

**EVALUATION REPORT FOR
HOSPITAL ACCREDITATION
IN THAILAND**

May 2002

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EXECUTIVE SUMMARY

"The HA Program has pushed professionals to achieve higher standards"

"A Spirit has been created in a mass of people"

"The HA Program will become a must for supporting the implementation of the 30 Baht Program"

"Patients show satisfaction by the impressions we see on their face and voiced expression"

"We need quality not quantity"

The Executive Summary is intended to provide a snapshot of the findings of the Evaluation Team.

Details are provided in the various sections of the report.

Recommendations are summarized in pages 38 to 43.

Government support for the HA Program is strong. Expectations for outcomes are high.

The Hospital Accreditation (HA) Program must move forward as the driver of changes to the health care delivery system in Thailand.

Overall, the Evaluation Team Findings indicate a high level of acceptance and support for the HA Program. Given the brief length of time the Program has been in effect, the impact recognized by informants participating in the evaluation was substantial. Hospital staff participating in the evaluation sighted numerous examples of positive impact on quality of care.

Some opportunities for improvements to the Program identified by the informants are contained in the Recommendations.

Continued support for the program from various stakeholders, sustainable funding and the establishment of an autonomous legal organization for the HA Program are considered essential to the ongoing success of the HA Program in Thailand.

Findings of the evaluation team are summarized under three categories:

- ◆ *Hospital Accreditation Program (HA Program)*
- ◆ *HA Office*
- ◆ *Sustainability of Hospital Accreditation Program*

Hospital Accreditation (HA) Program: (Executive Summary Continued)

Standards:

Standards were considered appropriate according to informants participating in the interview process. The interpretation of standards was identified as a problem; issues identified are:

- Standards are abstract, difficult to understand, ambiguous and subjective. They are written in language not commonly understood by staff.
- Lead Teams, Chief Executive Officers, Physicians and Nurses encountered less difficulty with understanding the standards than other staff members.
- As staff work with the standards, greater familiarity, understanding and confidence is gained.
- Lead Teams provide support to staff in understanding and interpreting standards.
- Standards were considered to be applicable to all types of hospitals, including Psychiatric Hospitals and Cancer Care Centres.
- Greater emphasis on Health Promotion in the Standards was emphasized.

Surveyors:

The survey teams adequately reflect the multi-disciplinary composition of Hospital Patient Care Teams.

Overall, informants expressed satisfaction with the performance of surveyors. Some surveyors were acknowledged for their role in teaching and mentoring during the survey process.

The need for additional surveyors to support the HA Program was mentioned by virtually all informants participating in the evaluation process.

Time commitment requirement of surveyors and the intensive workload was identified as an issue by some surveyors.

Some opportunities for improvement identified are:

- Greater degree of consistency by surveyors in the interpretation of standards.
- Surveyors' questions to patient care teams and Hospital staff need to focus at an appropriate level and on those matters that pose risk and impact quality of services provided to patients.

Probing into details and issues beyond the hospital's control should be discouraged.

- Surveyors' knowledge, understanding and familiarity with the Mission and function of the hospital would enhance the survey process.
- Surveyors measuring the hospital against the accreditation standards as opposed to their own hospital.
- Strict adherence to the code of ethics and confidentiality restrictions.
- Containing the role of surveyors in training during the survey process.

Report and Recommendations:

Considerable efforts are expended by HA Staff and the Chief Executive Officer in completing survey reports. These time consuming efforts result in unacceptable delay in the hospitals receiving their reports. In some cases, a 4–12 month delay was experienced. This delay results in hospitals relying on verbal recommendations made by surveyors at the unit level or the exit conference for developing follow-up action plans.

It was noted by numerous participants in the evaluation process that the recommendations are tied to standards. However, they are broad and without clear direction and too ambiguous to assist hospitals in developing follow-up action plans.

Survey and Accreditation Process:

The current survey process is comprised of several steps: self-assessment, mock survey, pre-survey and Director's Post resignation survey.

For the most part, informants felt the self-assessment was too complicated, requiring too much time to complete.

The accreditation process is accepted as a quality monitoring process. The various surveys noted above were considered necessary for the foreseeable future. This is attributed to the hospitals continuing to be in a period of learning the accreditation process.

Survey scheduling was a significant issue. Some hospitals encountered a number of postponements to the survey date, resulting in the need to re-arrange activities frequently.

The high cost of surveys was a concern of some hospitals.

Hospital's Satisfaction:

The HA Program has been accepted by most hospitals as a tool to assist in quality improvement. It is also noted to improve the effectiveness and efficiencies in the provision of health care services in the hospitals.

Other positive changes noted were the team approach to patient care, holistic care, systems thinking, and improvements in decision making and leadership.

The HA Process has a significant cost associated for participating hospitals, investment in staff development, management of the physical environment, and equipment acquisitions were identified.

It was noted that this investment was seen to be adding value through improvements made to the quality of services provided.

Patient's Knowledge and Satisfaction:

Patients may not necessarily understand the HA Program or process. However, patients noted changes in the quality of services and care provided. Patient satisfaction surveys show early indications of fewer complaints and a higher rate of satisfaction.

Patient expectations for a higher quality of care from Accredited hospitals were noted.

30 Baht Program:

The HA Program was considered by some participants to be critical to the successful implementation of the 30 Baht Program. There is anticipation that the 30 Baht Program will have a direct impact on patient care.

The 30 Baht Program will also require hospital staff (physicians and nurses) to participate more actively in the role of prevention and health promotion in primary care units.

Government's Expectations:

Thailand's Constitution, Health Systems Reform, Health Care Acts and Universal Health Care Coverage Act, all support quality health care.

The Government has mandated all hospitals to be accredited prior to joining the 30 Baht Program.

The Government has confidence in the HA Program and this is clearly demonstrated through the recent approval of the 30 Million Baht funding for the HA Program.

The 30 Million Baht funding was approved on the basis that 500 Community Hospitals would have a Risk Management Program in place in one year.

Government officials believe the HA Program has created a social movement for quality culture.

Government officials indicated a strong concern for the program to meet the increasing demands. They indicated a need for the program to move more rapidly to meet these demands.

The need for the HA Program to develop a Five-Year Strategic Plan detailing activities, outcomes, timeframes, and resource requirements was identified as an issue to be addressed.

There is a need for greater emphasis to be placed on research and development for the HA Program. Research data is required to monitor the effectiveness of the Program, i.e., impact on quality of care and to assist in determining future directions.

HA cannot simply be sustained by political pressures alone. Commitment and spirit of hospital staff and the communities are integral to true sustainability.

Hospital Accreditation Office

The HA Office is an organization covered under the HSRI's regulation. HSRI has delegated authority to the HA Policy Board. For the most part, the HA Program and office is considered to function independently.

Structure of the HA Office:

The HA Office Structure is in the process of undergoing revision. Further revisions will be required to ensure sustainability and to meet the Government's Mandate.

Sustainability of Hospital Accreditation Program

Sustainability of the HA Program in the hospitals requires strong leadership and commitment to a quality culture among all levels of staff, internal measurement and monitoring of quality activities and teamwork!

Sustainability of the HA Program in Thailand is dependent upon Government's continued commitment, funding, creating a nation-wide commitment to a culture of quality healthcare and support from all stakeholders.

Future of HA:

In order for the HA Program to fulfill its mandate and meet the increased demands, an autonomous legal organization must be created. This will require the structure and functioning of the HA Policy Board and the Accreditation Committee to be reviewed and revised accordingly. The role and responsibilities of the Policy Board and its supporting committee structure must be clearly understood and adhered to by all Board and Committee members.

Financing:

It is suggested that the HA Program be funded by three sources: Government, accreditation fees and the private sector. Other sources to consider are annual fees from member hospitals, insurance companies and social security programs among others.

Surveyor Recruitment:

Additional surveyors are needed to support sustainability of the HA Program. Composition of the surveyors should include a core of full-time surveyors complimented by volunteer surveyors.

Hospital Accreditation Collaborating Center (HACC):

HACC is the early stages of evolution. The role and function of HACC must be clearly understood in all regions. Funding for HACC must be secured to ensure its success.

ACKNOWLEDGEMENTS

Recognition is given to all the various participants that gave of their time and in some instances, travelled considerable distances to participate in the Evaluation Team Focus Group and Interview Process.

The Evaluation Team would like to officially thank the hospitals that supported the participation of their staff.

The co-operation of the Hospital Accreditation Chief Executive Officer, Dr. Anuwat Supachutikul, and his staff, is acknowledged and appreciated.

The openness and willingness of all participants to share their perspectives is a testimony to the dedication and commitment to the ongoing development of the Hospital Accreditation (HA) Program in Thailand and the commitment of so many to the provision of Quality Health Care Services to the citizens of Thailand.

Participants in the evaluation process acknowledged the dedication and commitment of Dr. Anuwat Supachutikul and Mr. Tony Wagemakers in “Kickstarting the Continuous Quality Improvement Programs in the Hospitals”. The early work of these two individuals was considered to have made a significant contribution to the success of the HA Program.

The Health Systems Research Institute is acknowledged for its ongoing support of the Hospital Accreditation Program and for initiating and supporting the Evaluation process. Dr. Whiput Phoolcharoen’s support and guidance to the Evaluation Team and Ms. Duangporn Hengboonyaphan’s arrangement for the interviews are of particular note.

Recognition is given to Mrs. Pat E. Zanon for her support to the Evaluation Process including the writing of the final report.

Mrs. Julie Grey, Executive Assistant to Mrs. Pat E. Zanon, is acknowledged for her work in formatting and typing this report.

1.0 EVALUATION TEAM COMPOSITION

The HA Evaluation Committee consisted of:

- Dr. Ferdinand Pauls, Volunteer Consultant
- Mrs. Pat E. Zanon, Volunteer Consultant
- Associate Professor Piya Netrawichien
- Associate Professor Apichart Sivayathorn
- Assistant Professor Dr. Prakin Suchaxaya
- Assistant Professor Dr. Khanitta Nuntaboot

2.0 BACKGROUND

The Hospital Accreditation program is facing many challenges; increased demands due to the health system reform, Government Policy for quality and efficiency of health care system and the expectation for the sustainability of the Program, the public demand for the quality of service, the resource requirements, including continued financial support and human resource capacity. These challenges, coupled with the need to measure the effectiveness of the services provided by Hospital Accreditation (HA), the degree of impact the program has had in effecting sustainable change and the impact the program has made (value added benefit) to health care services provided by the hospitals in Thailand, resulted in the decision to conduct an evaluation of the Hospital Accreditation Program.

Health System Research Institute (HSRI) commissioned the evaluation, engaging Volunteer Consultants from Canada and academics from the Health Care Delivery System in Thailand.

The evaluation is intended to provide the HA Program with a framework supporting their continued development and success.

2.1 METHODOLOGY

Methods for this qualitative study were focus group discussions and in-depth interviews. Informants were individuals involved in the HA Program including government officials at the policy making level, HA Policy Board Members, Accreditation Committee Members, HA Program Chief Executive Officer, HA Chief Operating Officer, and HA Staff, Hospital Chief Executive Officers, Physicians, Nurses, Hospital Quality Committee Staff and Hospital Back Office Staff. Criteria used to select Hospitals was:

- Hospitals that are accredited or working towards an accreditation survey in 2002.
- Representation from University Hospitals, Regional Hospitals, General Hospitals, Community Hospitals and Specialized Hospitals.
- Representation from Private and Public Hospitals.
- Hospitals situated in the four main geographic regions of Thailand.

Individual interviews were held with government officials at the policy making level, Chief Executive Officer, HA Program; members from the Accreditation Committee, and two surveyors for the HA Program.

Focus group discussions were conducted with Hospital Chief Executive Officers, Physicians, Nurses, Hospital Quality Committee Staff, and Hospital Back Office Staff.

3.0 GOVERNMENT REPRESENTATIVES' INTERVIEW

Government representatives interviewed were very familiar with the HA Program, its development and evolution. Involvement of the government representatives since the concept and design of the program is also noted.

The Government Representatives interviewed were high-ranking representatives with considerable influence at the Government policymaking level.

The consultants were advised that funding approval for the HA Program in the amount of 30 Million Baht has been approved. This move is clear evidence of the Government's support for the HA initiative. It was also stated that Reform of the Hospital System would require "Charismatic Leadership". The approval of the 30 Million Baht for HA holds the message that the HA Program must move swiftly to support the government's desire and pace of change for the health care system. However, words of caution were expressed regarding the government's desired pace of change; rapid change may not ensure stability and it does not create spirit in the HA movement. The pace of change will have to be closely monitored to ensure the principles and quality of the HA Program are not sacrificed.

There is a noticeable increase in the Public's demand for quality care and patients' rights. Along with this shift in demand, there has been an increase in patient complaints and this continues to grow.

It is evident that there is a Social Public Pressure movement to demand better quality Health Care for the residents of Thailand.

This HA Program experienced a high degree of success in influencing the Quality of Care in the Hospitals of Thailand. It was noted that "a spirit has been created in a mass of people". HA is seen by some to be a "Social Movement". The importance of creating such a spirit for the HA Program is significant to the acceptance of the philosophy. Community ownership is the key to longer term sustainability of the Quality Movement. Community Services, Wisdom, Social Power and Networking are required to support the Quality Movement.

Decentralization of the Bureaucracy is needed; HA must generate more research activities and encourage a higher degree of public involvement.

Public Sector Reform will result in many changes in the future. An Operations Bureau will be responsible for Autonomous Hospital Boards.

The National Health Insurance Act which is currently undergoing review and approval by the House of Representatives and expected to be completed this year will emphasize the need for all citizens of Thailand to receive quality health care services.

These changes are pivotal to the future direction of the HA Program and decisions must be made quickly so as to position the program for responsiveness.

The ongoing implementation of the 30 Baht Program and the government's focus on improving quality requires the support of the HA Program driving the quality movement through the accreditation process.

HA is under considerable pressure from government and the hospitals to move forward swiftly. This means the decision on the future structure of HA must be made quickly with implementation following immediately.

The pace of the accreditation of hospitals in Thailand must be hastened to keep up with the changes in policy on universal coverage. The time for development and expansion of the program is now; support for health reform and primary care reform is placing demands on the program that require urgent attention of policy makers and leaders.

Government support for the HA Program is strong. Expectations for outcomes are high. The HA Program must move forward as the driver of changes to the health care delivery system in Thailand.

Coordination of the HA Program with Professional Councils is required to support the expansion of the program and to assure that each professional practice and service meet the standard.

The implementation of the 30 Baht Program means that resources must be rallied in support of the HA Program. HA must be responsive to new demands. The HA Program must function in a cost-effective, efficient manner to achieve desired results. It is critical for the HA Program to achieve a balance between moving forward quickly and maintaining quality in the Program.

A five-year strategic plan for the HA Program outlining key objectives and deliverables is required.

Establishing the HA Program as an autonomous organization with legal status was supported. It was identified that such a change was required to enable the Program to achieve the desired results.

More people need to be mobilized in support of the Program; the Regional Hospital Accreditation Collaborating Centers (HACC) were identified as a step in the right direction.

Public confidence in the health care system is considered to be dependent on the ability of the HA Program to meet the challenge of achieving accreditation of all hospitals in Thailand.

Based on the findings from this interview and given the high expectations from Government in terms of the HA Program as a driver of changes to the Healthcare delivery system; ongoing government support of the HA Program is imperative.

4.0 POLICY BOARD INTERVIEW

The Policy Board is comprised of 15 members (Appendix B). An interview was conducted with five Policy Board Members. Due to the short time of the evaluation, the evaluation team was not able to meet with the Chair of the Policy Board.

Board Members were not familiar with how the membership is determined. Some members indicated that stakeholder representation was an initial goal in establishing membership.

There is an absence of policy identifying representation requirements, core competencies, attendance requirements, and terms of office for Board Members.

Board Members did envision the Accreditation Program expanding beyond hospitals in the future. It was noted that currently, the HA Program is challenged to meet the demands of existing hospitals, consequently expansion plans should be deferred to the longer-term strategy for HA.

The Accreditation Committee is not considered to be an official committee of the Policy Board. The current status of the Accreditation Committee to the Board is centered around making recommendations on the accreditation status for hospitals. The Policy Board receives reports from the Accreditation Committee and meets approximately every two to three months. Dr. Anuwat Supachutikul, Chief Executive Officer for the HA Program, is official secretary to the Board and in attendance at all Policy Board Meetings.

A Board Committee Structure including a Consumer Committee to address specific consumer issues was identified as a future possibility for development.

Board Members indicated some work has been done in preparing a Strategic Plan. The Board has asked the Chief Executive Officer to submit a Five-Year Strategic Plan in a near future.

Financial stability of the HA Program was identified as an issue and there was support from Policy Board Members for an autonomous organization. Establishing the HA Program as an autonomous legal organization will require a determination of the method for financing the program on an ongoing basis. A combined funding formula of government funding, membership fees and private funding from hospitals was identified as an option.

The HA Program is considered to be the driving force behind the success of implementing the 30 Baht Program.

Policy Board Members believe the HA Program can meet the demand and are only limited by their financial capacity. The ability to employ people, outsource some services, achieve maximum flexibility in resourcing the program, and strong financial management are the keys to success.

Due to the fact the Evaluation Team could not meet with a broader range of Policy Board Members; specifically the Chair, no official recommendations were arrived at from the Policy Board interview.

Given the findings from interviews with various informants and in support of having an effective governance model in place to support an autonomous legal organization for the HA Program; it will be necessary to develop a new Governance Structure. Consideration to developing a model similar to other jurisdictions such as Canada could be considered.

5.0 ACCREDITATION COMMITTEE INTERVIEWS

The Accreditation Committee is composed of 12 members (Appendix C). The Evaluation Team conducted an interview with five members. One member was separately interviewed due to the constraints of time.

The Accreditation Committee Members are made up of a core team of individuals that have been involved with the HA Program since the initial start-up. Two members of the committee are distinguished individuals in the health profession. The majority of the committee members are physicians. The Chair of the Committee is also a member of the Policy Board. Some members are Surveyors with the HA Program and participate in the survey award recommendations provided to the Policy Board. These individuals are considered a resource to the Committee. Surveyors that are not committee members, are not in attendance at meetings.

The Accreditation Committee meets every two months or more frequently in the event there are hospital accreditation reports to review. Survey reports are presented in detail at these meetings. The Committee acknowledged that initially, requests for additional information were frequent. Some members had the perspective that information received was insufficient, and at times, inaccurate. This perspective contributed to the requests for additional information. This was considered part of the learning process and as time passes, the Committee Members have become more satisfied with the information provided by the HA Office.

The review process by the Accreditation Committee was considered to be time consuming. However, some improvements have been made to improve the efficiency.

The degree of detailed questioning by some committee members was noted as a challenge and contributed to the length of the review process.

Accreditation Committee Members understood their role of making recommendations to the Policy Board. To date, the Policy Board has accepted the recommendations of the Accreditation Committee regarding accreditation awards. It was noted there is no structure in place that formalizes a reporting relationship or clear accountability lines of the Accreditation Committee to the Policy Board.

Accreditation Committee members indicated that the HA Program has been accepted throughout Thailand and has had significant positive impact and consequence on the provision of quality health care services by the participating hospitals. The development of patient care teams was credited with the positive changes occurring. One committee member stated “The HA Program has pushed professionals to achieve higher standards”.

The HA Program is considered well established; criteria for the program was initially established by a group of experts and is considered appropriate. Sustainability will be dependent upon the support and degree of funding provided by Government and its structure.

A separate autonomous organization funded by Government with financial support from the hospitals was identified as being essential to the sustainability of the HA Program.

Voluntary versus mandatory participation in the HA Program was discussed. Accreditation Committee members indicated that the Thai Culture may better fit a mandated model for accreditation. It was further stated that the HA Program “will become a must for supporting the implementation of the 30 Baht Program”. Competition between hospitals in the future may also push hospitals towards achieving accredited status.

The HA Program should be viewed by all as a learning process, not a fault finding process, and any changes to the system must support the commitment of hospitals to Continuous Quality Improvement.

Regional HACCs were considered to be in the initial phase of development and it is believed they will contribute to the future growth, development, and sustainability of the HA Program.

Based on information from this interview, it is clear that the development of a new Governance Structure with clear roles and accountability lines defined for committees is of paramount importance in supporting effective governance for an autonomous legal organization.

6.0 CUSTOMER RESPONSE:

6.1 CHIEF EXECUTIVE OFFICER CUSTOMER RESPONSE

Focus Groups of Chief Executive Officers were interviewed in four Regions: Central, Northeast, North and South.

Of note, is the fact that some Chief Executive Officers were surveyors for the HA Program.

The Chief Executive Officers openly participated in the interview process. They clearly demonstrated a strong commitment to the HA Program and specifically acknowledged the significant positive contributions the program has made to improving the quality of care to patients, quality of work life, the hospital environment and commitment to the Mission and Vision of the Hospital. It was acknowledged that HA has changed the culture of hospitals to a “Quality Culture”.

They further acknowledged that sustainability of the HA Program would significantly depend on Chief Executive Officer leadership in their respective hospitals and Government’s continued commitment to the HA Program.

Public confidence in the Healthcare delivery system and the successful implementation of the 30 Baht Program were thought to be directly connected to the HA Program. There was a strong opinion held that the HA Program was “A must to have in place to support the 30 Baht Program”.

Considerable concern was expressed by the Chief Executive Officers’ regarding the workload demands on the HA Program, high costs associated in the initial preparation phase for training of staff, equipment acquisition and changes to the physical environment required to meet accreditation standards. Uncertainty of funding for the program and the future structure for governing and managing the Program were additional concerns expressed by the informants.

Findings:

- The HA Program has stimulated staffs’ understanding of Quality. Staff are more satisfied in the work environment due to positive feedback from consumers.
- A multi-disciplinary approach to patient care is evolving. A more holistic approach to care is supported as a result of the multi-disciplinary team approach.
- Staff are enabled to see their work through the eyes of others. Change in focus from providers to consumers was acknowledged.
- Enhanced communication between providers.

- Hospitals are focused on improving processes; prior to HA the focus was on routine work.
- Services have improved. Examples of improvements are in scheduling systems, pharmacy systems, an increase in patient satisfaction, particularly the fact the patients spend less time waiting and Outpatient Department Services are more convenient.
- The HA Program creates ownership amongst hospital staff in the hospital and can be used as an effective tool to support modern management and effective administration.
- Standards are abstract, difficult for staff to interpret and understand. Considerable resources must be committed by the Lead Teams in hospitals to assist Patient Care Teams with the standards. In some cases Lead Teams were considered to add to the confusion of interpreting standards.
- Greater emphasis of the standards on Health Promotion was emphasized as important to support Health Reform initiatives.
- HA will provide assistance in the implementation of the Health Reform Initiatives.
- In the longer term, considerable financial savings will be achieved through the provision of quality health services.
- HA is a mechanism to assist hospitals in achieving established goals.
- HA is an effective management tool to improve the standards of care.
- The implementation of HA was a challenge for hospitals that participated in the early stages. It was noted considerable improvement has occurred with hospitals now having a good understanding of the HA process. Continued training was noted as an ongoing requirement.
- Improvement in the self-assessment tool was acknowledged, however, the timing of the changes to the self-assessment while a hospital is in the process of preparing for a survey, was noted as problematic.
- Community Hospitals indicated they were still challenged with the interpretation of standards and the self-assessment tool. In some cases, the Chief Executive Officers indicated they studied the self-assessment tool and proceeded through a trial and error process. The need for additional educational support from the HA Program was acknowledged, however, hospital funding did not support this additional expenditure.
- Many learnings have occurred over the past three years that are directly attributed to participation in the HA Program. There is a high degree of staff commitment to doing better and hospital cultures are shifting to “learning organizations”.

- Surveyors were considered to be well prepared, possess good planning and organization skills, and have a solid understanding of the standards.
- Surveyors were acknowledged for their teaching role during the survey process. The surveyors motivated hospital staff to continuously improve work processes.
- Recommendations need to be analyzed by hospitals. They are difficult to interpret and not specific enough to provide clear direction for developing action plans.
- The turnaround time for hospitals receiving the final survey report was considered to be excessive. Consequently, hospitals use oral feedback received during visits and exit interviews as guidelines to develop Continuous Quality Improvement Strategies. Hospitals felt that more timely receipt of the report was required.
- The HA Program is considered to be a significant asset for the Health System in Thailand. Of particular note, is the support the program will provide to the successful implementation of the 30 Baht Program and other Health Reform initiatives. However, concern was expressed on the effect these changes will have on the resources of the HA Program.
- Sustainability of the program was considered to be directly linked to effective leadership.
- HA Process is the foundation for continuous quality improvement in the hospitals; however, hospitals must go beyond HA to enhance and sustain a quality healthcare delivery system.
- The future of the HA Program was not a question; it was considered to be imperative to support Public Confidence in the Health Care System; it was mandated by government and consequently, must be supported by government and hospitals.
- The capacity of the HA Office to respond to increasing demands due to inadequate resourcing was noted and a considerable concern. Of note was the time some hospitals encountered in waiting for a scheduled survey date.
- Sustainability of the HA Program was directly linked to the requirement of an autonomous legal organization.
- Funding for an autonomous legal organization was a concern; the majority of the participants interviewed felt funding supported by government and the hospitals would be required to achieve financial stability for the HA Program.

The findings from the interviews with Chief Executive Officers clearly underlines the need for strong leadership in the Hospitals to support the evolution of Continuous Quality Improvement and the ongoing commitment to the HA Program in Thailand. Without this leadership, the HA Program cannot meet the expectations of Government or fulfill its mission.

6.2 PHYSICIAN CUSTOMER RESPONSE

Focus groups of physicians were interviewed in four Regions: Central, Northeast, North and South. Representatives were from a wide spectrum of medicine, including family medicine from a small hospital to specialists from a large teaching hospital.

Most physicians indicated no previous knowledge of Hospital Accreditation concepts and principles. The experience of the physicians present ranged from two months to three years. Participation in the HA process ranged from positions held such as Medical Service Organization President, Quality Coordinators, to more traditional roles of Heads of Departments.

All participants were in agreement that there has been a progressive learning curve for physicians participating in the HA Program in their hospitals. It was further indicated that there is increasing physician awareness of, and commitment to the HA Program.

Areas of strength and opportunities for improvement were identified and are reflected in the findings:

Findings:

- The HA Program has made a considerable difference in the development of Continuous Quality Improvement in hospitals.
- Improved communications between physicians and nurses and better information provided to patients was noted. One physician described these changes as a “major paradigm shift”.
- The HA Program has encouraged the development of a team approach to health care, encouraged health promotion, developed an organization wide commitment to quality improvement and encouraged physicians to gain knowledge of administrative functions.
- Standards were considered to support the principles of quality, including attitudinal changes and physician practice patterns.

It was further noted that the HA standards have led to the development of Clinical Practice Guidelines.

- For the most part, standards were considered clear; however, it was identified that some standards were ambiguous and difficult to understand. Specifically, the use of terminology foreign to Thailand such as Mission, Vision and Purpose.

Physicians requested they be consulted when a review of standards is conducted by the HA Program.

- The number of standards was considered adequate. However, it was suggested that small hospitals required a practical interpretation of the standards reflective of their needs. It was emphasized that a practical interpretation of standards was not considered to support a two-tier system of patient care.
- The HA Process is considered to support the involvement of all levels of staff. Initially, physicians were reluctant to become involved, as knowledge is gained, they have become an integral component in the HA movement. It was noted that younger physicians were more involved.
- Concerns were raised on the functions of the Medical Staff Organization. A need for HA to further clarify this role was noted.
- Physicians directly credited the HA Program with improvements to patient care. The evaluation team was specifically impressed with this improvement, acknowledged by all physician focus groups.
- Changes in relationship between nurses and back office staff were noted as contributing to improved patient care.
- One physician noted that the HA standards supported and encouraged health promotion. It was further noted that this may be directly attributed to, and reflective of his involvement as Chair of the Patient Care Team.
- Patients are the focus of the HA Standards.
- Surveyors were considered knowledgeable and helpful in all areas of the accreditation process. They have understanding of the standards and assist the hospitals with the interpretation.
- Surveyors should be experienced, demonstrate maturity, professionalism, flexibility, adaptability and responsive to a variety of circumstances.

Two instances were noted where surveyors did not adhere to the survey process. Confidentiality was not respected and personal experience from their own hospital was applied in the survey as opposed to relying entirely on the degree of compliance to the standards.

- There is an indication that patient complaints are decreasing and compliments on care increasing since the implementation of the HA Program.

This change was related to the team approach to patient care. One physician stated “they show satisfaction by the impression we see on their face and ‘voiced’ expression”.

- A graph showing increased complaints to the Medical Council for the last four years (Appendix “E”, attached) was discussed.

Physicians expressed the opinion that the effect of the HA Program will be a reduction in medical error due to the application of HA standards for Acute Care.

The development and implementation of Clinical Practice Guidelines were also thought to be helpful in the reduction of medical errors.

- Most survey teams were thought to be balanced and reflect the professional backgrounds of the Patient Care Teams.
- Recommendations from the survey were not always clear; it was felt they should be more concise and direct.
- The turnaround time on receiving the survey report was considered excessive. Due to the delay, hospitals used the information provided in the exit conferences as guidelines for follow-up actions.
- The HA Process and Standards were considered applicable to teaching and tertiary hospitals.

Physicians from smaller hospitals (30 beds) indicated there is a need to simplify the interpretation of standards for applicability to their hospital.

Smaller hospitals encountered difficulty with the self-assessment.

- The final recommendations support the development of action plans for Continuous Quality Improvement.
- Leadership is the key to the successful implementation of the HA Program.

Increasing support from hospital leaders was noted, including physician leadership. However, further improvement is still required.

- The Accreditation Process is considered sustainable in the hospitals; however, hospital leadership support of the HA Program is critical to its continued success.
- Several of the respondents were familiar with HACC and supported the initiative, recognizing it would support sustainability of the HA Program.
- Findings from the interview support the need for the ongoing commitment and support of Physicians for the HA Process. Their involvement is of paramount importance to the sustainability of the HA Program in the hospitals in Thailand.

6.3 NURSING CUSTOMER RESPONSE

Focus groups of nurses were interviewed in four Regions: Central, Northeast, North and South. Of note, some of the nursing representatives interviewed indicated they were surveyors for the HA Program.

Nursing Representatives openly contributed in the interview process, sharing their experiences and insights on the HA Program. They clearly demonstrated strong support for the HA Program.

The HA Program was well regarded by all nursing representatives interviewed. A number of positive findings were acknowledged; improvements in the quality of care, work environment, communication processes and an interdisciplinary approach to care were all attributed to hospitals' participation in the accreditation process.

Commitment to a hospital's Mission and Vision by all levels of staff was acknowledged.

Findings:

- The HA Program was considered to be evolving and continuous improvements in the program were acknowledged.
- The HA Program has greatly assisted hospital staff in establishing systems for their work.
- Cross-functional patient care teams have been established. This has resulted in improved communications between caregivers.
- Cleaner, safer and risk free environments for patients and staff.
- Efficiencies have been achieved such as a reduction in waiting time for outpatient procedures.
- Patient feedback through satisfaction survey indicates a higher level of satisfaction with services. For example, one hospital initiated a 15% increase in the level of patient satisfaction since their participation in the HA Process.
- Working atmosphere for staff has improved; creative thinking on patient care teams results in better working systems and enhanced problem solving.
- Standards are difficult to understand, ambiguous and subjective. It was noted that the later versions have improved and as hospitals become more familiar with standards, a greater degree of understanding is achieved. Handbooks on HA should be available to staff to assist with their learning curve.
- Standards focus "on the patients as the center of all we do". Patient Care Teams respond to patient needs.

- New staff and non-professional staff have particular difficulties in interpreting and understanding standards. Lead Teams can provide valuable assistance and support. Enhanced knowledge is gained by working with the standards.
- There are variations in the interpretation of standards between hospital staff and HA surveyors. This was attributed to the flexibility and broad application of the standards. Terminology is unfamiliar and the standards are sometimes too broad and abstract.
- Surveyors were considered well prepared and knowledgeable. They were familiar with the organization's self-assessment and documentation.
- Surveyors are friendly; however, questions are subjective and difficult to understand.
- Survey teams are often inexperienced. Notation was made of surveyors in training, particularly in the final survey; this was noted as adding confusion to a complex process.
- Surveyors fulfill an effective monitoring and teaching role; the verbal recommendations provided are useful. These comments are attributed to mock and pre-surveys.
- In some instances, surveyors' questions to patient care teams were abstract, difficult to answer and not directly related to the work of the patient care team.
- Differences in the translation and interpretation of standards between surveyors were noted.
- Some hospitals indicated recommendations are difficult to understand. The hospitals were generally not able to develop clear action plans based on recommendations.
- Written pre-survey recommendations are encouraging and supportive, however, in many cases, they were not considered to be clear enough to provide specific direction.
- The recommendations in the final survey report often require further clarification.
- Changing the style and attitudes of leaders in the hospitals was acknowledged as a result of the HA Program. Examples were better communication, broader participation in decision making, transition from supervisors to coaches, better coordination across disciplines and more visible leadership.
- Financial savings were considered to be achievable in the longer term, reductions in length of stay, reduction in infection rates, discharge planning and utilization reviews were noted.

- Clear objectives have been established, outcomes are measured and self-evaluation occurs.
- HA Program has assisted in the development of Human Resource Capacity.
- HA Program focuses on the hospital as a system; Continuous Quality Improvement (CQI) is a hospital-wide initiative.
- All levels of nursing are involved in the HA Program and the importance of strong leadership to support the HA Program was acknowledged.
- HA results in a focus on outcomes, inter-departmental problem solving occurs through Patient Care Teams, issues are resolved more quickly, and there is ongoing monitoring and evaluation of outcomes.
- The sustainability of HA was considered to be dependent upon leadership in the hospitals, continuous monitoring of the HA process in the hospitals and a greater focus on health promotion in the standards to support health reform.
- Consumer involvement is achieved through patient rights and participation in decision making on their care. The opinion was held that consumers do not really understand accreditation and are more familiar with ISO; public education on HA is still evolving.
- Community Hospitals indicated some difficulty in interpreting and applying the standards.
- It was initially thought that the HA would increase workload; it is now considered to improve workflow due to improvements made through CQI Initiatives. Routine work has been made easier, goals are clear and staff know how to reach their goals.
- Findings from the interviews indicate a high level of support from professional nurses for the HA Program. Given the key role of nurses in the hospital accreditation process, support for nurses in leadership roles will be key to its ongoing success and sustainability.

6.4 QUALITY COMMITTEES AND BACK OFFICE STAFF RESPONSE

These focus groups were combined from the time of the initial interview. Interviews were conducted in four Regions: Central, Northeast, North and South.

Back Office Staff representatives included: Pharmacy, Laundry, Laboratory, Diagnostic Imaging and Administration among other areas.

Participants outlined their issues and perspectives during the interviews. Quality Committee representatives have a major leadership role in their hospitals' accreditation process and provided the added dimension of internal surveyors in many instances.

Findings:

- The HA Program has encouraged the development of Continuous Quality Improvement in Hospitals. It was recognized that this initiative was long overdue.
- Quality Committees with the strong support of Senior Leadership in the hospitals are critical to the successful implementation of the HA Program.
- Back Office Staff indicated a greater degree of awareness of activities throughout the hospital and the added value of a team approach to health care delivery.
- Standards were considered to support the principles of quality.
- Standards were not clear and Community Hospitals indicated certain standards were not necessarily applicable to their environment.
- Participants indicated that initially, standards were difficult to understand and interpret. It was recognized that as greater familiarity was gained with the standards, staff became more confident. Some participants emphasized the need to further revise standards to provide clarity.
- The self-assessment process was not considered to be clear and further revision is required.
- The number of standards was considered to be adequate.
- Patient Care areas were the first to be involved in the implementation of the HA Program. Over time, and with education support, Back Office Staff have become substantially involved.
- All participants indicated positive changes in attitudes toward patient care. Improvement in the quality of care was noted.

- Changes in the approaches to work processes reflected a commitment to continuous quality improvement. These changes had a positive impact on workload and enhanced the effectiveness and efficiency of team members.
- The standards are focused on the patient, a decrease in patient complaints was noted.
- Surveyors were considered to be a good resource to staff. The surveyors were able to provide clarification on the standards.
- Surveyors' questions focused on improvements to the hospitals' processes.
- There was indication that some participants would like to see the surveyors spend more time at hospitals.
- Surveyors in training participating in the survey process should have their role contained to observation only.
- It was noted that patient expectations are increasing and that the HA Program has contributed to a reduction in patient complaints.
- The HA Program has had a significant positive impact on the public's perception of the hospitals' services. Improvements such as a reduction in waiting times were noted.
- The number of surveyors participating in a hospital survey was adequate. It was noted that surveyors need to be experienced, knowledgeable, make practical recommendations and spend more time in hospital units.

One participant said, "We need more quality, not quantity".

- The HA Program has dramatically increased the patients in their care. Physician and nurse communication has improved, resulting in patients becoming better informed on matters pertaining to their care.

Patients recognize that changes have occurred, they are not able to make a direct connection of the improvements to the implementation of HA.

- The professional background of surveyors is adequate for clinical teams involving physicians and nurses. Other professionals indicated a need for more experienced surveyors providing a more consistent interpretation of standards.
- The length of the survey was considered appropriate.
- Recommendations were considered helpful for hospitals to improve their quality programs. However, it was noted that at times they are not clear and concise, and require the clarification of the HA Program Chief Executive Officer.

- Turnaround time on receiving the survey report was considered too long. Some participants indicated that one year has passed and to date they had not received their report.

Exit conference debriefing information is used to make use of the survey when reporting is delayed.

- HA Office is helpful in preparing for accreditation. Documentation requirements such as the self-assessment are too complex.

Financial costs of survey preparation were considered significant; the Southern Region was of particular note, due to geography and associated transportation costs.

- The self-assessment tool is useful; however, it takes considerable time to understand the requirements. It was further noted that the HA Office makes changes during survey preparation and this contributes to the challenges of completing the documentation.
- Costs of training, again, were noted as too costly.
- Final recommendations after clarification supported the development of a quality action plan.
- All participants noted the HA Program has impacted leadership in the hospitals.

Changes in the focus of leadership at the Director level and their support of the HA Program is considered fundamental to the successful implementation.

- There was a consensus that commitment to Continuous Quality Improvement will be sustained. Sustainability will be dependent on leadership at the hospitals, follow-up from the HA Program, and further internal improvements in the hospitals.

Further emphasis on Back Office standards was noted.

- HACC was known in two of the four Regions. The two Regions spoke positively about the concept of HACC.

Support for training and a reduction in associated costs was identified as a potential benefit.

Findings from the interviews disclosed the significant role of Quality Committees and Back Office Staff in supporting the hospital accreditation process. Further streamlining and improvements made by follow-through of the recommendations contained in this report will be of great assistance in providing further support to these individuals in fulfilling their mandate and role in the hospital accreditation process.

7.0 SURVEYORS' RESPONSE

During the course of the HA Evaluation, meetings were conducted with a total of eight surveyors. The surveyors interviewed included full-time surveyors and part-time volunteer surveyors, some of which have been with the HA Program since its inception and some recently certified.

The surveyors offered their insights into the program and regarded the evaluation process as an opportunity to share experiences. It is noted that in addition to the eight surveyors interviewed, two members of the evaluation team were part-time volunteer surveyors for the HA Program. These individuals were able to validate the information received during the evaluation interview process.

During the interviews, the main areas of focus were:

- ◆ Surveyors' Training and Education Programs
- ◆ HA Standards
- ◆ Report Writing
- ◆ Time Commitment
- ◆ Surveyor Evaluation Process

Findings:

Surveyors' Training and Education Programs

The HA Five-Step Training Program has been evolving since the inception of HA. Consequently, the experiences of surveyors varied according to the timeframe in which they participated in the training program.

Some surveyors expressed the opinion that the training program should be revised to reflect the variable needs of surveyor candidates.

Points of particular note are:

- Training program could be shortened for some trainees.
- Less classroom time and more time allocated to on-site survey training.
- In some cases, surveyor trainees did not feel the training program was adequate to provide a level of confidence sufficient to perform.
- Confidence, training and experience need to come together for surveyors.
- More opportunities for surveyors to share experiences and information through formal networking/best practices.
- More training in the interpretation of standards.
- More training in report writing.

HA Standards

Surveyors interviewed agreed the standards are flexible and generally broad enough to be applied across Community Hospitals, Provincial Referral Hospitals, University Teaching Hospitals and Specialty Hospitals.

The flexibility and broad application of the standards was seen to be both a strength and an opportunity for improvement.

Points of note for the standards from the Surveyors' perspective are:

- Some surveyors noted they were challenged to keep up with the evolving changes of the standards.
- Some surveyors indicated that as experience was gained in working with the standards, interpretation became easier.
- There are variations between surveyors' interpretation of standards and the interpretation of participating hospitals.
- There are variations in the interpretation of standards between surveyors; it was noted that in part, these differences may be a result of the particular styles of surveyors.
- Some surveyors indicated the standards may be too flexible for the Thai Culture.
- The surveyors were appreciative of the manuals and guidelines available from the HA Program, however; it was noted that further standardization of guidelines for surveyors was desirable.

Report Writing

The writing of the accreditation report was the most challenging activity identified by the surveyors interviewed. Recognition was given by the surveyors for the work of the HA Program in the development of report writing guidelines. In spite of the guidelines, surveyors continued to identify this activity as an opportunity for improvement.

Particular points of note are:

- Writing of recommendations clearly tied to a specific standard, given the broadness of the standards was noted as a significant challenge.
- Surveyors were unclear on the degree of specifics required in the recommendation.
- The use of language in developing the recommendations posed a particular challenge as the surveyors struggled with the need for softly worded recommendations versus straightforward to the point recommendations.

It was noted by some surveyors that this challenge was in part, a result of the need to respect the Thai Culture.

- Part-time surveyors felt that consideration should be given to having all final accreditation reports written by full-time surveyors that would lead each survey team. It was noted that this would assist the part-time surveyors with the challenges of time they were facing in completing the written report and result in a higher degree of standardization in report writing.

Time Commitment

When the surveyors were interviewed regarding the obligation of time commitment, there was variation on the reasonableness of three survey days per month requested by the HA Program. It should be noted that the three-day time commitment does not include pre-survey preparation time and post-survey report writing time. Particular points of note are:

- The reasonableness of the three days per month time commitment was entirely dependent upon the surveyors' particular situation with their respective hospital.
- Due to the increase in the number of hospitals to be accredited, concern was expressed by some surveyors that additional demands on their time could not be accommodated.
- Surveys indicated the pre-survey preparation time posed more of a challenge than the three-day survey commitment.
- Surveyors indicated concerns with the long hours of time commitment required during the three-day on-site surveys.
- To assist the surveyors in the pre-survey preparation time, it was noted that the timing for receiving the organization's documentation to enable pre-visit preparation was of significant importance.

Surveyor Evaluation Process

Surveyors interviewed all noted the absence of a formal surveyor evaluation/customer feedback process. Some surveyors indicated an evaluation process was in place, however, they had not received direct feedback from the HA Program on their performance. Some Senior Surveyors indicated informal feedback had been received.

All surveyors indicated that feedback through a formal evaluation process was desirable and would provide valuable input for self-improvement and for the HA Program to determine areas of educational development for surveyors.

General Comments

- Surveyors underscored the need for all surveyors recruited to have good qualifications, strong ethics and high energy.
- Surveyors indicated that 100 potential surveyors may receive training; 20 or 30 candidates may actually make it through the process to certification.
- Surveyors indicated the majority of professionals participating, as either part-time or full-time surveyors, were physicians. The need to have a balance of physician surveyors, administrative surveyors and other professionals was noted.
- Surveyors indicated there was a great need for the HA Program to recruit additional full-time surveyors.

With additional full-time surveyors recruited, this would assist the HA Program in keeping up with the demands, assigning the role of team leaders and report writer to the full-time surveyor.

Findings from the interviews conclude the effectiveness of surveyors and their overall impact on the HA Program is imperative to its continued success. A new model for the recruitment of surveyors that ensures ongoing human resource capacity, surveyor training programs and a surveyor evaluation process, is critical to support sustainability of the HA Program.

8.0 HOSPITAL ACCREDITATION

CHIEF EXECUTIVE OFFICER AND STAFF INTERVIEWS

The Evaluation Team interviewed the Chief Executive Officer of the HA Program as a solo respondent. In addition, the Chief Operating Officer of the HA Program and four HA staff members were interviewed as a focus group.

The Chief Executive Officer and staff contributed openly to the questions posed by the evaluation team.

The HA Program is currently organized under the HSRI Regulation with delegated authority to the HA Policy Board. The relationship between the Chief Executive Officers of the two organizations is positive. Although the HA Program operates independently, the current structure is considered to impact their ability to appropriately staff the program. The need for an autonomous body was identified as critical to the future sustainability of the HA Program.

The demands on the HA Program are increasing due to the 30 Baht Program and other Health Care Reform aspects. This was considered both an opportunity and challenge. Workload was a concern expressed by respondents.

The requirement for all hospitals to be accredited results in the HA Program out of necessity, developing a Three-Step Process to Hospital Accreditation. Step I of the process is comprised of a Risk Management Program in place in the hospitals, with a certificate being granted. Completion of Step I is considered to fulfill the Government's mandate. Guidelines for a Risk Management Program have been developed. Step II is the development and implementation a Quality Assurance and Continuous Quality Improvement Program. Step III would be full accreditation. This would be achieved by all hospitals in five years.

There was clear indication from all respondents that the HA Program does not currently have the resources available to keep up with current and future demands.

The recent announcement on the Government funding of 30 Million Baht was considered a positive step in support of the HA Program.

The need to have 100 additional surveyors in place next year, and 150 additional surveyors the year after, was recognized as challenge. It was acknowledged that a combination of additional full-time and part-time surveyors is critical for meeting the demands on the HA Program.

A Five-Year Strategic Plan approved by the Policy Board, outlining the strategies, goals, objectives, financial and human resource requirements for the HA Program was identified as critical to the ongoing success of the program.

Due to the many challenges associated with the HA Program and the reliance on individual hospitals' ability to respond to the requirement of achieving an accredited status, the plan must be flexible and responsive to the needs of various stakeholders, i.e. government, consumers, providers and hospitals.

Staff indicated the HA Office organizational structure was under revision and further refinements were required.

Heavy workload and long hours of work due to increasing demands is an ongoing issue and concern.

The need to develop and implement a new accounting/auditing system and additional information technology resources is required to ensure efficient and effective management of the HA Program resources.

Staff indicated that there is a need for a formal Staff Development Plan. Limitations of physical office space were a challenge, offering little privacy in the work environment.

Financial stability of the program is a significant concern. Reluctance of hospitals to pay for accreditation, particularly with implementation of the 30 Baht Program and no long term commitment for funding the program from the Government, contribute to the uncertainty of the financial future.

In order to meet the increasing demands on the HA Program, the survey process will require changes, the allocation of surveyors' time while on site, the degree of details examined by some surveyors, and the number of surveyors assigned.

Survey Reports are not readily understood by hospitals. Information provided by surveyors in the report, lacks details on findings and clear, concise recommendations. Consequently, the HA Office Staff are required to commit considerable time to editing and finalizing the reports.

Considerable staff time is taken in preparing and responding to requests for information by some members of the Accreditation Committee. Some Accreditation Committee Members may have expectations for hospitals that are unrealistic. A clear and consistent understanding of the HA Program philosophy by all members of the Accreditation Committee, degree of trust in the survey process, and the surveyors, are thought to be contributing factors to the unrealistic expectations.

The vision for the future of the HA Program is to effectively support the provision of quality health care through the Accreditation Program.

Portability of the HA Program to other developing countries was identified as a future possibility.

Sustainability of the HA Program is dependent upon the development of a new organizational structure, an autonomous legal organization, and ongoing financial commitment.

These interviews indicated a high degree of dedication, commitment and pride in the success of the HA Program. Challenges facing the HA Office are substantial, however; they are not to be considered overwhelming by any means. The move to an autonomous body, restructuring of the HA Office and appropriate resourcing for the Program will result in a sustainable program that can support the mandate from the Government of Thailand.

9.0 **RECOMMENDATIONS**

Recommendations are grouped under six (6) topics for ease of reference:

- 9.1 Five-Year Strategic Plan and Financial Plan
- 9.2 Hospital Accreditation Governance
- 9.3 Hospital Accreditation Sustainability
- 9.4 Hospital Accreditation Office
- 9.5 Hospital Accreditation Process
- 9.6 Surveyors

9.1 Five-Year Strategic Plan and Financial Plan

9.1.1 The HA Program develop a Policy Board Approved Five-Year Strategic Plan.

- 9.1.1.1 Various stakeholders, i.e., Hospitals, Ministry of Public Health and Government representatives, be consulted in the development of the Strategic Plan.
- 9.1.1.2 The Strategic Plan clearly define deliverables and timeframes.
- 9.1.1.3 The Strategic Plan be practical and achievable.
- 9.1.1.4 The Strategic Plan be used to develop annual Business and Financial Plans.
- 9.1.1.5 Progress on the implementation of the Strategic Plan be monitored and reported to the Policy Board on at least an annual basis.

The development of a Policy Board approved Strategic Plan is critical to ensure the desired future of the HA Program is clearly defined and understood by all stakeholders.

Determination of the financial requirements to support implementation of the plan is imperative to ensuring appropriate resources are committed on an ongoing basis.

The Five-Year Strategic Plan will enable the Policy Board and Government to monitor the effectiveness of the HA Program on an ongoing basis.

9.2 Hospital Accreditation Governance

- 9.2.1 The role and responsibilities of Governors be clearly established and differentiated from that of HA Program Staff.
 - 9.2.1.1 Governors be recruited based on meeting pre-established criteria.
 - 9.2.1.2 Governors receive education and support required to discharge their responsibilities effectively.
 - 9.2.1.3 An appropriate Committee Structure with roles and responsibilities and clear lines of accountability be developed and implemented.
- 9.2.2 The criteria and processes utilized in preparing and presenting information to the Accreditation Committee and Policy Board be re-examined.
 - 9.2.2.1 In order to reduce workload and support, the different roles of Surveyors, Staff, Governors, and Accreditation Committee Members, the process of reviewing information in granting accreditation status requires significant streamlining.
 - 9.2.2.2 In order to avoid duplication and maximize efficiency, consideration must be given in streamlining the process to develop a strong degree of reliance on the work carried out by various stakeholders.
- 9.2.3 Terms of Reference for the Accreditation Committee Membership be amended in the future to preclude the participation of surveyors as members.
 - 9.2.3.1 As additional surveyors are trained and the HA Program is stabilized, the Accreditation Committee membership be revised to exclude surveyors as standing members.

The Governance Structure of an autonomous legal organization should be clearly defined. The role of Governors and the supporting committee structure is critical to the continued effectiveness of the HA Program.

9.3 Hospital Accreditation Sustainability

- 9.3.1 The HA Program become an autonomous organization to ensure its sustainability and to continue the support and commitment of the HA Philosophy of Accreditation throughout Thailand
 - 9.3.1.1 To ensure continued support and commitment to the HA Philosophy and the role of HA in promoting a commitment to Continuous Quality Improvement in all hospitals in Thailand, an autonomous legal organization be established at the earliest possible date.

- 9.3.1.2 An autonomous legal organization must have in place, the appropriate organizational and governance structure and expertise to support its mandate.
- 9.3.1.3 In the future, recruitment of a Chief Executive Officer for an autonomous legal organization be conducted through a formal search process.
- 9.3.1.4 To support sustainability of the HA Program, expertise of available resources be maximized. A formal networking structure with health science faculties in the universities i.e., faculties of medicine, pharmacy, nursing, be developed and implemented.
- 9.3.1.5 To expand the training and workshop, HACC in all regions should be strengthened. Financial support should be clearly discussed.

Sustainability of the HA Program is dependent upon moving to an autonomous legal organization. This will provide the necessary structure to support the Government's mandate for the HA Program.

In addition, the HA Program must seek to maximize the support of a broader base of resources available through the development of a formal networking structure with all health Professional Bodies.

9.4 Hospital Accreditation Office

- 9.4.1 A detailed review of the structure and performance of the HA Office be conducted.
 - 9.4.1.1 Consultants with appropriate knowledge and experience be appointed by the HA Program to conduct the review.
 - 9.4.1.2 The Consultants report directly to a small committee of stakeholders in the HA Program.
 - 9.4.1.3 Terms of Reference for the review be developed.
- 9.4.2 The HA Program must move forward at an accelerated pace to achieve its mandate and support the implementation of Health Reform Initiatives.
- 9.4.3 Greater emphasis be placed on research and development for the HA Program.
 - 9.4.3.1 Criteria for research be established that will set the future longer term directions for the HA Program.
 - 9.4.3.2 Research criteria be established that will demonstrate the effectiveness and efficiency of the HA Program.

- 9.4.3.3 Research criteria be established that demonstrates the impact the HA Program has on the quality of health services.
- 9.4.3.4 A report card be developed based on research findings and this information be made available to consumers and government.
- 9.4.4 Philosophy on the HA Program be made known to the consumers through a communications/public relations program.
 - 9.4.4.1 A communications plan be developed that is supported by all stakeholders; HA Program, Government, and participating hospitals.
 - 9.4.4.2 The HA Program take the lead in developing the communications/public relations program.
 - 9.4.4.3 The Plan should clearly define the role and responsibilities of various stakeholders in the implementation.
- 9.4.5 A Standards Review Committee comprised of stakeholders such as representatives from Ministry of Public Health, HSRI, HA Office Surveyors, and hospitals be formed to review, and if applicable, revise standards on a regular basis. Standards should place greater emphasis on the broader concept of health.
 - 9.4.5.1 Accreditation has mainly focused on the delivery of quality services by hospitals.

Revisions to the Standards should expand the focus to the broader continuum of health services, including health promotion, injury and disease prevention, and a focus on primary care.

The HA Office Structure requires a detailed review to ensure it is positioned to support an autonomous legal organization.

The new structure should provide support to enhance emphasis of the HA Program on research and development.

A greater focus on this aspect will assist the Governors and the Government in measuring the effect the HA Program is having on the provision of health services, including primary care and health promotion.

Greater education of consumers on the philosophy of HA will serve to enhance their confidence in health care services provided by the hospitals of Thailand.

9.5 Hospital Accreditation Process

9.5.1 The Survey Report to the hospitals should provide clear, concise and practical recommendations. A standard for turnaround time on the availability of the report to the hospitals should be established.

9.5.1.1 The report be written in language this is easy to understand.

9.5.1.2 Recommendations be practical and provide clear directions to the hospital.

9.5.1.3 A standard for turnaround time for completing the report be established at six weeks.

9.5.1.4 Compliance to meeting turnaround standards be monitored.

Improvements to the turnaround time for hospitals to receive survey reports and ensuring the recommendations contained therein provide the necessary guidance to hospitals is critical to ensuring the value added benefit of the Hospital Accreditation Process.

9.6 Surveyors

9.6.1 Qualifications, recruitment process, development/training and evaluation of surveyors be reviewed.

9.6.1.1 An aggressive formal recruitment plan be developed for full-time and part-time surveyors.

The program must consider such factors as the Government of Thailand's Vision and mandate for the HA Program.

Clearly defined criteria for surveyor candidates be developed and used in the recruitment process.

Specific indicators be developed as a component of the recruitment program to measure effectiveness in meeting targets.

A qualified individual other than the HA Program Chief Executive Officer be given direct responsibility for developing, implementing and monitoring the recruitment plan.

The human resource capacity of surveyors to support the Government's mandate for the HA Program requires the development and implementation of a structured recruitment process.

9.6.2 A comprehensive surveyor evaluation process be developed. The process must endorse and uphold the principles of Continuous Quality Improvement; including a commitment to continuing education and ongoing development of surveyors.

9.6.2.1 A written evaluation with input from hospitals and peer surveyors be completed at the end of each survey.

9.6.2.2 A personal summary of the written evaluations be provided through the HA Office to each surveyor.

9.6.3 Surveyors and trainees abide by the code of ethics and confidentiality.

9.6.4 Trainees should be restricted to participation in mock and pre-surveys; they should be supported by a certified surveyor prepared to teach and mentor.

Formalized feedback on surveyors' performance is required to ensure ongoing improvements to the Hospital Accreditation Process. This feedback provides surveyors information on how to enhance their performance, it provides the HA Program information on training needs and focuses attention on customer satisfaction.

APPENDIX

APPENDIX “A”

TERMS OF REFERENCE

Evaluation of Hospital Accreditation in Thailand (HA Thailand)

Purpose:

The purpose of the evaluation of the Hospital Accreditation Program in Thailand is to measure the effectiveness of the services provided by the Hospital Accreditation Program. To determine the degree of impact the program has had in effecting sustainable change. The ongoing commitment to continuous quality improvement initiatives and impact the program has made (value added benefit) to the health care services provided by the hospitals.

Rationale:

To conduct an independent evaluation by a team of professional consultants who have no direct ownership in the process.

The Health Systems Research Institute will commission the professional consultants.

The professional consultants will report directly to the Health Systems Research Institute, their findings and recommendations of the evaluation. The participating hospitals and surveyors will be provided pertinent sections of the report. The consultants' work will be performed for HA Thailand.

There are three (3) parts to the evaluation process:

A) Evaluation of the HA Programs' Effectiveness on the Hospitals.

This evaluation is intended to determine how the accreditation process is perceived by the hospitals.

The evaluation process will include accredited hospitals, hospitals currently preparing for accreditation, hospitals contemplating participation in the near future, and a sample of surveyors.

Areas to be evaluated will include, but may not be limited to:

- ◆ The self-assessment as a tool for the hospital to evaluate the level of performance and to determine its degree of compliance to the standards.
- ◆ The application of the standards and completing the self-assessment by the hospitals.

- ◆ The complexities of the University Teaching Hospitals, specifically, the impact on the application of standards in a teaching environment.
- ◆ The value of the survey process by the participating hospitals.
- ◆ The feedback on the recommendations made by the surveyors.
- ◆ Interpretation of the recommendations, including the development and implementation of a quality action plan to support the recommendations.
- ◆ Connectivity between survey recommendations, follow-up survey and preparation for subsequent surveys.
- ◆ The role of the HA Office in assisting hospitals in facilitating the implementation of the recommendations.
- ◆ Evaluate the impact Hospital Accreditation has had on the effectiveness and efficiency of leadership and management of the hospital.

This will include an assessment on effectiveness of the utilization of human, financial and physical resources.

B) Evaluation of the HA Office in support of the Hospital Accreditation Process.

Relationship between the effectiveness of the HA Program on the hospitals and the support of the secretariat function of the HA Office.

- ◆ This evaluation will include a review of the mission and purpose of the HA Office.
- ◆ The standards and performance measure of operation for the HA Office.
- ◆ Knowledge and understanding of the accreditation process including the application of the standards by facilitators, consultants, surveyors, HA professional and support staff.
- ◆ Review and evaluation of the HA Office Management Structure.
- ◆ Evaluation of the Accreditation Committee including the decision making process of the Committee.
- ◆ Determine the criteria for accreditation and the information requirements of the Accreditation Committee to assist them in making informed decisions on the accreditation award.
- ◆ The process for presenting the information requirements to the Committee.

- ♦ The appropriate role of the Accreditation Committee, the Policy Board, and the HA Office Executive in the award decision making process.

C) Sustainability of the HA Program in Thailand

- ♦ Sustainability of the Accreditation Program in individual hospitals. This review will examine the differences between University Teaching Hospitals and Non-Teaching Hospitals.
- ♦ Sustainability of the program as a National Program.
- ♦ Exportability of the HA Program to other nations in Southeast Asia.

APPENDIX “B”

Policy Board Members

1. Professor Dr. Charas Suwanwela
2. Dr. Pirote Ningsaononda
3. Dr. Somkram Suphcharoen
4. Dr. Salai Sukkapanpoparam
5. Mr. Kashem Kornseri
6. Mr. Pongsak Payakvichien
7. Mr. Manich Sooksomchitra
8. Dr. Winai Wiriakitjar
9. Dr. Seree Tuchinda
10. Mrs. Pajongsin Varnakovida
11. Mr. Anuwat Taromtuch
12. Associate Professor Dr. Nipit Piravej
13. Professor Dr. Wicharn Panich
14. Dr. Wiput Phoolcharoen
15. Dr. Surapong Ambhanwong

APPENDIX “C”

Accreditation Committee Members

1. Dr. Somkram Suphcharoen
2. Professor Dr. Visit Sittapreecha
3. Professor Dr. Arun Paosawad
4. Professor Dr. Suppawat Chutiwong
5. Professor Dr. Kasem Wattanachai
6. Dr. Suchitra Nimmarnnit
7. Dr. Pongsake Wattana
8. Dr. Wuthipong Praebchariyawat
9. Associate Professor Dr. Tassana Boonthong
10. Associate Professor Thida Ningsanon
11. Dr. Songyos Chaichana
12. Dr. Panya Sornkom

APPENDIX “D”

Questions for HA Thailand Evaluation

Evaluation of the HA Programs' Effectiveness on the Hospitals:

1. How has the accreditation process facilitated the development of quality in your hospital?
2. Do you believe the standards developed by HA support the principles of Quality?
3. Do you feel the Principles of Quality adopted by HA respect and support the culture of Thailand?
4. Are the standards easy to understand and interpret by all levels of staff in your organization?
5. Do you feel there are too few standards, too many standards, or just the right amount?
6. Does the HA process facilitate the involvement of all levels of staff in a meaningful way.
7. How has the HA process improved the effectiveness and efficiencies of services and programs in your hospital?
8. Do you believe the HA process will support health reform in Thailand?
9. Does the HA process encourage and facilitate the hospitals' commitment to Health Promotion? If no; how could the standards be improved to support this shift?
10. Has the HA process had a positive impact on cost control?
11. Do the HA standards focus on the patient as the center of all you do? If no, how might the standards be modified to better support a patient focus?
12. The HA process is intended to be a peer review; do you feel the surveyors are adequately trained and understand the HA standards sufficiently to interpret them for purposes of evaluating your hospital?
13. Do the surveyors possess the skills and abilities to facilitate good team involvement in the survey process?
14. What do you believe are the advantages and disadvantages of a peer review process such as HA?
15. Do you believe the HA has improved the level of Public Trust in the Hospital?
16. Is there an adequate number of surveyors involved in the accreditation survey of your hospital?
17. Do you believe the accreditation process supports the elimination of medical error?
18. Are the patients adequately involved; do they have input into the HA process. If yes; how is this supported by the HA standards; if no; how might the standards be modified to support this involvement?
19. Are the surveyors familiar with your organization and your self-assessment when they visit your hospital; are they well prepared for the accreditation survey process?
20. Does the professional background of the surveyors adequately represent the diverse professional background of your staff' specifically, Patient Care Team Members.

21. Was the pre-survey process useful to you and did it motivate you to continue the HA process through to the final survey. If no; how might the pre-survey be improved to better support your needs?
22. Did your hospital utilize the services of the HA Offices for pre-survey education? Were these services of high quality? If no; how might they be improved?
23. Were the survey schedules accommodating to your organization? If no; how might they be improved?
24. Is the length of the survey too long; too short or just right? Did your staff feel the surveyors understood them?
25. Were the recommendations from the survey easy to understand; did the recommendations reflect an assessment of your hospital's compliance to the standards as opposed to the surveyors' personal experiences? Were they helpful to your organization in its continuous quality improvement initiative?
26. Was the turnaround time on receiving the report too long, too short or just right?
27. Did the HA Office adequately support your preparation for the pre-survey and final survey?
28. Did the self-assessment tool assist your hospital in evaluating its level of performance and degree of compliance to the HA standards.
29. Is the accreditation process applicable to a complex teaching hospital environment?
30. Are the standards applicable to a teaching hospital environment? Do they reflect the complexities of such a complex environment?
31. Did the final recommendations support your organization in the development of a quality action plan?
32. Did the HA office assist you in the implementation of the survey recommendations?
33. Has the accreditation process has an impact on the effectiveness of leadership in your hospital? If so, please provide an example.
34. Has the accreditation process improved efficiencies of Human Resources, Financial Resources, and Physical Resources?
35. Do you believe the accreditation process is sustainable in your hospital?
36. Do you believe the HA program is sustainable as a National Program?
37. Do you believe HACC will further the development of the HA Program?

APPENDIX “E”

Rate of Medical Malpractice filed at Medical Council

