

# Promoting Healthcare Quality for Effective UHC: Thailand's Trajectory

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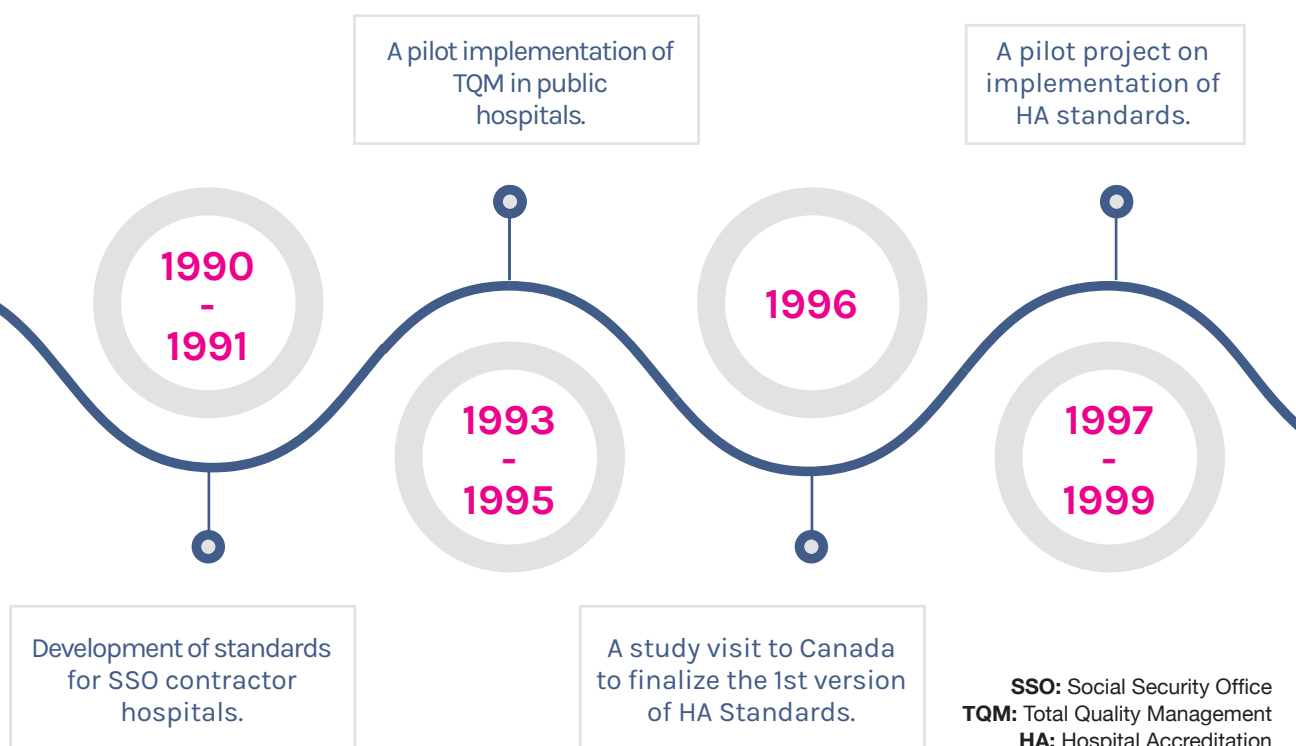


## The importance of addressing quality in healthcare provision

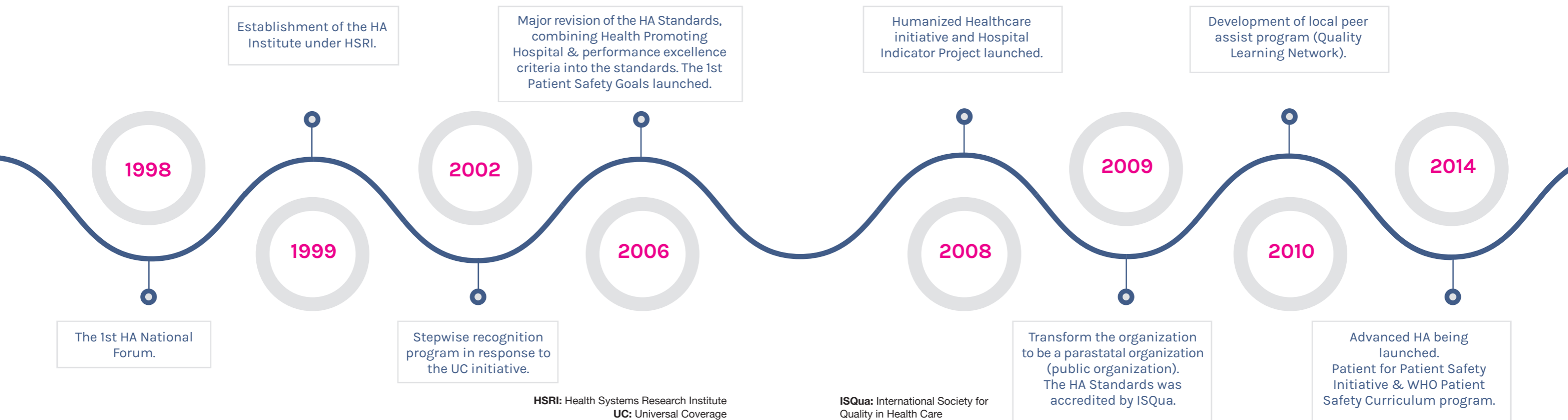
Universal health coverage (UHC) aims to "ensure that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, and that these are of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship", according to the World Health Organization. There is an urgent need to place quality of care in the fabric of global, regional and country level action plans in order to make progress towards effective UHC. Hospital Accreditation (HA) is one of the mechanisms which encourages continuous quality improvement across levels of healthcare facilities and can address this need.



## The context and historical evolution of HA in Thailand



policy brief



The Ministry of Public Health (MOPH) undertook several initiatives to improve quality of care in relation to infrastructure and manpower development. These included rolling out a nursing quality assurance program and assessments to recognize hospital quality by offering "stars". Most of these initiatives were either fragmented, unsustainable, and/or had a limited impact on quality of care. The implementation of the first capitation payment system in Thailand for the Social Security Scheme (SSS) in 1990 provided the impetus for the Social Security Office (SSO) to address the issue of poor or under-provision of quality care. During 1990-1991, hospital standards from many countries were reviewed to develop the standards for SSO contractor hospitals, which served SSS beneficiaries. The Australian Standards were referred to for adaptation, however, due to limited experience in assessing the process component of the standards, most of the process-related standards were omitted, with only the structure and personnel components remaining in the tool. This set of standards has been used for several years by the SSO with minimal modification since 1994. Inspired by Donald Berwick's report on the National Demonstration Project on Quality Improvement in Health Care in the USA (1990), the Health Systems Research Institute (HSRI) initiated a pilot project to implement Total Quality Management (TQM) in eight public hospitals during 1993-1995. The project served as a testing ground for applying various quality improvement tools and the TQM principles laid the foundation for the HA program development in Thailand. Additionally, in 1994, HSRI sought to establish a national mechanism for quality assurance and sponsored multiple forums with experts, reviews of literature and interviews with various stakeholders. In

1995, a Canadian consultant explained the process of carrying out an accreditation survey and emphasized its role as an educational process for all relevant stakeholders, rather than an inspection with a pass or fail assessment. This event was followed by a study visit comprising senior MOPH administrators and representatives from public and private hospitals to Canada in 1996.

The first HA standards for Thailand were finalized in 1996 by HSRI. The team spent two years reviewing standards from various countries that had successfully implemented quality standards. The Delphi technique was applied to elicit appropriate standard indicators for the Thai hospital setting. A study visit to Canada reinforced the importance of continuous quality improvement, which is one of the key elements of the Thai standards. A three-year pilot project for implementing HA standards was tested in 35 hospitals with the aim of developing capacity among hospital staff and experts to implement and institutionalize the quality standards. This voluntary pilot phase was an ideal opportunity to experiment with new concepts, such as multidisciplinary patient care teams, risk management, clinical quality improvement, were implemented without fear of failure. Further, during this pilot phase, various training programs and experience sharing forums were convened. A program for training of hospital consultants and surveyors under supervision were also arranged. At the end of the second year of the pilot project, the first National Forum on Hospital Accreditation was organized to share experiences and results. This conference continues to be held annually, indicating the usefulness of this activity.

The pilot implementation period showed that while the process of developing quality improvement tools encouraged teamwork and learning, the application of the standards was slow and fragmented. The HA project therefore turned its attention to setting standards with clear direction and expectations focused on systems improvement. Lastly, the project started to integrate the experience of patients which resulted in tangible improvement in activities directly affecting patients.

Given the enthusiasm shown by hospitals participating in the pilot project, the HSRI Board decided to institutionalize the HA program and an independent unit, governed by its own Board under the stewardship of HSRI, was set up. The Healthcare Accreditation Institute (HA Institute) was thus established and was responsible for both, support for improvement and accreditation of hospitals. A firewall mechanism was put in place to remove conflict of interest in the functions of quality improvement and accreditation decisions. The HA Institute generated revenue from training programs and surveying hospitals, and operated without government budget support for a decade. In 2009, HA Institute became a public organization through a Royal Decree under the Public Organization Act 2542 BE (1999) with an annual budget allocation of 50-70 million Baht (approximately US\$ 1.52-2.13 million). In 2016, the Thai HA program convened by the HA Institute was accredited by the International Society for Quality in Health Care (ISQua) for its standards, organization, and surveyor training program, so increasing confidence in the accredited organizations.

In 2001, Thailand launched the Universal Coverage Scheme (UCS) and the Minister of Public Health demanded that all public and private hospitals providing care to UCS beneficiaries have quality standards accredited by the HA Institute. The HA Institute proposed a stepwise quality recognition to gain acceptance and expand coverage according to readiness of each hospital, with the aim of achieving full accreditation at the end. There are three steps for achieving progressive quality improvement: the first step focuses on risk prevention and identification of opportunities for improvement from various quality review activities; the second step focuses on quality assurance and quality improvement of each unit in the hospital, system, and patient care team; and the third step entails full accreditation which requires complete implementation of the quality standards. Between 2004 and 2005, nearly all public hospitals passed the first step.

The HA Institute has responded to the need to accredit the quality of a range of interventions. Since 2003, it has collaborated with the Department of Health of the MOPH to support health promotion initiatives in hospitals through its Health Promoting Hospital (HPH) accreditation program. In 2006, the HA Institute issued the new version of standards, combining contents from HA standards, HPH standards, and National Quality Award Criteria for Performance Excellence. The HA Institute spent two years testing the implementation of the new structure of the standards (combining three) as well as listening and responding to the hospital feedback. The HA Institute also identified core values and concepts for using together with the new standards.

## Key lessons for international audiences: "do's and don'ts"

### ✓ Do's

- Follow the ISQua principles and standards
- Move the whole mass of healthcare organization by leaving no one behind, e.g. application of stepwise recognition, make the 1st version of standards easy to accomplish.
- Execute the principle of accreditation as an educational process or learning mode.
- Train surveyors to respect and listen to the hospitals
- Set up mechanism to ensure impartiality and transparency
- Expect learning organization towards a continuum of improvement
- Use modern model of evaluation, i.e. developmental evaluation or empowerment evaluation
- Aim at outcome and give freedom for hospitals to use any approach for improvement which are suitable to their organizational context.
- Encourage measurement for improvement, spend times to assess the process of using performance measurement
- Use multiple methods to acknowledge improvement
- Understand the adaptive challenge and use adaptive solutions
- Engage management with medical staff, e.g. witness of the process, special training
- Engage with various stakeholders, e.g. professional organizations, academic institutes, patient advocates, government agencies, 3rd party payers
- Emphasis on capacity building for hospitals at the beginning
- Use local learning network to support & spread
- Find easy and effective quality tools for hospitals
- Keep HA in the agenda and motivate interests through annual HA Forums for learning and sharing

### ✗ Don'ts

- Leave someone behind with the feeling of failure.
- Execute mainly as an audit mode—pass and fail.
- The surveyors behave like a judge
- Aim for perfection in one setting
- Use old paradigm of evaluation, i.e. summative evaluation
- Aim at compliance to all the detail processes
- Use measurement for judgment, assess the level of performance at the beginning
- Use superficial technical solution
- Develop accreditation as a standalone program
- Let the hospital strive for seeking assistance

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### About the author



Anuwat Supachutikul has been working with the Thai Hospital Accreditation program since 1997. He also chairs the Technical Subcommittee of the Thailand Quality Award Program. His experience of working with hospitals for quality improvement ranges from quality management, hospital standard development, to a full Hospital Accreditation program. With accreditation as a driving mechanism, he encouraged patient safety movement, spirituality in healthcare, and mobilized local resources to form Quality Learning Networks for spreading of quality movement.

