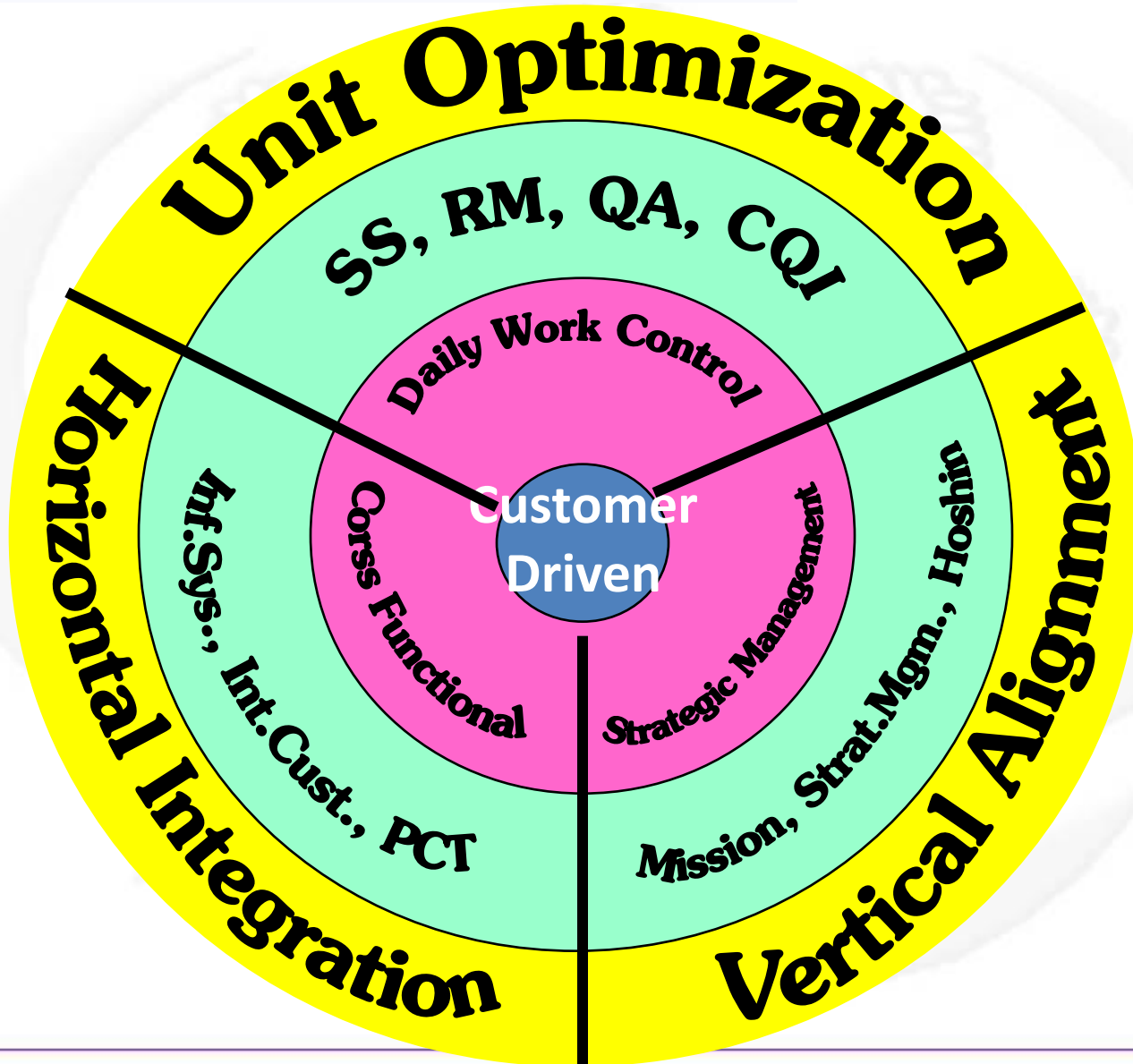
Tools for idea & data: affinity diagram, tree diagram, various charting esp. control chart

TQM in
8 Public Hospitals





Total Quality Management





Phase of Quality Implementation

Preparation

Development

Implementation

Integration

Management Education Workshop

Pilot Project

Unit Optimization (SS, RM, QA, CQI)

Structure

Vision & Mission

Skill

Quality Structure
-Steering Team
-Facilitator Team

Strategic Plan

Horizontal Integration

System
-Measurement
-Compensation

Communication

Vertical Alignment

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

Education

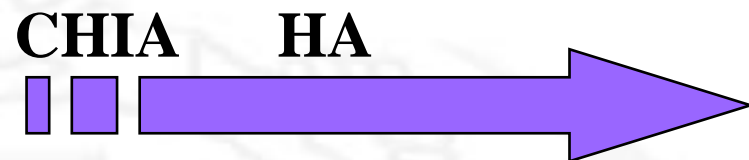
Performance Monitor
Progress Review

Culture

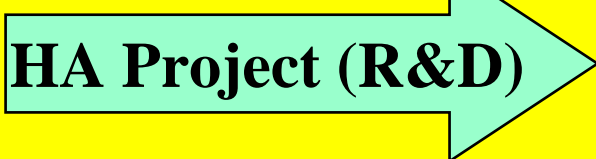




Early Phase of QI & HA Program



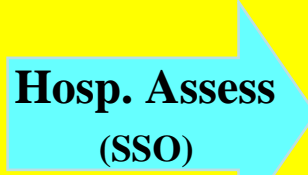
Under Health Systems Research Institute



Standard Implementation
& Compliance Assessment



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



Assessment Experience



Improvement Tools

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How we drafted a hospital standard

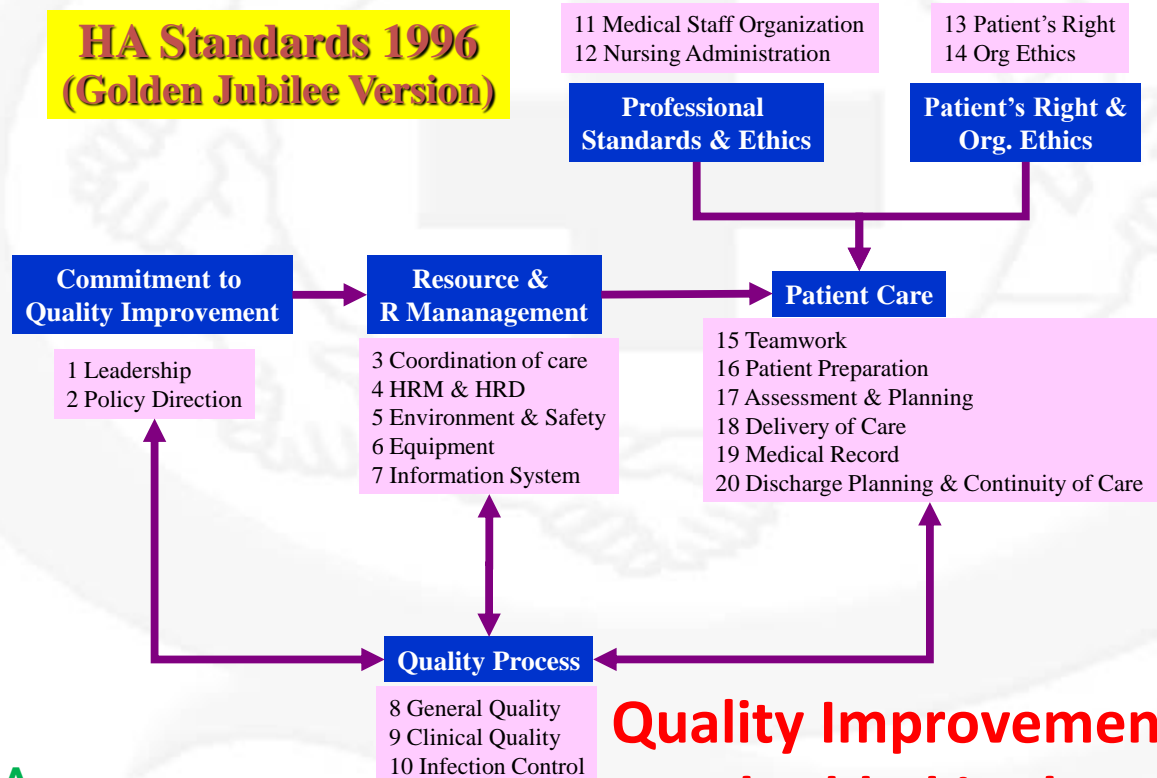
- Review of Social Security Office (SSO) Hospital Standards & HA Standards of other countries
- Use Delphi technique to get agreement
- Implementation in 35 pilot hospitals
- Revise the standard structure from unit specific standards to a more general standards, use unit specific standards as guidelines for self evaluation



Development of Hospital Accreditation Standards

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

**HA Standards 1996
(Golden Jubilee Version)**



Quality Improvement concept was embedded in the HA Standards

1st HA Standards

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



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

35 **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

HA Standards Implementation (R&D Project)

Less expectation to surveyors during R&D

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Voluntary Process
Educational Process, Not Inspection
Encourage Civil Society Movement
Self Reliance, Independence, Neutral
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HA Project

Pilot Hospitals

Organization Alignment
Multidisciplinary Team
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Clinical Quality
Risk Management
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Consultants

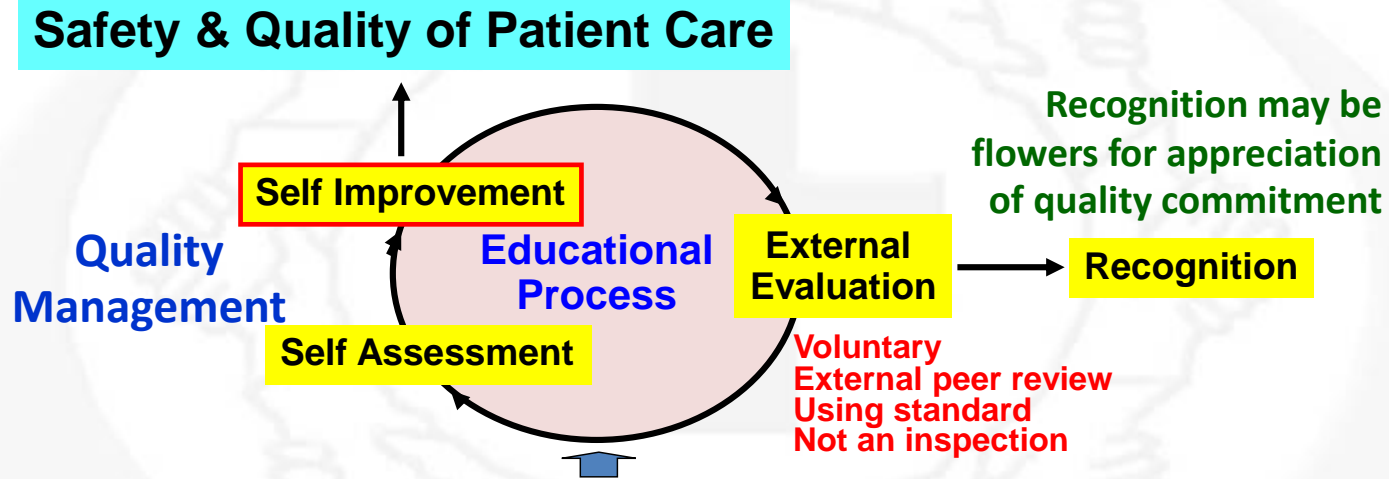
Adapt
Seek more information
Creativity
Trial
Learn

Knowledge

Solutions

Questions

HA as an Educational Process Not an Inspection



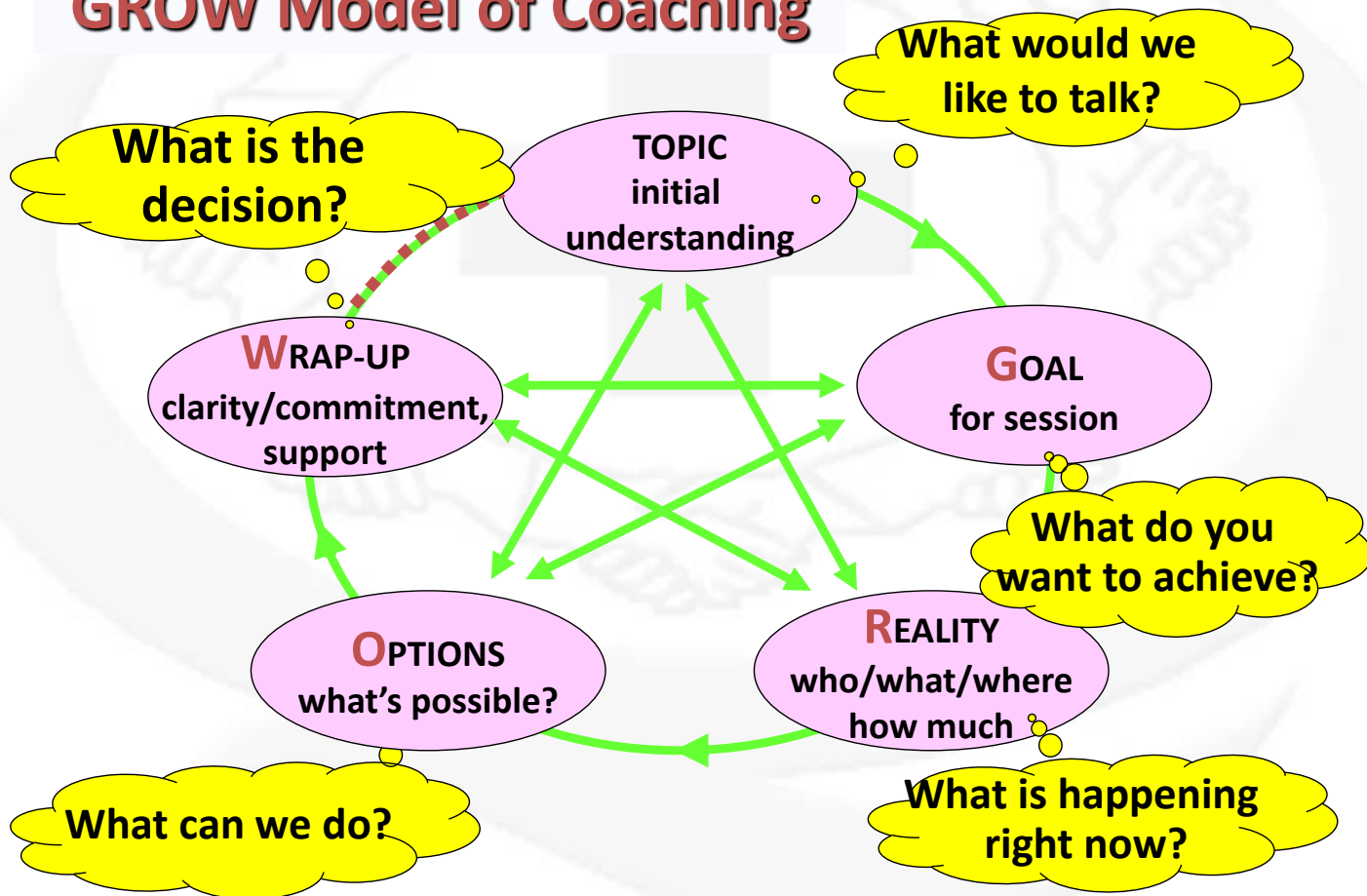
Core Concepts:
Flexible, context oriented
System approach, integration
Positive approach
Evaluation to stimulate improvement
Special character of healthcare (uncertainty, autonomy & accountability)

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

Universal
Coverage

Politician
demanded for
quality & access

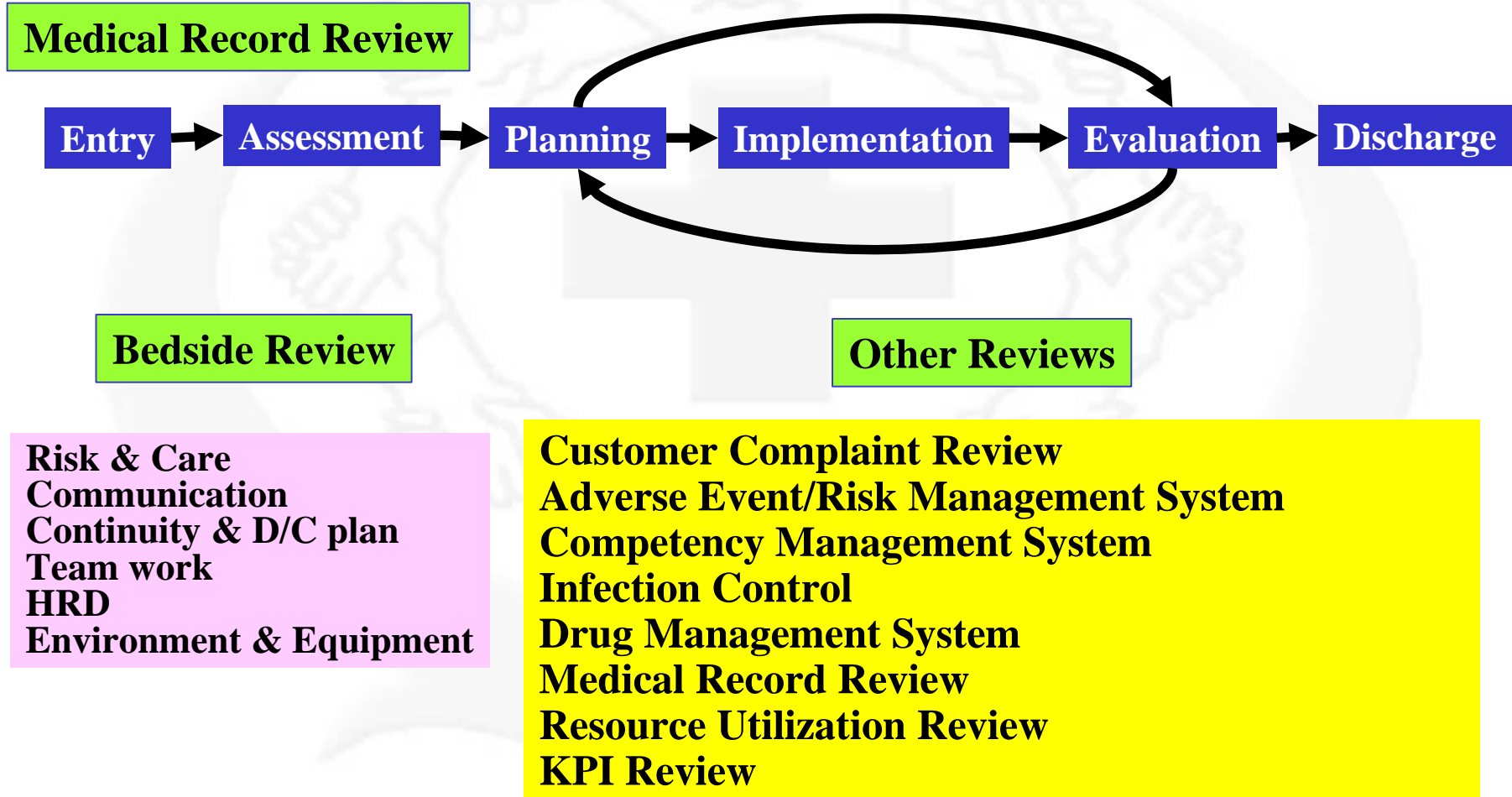
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	Step 1	Step 2	Step 3
Overview	Reactive	Proactive	Quality Culture
Starting Point	Review Problems & Adverse Events	Systematic Analysis of Goal & Process	Evaluate Compliance with HA Standards
Quality Process	Check-Act-Plan-Do	QA: PDCA CQI: CAPD	Learning & 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 Opportunity for Improvement





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					



Stepwise Recognition

A strategy to gain acceptance and expand coverage

Surveyors

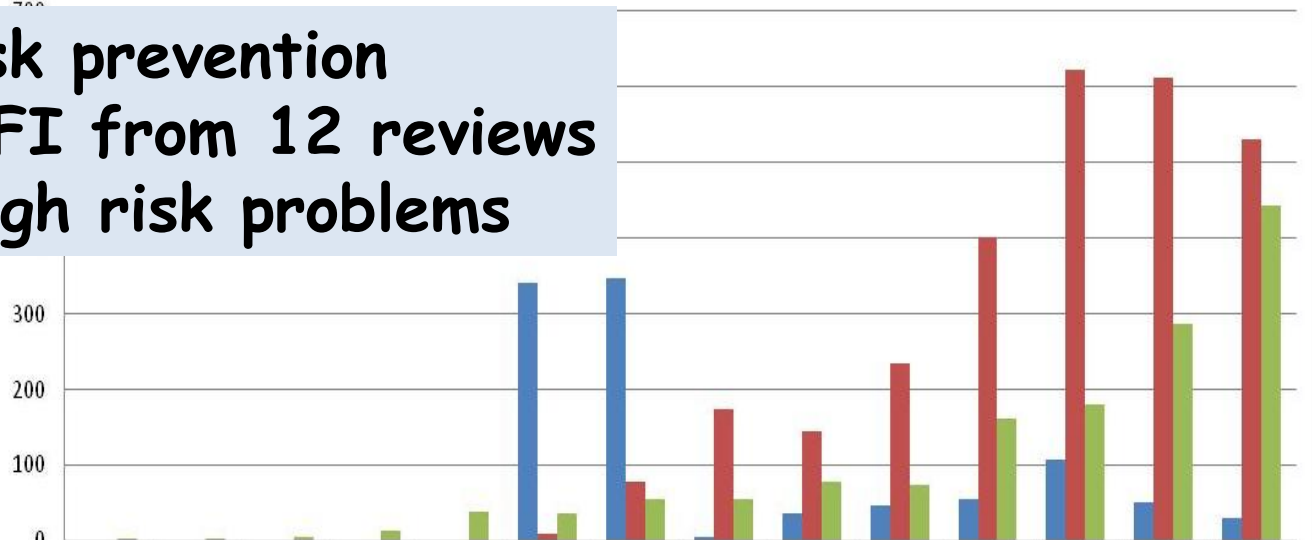


Step 3: Quality Culture
Identify OFI from standards
Focus on integration, learning, result

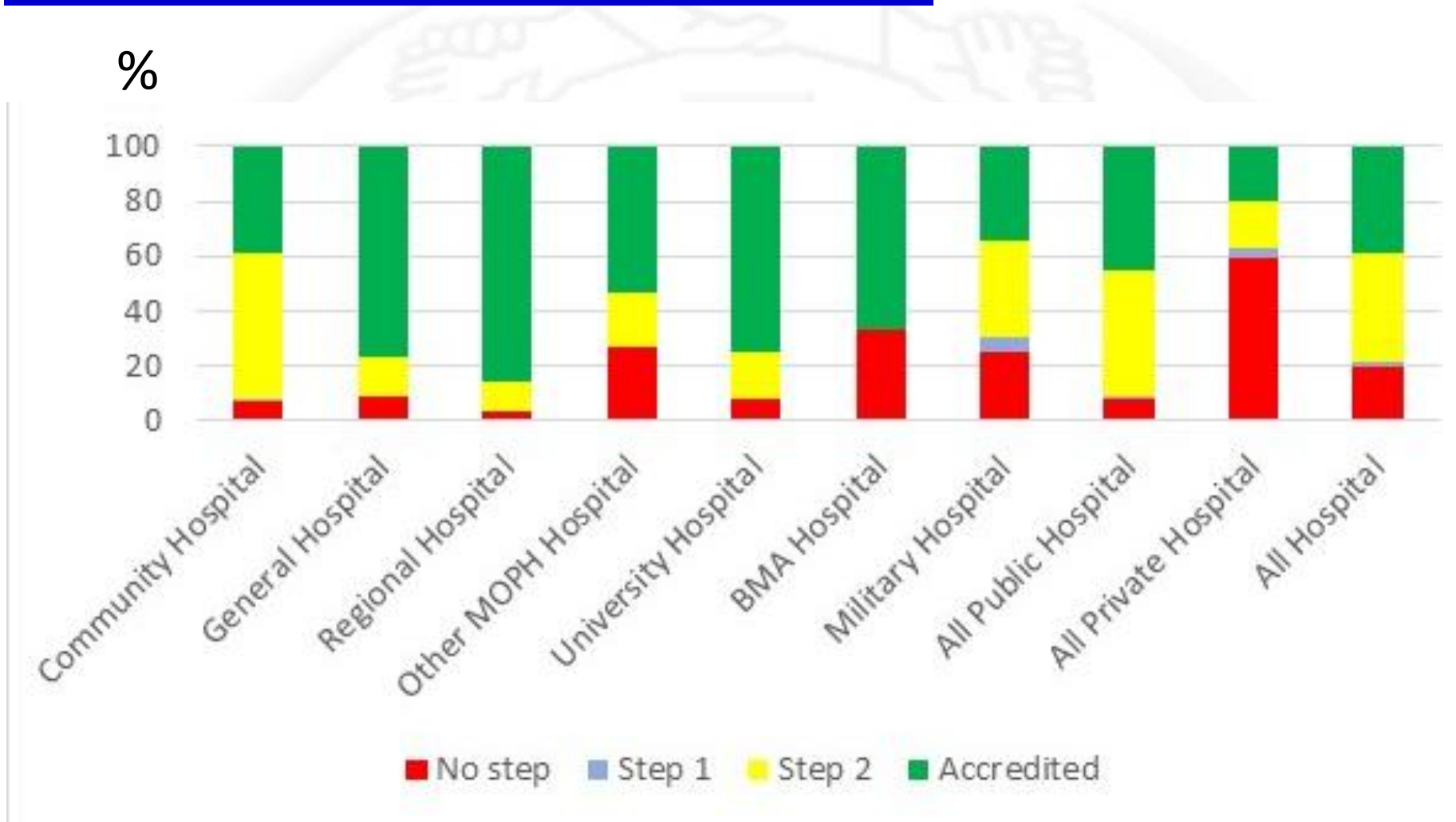
Potential Surveyors

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



Achievement of Hospitals by Level of Recognition



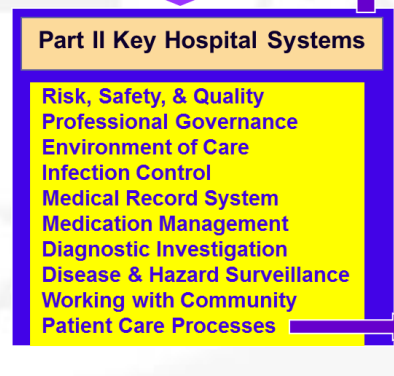
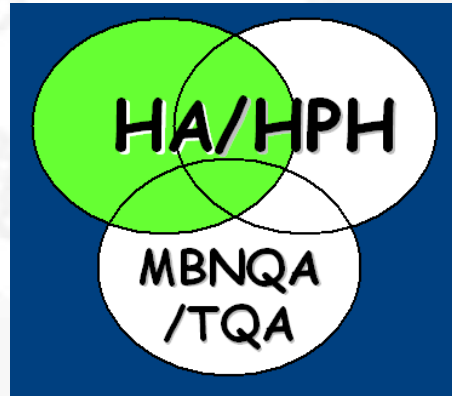
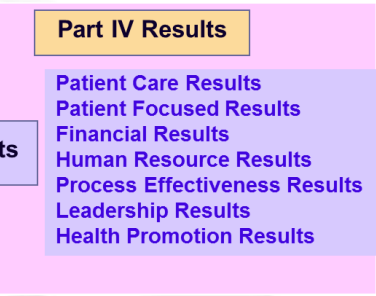
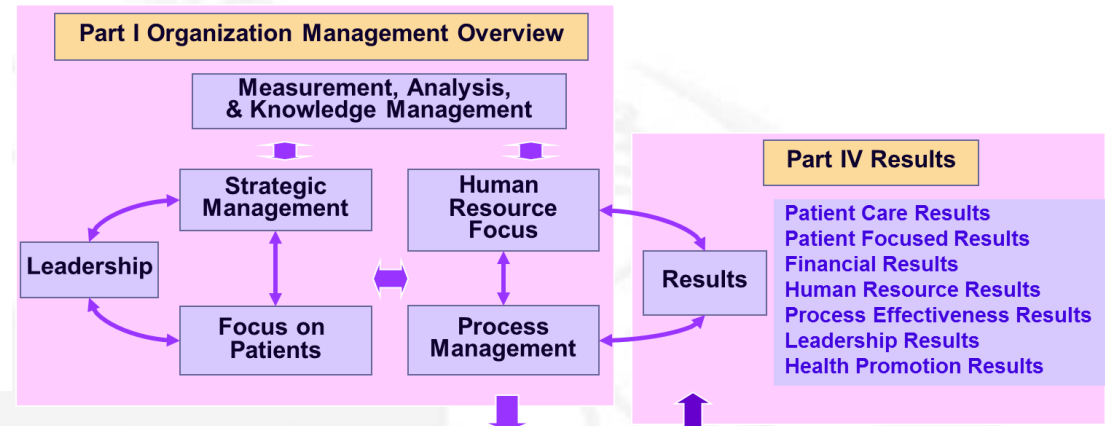


Thai HA Standards Version 2

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

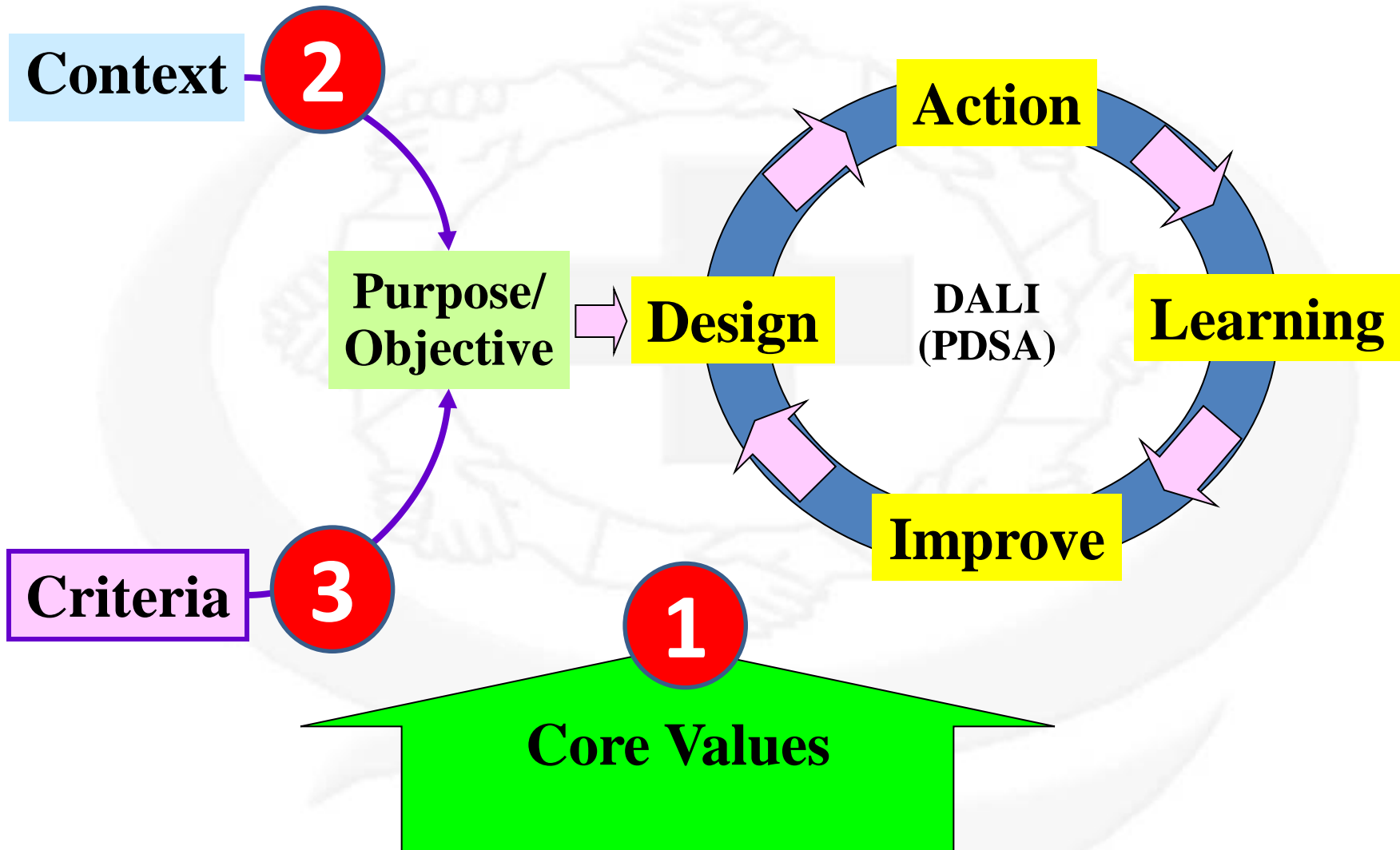


1st HA Standards

HPH Accreditation

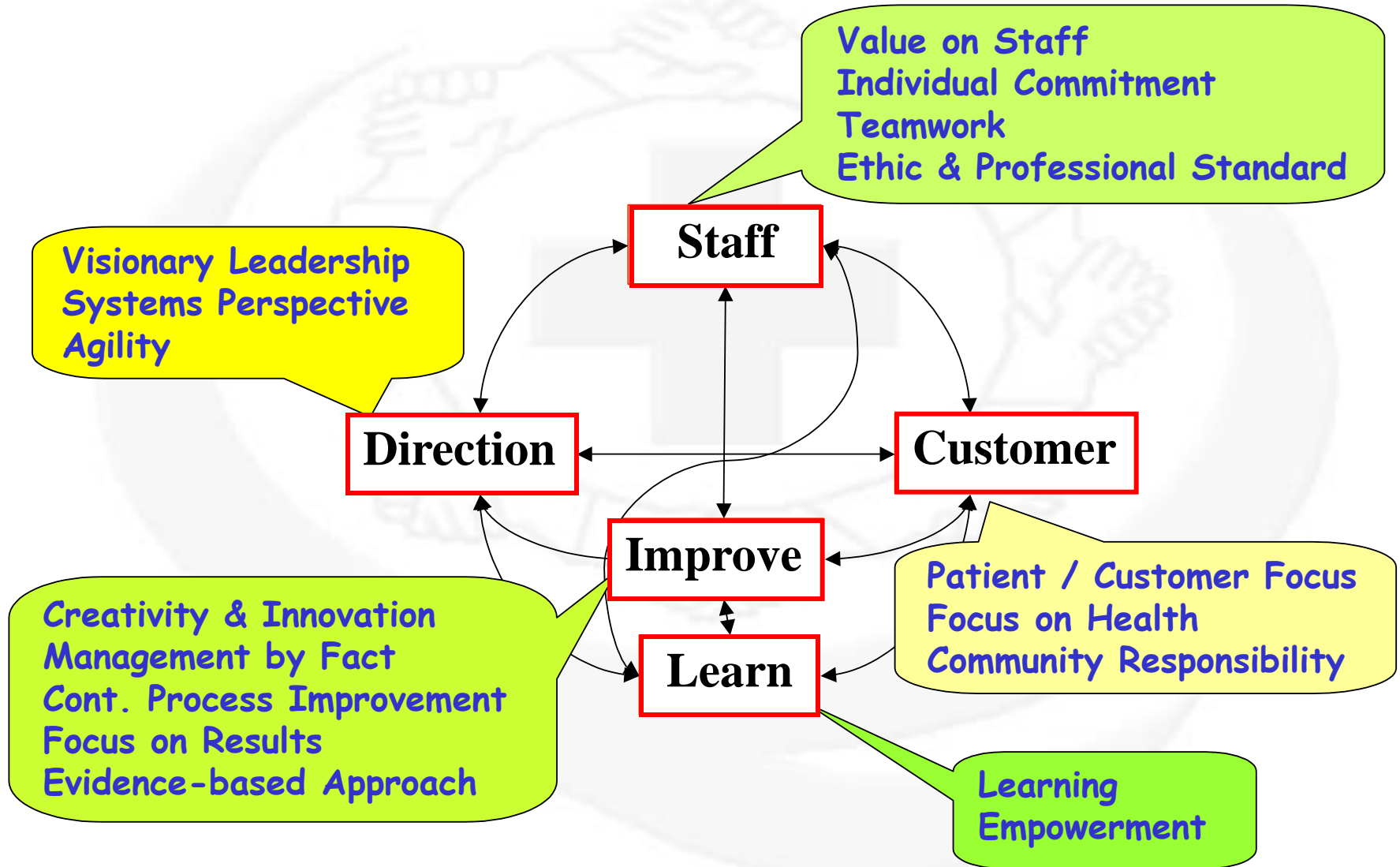


Cycle of Learning & Improvement

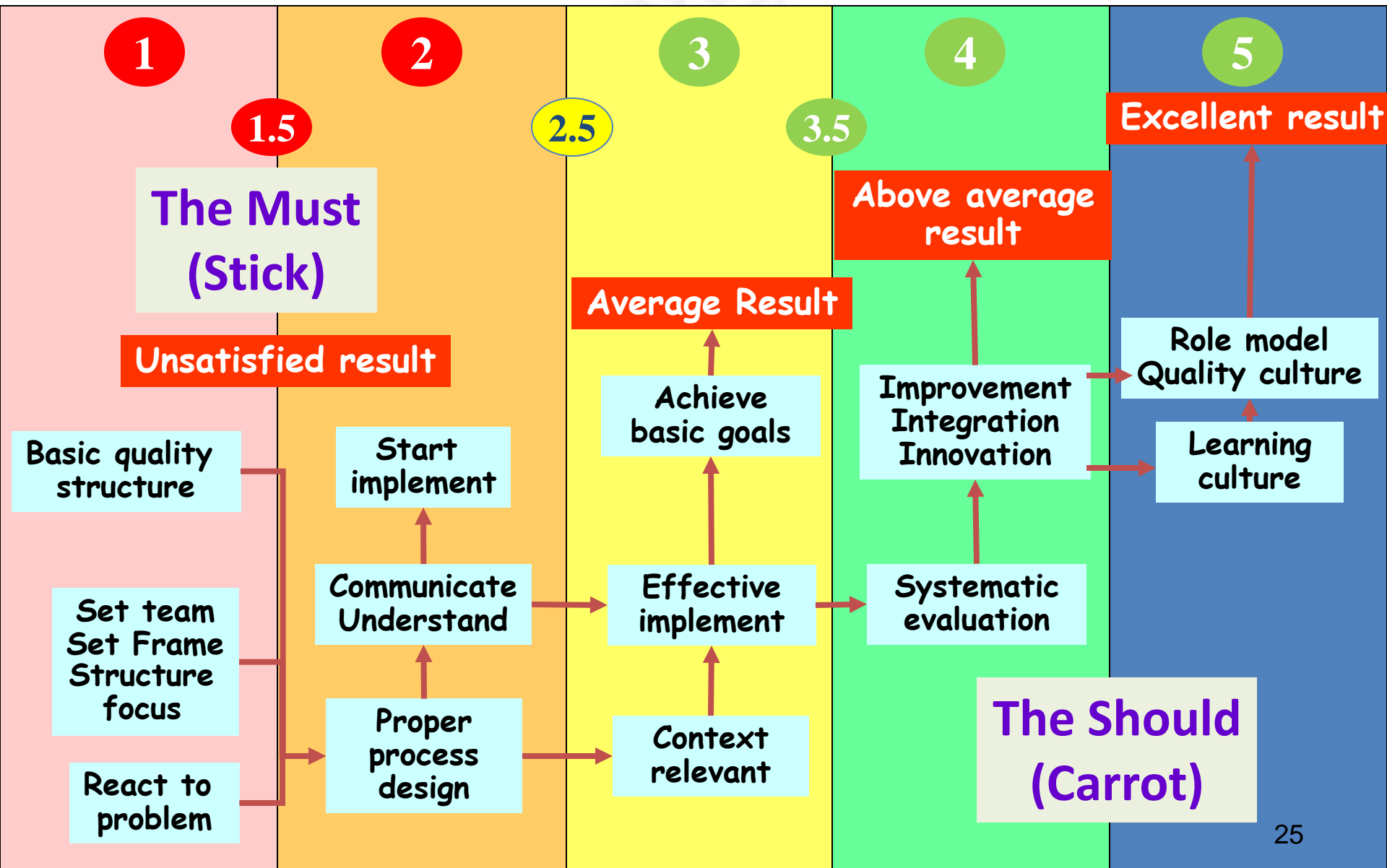




Core Values & Concepts



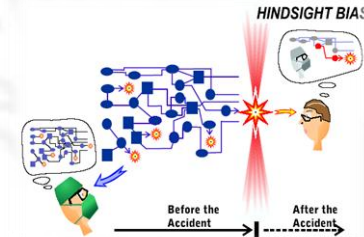
Scoring Guideline: For Continuous Improvement to Excellence



Patient Safety Initiatives

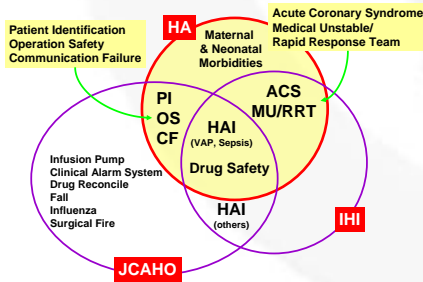
Readmit, ER revisit
 Death / CPR
 Complication
 ADE & ?ADE
 NI & ?NI
 Refer
 Incident
 Unplanned ICU
 Anes complication
 Surgical risk
 Maternal & neonatal
 Lab
 Blood
 Pt Complaint
 Nurse supervision

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/lye, 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, abbreviations) Proper Diagnosis Preventing common complications (Pressure Ulcers, Falls)
Line, Tubing, Catheter	Disconnection Sepsis
Emergency Response	Acute Coronary Syndrome Maternal & Neonatal Morbidity Response to the Deteriorating Patient/ RRT



CoP

Review & Redesign

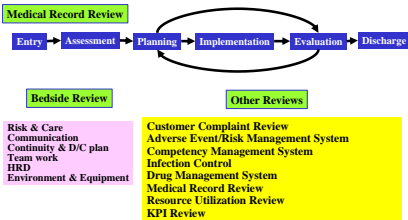


2nd Patient Safety Goals

Trigger Tools

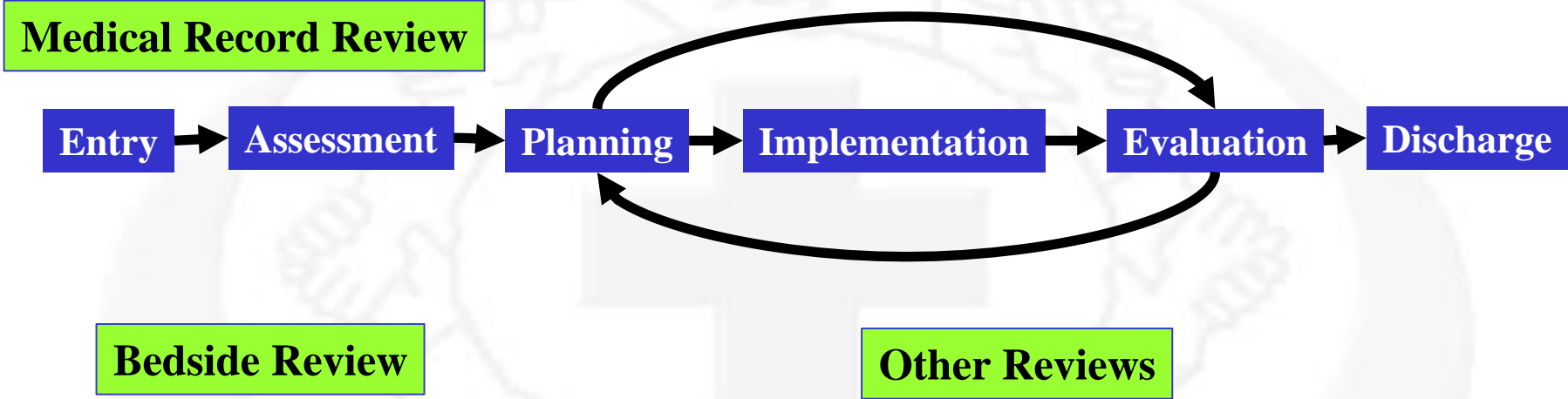
1st Patient Safety Goals

Quality Review



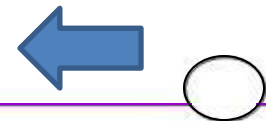


Quality Review : Tools to Identify the Case in Step 1



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

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





Thai Patient Safety Goals 2006

Patient Identification
Operation Safety
Communication Failure

HA

Maternal
& Neonatal
Morbidities

Acute Coronary Syndrome
Medical Unstable/
Rapid Response Team

**PI
OS
CF**

**ACS
MU/RRT**

HAI
(VAP, Sepsis)

Drug Safety

Infusion Pump
Clinical Alarm System
Drug Reconcile
Fall
Influenza
Surgical Fire

HAI
(others)

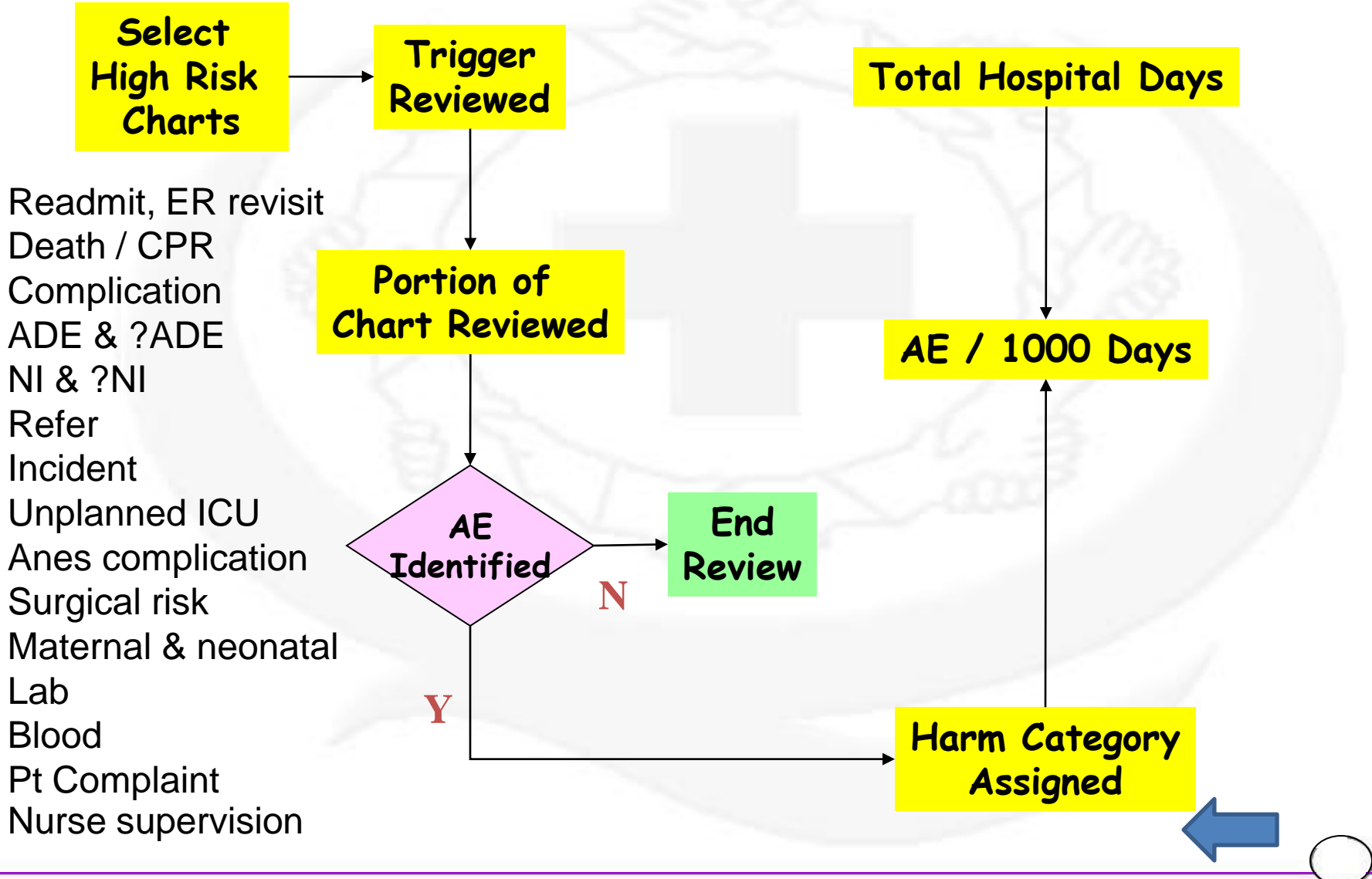
IHI

JCAHO





Triggered Chart Review to Identify Adverse Events





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

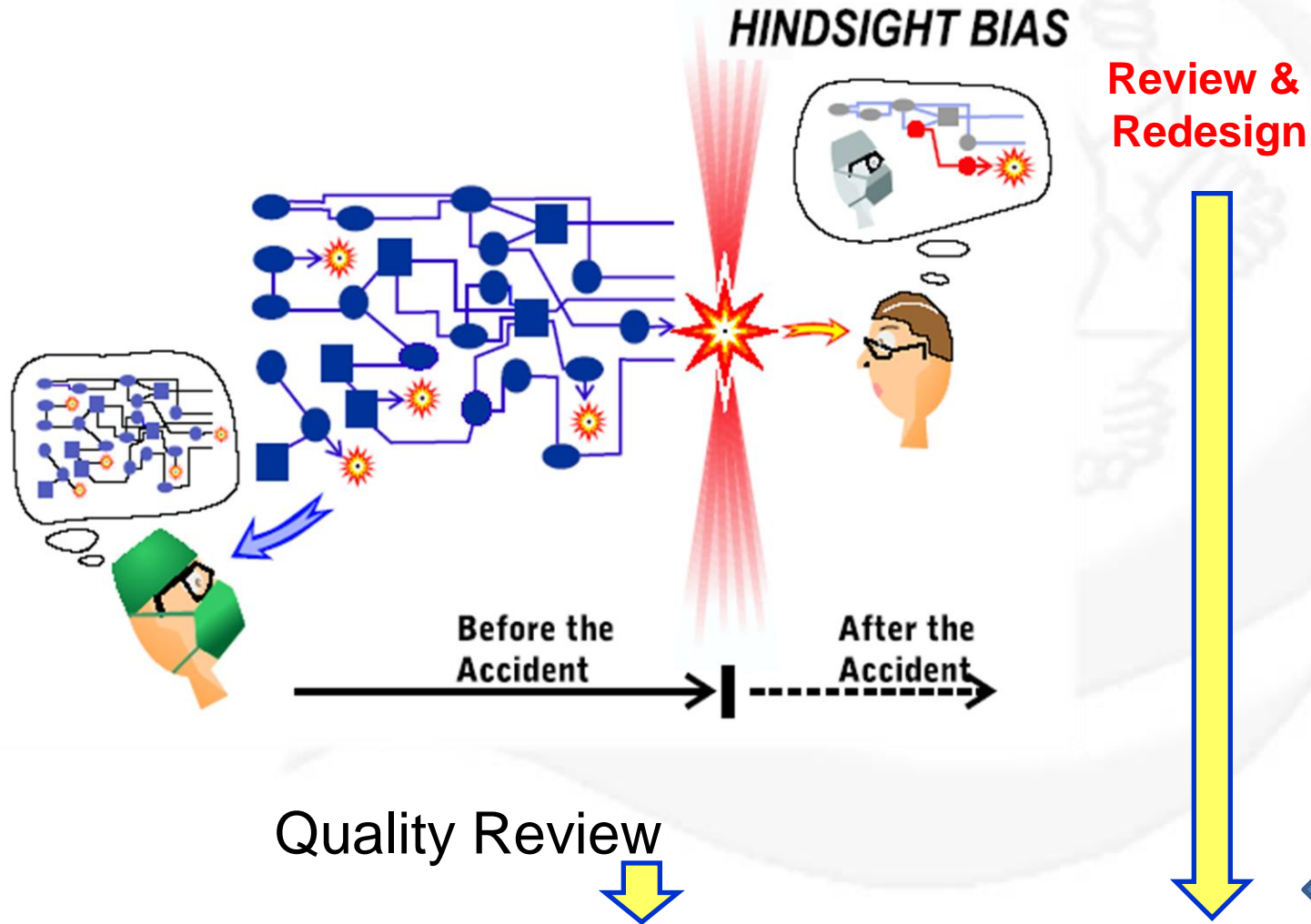
Mis-connection

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

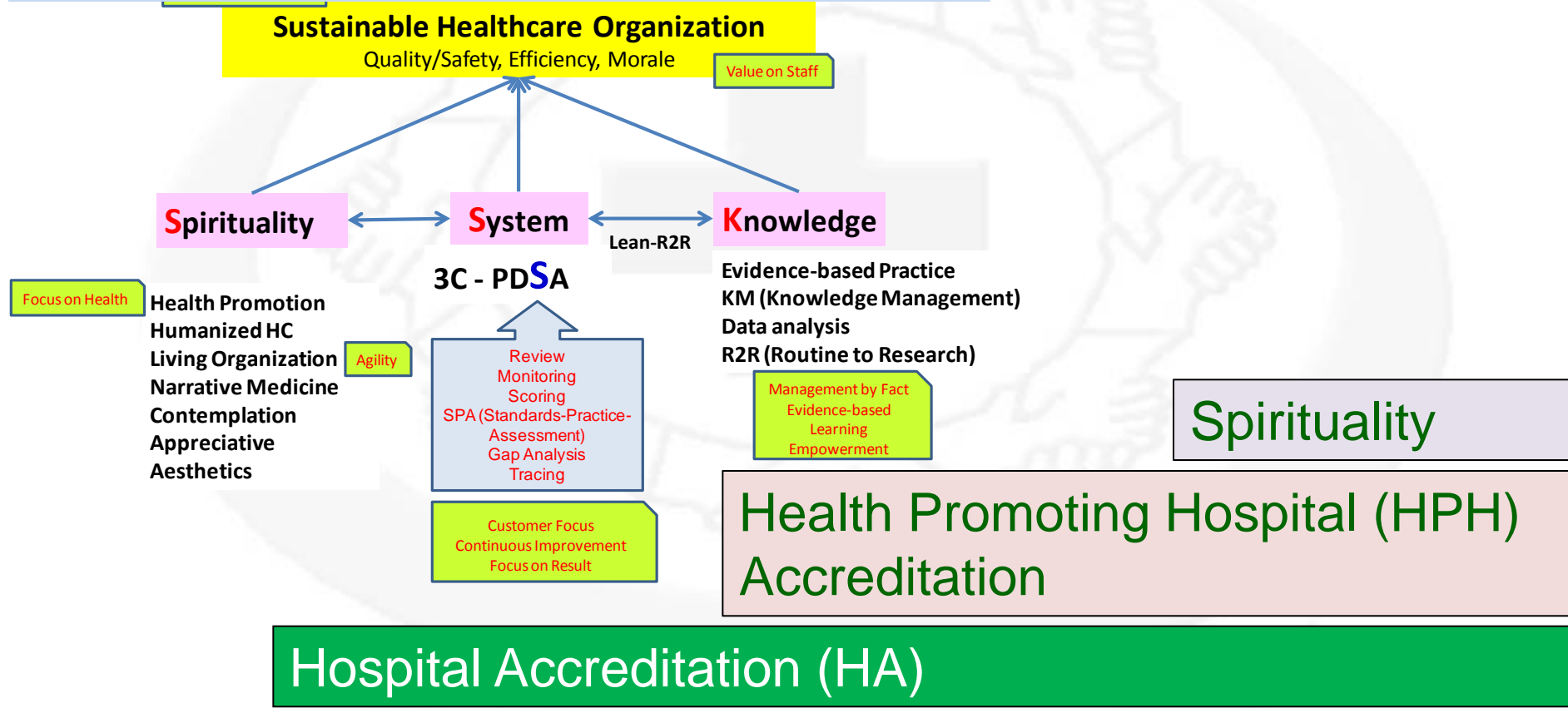
Survey: Appreciation

Tool: Narrative/storytelling





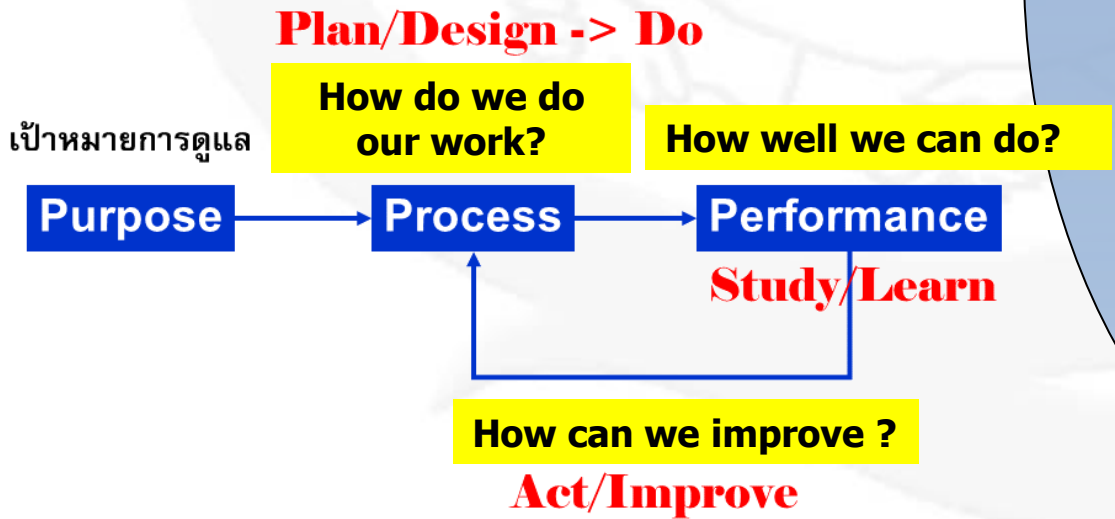
Summary on the Development of the HA Program





3P & Focus on Result

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

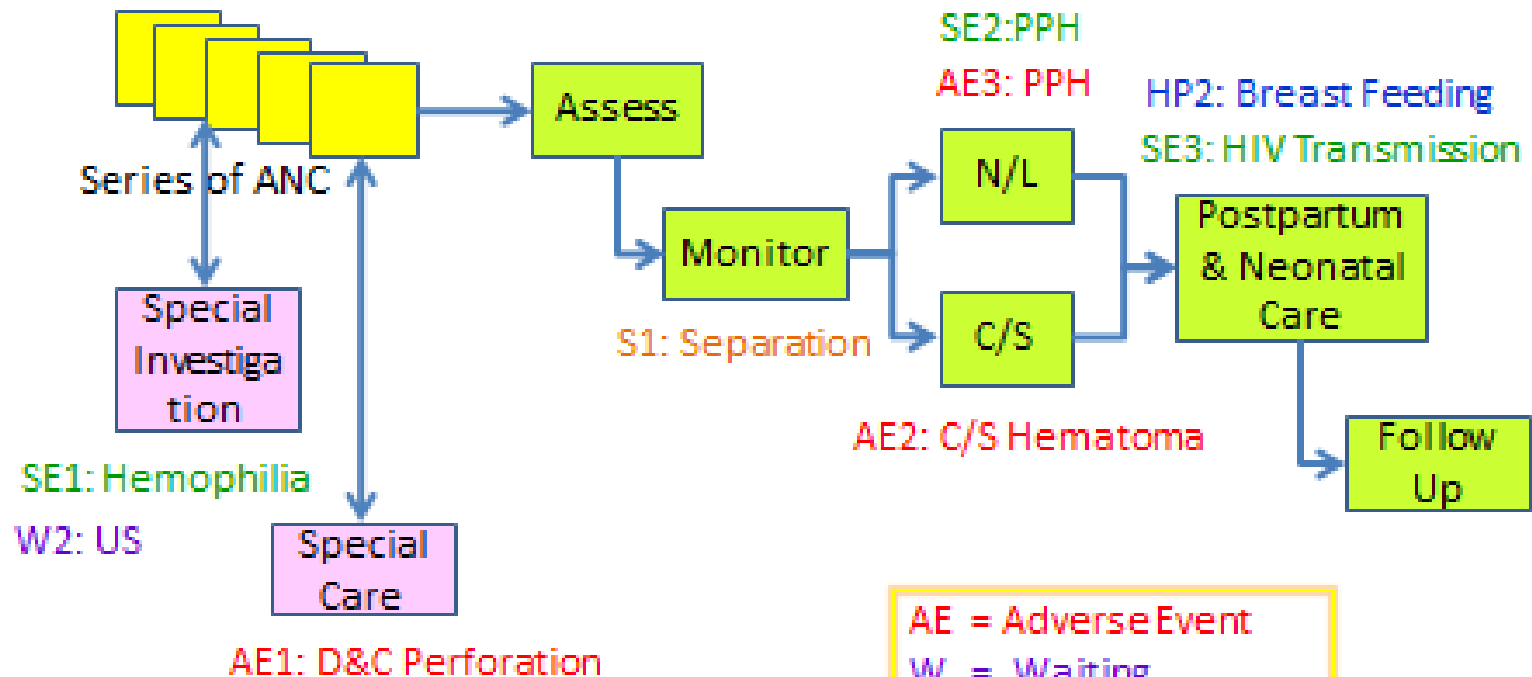


Process Oriented

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)**

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