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Thailand's Health Workforce : Local initiatives to address workforce challenges



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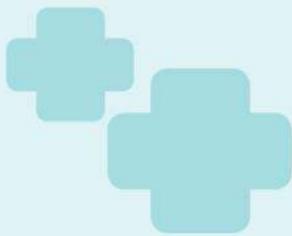
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Thailand's Health Workforce: Way out or dead end?

*Nonglak Pagaiya**

Thailand is a lower middle-income country with a population of about 65 million. The Thai health service system is dominated by the public sector and operates under a three-tier system made up of sub-district health centers, district hospitals and general/regional hospitals. The rural health system serving the majority of Thai citizens is comprised of district hospitals and sub-district health centers. Sub-district health centers serve as frontline health facilities and are staffed by nurses and primary care workers. They each cover approximately 5,000 people while district hospitals staffed by doctors and health teams each serve a population of about 50,000 people. District hospitals serve as an essential link between health centers and upper-tier general or regional hospitals by implementing effective referral systems. The increase in coverage by public health facilities has been quite satisfactory in the past three decades due to heavy government investment in health infrastructure.

Existing health workforce

The ratio of doctor per 1,000 people in Thailand (3:1,000) is slightly higher than countries in the African Region, but slightly lower than countries in the Eastern Mediterranean, South-East Asian and Western Pacific Regions. However, the nurse per population ratio of Thailand is higher than those of the African, Eastern Mediterranean, and South-East Asia Regions. In 2006, there were 33,166 medical doctors registered with the medical council and there were also 130,000 registered nurses and 30,441 primary care workers. Only 17% of doctors and 28% of nurses worked in rural areas, the majority of them worked at urban health

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facilities. Like some other developing countries, primary care workers played an important role as frontline care providers at health centers, which means that the proportion of such workers working in rural areas was as high as 78%. This is likely the result of substitution by primary care workers for highly qualified professionals such as doctors and nurses.

Strategies to attract and retain health workforce to rural areas

The production of health workers, particularly doctors and nurses, has been increased to meet health workforce requirements. However, the main health workforce problem severely affecting the health system is the maldistribution of the health workforce. More doctors, nurses and other health professionals work in urban areas than in rural areas, although the majority of Thais reside in rural areas. The government has implemented a range of strategies to attract and retain health workers in rural areas. The strategies were implemented at different periods of time in response to various crises. Below are the implementations of various strategies in chronological order.

(1) Phase 1(1961-1975): External Brain-Drain

During the 1st - 3rd National Health Plans (1961-1970), the Thai health system was in its very early stages and the health plan was not very constructively developed. Over those periods, there were limited health facilities. With regards to the health workforce challenges, this was the so-called “external brain-drain era.” Due to the high demand for doctors in the United States during the early 1960s, many doctors trained in Thailand emigrated to work in the United States. This period lasted over a decade. Over all, Thailand lost approximately 1,500 doctors due to migration (25% of Thai doctors).

The brain-drain problem prompted the Thai government to implement measures to improve the distribution of doctors and attract them to rural areas. A 3-year-compulsory public service measure for doctors was initiated in 1967 to enforce contracts with medical students for compulsory public service. In addition, in an attempt to solve the doctor

shortage problem, the substitution by nurses and primary care health workers for doctors at primary health care facilities was implemented together with the “rural recruitment, local training and home town placement” strategy for primary care workers, nurses and some medical students. In addition, a special allowance of USD 60 - 88 per month as incentive for doctors in rural areas was implemented.

(2) Phase 2 (1976-1985): Primary Health Care Strategy

During the 4th and 5th National Health Plans, measures were geared towards primary health care and rural development. Particular attention was paid to service provision at the primary care level, health centers and district hospitals. A need for greater health workforce availability in rural areas as well as a need to provide workers with the right skills to work in rural areas forced the Ministry of Public Health (MOPH) to initiate some measures in response.

With the goal of “Health for All” by 2000, the resolution of the fourth national medical education conference in 1979 focused on primary health care curriculum development that prepared medical doctors to work in rural hospitals. Ranges of measures were implemented including an increase in the production of doctors, nurses and primary care workers, and that the specialist training programs for rural doctors was linked to their work development.

An initiative to create a social network was undertaken in 1978. Rural doctors formed and established the Rural Doctor Society in order to support rural doctors in administrative and other aspects as well as to provide moral support. The organization evolved into the Rural Doctor Foundation in 1982.

(3) Phase 3 (1986-1995): Infrastructure Development

From 1987 to 1996, Thailand enjoyed high economic growth. The policies of the National Health Plan were thus geared toward the development of health infrastructure and health technology. Other goals included the production of more health workers and making health facilities more accessible to people. The government implemented a decade of health

center development (1992-2001) with the goal of increasing the number of health centers, providing more medical equipment and producing more health center staff. Rapid economic growth and government policies that supported private hospital investment resulted in the growth of the private sector. The number of private hospitals increased from 132 hospitals in 1985 to 473 in 1995. The internal brain-drain of doctors moving from the rural public sector to the private sector occurred consistently during this period. The net loss of doctors from the MOPH as compared to new entrants rose from 8% in 1994 to 61% in 1996. The gap between the population to doctor ratio of Bangkok compared to that of the North-East region, the poorest region in Thailand, remained large during 1987-1995.

As a result of the fierce competition between the public and private sectors, measures implemented during this period focused on minimizing the pull factors from the public sector. Investments in both infrastructure and equipment occurred during this period and health centers and district hospitals were widely established. Career advancement measures for rural retention were introduced in 1991 and applied for doctors who worked 7-12 years in rural areas. The 10-year project to produce 300 doctors each year specifically for rural areas was initiated. A special rural hardship allowance paid according to the severity of hardship areas was implemented in 1997. In addition, the production of primary care workers and nurses was increased in order to keep pace with the increase in health infrastructure.

(4) Phase 4 (1996-2010): Universal Coverage and Medical Hub Policies

The severe economic crisis that began in mid-1997 resulted in a rapid decline in demand for private hospital services. Most private hospitals reduced their number of beds and doctors and some of them closed entirely. During the 8th National Health Plan (1996 - 2000), the reverse brain-drain was apparent and the rate of turnover among public doctors in relation to new entrants dropped from 61% in 1996 to 20% in 2000.

A new round of brain-drain from the public sector did not begin until 2001. The universal coverage introduced in 2001 had some important implications for the health workforce. The increased service utilization of

approximately 27% for outpatient visits and 9% for inpatients after the introduction of the universal coverage scheme added greatly to the high workloads of doctors and nurses. Furthermore, the economic recovery after 2001 resulted in higher demand for care from the private sector and the consequent revitalization of private facilities. Moreover, in early 2003, the Thai government implemented a policy to promote Thailand as a medical hub and began to encourage medical tourism during 2005-2009.

Recognizing that the trend of high doctor turnover was primarily due to the higher salaries offered by the private sector, the government again implemented a financial incentive for health professionals in 2005 and 2009. In 2009, young doctors obtained monthly income increases to approximately 29% - 92% of doctors working at urban public hospitals. Depending on hospital locations; new medical graduates receive approximately USD 1,750 - 2,678 per month

Conclusion

The success of each measure is difficult to prove as several measures are often implemented at the same time. Overall, as a result of the measures implemented over more than 3 decades, the geographical distribution of the health workforce improved. An increase in the production of doctors, nurses and PCWs accompanied with retention measure package boosted the numbers of the health workforce in the public sector and improved the ratio of the population to doctors, nurses and PCWs. The gaps in the ratio of population to health workers between Bangkok and the North-East narrowed.

Despite these measures, an internal brain-drain of doctors was evident throughout those periods. Socio-economic inequity makes it quite difficult for 'health sector only' measures to be fully effective. Although the measures in Thailand are quite comprehensive, but they are fragmented and at times not quite effectively implemented. A monitoring system to oversee the health workforce situation is required and appropriate combinations of retention measures are of importance in order to make

the health workforce available and adequate for the Thai health system. The following 7 case stories show different strategies or innovations that each institute/ facility used to tackle shortages in the health workforce. These 7 case stories may provide some lessons which will be useful for other countries in order to cope with health workforce challenges.

Adapted from: Pagaiya N and Noree T (2009) Thailand's Health Workforce: A Review of Challenges and Experience. HNP Discussion Paper. Washington. The World Bank

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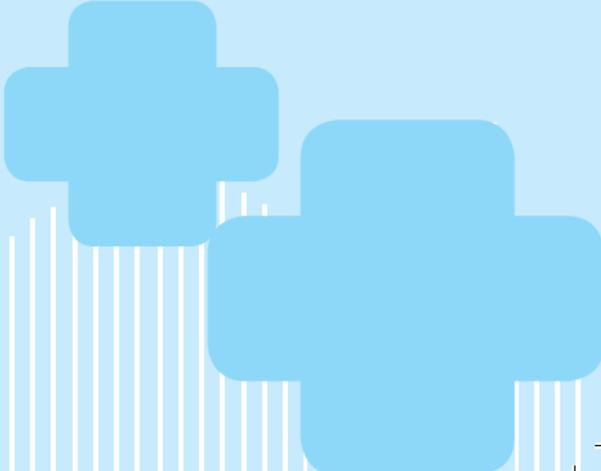
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Siriraj Hospital

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The Role of Medical School
in Developing Human Resources
for Health





Siriraj Hospital

The Role of Medical School in
Developing Human Resources for Health

.....
Wilaiporn Khamwong
Sunanta Thongpat

“Siriraj” at a Glance

The Faculty of Medicine Siriraj Hospital is the oldest, largest and most popular medical school, and oldest of any kind of university faculty in Thailand. Usually, Thais call the Faculty of Medicine Siriraj Hospital, “Siriraj” for short. It is located in Bangkok on the west bank of the Chao Phraya River, opposite Thammasat University’s Tha Phrachan campus. Currently, the Faculty is administered by Mahidol University. The administrative structure in the Faculty comprises the Office of the Dean, the Office of the Director, Her Majesty’s Cardiac Center, 24 departments, including the Office for Research and Development, the Medical Education Technology Center, as well as 5 paramedical schools. Throughout a hundred and twenty-year history, it has been transformed and re-engineered to reach the institutional vision, *“to be the medical institute of the Kingdom towards international excellence.”*



Establishment of Siriraj Resulted in Medical Revolution

In 1886, His Majesty King Chulalongkorn (or King Rama V) appointed the committee to establish the first permanent hospital for treating all Thais without any discrimination. During the construction of the hospital, His Royal Highness Prince Siriraj Kakuttaphan, the King's beloved son died of dysentery on 31 May 1887. This brought him great sorrow and also a strong will to establish the hospital. As he remarked "Illness brings great suffering and sorrow. *Even our son who was heavily protected, has to suffer this dearly; I can't imagine how much more that sons and daughters of other Thais would have to suffer.*" After the Prince's cremation, HM King Chulalongkorn donated the wood planks and everything else used in the ceremony and donated his and the Prince's private funds to the hospital. In the early years, the hospital was built with 6 patient wards and on 26 April 1888 HM King Chulalongkorn presided over the opening of the hospital and named it "Siriraj Hospital."



Siriraj Hospital in the early years

His Majesty King Chulalongkorn

However, physicians were still lacking as they refused to work under the government's employment. With an increasing demand for medical treatment and an inadequate number of physicians, the first official medical school of Thailand, "Siriraj Paethayakorn School", was established within Siriraj Hospital and with teaching beginning on 5 September 1890. It was a 3-year curriculum; teaching was mixed with both modern and Thai traditional medicine. In 1900, HM King Chulalongkorn changed the name of the school to "Rajapaethayalai" which was subsequently changed to "Faculty of Medicine Siriraj Hospital" as remaining at present.

While HRH Krommamuen Chainartnarendhorn was working as the Director of the medical school, he persuaded HRH Prince Mahidol of Songkla, who is the father of our current King, to study medicine overseas. He first went to Harvard University to study public health and later on completed a medical degree. Furthermore, he was a representative of the government of Thailand and negotiated a grant with the Rockefeller Foundation to raise Thai medical education to the degree level as well as to improve the facilities of Siriraj Hospital in various aspects.

With the great benevolence of HRH Prince Mahidol of Songkla, the standard of medical studies and the Faculty of Medicine Siriraj Hospital was lifted up to international standards. In addition, his initiative and efforts produced a most remarkable and lasting impact on the improvement of modern medicine and public health in Thailand such that he was subsequently honored with the title of "*Father of Modern Medicine and Public Health of Thailand.*" It can be concluded that Siriraj Hospital and its medical school have been sustainably developing until now with the generosity of every King and all the royal families in the Chakri Dynasty as well as the full support from the people of Thailand.

Siriraj as Wisdom of the Land for Human Resource Development and Health

As the institute consists of a medical school and a hospital, the four main missions of the Faculty of Medicine Siriraj Hospital are to produce qualified medical graduates, allied health personnel, and medical specialists; to provide quality, virtue and up-to-date medical services with international standards; to promote research activities and develop medical technology and innovation; and to maintain the arts, culture and tradition of the nation in order to lead good health and quality of life to the Thai population, in compliance with the needs of Thai society. It can be seen that the missions of the Faculty focus on developing the potential of Siriraj in all aspects including medical education, medical service, research in medicine, and preserving the arts, culture and tradition of the nation as well as personnel development.



Siriraj Paethayakorn School



The Faculty of Medicine Siriraj Hospital

Medical Education

With full efforts from Siriraj personnel, the Faculty of Medicine Siriraj Hospital has become one of the leading medical schools in the world. The Faculty has developed and provided numerous medical education and paramedical professional training programs at both undergraduate and postgraduate levels. The most famous program of the Faculty is a doctor of medicine (MD) program. This program is a six-year medical curriculum systemically divided into three phases including one year of basic science education, two years of preclinical study, and three years of clinical clerkship rotations. The curriculum focuses on “competency based or



His Royal Highness Prince Mahidol of Songkla



HRH Prince Mahidol Songkla's monument located at Siriraj Hospital.

outcome based.” At present, the program has produced 10,991 medical graduates. In the academic year 2010, there are 324 students enrolled into the program.

There are three different ways of selecting the students into the MD program including quota, direct admission and rural tracks. In the quota recruitment, outstanding students with talents such as music and sports will be recruited from each region of the country. However, only 10-15% of the students in the MD program are selected from the quota entry in each year.

Direct admission is the main vehicle of recruitment for selecting medical students into the program. The students have to take the national examination with medical standardized tests administered by Consortium of Thai Medical Schools. There are 12 medical schools in total. The Faculty of Medicine Siriraj Hospital is a principal institute for developing the student recruitment system and curriculum of the Consortium. Statistically, the MD program of Siriraj is the only program that has been ranked first by applicants thru the direct admission for 3 years consecutively.



For the rural track, in 1994, the Ministry of Public Health proposed a 10-year project (Collaborative Project to Increase Production of Rural Doctors, CPIRD) to produce 300 doctors annually, specifically for the rural areas. The students are recruited by transparent and participatory mechanisms at the provincial level. They spend the first three preclinical years at medical schools (both central and regional) and the second three clinical years at 12 regional hospitals with the networking of district hospitals. The Faculty of Medicine Siriraj Hospital currently affiliated with Ratchaburi Hospital in order to produce 32 medical students from the CPIRD project.

In the processes of teaching and learning management, the teaching staff not only focus on development of medical knowledge and professional skills, but also on development of morals and ethics for their students. Siriraj is the only medical school that specifically has the Deputy Dean of Moral and Ethics Affairs. Moreover, it also provides suitable facilities with advanced technology, and it is the only medical school that has a spectacular digital library-Siriraj Medical Library for servicing the students and personnel at all levels of Siriraj and outside institutions.

Upon completion of the program, their students will be good, smart and happy medical graduates with lifelong and continuing development. This strong intention of teaching has been accomplished by following the philosophy, *“True success is not in the learning but in its applications to the benefit of mankind”* given by HRH Prince Mahidol of Songkla. This philosophy is deeply entrenched in the minds of all Siriraj personnel. Ultimately, the graduates can provide quality, up-to-date and humanized medical services with international standards to all people from all classes as the principle *“Do unto others as you would have others do unto you.”*

Furthermore, *“the Faculty of Medicine Siriraj Hospital is the medical school that has more medical faculties than other medical schools in Thailand. Because we believe that the quality of education and the quality of our students is resulted from the quality of our medical faculties. They are role models for the students.”* (Assist. Prof. Mongkol Laohapensang, Deputy Dean of Education). The ratio of the medical faculty to students is 1: 4.

Most of the medical faculties are supported to pursue a degree or specialty trainings from oversea institutions such as UK, USA, Australia, Europe and Japan.

In addition, *“nowadays, only the medical faculties who have a doctoral degree or an equivalent degree, have specialty trainings and have already passed a board certification examination will be newly employed to our Faculty”* (Assist. Prof. Mongkol Laohapensang, Deputy Dean of Education). The new medical faculties have to attain the one-month experience enhancement project. At Siriraj, their role models must have extreme impacts on their students. From the results of the national medical licensing examination, more than 96 percent of the students graduated from the program within six years with a success on taking the licensing examination at the first attempt over 97 percent.

In Thailand, after graduation from public medical schools, each new medical graduate has to work for the public for three compulsory contracted years with one year at a provincial hospital and two years at a district or community hospital. The graduates will be allocated by the Ministry of Public Health to the hospitals throughout the country. If they breach the contract, they have to pay a high fine. It was found that only a few of the Siriraj medical graduates have breached the contract and resigned from the Ministry of Public Health. Experience in rural public service is now a prerequisite for the residency training programs. In addition, at least one year of rural service is required for most specialty trainings.

In addition to the MD program, the Faculty of Medicine Siriraj Hospital also provides several programs for paramedical professionals including a Bachelor of Science in Applied Thai Traditional Medicine, Bachelor of Science in Prosthetics and Orthotics (offering both Thai and international programs), Bachelor of Science in Medical Educational Technology, Bachelor of Science in Transfusion Medicine, and Certificate in Nurse Assistant. Currently, the Faculty accepted into these programs 60, 30, 20, 30 and 150 students respectively.



Teaching and learning activities of the Siriraj MD program



Digital Library-Siriraj Medical Library

Apart from regular programs, the Faculty also offers many high quality postgraduate training programs such as resident specialty, sub-specialty and fellowship training programs. In 2009, the Faculty enrolled 84 master students, 10 doctoral students, 34 nurse anesthetists, 330 medical residents and 26 fellows. Over 99% of residents succeeded on their board certification examination at the end of their training.

As mentioned above, it can be concluded that the Faculty of Medicine Siriraj Hospital is the leading and main medical education institute producing ethical and humanistic medical graduates, paramedical personnel and postgraduate specialists with professional and international potentials to serve people and health care service settings throughout Thailand. Many medical faculties of other medical schools are alumni of Siriraj following their residency or specialty trainings. Thus, it has in some parts, been involved and impacted on production of physicians of other medical schools indirectly. It has also created many networks among settings and universities relevant to health care.

Medical Service

Siriraj Hospital is recognized as the first university hospital in Thailand and one of the largest hospitals in Southeast Asia. Currently, the hospital has 13,459 members of staff including 843 medical faculties, 575 physicians, 84 applied Thai traditional physicians, 2,885 nurses and 2,131 nurse assistants as well as 6,930 additional personnel working wholeheartedly with their full strength in advanced medical facilities for providing excellent medical service with international standards. Because of its reputation, the number of patients has been increasing. In the fiscal year 2010 (from 1 October 2009 to 30 September 2010), it had 2,223 sick-beds and provided medical services for 2,806,574 outpatients and 81,041 inpatients. It has also loyally provided medical treatment to the royal family members including our King.

With such an intense work-load and honorable responsibilities, Siriraj personnel are determined to upgrade and enrich their qualifications continuously. This personnel development of Siriraj can be achieved because the administrators realize its importance and provide good support to their staff. The quality of Siriraj's personnel and medical service has been approved from several organizations. For instance, the hospital has been accredited by the Hospital Accreditation Committee of Thailand and ISO Committee. It has also received many awards such as the Reader Digest Trusted Brand Award 2007 and 2008.

In 2011, the Project Siriraj towards Medical Excellence will be accomplished. A part of the project is *an Excellent Center in Medical Care*. This center will be the most up to date medical facility in Thailand. It will host several centers of excellence in medical care with state of the art medical equipments and personnel. The center will be an ideal site to attract not only Thai national but also international patients from Asia and from other parts of the world.

Research in Medicine

As a leader in medical service and education, Siriraj has endeavored to excellence in medical research. Although it is the largest and busiest medical institute in the country, Siriraj publishes over 500 scientific articles



Siriraj and staff granted awards from conducting R2R



Sharing research findings from R2R

annually in national and international peer review journals. Effective strategies used for promoting the staff to conduct research, develop health knowledge and innovation, and publish their works are Routine to Research (R2R) and Knowledge Management (KM).

Siriraj is the first institute to develop the R2R project, a revolutionary research management project, in the health care service setting of Thailand. Initially, in September 2004, the R2R project was started with the main objective to improve the existing quality structure of the hospital, including multidisciplinary patient care teams and continuous quality improvement. The project provides essential resources, e.g. funding, consultants for research methodology and research assistants, to facilitate the staff to transform their daily health service concerns and unique know-how into scientifically validated practices.

The project is now successfully carried out at every staff level. This is possible because *“instead of prioritizing research with methodology we asked our staff to start with thinking about research questions coming from their routine works. They won’t be discouraged by the complicated*

research methodology." (Dr. Akarin Nimmannit, M.D., the Manager of R2R Project). Ultimately, the staff can improve the quality of care for their patients by utilizing the research findings.

Throughout this improvement process, faculty members and staff have progressively strengthened their mindfulness and competence to optimize their outcomes for moving Siriraj toward being one of the leading medical institutes in the world. Staffs with similar interests are able to learn that others have encountered a particular problem and how they have overcome it. The R2R project has demonstrated its effectiveness in strategies for human resource and organizational development. As one of the faculty members addressed:

"Talking about research, of course, everyone wants to do it but time so limited. After we join this project, we have wonderful supported teams to help and facilitate us, then, we can get it done. And later on we see other staffs accomplished with their research conduction more and more. Currently, a lot of people come to our institute for study visits and asking for help. Well, they have brought knowledge back home and created new tasks." (Assist. Prof. Mongkol Laohapensang, Deputy Dean of Education)

Another strategy promoting the success of the R2R project is knowledge management (KM). It is utilized as a tool, particularly, the success story telling, to share the staff's research findings and empower others to conduct progressive accomplishments in the quest to provide the best patient care. The implementation of R2R has conveyed pride and recognition to staff. This will lead to the retention of talented staff as well as increase productivities of the organization.

Currently, the R2R project has supported almost 200 research projects. It has also gained recognition from both the public and private sectors nationally and internationally as *"a valuable tool in human resource development."* Siriraj has proven this accomplishment as they won an Asian Hospital Management Award (human resource development category) in 2007. Nowadays, the Ministry of Public Health has used the



Siriraj R2R model to promote the knowledge management system and R2R activities for human resource and medical service development throughout Thailand.

In addition, in the near future, the *Excellent Center in Medical Research* will be completed. It is a new dedicated facility within the new Siriraj complex. This will be used for most modern medical research and for over 10 mega-research projects. There will be a clinical research center in this building.

Preservation of the Arts, Culture and Tradition of the Nation

Promoting Thai value and maintaining the arts, culture and tradition of the nation are the responsibility of all Thais including Siriraj. Although Siriraj personnel have strived to improve their organization to be a modern medical institute of excellence with international standards, they have not forgotten about the issue of *“compliance with the needs of Thai society.”* A significant example is the Bachelor of Science in Applied Thai Traditional Medicine program which was initially developed and offered by the Ayurved Thamrong School, Center for Applied Thai Traditional Medicine, the Faculty of Medicine Siriraj Hospital. Rather than focusing only on modern medicine, the faculty members of Siriraj have put their great efforts in promoting human resource development on Thai Traditional Medicine.

In 1982, the Ayurved School was established under the vision of Prof. Dr. Ouay Ketusinh, a renowned professor of the Faculty. His vision was that *“basic medical sciences are an essential fundamental for further development of Thai traditional medicine.”* Thus, he placed a new paradigm to Thai traditional Medicine by integrating it with scientific knowledge (later on called Applied Thai Traditional Medicine). Such innovative vision becomes crucial to conserve Thai wisdom and assimilate it into the modern Thai way of life.

During the early years of the school, it began with a 3-year program. In 2003, the curriculum was revised to a 4-year Bachelor program. In 2007, HRH Princess Mahachakri Sirindhorn renamed the school to “Ayurved



Teaching and learning activities of the Bachelor of Science in Applied Thai Traditional Medicine program

Thamrong School”, which means a school which preserves the knowledge of Ayurved (in Sanskrit, Ayurved means medicine). The school has undertaken conservation of Thai traditional medicine by teaching students covered all areas including traditional medicine, traditional pharmacy, traditional midwifery and traditional massage. In particular, the school has strong awareness to preserve the court-type massage, which had been exclusively for royalty in the past and rarely to find trained practitioners at present. Knowledge of the court-type massage has been passed on to the students of Ayurved Thamrong School by Mr. Narongsak Boonratanahiran, a Thai practitioner, who learned the knowledge and skills from generations of practitioners who worked in the palace.

At the Ayurved Thamrong School, students have an opportunity to learn and practice in taking patient medical history, diagnosing and providing treatment by utilizing the unique arts of Thai Traditional Medicine. Hence, this program allows graduates to work in the front line of health care services with high quality and trustworthiness at the same standard level as modern medicine. Most of the graduates become faculty members and medical staff of Siriraj and other universities. In addition, some graduates now work at community hospitals and private sectors.



Currently, Thailand has emphasized and included Thai traditional medicine into one of the goals of the 10th National Strategic Plan (2007-2011). This has promoted Thai wisdom in two main objectives which are establishing Thai traditional health services with the same standard as those of modern health services, and manufacturing the value of herbal medicines used so that the health care system in Thailand will be more self-reliant. Therefore, the role of Siriraj in human resource development for Thai traditional medicine is not only revival and conservation of the arts, culture and tradition of the nation but also integration of Thai wisdom with the international ones in order to establish Thai traditional medical services with the standard of modern medical services.

Keys for Success

Over the past 120 years, Siriraj remains the “*hospital of the land,*” providing excellent medical care to all Thais, and is the role model in various aspects to other hospitals and medical schools in Thailand. Its medical school is the first medical school and has the largest medical complex in the country. Production of qualified health workforces in both undergraduate and postgraduate programs of the Faculty of Medicine Siriraj Hospital show clear evidence of success on attaining their missions. The graduates produced by Siriraj have significant impacts on the quality of the health care service system at all levels throughout Thailand.

Factors leading to success on human resource development for health of Siriraj are:

Siriraj culture: Although Siriraj is a hospital, a medical school and a working place to some, it is a home to most of its personnel. They are greatly involved and bonded among themselves as one. Siriraj is a unique community with much bonding among its personnel and patients. Siriraj culture can be simply explained as acronym of SIRIRAJ as follows:

S

Seniority: Love as brothers and sisters

I

Integrity: Loyal, correct and trustworthy

R

Responsibility: Thinking of the benefit of the faculty and patients

I

Innovation: Creativity, eagerness for new knowledge

R

Respect: Value every member of staff and patients

A

Altruism: Unselfishness

J

Journey to excellence and sustainability: Cooperation for the excellence

In addition, the deep respect in the Thai Monarchy has resulted in the devotion of its personnel to render quality medical service and promote quality of life to Thai populations conforming with the needs of Thai society.

Administrative excellence: Former and current administrators of Siriraj have good vision, strong determination and clear directions to move the organization toward excellence. They provide good support to their personnel in all aspects including finance, skills and professional development, creating an academic and research atmosphere, as well as organizational culture and bond in order to allocate, develop and maintain potentials of their personnel.

Sufficient personnel with high potential: Siriraj is a medical institute that has the highest number of personnel compared to other medical institutes



in Thailand. Siriraj provides not only good support but also promotes its personnel to have high potential and lifelong self-development.

Systemically divided curriculum: Siriraj has improved and revised the MD curriculum several times. It was found that the current curriculum has produced qualified medical graduates. This six-year curriculum is systematically divided into one year of basic science education, two years of preclinical study, and three years of clinical clerkship rotations. It builds the competency of the students step by step from easy to complicated; ultimately, the graduates are not only knowledgeable but also skillful and ethical with professional and international standard.

Reputation and Networking: With the long history of provision of excellent medical education and service, Siriraj has built its reputation and numerous networks. It has both academic and health service networks at all levels of medical institutes nationally and internationally. These are the essential keys to overcome with its missions and sustain growth and development of the organization.

According to its strengths, productivity and impacts, it can be concluded that the Faculty of Medical Siriraj Hospital is the “*wisdom of the land*” for human resource development for health of the country. The Faculty has maintained its philosophy, vision and missions to produce qualified health workforces to serve the public for all walks of lives with the highest levels of medical service. This is finally to maintain the health status and quality of life of all people.

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HUMANIZED HEALTH CARE VOLUNTEERS

Pranangklaao and Bangbuathong Hospitals,
Nonthaburi province, Thailand



HUMANIZED HEALTH CARE VOLUNTEERS

Pranangklaeo and Bangbuathong Hospitals,
Nonthaburi province, Thailand

*Achara Skuntaniyom
Thongsouy Sitanon*

Nonthaburi at a glance

Welcome to Nonthaburi, the second most densely populated province in Thailand. Nonthaburi is an old town, with more than 400 years of history. Its 622 square kilometers of land lies within the northwest of the Bangkok metropolitan area, divided in two by the Chao Phraya river. Nonthaburi's six districts are Bang Kruai, Bang Yai, Bang Bua Thong, Mueang, Pak Kret, and Sai Noi.

Though Nonthaburi is crowded, it is very attractive to visitors, with many sites of interest including Koh Kret Island, an authentic Thai fresh and wet market, and a historic town center.



Koh Kret Island, Nonthaburi



Being blessed with Buddhism to the development of humanized health care volunteers, Thailand

Thailand is blessed by Buddhist philosophy, which underpins the Thai people's sincere consideration for others. *Namjai* or “the water of the heart” is a concept within Thai culture that encompasses spontaneous warmth and the compassion to make sacrifices for friends and other people. With this virtue, Thai people are known for helping those in need, including their friends and people whom they do not know.



Being blessed with Buddhism

The other social value is the intense and sincere friendship among Thai people. This friendship reflects a degree of social involvement and the willingness to help others; especially, when Thai people are involved in difficulties. Thai people feel an obligation to help other people, regardless of benefits.

Based on these unique Thai social values, humanized health care volunteers are well established in our culture. Village health volunteers have worked for the Thai people since 1978, and volunteers have also supported patients in hospitals, supplementing a shortage of health care providers during socioeconomic crisis.



Humanized hair cut for patients

Humanized health care volunteer successes

Pranangklaio and Bangbuathong hospitals are two key hospitals serving patients in Nonthaburi areas. These hospitals are outstanding examples of how using humanized health care volunteers has brought benefits to patients. At Pranangklaio

hospital, adult and elderly Thai people have helped patients as humanized health care volunteers, while young humanized health care volunteers have made extraordinary organizational contributions to health care at Bangbuathong hospital.

Encouraging virtues at Pranangklaio hospital

Pranangklaio hospital is a general public hospital located in an urban area of Nonthaburi province. The hospital clinics serve more than 1.8 million people, using humanized health care volunteers during the provider shortages.

The initial volunteer project at the hospital was first launched on January 13, 1997 by deputy director of medicine, Dr. Uthai Suparp. He inspired health care providers through his vision. Nine years later, the Ministry of Health of Thailand officially included the humanized health care volunteer department in the Thai national health plan.



Playing Thai traditional music at OPD, Pranangklaio hospital



Believing in Thai social values, Dr. Suparp created opportunities for Thai people to practice their virtues in the hospital. He recruited caring people to act as volunteers to help patients in the hospital. To begin with, only 20 people registered with his project and most of these were elders.

The humanized health care volunteers usually have duties with low responsibility, in which professional experience of health care is not needed. For instance, they may help guide patients during their visits, encourage strong relationships between patients and health care providers, and use their own wisdom and skills to help improve outcomes in health care.

Over the past 14 years, this volunteer project has grown, with humanized health care volunteers becoming the best-established volunteer group in Thailand. Now, around 100 humanized health care volunteers work across the hospital's 32 units. Most volunteers are elderly, bringing wisdom, skills and established virtues to their work. Having experienced care in their own families since a young age has encouraged their volunteer spirit.



The first group of humanized health care volunteers, Pranangkla hospital

Encouraging humanitarian assistance to work at Bangbuathong hospital, Nonthaburi

Bangbuathong hospital also has a shortage of staff, but tries to provide the best health care possible. As at Pranangkla hospital, a group of compassionate elderly Thais serve as unpaid hospital volunteers. These people help the hospital as they can. One interesting project arranged by



Grandma's hand puppet group, Bangbuathong hospital

the group is a health education project known as “Grandma’s hand puppet group”. These volunteers use a puppet show to educate young children to take care of their dental health.

Furthermore, every community is encouraged to have public health volunteers to help health care teams access the community and provide basic care to the community. The trained volunteers can check blood pressure, provide health education and provide some over the counter medicines received from the subdistrict hospital.

Moreover, the volunteers can encourage villagers to live a healthy life such as exercising, selecting good food, cleaning the house and the environment, and controlling mosquitoes. The volunteers are trained and supervised by a subdistrict hospital or a health centre. In the past, these volunteers were unpaid, but now the government recognises the



importance of their contributions and pays a small monthly wage. Moo 3 Bangkurad hospital is a subdistrict hospital that has achieved great success in gaining high cooperation from the public health volunteers.

Promoting young humanized health care volunteers at Bangbuathong hospital, Nonthaburi

As well as elderly volunteers, children also play a part as young humanized volunteers, showing a brilliant volunteer spirit that marks them as among the best of the young Thai generation. This project for young volunteers was implemented in 2007 and was very successful. Students from 12 to 18 years old from more than 10 schools participated.

As volunteers, their main responsibilities were to guide patients at the hospital each Saturday, and help patients with daily tasks such as walking, eating, and cleaning. They also provided relaxation activities to patients by playing music on Thai musical instruments, and reading Dharma books and novels aloud. Behind the scenes, they help paid healthcare providers to prepare medical materials for use.



*Young humanized volunteers,
Bangbuathong Hospital*



Bangbuathong hospital team

Hence, this project promotes Thai social values of helping others unselfishly from a young age. When children are well-trained, This will help each other and new generations will also possess a volunteer spirit. Thai people will always care for and help each other anytime as a result of their established and strong social values.

Following their aspiration in helping patients

"Doing good deeds without any conditions and helping others using our heart without expecting any benefits" is the volunteers vow at Pranangklaow hospital. They pledge this vow every morning before leaving their home to work in hospital. In the hospital, the volunteers work exclusively for patients. Volunteers say that they immediately experience true happiness from doing good deeds whenever they come to help patients.

"If we help other people without expecting any benefits, we will never experience suffering because when we help others at that moment, we receive a result of our helping activities which is happiness in our heart right away. We do not have to wait for any other result. If we expect something, we have to wait whether and when others will give something to us in returns. For me, after helping others, it is over on that day."
(Sorasak Rodto, the current director of the volunteer agency)

Contributing to success and maintaining sustainable development



Dr. Wongkongsawat believes that caring is the cardinal virtue that Thai people have possessed since time immemorial, and that Thais always care for each other as they would their close relatives and friends. Thus, he encourages hospital employees to practice using care while working. Accordingly, a warm-welcoming working environment is developed, promoting happiness in this working place.

Dr. Thawatchai Wongkongsawat, the current hospital director

"I want to promote caring the most in this hospital as it is the heart of the care. When we focus on quality, we may spend less time to promote caring. In the past, we could do everything for each other because we worked using our heart; thus, these days, we should focus more on



caring, the best desirable concept in the world we have already practiced in Thai culture for a long time.” (Dr. Thawatchai Wongkongsawat, the current hospital director).

The warm environment provided by the director and the health care providers encourages the humanized health care volunteers to deliver their supplemental care to patients, filling gaps that increase positive patient satisfaction.



Sorasak Rodto, the current director of the humanized health care volunteers

“The hospital director is the most important person who brings us together. He includes us. Everyone will join together if he leads. He respects us as a useful group of people even though we are elderly and retired. He cares for us very much that we can touch. For instance, when we are sick, he comes to visit us as if we were his relatives.” (Sorasak Rodto, the current director of the humanized health care volunteer department).

In addition, the Director gives every opportunity for the humanized health care volunteers to present their works to the public. The volunteers have received several national awards for their work; and the director encourages national and international guests to visit and see the work of his volunteers, including the Ministry of Health of Thailand. These visitors have praised the valuable work of the volunteers, encouraging the volunteers to do their best and maintain their reputation for helping patients.

"I am very happy to come to work. I always get up at 4 a.m. and get ready to come to work in the hospital. I arrive the hospital around 06:15 and start working because I am afraid of running out of time in helping patients and I want all patients to feel better"(Pairatt Tessawasdi, 78-year-old man).

Finally, a sense of ownership and being part of the hospital encourage the humanized health care volunteers to work permanently. The director maintains the volunteer department and allows them to create and wear a distinctive uniform so that patients may identify them immediately. As a result, the humanized health care volunteers feel that they are useful to the hospital.

"Helping patients is very worthy. My work helps decrease providers' burden so that they have more time to take care of more important things for patients. I love my work and I want to come to work even though many barriers. I do not receive any benefits but I am very happy to come and see my sisters and brothers working as health care volunteers." (Fuangfar Chuasuk, 67-year-old woman)

Gaining excellent cooperation at Bangbuathong hospital, Nonthaburi

Bangbuathong hospital has achieved much success in obtaining cooperation from within its community, and increasing its capability through a network of organizations.

Since 1997, Dr. Praput Leelaprut, the director of the hospital, had been trying very hard to access the heart of the local urbanized communities. Now the hospital gains a lot of cooperation from the district network including village leaders, school leaders, religious leaders, police, subdistrict health office leaders, district health office leaders, province health office leaders, health promotion hospitals and community health centres. This district network provides helpful cooperation and the hospital also provides health services in return.



Excellent cooperation at Bangbuathong hospital, Nonthaburi



Dr. Praputh Leelaprute, the director of Bangbuathong hospital

“The key point to success is to be sincere, serious and sustained” says Dr. Leelaprute. The hospital plans its projects thoughtfully, setting targets that maximise benefits and show the sincerity of the hospital in providing care. This encourages people in the community to co-operate, making the hospital run more smoothly, to the benefit of all. The hospital can access clients and patients in different settings to provide good health care, and the clients and patients gain greater access to the health care services necessary for a healthy life.

Live Humanitarian in Thai society

“Humanitarians exist in Thai society” is the overall message of these volunteers at Pranangklaow and Bangbuathong hospitals. These two examples reassure us that traditional Thai humanitarianism is alive and well. These volunteers are retired people and public health volunteers, sustained by compassionate children who are carrying on the support for hospitals and patients.

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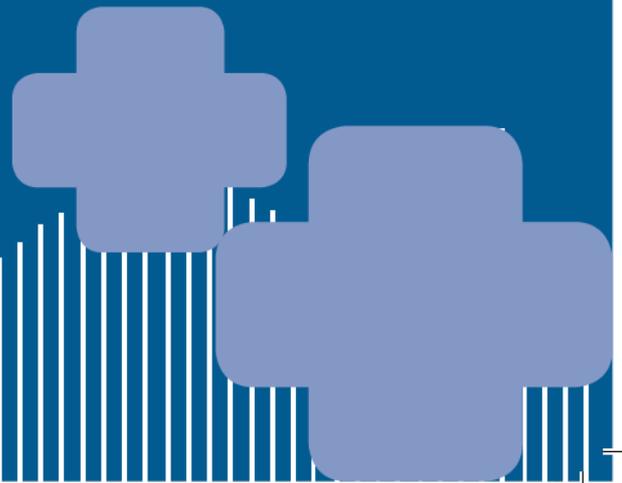


Alternative for Human

Resources for Health Community Members:



The Asset of Taladjinda Community
to Bring Health for All





Alternative for Human Resources for Health Community Members:

The Asset of Taladjinda Community to Bring Health for All

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Pornruedee Nitirat
Tharin Sukanun

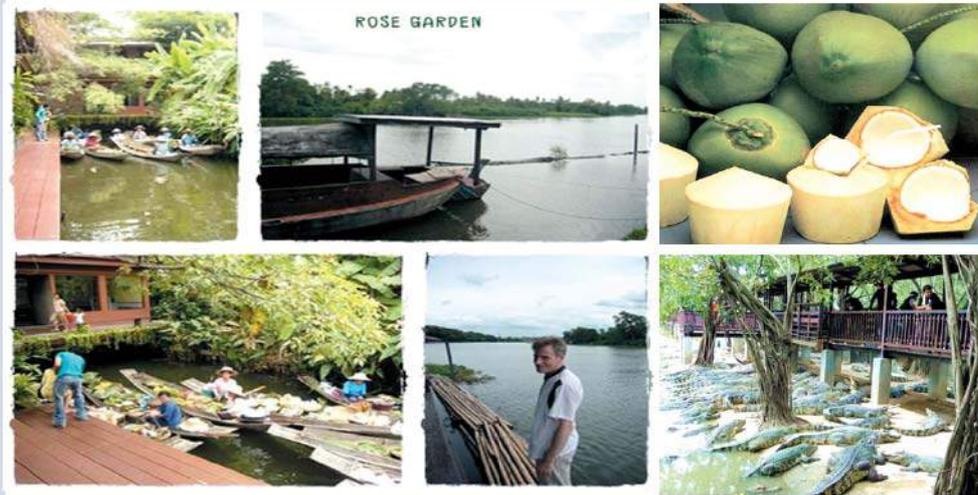
With more than 20 years on a career path in health, the same simple question has been posed to health providers “Why can’t government health settings be comparable to private ones?” The same answer is given every time:

“There is nothing we can do because our resources are limited.”

“We don’t have money.”

“Our workload is too high. We don’t have enough staffs.”

These responses are received repeatedly day after day, and would be accepted if not given the chance to know a local health setting named Taladjinda. Taladjinda local health center presented a different answer. Below is the beautiful story of this outstanding local health center.



Attractive Resources of Sam Pran District

Getting to Know Sam Pran District

As is well known, Thailand is one of the most active tourist spots in the world. All regions of Thailand welcome many foreign and domestic visitors each year. It has never been wrong to claim that Sam Pran District, Nakhon Pathom province always comes to mind as a top choice of travelers who prefer a one-day trip from Bangkok. Sam Pran District has something that appeals to most visitors, for example: natural resources for those who wish to stay close to nature, temples where renowned Buddha images are located, a crocodile farm for those who are big fans of exciting shows, and delicious food and fruits available everywhere for food lovers. Groups visiting this area are similar to those in other parts of Thailand. However, since August 2010, Sam Pran District has had the opportunity to welcome numerous new faces in the health field. This occurred after Taladjinda local health center achieved the National Best Excellent Local Health Center Award of 2010.

Taladjinda Local Health Center at First Sight

Approximately 50 kilometers driving south from Bangkok on Phetkasem Road, you cannot miss Sam Pran District. Keep driving further, following the sign to Taladjinda sub-district, enjoy the scenic tropical fruit



Physical exam service at Taladjinda local health center

plantations along the way, and it will take you 10-15 minutes to reach Taladjinda local health center. This is a local health center with an outstanding landscape that attracts visitors at first sight. Almost all visitors who have been here have a common question in mind: “How is Taladjinda local health center different from other local health centers in Thailand?” and “What made it win the national award?”

Taladjinda local health center has a long history. It was built in 1967 on Jindaram Temple land and was renovated and extended as a 2-story building in 1994. At present, there are 9 staffs consisting of both government officers and hired employees. This local health center serves as a primary care unit responsible for 2,047 households with a population of almost 4,000. The mission of Taladjinda local health center is to provide the same main health services as others-basic healing provided by nurses, health promotion, disease prevention, and rehabilitation. Before 2008, there were approximately 1,000 patients seeking services each month. The most common illnesses found in the area are chronic diseases, Diabetes Mellitus (DM) and Hypertension with complications.

A Turning Point of Taladjinda Local Health Center

In 1997, the Thai health arena was shaken due to the new vision of the government regarding health system improvement. Health care reform was used as a significant strategy. Soon after that, universal health care was introduced to Thai society. People had the freedom to register



themselves as a client of any preferred health setting. Revenue would be allocated to health settings for up to a certain number of clients. With this new method, health settings needed to enhance their services in order to increase the number of clients. There was no exception for Taladjinda local health center. The only choice was to improve its quality; otherwise, it might not be able to be in line with other surrounding health settings especially hospitals and private health settings.

Taladjinda local health center does not operate alone. It is a member of a district health-setting network called the Contracting Unit Primary Care of Muang District (CUP) supported by a health team from provincial hospital (Nakhon Pathom Hospital). As a result of the health system reform mentioned, the administrators of the CUP increased support to selected local health centers under their supervision. Fortunately, Taladjinda local health center was their priority as it was perceived as having a high opportunity for improvement.

“We had 36 local health centers to take care of. We could not improve them all at the same time so we needed to prioritize and select some of them and Taladjinda local health center was one of our targets. The greatest advantage of Taladjinda local health center was human resources in community. They are capital extremely essential for any sustainable development.” (Dr. Suthon Imprasittichai, a Chief of CUP)

Actions to enhance Taladjinda local health center quickly began. With the belief that “having doctors” would be a powerful magnet to attract patients to this health center, doctors and nurse practitioners from Nakhon Pathom hospital were asked to collaborate by working at the center on Monday, Tuesday, and Friday. To serve patients’ needs, DM and hypertension Clinics are open on these days as well. It is not surprising to see that currently, there are about 1,400 patients visiting this health center each month.

“It is so good to have doctors here. I don’t have to get up very early to queue up at the hospital. It is so much time wasting to get treatment at hospital each time. Now, my son can take me here, go do other things and come get me later after I am done. It’s so convenient.” (DM patient)

The Way Out for Limitations on Human Resources

An increase in clients reflects the success of this local health center. Yet, we cannot deny the fact that a heavier workload is an inevitable consequence. Insufficient human resources are a good excuse for some health settings but not for a health center like Taladjinda. Taladjinda local health center is a good illustration of innovative human resource administration. High social capita in the community is considered as the best solution. Starting with the idea that lay people will support their own community, the existing village health volunteers (VHVs) were taken into consideration. Generally, all VHVs were already trained to bring some basic health services to their community. However, their competencies were limited so their role in health was not fully accepted by community members. In order to eliminate this weak point, CUP provided intensive 5-day training to VHV representatives from all local health centers in the network. All participants had to be those with a strong intention to devote themselves to patients with chronic diseases in their community. Twelve VHVs from Taladjinda local health center were recruited and participated in the training. After completing the training, participants were considered excellent VHVs for chronic disease rehabilitation.

The trained VHVs become a helpful human resource to reduce some tasks carried out by health staffs. Every morning, they take turns to work in a clinic. Their tasks include retrieving patient's registration cards, checking vital signs, examining blood sugar, and giving health education and general care to patients. In the afternoon, it is time for home visits. The VHVs serve on a multidisciplinary home-visit team. Major roles of trained VHVs include providing rehabilitation, empowering patients and family, feeding liquid diet via a nasogastric tube, and performing home renal dialysis. In the first 2 months, nurses in the team supervised VHVs closely until they were sure that VHVs would not harm their patients. Case conferencing is an approach to broaden knowledge among team members. Thus, VHVs are required to conduct case conferences with other team members. VHVs have gained confidence overtime. Now, they are very proud of their role in health as they can give more complicated health care to people in community. They could sense more trust from



Health education and promotion practice



Home care



Village health volunteer training



Excellent VHVs for chronic disease rehabilitation.



Home visit and rehabilitation

patients' families. This, in turn, encourages them to seek more knowledge to serve the health needs of the community.

"Before trained, we couldn't work much because we didn't know exactly what we should do and people didn't seem to trust us. They didn't listen to our advice. They might think we didn't have enough knowledge. After the training, a situation completely changed. Now, everyone listens to us and follow our advice. To me, this is big encouragement to work for community. I think my knowledge isn't enough to answer tons of questions from my clients. I want to learn more." (Village health volunteer)

Another human resource in the community is those in the elderly club. Although this group of people is not formally trained in health, they usually get together for healthy activities such as exercise, mind relaxation, and such. Most members are those with some chronic diseases. When coming together, they can share their experiences with

one another. The use of an elderly club is an effective approach to get seniors in groups and empower them to perform healthy practices. Taladjinda local health center saw this opportunity so the health staff collaborated with the club, developing a health plan for the elderly. The “Peers Help Peers” project is a concrete product of their collaboration. Elders were trained to give their friends simple health care like vital sign check, blood sugar examination, and health education. The elderly club is a nice channel for the elderly in the community to provide their social support. As a result, incidences of depression among elderly have decreased. The elderly club has also proven its effectiveness by its growth from 100 to 427 members and winning the District Best Excellent Elderly Club Award of 2008.

“I like the club. We can get in group for elderly activities. We could help each other because we understand people in the same age. I have been a middleman for a couple with conflict. Our club also supports the health center. We lent their money when the budget from the government was not in time. We trust and belief that they will never cheat and return money to us.” (President of elderly club)



Activities in the Elderly Club



Activities in the Elderly Club

As once said, ‘money and politics are power’, these two factors should not be overlooked. Since 1999, the Thai government has been required by law to decentralize basic service functions to the local governmental administrative organizations by allocating at least 35% of the national budget to these local organizations. Therefore, Taladjinda district administrative organization is another target to pool resources. Typically, Taladjinda district administrative organization holds a monthly community public hearing. All stakeholders, including health staff, are invited to discuss the community’s needs as well as give suggestions to local governors. With this public hearing, health problems have been solved in a timely manner. Furthermore, an annual public hearing is set up before the new fiscal year; then, health solutions are put into a district health plan and carried out as planned. Up to now, the Taladjinda district administrative organization has decidedly prioritized health of people and provided financial support to Taladjinda local health setting as requested. The health policy was continually moved forward with the hope to improve the health and well-being of the community as a whole.

“I was born here. I know all people here. They are like my relatives. I want to bring quality of life to community as much as I can. My organization is small so we don’t have huge budget each year but it is enough to put in health. Solidarity and sacrifice is terrific characteristics of this community. All support from my organization will be not wasted. I also give some

incentives to VHVs like holding a new-year banquet and take them to learn and share with VHVs in other parts of Thailand. This is to retain them in our system.” (Chief Executive of Taladjinda district administrative organization)

The lifestyle of Thais is strongly attached to religion, mainly Buddhism. Religion influences people's thoughts and practices. Most Thais believe in the next life so they want to bring virtues to others. It is usual to find that Thai people follow a monk's persuasion and advice. It is accurate to say that monks are powerful in the community. Taladjinda local health center did not hesitate to involve the minister and other monks in Jindaram Temple in several health activities. CUP was also concerned about this point so health training was provided to monk representatives (two monks per temple) in the area. Monks were trained to be health leaders in the communities. Trained monks can give blood sugar checks for DM monks and people who come to their temple for religious practices. Trained monks received a handbook of health lessons/sermons. Not only do monks teach their disciples ways of religious practices but they also teach them health practices as well. Moreover, Jindaram Temple is a significant financial resource for Taladjinda local health center.

“I began my monkhood life here 45 years ago. This local health setting is in my eyes because it located on the temple land. In the past, this place is very small and old. In 1973, I asked for donation via Tod Kra Thin (one of Buddhism activities). We earned lots of money to renovate the health center. I continuously give support because this place is for our community. We want a good setting and care. I am also a DM patient. Asking for donation isn't difficult since people here is not poor. They have their own land. The most important thing is that they love their homeland so they are happy to donate for their community.” (Minister of Jindaram Temple)

In Thailand, we always say that the 3 main pillars for community development consist of community members and leaders, temples, and schools. In regards to this concept, CUP and Taladjinda local health center would never forget the school dimension. The schools are one of



stakeholders so school administrators are invited to any public hearing. Schools are very helpful in terms of spreading information to the community through their students. Hence, a health calendar will be given to all schools in the area. Schools will help health providers with public relations. Sometimes, teachers are invited to attend health trainings and lectures to update their knowledge and they can transfer their knowledge to their students.

A Future Picture of Taladjinda Local Health Center

Taladjinda local health center is now recognized as a successful health setting in Thailand. The national award is a good affirmation to this case. Nevertheless, health staff, VHVs, local governors, and community members still want constant evolution. They wish to have their own doctor and nurse practitioner working at least 5 days a week and have this health center open its doors 24 hours a day. If their dream comes true, Taladjinda local health center will be a wonderful front-line health unit close to people's home and heart. Also, it will become a one-stop service health unit. This, in turn, reduces the crowding of larger-scale health settings.

Understanding the story of Taladjinda local health center, a couple of take-home messages were clear:

First, a sense of community ownership plays an important role in community involvement. Whether or not community members will be a valuable human resource for health depends on the extent to which they commit to their community. In this case, communities with indigenous local members are more likely to succeed in community participation than those with outside visitors. Close-knit relationships among community members can inspire people to devote themselves to others. People would feel like they are doing good deeds for their family members

"When we ask them (VHVs) for collaboration, we need to clarify them that what they are going to do is not for us but for themselves and for their neighbors. Like me, my salary already reached the maximum. I can't get any promotion anymore. But, I don't mind. I intend to work hard till I retire

in the next 4 years. Here is my homeland where I must take care.” (A head of Taladjinda local health center)

“I am here because I love helping people and they are people in my community. We don't care much about the incentives like the government gives us 600 baht (around 20 dollars) a month. Incentives are not the case. I am so proud when families believe in what I suggested and when I see patients get better because of our care. Now, I am kind of addict to this work. I stop by this health center every day.” (Village health volunteer)

Second, existing health professionals are not sufficient to serve the entire population. Lay people in the community should be a good alternative. Thus, health professionals should open their minds to welcome lay people to their work. We should believe in the concept of empowerment which posits that all individuals have the capacity to help and can be empowered. Enhancing their competencies might require some costs but it is worthwhile since it will pay off in the long run.

“Paradigm shift as to human resources for health is necessary to make change. Health professionals need to be more open-minded and believe in community competencies. Everyone can be empowered. And, if we train them and put them on the right job, they can be very beneficial.....It is not easy to ask others to understand what we are trying to do in community. This is an obstacle to have the whole system moved forward.” (Dr. Suthon, a Chief of CUP)

“I have treated my staffs and VHVs with kindness and generosity. I encourage them to work for our community and support them to enhance their capacity as much as I can.” (A head of Taladjinda local health center)

Finally, to mobilize health and social networks, collaboration is required. The concept of social network and collaboration was introduced to health work for a long time; it has been mentioned and emphasized in all world health promotion conferences. The case of Taladjinda local health center



confirmed that a social network and collaborative approach is practical and should be applicable to all health settings. One serious concern is that ‘the more the merrier’ might not be relevant in this case. Working in teams with various sectors is not trouble-free. To prevent difficulties, each sector should clearly define its work and responsibilities. Overlapping work can cause conflicts leading to failure in teamwork.

“Community members are a source of manpower but local governors have money. These two parts need to go together. We collaborated with community stakeholders as many as we could for full work potential. Well, we must be cautious when we did this. Job description for each stakeholder should be very clear to prevent conflict among them as we have seen in many places in Thailand.” (Dr. Suthon, a Chief of CUP)

Surely, achieving the award was hard but maintaining the pride of Taladjinda community is even harder. All stakeholders have common awareness on this point. The award emphasizes that all stakeholders must go hand in hand to maintain health and well-being in the community. The Taladjinda case might not be the best example of an alternative human resource for health, but it definitely reminds us not to ignore lay people in our communities. They are a valuable resource of manpower. In the other word, they are a proven solution for the problem of insufficient human resources, heavy workloads and lack of funds. Community participation is one of the best ways to move forward and it does exist in the real world. At least, the Taladjinda case shows this.

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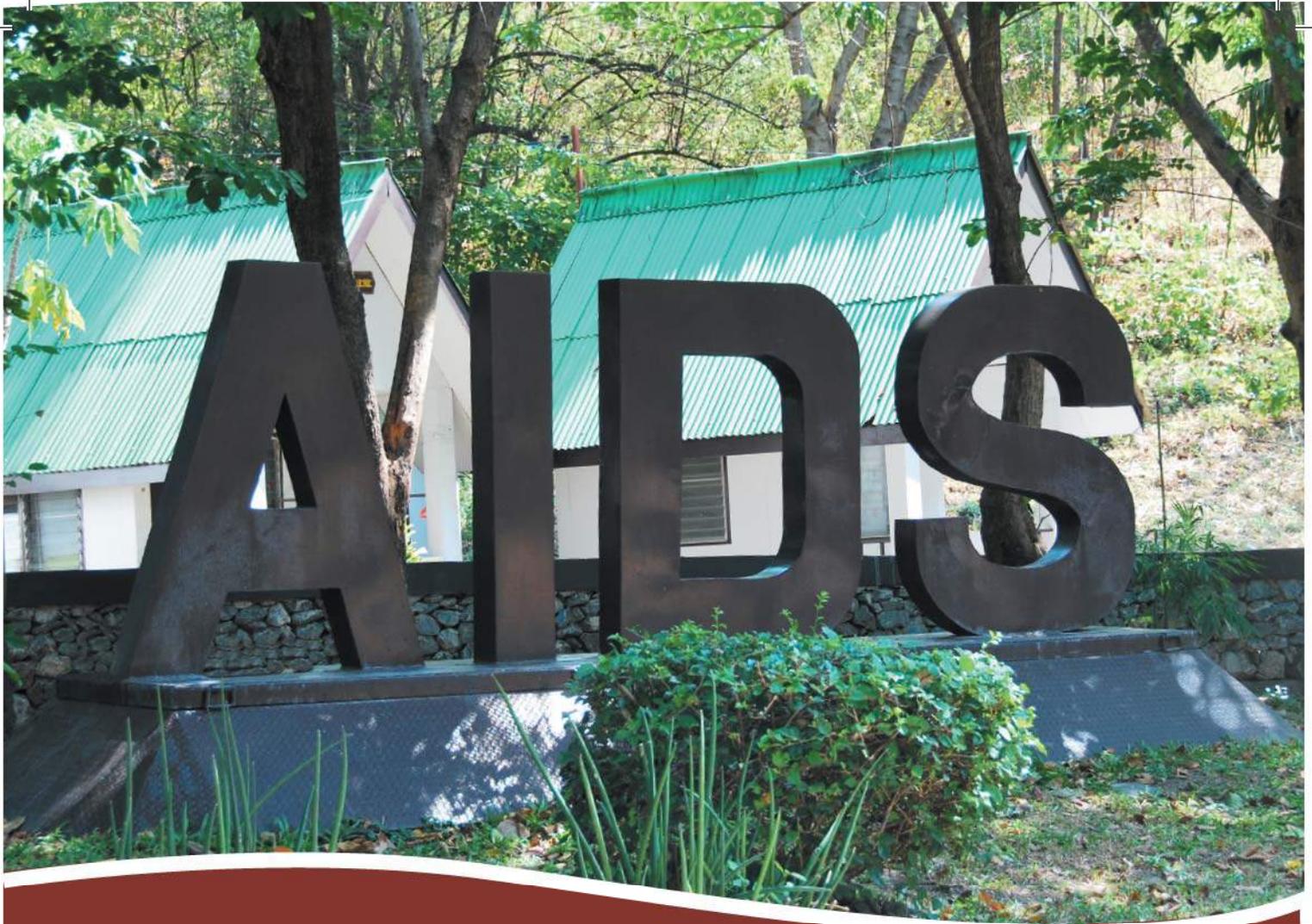
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Wat

Pra Baht Nam Phu:

.....

The Buddhist temple
that cares for full blown AIDS patients

Wat Pra Baht Nam Phu:

The Buddhist temple that cares for full blown AIDS patients

*Kamolrat Turner
Piriyalux Sirisupluxana*



Wat Pra Baht Nam Phu

It may be remarkable to learn that a Buddhist temple has become a hospice for patients with AIDS. However, Thais who have been raised in a society where temples serve as more than a religious purpose may not be that surprised. Phra Baht Nam Phu, a temple in Lopburi Province, is one of the temples in Thailand that cares for people living with HIV and AIDS. The following story reveals what has been happening in this temple.



Phra Prang Sam Yod, an Angkorean style Buddhist temple



Monkeys in Lopburi town

Lopburi at a Glance

Lopburi, a town of temples and monkeys, is located about 150 km north-east of Bangkok. The town has a long history, dating back to the Dvaravati period of more than 1000 years ago. It was known as Lavo during the pre-historic period and existed as part of the Khmer empire. A number of impressive temples built in the Khmer style can be seen as well as many other French-flavored architectural buildings built in 1664 A.D., in the era of King Narai with the help of French architects. Today Lopburi is also famous for having numerous monkeys living in the town.

Buddhist Temples and Thai Ways of Life

Buddhism is the dominant religion in Thailand. Nearly 95% of Thais are Buddhists. Buddhist temples, commonly seen all around Thailand, are profoundly significant to Thais. A cohesive and somewhat puzzling relationship between temples and the Thai people has existed for many years. It is not unusual to hear someone say that “I will go to the temple as I don’t feel well”. It is also very common for Buddhists to go to the temple to find peace and serenity. As can be seen, a Thai temple is more than just a place of worship. A temple is also a school, a sanctuary for the poor, a place to go when people were sick, a traveler’s lodge, a social center, a centre for the creation and preservation of artworks, a store for jointly owned property, an ancillary institution of the administrative system, and a forum for ceremony.

Wat Pra Baht Nam Phu: The Turning Point to Become a Place for Neglected AIDS Patients

Wat Pra Baht Nam Phu, a temple built at the foot of a small mountain in Lopburi province, is now home to 130 people living with HIV/AIDS (PLWHAs). It is fascinating to learn how the temple has become a place for PLWHAs. With a peaceful and warm welcoming face, Phra Alongkot Dikkapanyo, a 53 year-old Buddhist monk who is the abbot of the temple, was telling us about the very first stage of the turning point. Back in 1990, two young men infected with HIV came to the temple and asked if they could stay. "Nobody wanted to look after them," Phra Alongkot recalls and goes on further to say:

"Over two decades ago, when HIV first came to Thailand, the stigma was very high. PLWHAs were rejected by their families. A HIV infected man came to me after attending my meditation workshop and revealed that he had the infection. He told me that there were many neglected infected persons in a local hospital. He asked me to visit them. At that time the doctors and nurses who cared for AIDS patients would dress in space-like gowns."



Phra Alongkot Dikkapanyo



With his strong will to help, Phra Alongkot decided to transform the temple into a place for people suffering from AIDS. An eight-bed AIDS hospice was built with support from the Ministry of Public Health in 1992. The hospice was speedily expanded as the number of PLWHAs who needed help increased.

“At first, there were very few patients and only 8 beds. Not long after, the number of patients increased from 8 to 30, to 50, then to 80 and never declined. Most of them came were discharged from hospitals but had nowhere to go. Their families did not want them to return home. Some of them were left, by their families, in front of the temple.” (Phra Alongkot)

In the early days many people were afraid of AIDS. Upon opening the hospice at the temple, the abbot was rejected by the community. People refused to offer him alms and stopped visiting the temple. Against the tide of resistance from the community, Phra Alongkot continued providing care to unwanted AIDS patients. It took at least 3 years to be accepted as more and more families became victims of AIDS.

Even now, though a great effort has been made to reduce the stigma but what is said by this woman left at the hospice temple confirms the temple continues to be the choice for PLWHAs.

“I got AIDS from my husband. He died from AIDS three months ago. My mom took me here because nobody could take care of me. She was afraid of HIV, however I understood her. I ended up here, and had no place else to go.”

The Growing Humanized Workforce Caring for AIDS Patients

Many may wonder how the temple takes care of full-blown AIDS patients. The care at the temple in the early days of establishment was mainly based on traditional knowledge provided by the abbot. Modern medicine was jointly supported by public health care settings of the government sector with two nurses and one doctor working as volunteers.



cared by volunteer



Care with heart

The workforce at Wat Pra Baht Nam Phu can now be described as a mixed skills team which includes the services of monks, professional health care providers, healthy PLWHAs, and volunteers. Apart from the monks residing at the temple, there are 4 health care providers, a practical nurse and three registered nurses, working fulltime at the hospice. These staff received scholarships from the Dhammaraksa Foundation for their studies and signed contracts to work at the temple hospice for some years. However, it would not be possible for the employed nurses alone to provide comprehensive care to a large number of severely ill patients. Healthy PLWHAs and volunteers have made a great difference to the care of the patients. The team has saved many lives of PLWHAs. The number of deaths from AIDS at the temple has decreased sharply. The quality life of the PLWHAs has also been enhanced.

Good Hearts and Good Hands Make Good Lives of AIDS Suffering People

Visiting the temple, a number of volunteers jointly working with the full-time staff in providing excellent care to the full blown AIDS patients can be seen. Having talked to the care team, both full-time staff and volunteers, a conclusion could be reached that all care givers at Wat Pra Baht Nam Phu were drawn together by the sincere desire to help people who are suffering and in need.

Wilaiwan Kuntiwong, a 28 years old female practical nurse said:



"I got a scholarship from Wat Pra Baht Nam Phu in 2000 to study to be a practical nurse. I have been working here for 10 years. When I first worked here it wasn't what I expected. Before working here I knew that I needed to work with HIV infected persons but didn't really know what it would be like. The patients in their last stage of the disease had blisters, pus, and pressure sores that were bad. ...Many times, after I finished my contract with the temple, I thought about leaving but when I rethought about it I couldn't leave. I was worried that no one would help the patients. Many times I saw the families leave the patients near the temple. This made me want to help them. When I helped them and they were better, it empowered me want to help others more."



John Zondag, a volunteer from Netherlands



Marleen De wit, a volunteer from Netherlands

People who have no background in health care can also provide good care to the patients if they want to help, as one of the volunteers said:

"I have no background in health care. I was persuaded by a friend from the Netherlands that you don't need to be a medical person. You can give massage and attention to patients. Many patients don't have visitors. So, you don't need to have medical background to do good work here. Like other volunteers, I spent much of my time doing very basic care: changing pads, washing and feeding the patients and giving massages." (John Zondag, a volunteer from Netherlands)

With the will and compassion of care providers, language and cultural barriers are broken down. A couple of volunteers from Netherlands working at the temple have proved the above statements when they said:

"We are here because we love to help people and these people are suffering, although we can't communicate with them verbally and there are also cultural differences. We are so proud when we have seen they feel comfortable and get better because we care for them with compassion. We do it with the best intentions. English language is the last problem of our work. People suffering from AIDS or HIV communicate with us via body movement or facial expression and speak through their eyes." (John Zondag & Marleen De wit, volunteers from Netherlands)

Similar to those from overseas, there are Thai volunteers such as a few boys from the local college in Lopburi giving assistance to the patients. One of them said:

"It is part of my health education course. When I first did it I was afraid of getting the infection. Today is the second day. I feel good to have done it. My mom said I did good deeds and I gain Boon (Boon, or "making merit" is something that Thais believe they gain when they do good things)." (a 15 year old boy from the local college in Lopburi)

Sustainability and the Endless Roles of Wat Pra Baht Nam Phu

Financial support for Wat Pra Baht Nam Phu is sourced mainly from Dhammaraksa Foundation, the foundation initiated by the Prince Mother, Somdej Phra Srinagarindra Boromarajajonani, with her donation of 300,000 Thai Baht in 1992. With the faith and generosity of people, this foundation has been sustainable and the role of the temple for the treatment and care of HIV/ AIDS patients has expanded.

Apart from being a hospice for AIDS patients, the temple also provides accommodations to less critically ill patients who have nowhere to go,



a school for orphaned and vulnerable children, and education for people on HIV and AIDS.

As the number of deaths decreases, the number of healthy PLWHAs increases but they are still not able to return home. The temple has, therefore, become a sanctuary to those who are less critically ill and are capable of self-care. Single- and double-occupancy bungalows that can accommodate about 400 people were built all over the temple grounds surrounding the main administrative building. The Dhammarak Niwet Project was later founded to build more houses for 10,000 PLWAs and orphans. The latter is currently being constructed.



A bungalow for PLWHAs



Houses for orphans



Bungalows for PLWHAs

To help the children of the PLWHAs who stay at the temple and were rejected from schools, Pra Alongkot donated his land to build a school for orphaned and vulnerable children. The Rajaprajanugroh School was built in 2001 with financial support from Rajaprajanugroh Foundation.

Another role of the temple is to educate people. Phra Alongkot devotes his life to educating the Thai society about HIV and AIDS. His goal is not only to have society accept PLWHAs but also to reduce the number of new HIV infected persons. The families and relatives are taught to provide proper care for infected persons. The large meeting room in the temple is used for HIV/AIDS education for school-age children and any interested visitors. A life museum is open to visitors for their education on life. Furthermore, the Dhammaraksa Niwet Volunteer Assembly was jointly established to help educate people as well as provide help to PLWHAs in the communities located around the temple.



Pra Alongkot is giving education on HIV



A Healthy HIV patient is giving education on HIV

Wat Pra Baht Nam Phu has demonstrated the success of a non government organization in helping those in need in Thai society. This would never have been possible without the strong will and faith of the mixed skill workforce and those who provide donations and other kinds of support. The story of Wat Pra Baht Nam Phu today may not be exactly the same as that presented earlier by others, as to this day, the development of this temple has not ceased.

Acknowledgment

Special thanks to Dr. Alongkot Dikkapanyo, the abbot of Wat Pra Baht Nam Phu and other key informants, Mr. Tanachai Maipradit, Mr. Chankasem Muangsiri, Police sub-lieutenant Satien Tienkaew, Ms. Wilaiwan Kuntiwong Mr. John Zondag and Mrs. Marleen De wit.



Phanomsarakam Community Hospital :

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Pay for performance to
increase job satisfaction





Phanomsarakham Community Hospital :

Pay for performance to
increase job satisfaction



*Laiad Jamjan
Yupaporn Pongsing
Wanida Sriworakul*

Chachoengsao at a Glance

Chachoengsao province, or as it is commonly called “Paet Riu”, is some 100 kilometers east of Bangkok. “Paet Riu” comes from the story that the city once teemed with giant snake-head fish, so large that up to 8 cuts were required on the sides of the fish when making sun-dried fish. It shows the wealth of water in the region.

Most of the people have settled by the Bang Pakong River and along its canals. The famous Buddha, “Luangpho Phuttha Sothon”, is the centre of faith for the people. Chachoengsao is administratively divided into eleven Amphoes (districts). Phanomsarakham is a district located 35 kilometers away from the center of the province and about 130 kilometers from Bangkok.



The majority of the population is rice farmers and gardeners. The Thai Hom Mali Rice from this region enjoys a world famous reputation. 'Hom' refers to its aromatic fragrance which is noticeable during cooking, and „Mali' refers to its white, jasmine-like color.

The Nightmare of Phanomsarakam

“If you are sick, don't go to Phanomsarakam Hospital. That hospital is like a slaughterhouse. If you go there, you are going to die.”

“The staffs at Phanomsarakam Hospital are so mean”

These are some direct quotes from the patients who visited the 90-bed Phanomsarakam Community Hospital (PCH) in the past.

In the Thai health care service system, Community Hospitals are secondary care facilities located in a district or sub-district, having 10 to 120 inpatient beds, and covering a population of 10,000 or more. PCH used to have problems similar to those of other community hospitals. These problems included heavy workloads, insufficient staff, and low wages, as well as limited resources.

Unfortunately, at PCH, these problems also contributed to a low quality of service, as well as widespread staff job dissatisfaction. The problems at PCH became more and more serious until there came a point where no one wanted to be the director of the hospital. Within a period of 3 years there were four different directors.

A Leader: A Light House

In 1996, since no one wanted to be the director, Dr. Namphol Danpipat was assigned to the position. At the age of 29 years old, he was the youngest hospital director ever appointed to the position. He realized that there were several problems at the hospital, such as the staff internal conflicts, inadequate funding, low quality of care, and an awful public image. To bring the need for improvement to their attention and to expose the staff to how highly respected hospitals were operated, he took the staff to visit several model hospitals. Afterward, the staff members who participated in these visits offered only poor excuses for the lack of performance at PCH.

“That hospital was able to work better because it was bigger than our hospital.”

“Because that hospital was smaller, they could improve their quality of work more easily.”

“They work better because that hospital is a for-profit facility. Therefore, they can make more money.”

*The staff always had reasons to excuse their low quality work. But the truth was simple... “Our hospital did not go forward (progress) because **we did not do anything.**”*



Sports Variety: The Means to Build a Team

Dr. Danpipat initially thought “The staff has to do something together.” In order to encourage the staff to work together, he asked the executive committee to create a sports project. Every staff member was encouraged to play different kinds of sports which they liked at the hospital, such as volleyball, basketball, aerobics, running, and cycling, at least 2 to 6 times a week, depending on their working schedule. The hospital also sponsored intramural sports programs. Staff from different departments had to play sports together as a team for almost 4 months a year. Staff members from different departments were assigned to each team so that they would learn about each other, learn to work together to achieve a common goal, and develop a spirit of being team members with one another.

This project provided opportunities for the departments to improve relationships among and between their staff. Consequently, the employees learned about and got to know each other better.

“Every activity, especially the intramural sports gives me chances to talk with my fellow staff members and to understand each other better. Then, when we have problems related to our work, it’s easier for us to talk to each about that as well.” (The physical therapist said)

“I think the strength of our hospital is the unity. If we didn’t have it, we could not be successful.” (The dentist said)



First Success as First Inspiration

During this time, sports became another symbol of PCH. PCH could then be called “Healthy work place.” This was one of the reasons that PCH was selected to be a pilot Health Promotion Hospital (HPH), the first of 24 hospitals in Thailand, in 1999. This opportunity made the staff extremely proud of their workplace because they could provide health promotion for their clients, as well as promote their healthy lifestyle as a healthy model for others to follow.

The staff of PCH felt they were ready to improve the quality of care. They began working on improving the quality and achieved ISO 9002 certification in 2000, ISO 14001 certification in 2001, Hospital Accreditation (HA) in February 2004, and HPH in September 2004. PCH was the first hospital to achieve HA in the East of Thailand.

From Worst to Worth

Surprisingly, nowadays PCH is one of the leading hospitals because of their high quality of care and effective service. The vision of PCH, which is a government hospital, is:

“We are an excellent Community Hospital and have an environment like a private hospital”.



Normally, Thai people think that a private hospital is a nice place with friendly service but very expensive; whereas, a government hospital is viewed as being cheaper but having minimum service standards. The vision of PCH is not an exaggeration. Now, PCH has the good aspects of a private hospital, such as a beautiful campus, rooms, and other areas, and friendly, professional staff. Plus, they now provide such a high standard of care. PCH's reputation is among the highest of all the hospitals in Thailand.

"I think our strategy of making sure that everyone knows why they should do things a new way and what the benefits of doing it that way are before changing something or starting a new program is beneficial. Then, they can do well." "We are very lucky. We have employees who are ready to make a change if the change is for the better." (Executive committee members said)

The hospital provides an opportunity for patients to evaluate each doctor and nurse individually rather than giving an opinion on general staff performance. This is done by taking a picture of the employee and placing his /her picture in a box to rate the patient's satisfaction from very poor (1) to very good (5).

PCH provides all patients to evaluate each doctor and nurse individually rather than giving an opinion on general staff performance. This is done by taking a picture of the staffs and placing his /her picture in a box to rate the patient's satisfaction from very poor (1) to very good (5). Moreover, the patients are also asked to rate the overall satisfaction. If the patient rates as very poor, the executive members will be called by the sound alarm to promptly solve the patient dissatisfaction. PCH have the courage to do something different , get any feedback for challenge staffs to change.





The Voices of the Clients

"I came here every month. I saw many changes ...good and clean setting, the approaches of the nurses and doctors are good. I think PCH can compete with a private hospital." (Mr. K 72 years, visited PCH patients)

"My kid had an eye infection, nurse told me how to take care him. The hospital is good and clean, no bad smells, but private hospital is better for having open spaces and shorter waiting time." (Mr. N father of a 6 year old boy)

P4 P: A strategy to maintain staff job satisfaction

As a result of increased quality of care and effective provision of services, PCH has increased the number of clients seen each day as well as the staff workload. For example, outpatients increased from 45,433 in 1996 to 125,689 in 2009 and the workloads of the PCH doctors and nurses are almost twice as high when compared to those of the two other Community Hospitals near Phanomsarakam District. Although PCH has high staff retention, the higher the increase in the numbers clients seen, the higher the risk of malpractice. Accordingly, in order to achieve several hospital standards, PCH as has more regulations or disciplines for staffs to work under.

"One thing that I am worried about is that my staff may suffer (anxiety) more than those of other hospitals because of too many disciplines (regulations) to work with." (Director)

Fortunately, the Ministry of Public Health has a project, "Pay for Performance" (P4P) as a strategy for quality improvement in the health care service system. Along with a few other leading community hospitals, PCH has participated in conducting the P4P program in order to provide an incentive to improve staff job satisfaction as well as a means to reflect the quality and quantity of work to be fair to the staff.

"Those who work more should get paid more money. However, whoever does his/her work improperly should be punished. It is fair." (Executive committee members).

The PCH began to use P4P by having a working committee to consider the concept and set out the criteria and steps for payment levels. They used the Work Point System as the criteria to calculate a staff member's workload. Then, they ran a pilot project for 4 months from December 2009 to April 2010. During this period, the P4P committee evaluated and modified the regulation of records and payments.

"When the P4P program was first implemented, I thought that I already had so many other things to do, the work point system just made more work for me to have to do. However, after I became familiar with how to record work points, it was very easy." (Nurses)

P4P was not only used for the doctors and nurses but also for everyone at PCH. By including the entire staff, it meant that everyone was important to the hospital. Payments through the P4P program were paid at different rates using the criteria set out by the working committee. These criterion included job characteristics: if the job was more difficult, more necessary, and higher risk, or took a longer time to complete it would get more work points.



Once PCH made sure that every staff understood the work point system, utilization began in May 2010. It seems that the P4P program runs smoothly. It also seems that the P4P program contributed to not only in an increase in providing effective service and staff job satisfaction, but also in reflecting on the value of work itself.

“Fortunately, we have the work point system. It’s like a gift for us each month and makes me think that each thing I do as part of my job is valuable. If we did not get any extra money, we would still do the same thing because it is our job.” (Nurses and Patient Aid)

Money is not everything

However, not every hospital can use P4P because this project requires several factors to be in place to support it such as: a good leader, a staff that believes in teamwork, effective management systems, and financial support. Fortunately, the program at PCH has these factors.

Leadership. PCH has strong leadership from their director. It can be said that the director’s leadership is the most important factor in the success of the program. He uses concepts based on common sense, including being a role model for doing things, having discipline (regulation), and having a belief in the benefit rewards and punishments.

“If I can do it, then my staff can do it too. If I want other doctors to come in to work early in the morning; then I have to work in the early morning first.” (Director)

Teamwork in the PCH program is a high priority and given constant attention. PCH has prepared their staff to work together as a team. There are good relationships among the different staff. Every staff understands how important it is for them to work together smoothly to achieve success. Therefore, most employees said:

“The money is not everything. We have learned to do something together for a long time. We should be proud ...PCH is a lighthouse of community hospitals because of our team (we are one hearted team)”.



Effective Systems. As PCH achieved instituting several standard systems such as ISO and HA, there are clearly regulations of disciplines to be followed. The staff of PCH is familiar with the regulations that were created by these standardized systems.

Financial Support. Normally, the budgets of the government hospitals can be divided into two parts, one part from the ministry (mainly used for staff salary) and the other from the hospital's income. Because PCH has effective management, they have been able to increase the amount of money available for such projects from 1 million Thai Baht in 1996 to 70 million Thai Baht in 2010. Therefore, because of the excellent leadership and management of the available resources, PCH can use this money for support of the P4P program.



From Good to Great

As the P4P just started in May 2010, there is still a need to improve some aspects of the program, such as learning how to calculate the work point values of some tasks equally and how to ensure that there are those that are not being over recorded or that a task is not recorded multiple times. Another issue to be considered is whether or not it is fair to give extra points only to professional staff members. It would be beneficial if PCH explored the satisfaction of the staff, as well as that of patients, after instituting the P4P program. Finally, it would be prudent to examine ways of not only maintaining the improvements but, continuing to improve if the director, Dr. Numpol Danpipat were to be assigned to or lured away by another hospital.

Lessons learned from PCH

The story of PCH shows how important the human resources of a hospital are to its reputation and success, especially the leadership and teamwork by the staff in accomplishing the goals set before them. The leader is an important part of the management team who helps to maximize efficiency and to achieve organizational goals. In addition, teamwork must be a high priority to make the staff fully participate in the pursuit of the goal until they achieve success. PCH would be a good model for other hospitals to study and emulate. As we learn from the story of PCH, we hope to increasingly hear from clients that: “Every Community Hospital in Thailand provides excellent services and has environments as nice as a private hospital.”

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Ban Phaeo Hospital

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The First and only Public Autonomous
Hospital in Thailand



Ban Phaeo Hospital:

The First and only Autonomous Hospital
in Thailand

.....
Suparpit von Bormann

Peranan Jerayingmongkol

Upper-class Health Services: Happiness for all

The characteristics of one's dream hospital may vary. Among those, Ban Phaeo hospital contains good characteristics that can make it a dream hospital. Ban Phaeo hospital was conceived by the provost Mongkolmolee in 1965 in response to his observations that the local people were in desperate need of competent health services. The venerable monk Mongkolmolee was the head of the local Molee temple. He and several key people in the district gathered the heart and workforce of the community to build a 10-bedded hospital on a land donated by local people.

From a sub-district community health centre, Ban Phaeo hospital has turned into the first and only successful 300-bed autonomous hospital in



30-bed hospital in 1970



Now 300-bed hospital

Thailand. Over the years other health services have followed Ban Phaeo's model. The headquarters are situated in Ban Phaeo district in Samutsakorn province and there are now 8 branches around business areas in Bangkok and Nonthaburi. These hospitals and health centers have improved access to high quality health care for people on low incomes and they have successfully competed with private hospitals in these areas.

Feedback from patients is very positive; one of the patients waiting in front of the well-being clinic said: *"The hospital service is first class. I travelled from another province to have annual check-up. Although there are private hospitals in our province, I like this hospital. I can have excellent service comparable to a private hospital and I can get reimbursed for the costs because I am a government officer. This is not possible and it will cost me a lot of money should I attend a private one. No problem with transportation because the hospital offers us a free commuter shuttle if we have a group of at least 10 people to come together. This is excellent service."*

Thailand's Health Workforce: Local initiatives to address workforce challenges



Patients waiting for health check up at the well being clinic.



The waiting area of the well being clinic.



The hospital reception.



One corner in the pediatric ward.



'Kid sometimes fight with the bed with their favourite cartoon' said one of the nurses.



An efficient and spacious nurse's station.



A state of the art eye clinic.



Lateral Thinking: the Beginning of Evolution

Before the evolution, Ban Phaeo, like many other public hospitals outside Bangkok, was facing a variety of well-known problems. Those problems included the shortage of doctors and nurses, low financial incentives for hiring and retention of staff, shortage of medical equipment, obsolete equipments on hand, low budget allocation from central government, poor customer service, and a cash basis accounting system.

Aiming to improve the quality of health care, the Ministry of Public Health announced the policy of public sector reform to decentralize health care in 1997. Ban Phaeo was the only hospital successfully pursuing this proposal.

This would not have been possible without the vision of Dr. Withit Attavejchakul, the hospital director at the time. Dr. Withit is a man with vision who realized that the conventional style of management employed in public hospitals was not appropriate to solve such problems. Therefore, he decided to take a big step by changing the hospital's system.



Dr. Withit Attavejchakul, the former director who led the hospital towards its goals.

However, this idea provoked strong resistance from the community. Some community leaders formed a group of discontent people in front of the hospital in order to perform a ritual representing their disapproval for this development.

Instead of being discouraged, Dr. Withit moved forward with his methods, supported by some community leaders who were open to his ideas. Eventually, he proved that his ideas were right. Dr. Withit has shown that the advantages of both public and private hospitals can be integrated.

For private hospitals, fast and effective services, a good image, proactive services for the community and fair payment for the hospital staff are crucial. As for public hospitals, these have the universal coverage scheme



that provides equitable and accessible health care services for everyone. Ban Phaeo hospital has successfully integrated these advantages for its patients. Dr. Withit's intentions have been inherited by his successor, Dr. Surapong Boonprasert, up until now.

Dr. Surapong Boonprasert, the present director.

A Community Hospital, Run by the Community, for the Community

Unlike other hospitals with complex administration structures, Ban Phaeo has a so-called flat organizational structure. They have a Board of Directors consisting of a president and 4 parallel committees. The first committee includes 3 government representatives such as the provincial governor, the chief of provincial health office, and a representative from the Ministry of Public Health. The second group consists of 3 experts in finance, accounting, and law. The third group includes 3 local key persons acting as representatives of the customers. The local persons may be least important in other organization, but it is different in Ban Phaeo hospital. *"The third group is not only working as administrators of the hospital, but also acting as patients' leaders. Thus, their comments are very powerful and influence the hospital's direction"* said Mrs. Jaree Sriparat, one of the hospital's sub-directors.



The hospital's organization.



The hospital director is the Chief Executive Officer and the secretary of the Board. This flat organizational structure is flexible, enabling them to reduce costs and time in the decision making processes, improve communications within the organization, and uplift customers' satisfaction.



Mrs. Jaree Sriparat

“More than enough doctors are working with us!” said Mrs. Jaree. She also added that *“There are several applications for medical positions waiting in queue”*.

It sounds incredible to learn that a non-private hospital is choosing doctors instead of doctors choosing the hospital. How is this possible? Mrs. Jaree explained that the hospital has developed several strategies to attract potential personnel.

Among all strategies, the salary system in Ban Phaeo is different from most public organizations in Thailand. Compensation offered to their doctors is performance-based. Apart from the financial incentive, doctors will be supported if they want to become specialists. A mentoring system is utilized to ensure that newcomers are not working alone and unsupervised.



A happy team!



As for nurses and other healthcare professionals, the hospital motivates them by promoting innovation through a contest set up once a year. Awards for those with excellent job performance will be announced publicly. Creative ideas are always welcome. Teamwork is at the heart of the facility. So, the staff members not only take care of patients but their colleagues as well. Furthermore, everyone has the chance to go on study tours to learn new things from other organizations.

Another remarkable difference from the usual care provision in public hospitals is the low staff-to-patient ratio. Mrs Jaree explained that, *"it is usual for nurses to have a part-time job in a private hospital during their free time. After working in a private hospital they often come back exhausted when working in our wards. For this reason, a low proportion of nurses is maintained so they can do overtime shifts in our hospital to gain extra payment. This makes the nurses happy because they don't need to travel to other hospitals and can earn more than 20,000 Baht per month."*

Unlike most public organizations, the hospital uses competency instead of seniority as the most important reason to promote someone. "We do not promote people based on their seniority. Instead, if you are talented you can go through a bypass progress and move beyond your senior colleagues. This is our culture accepted by everyone here."

In addition to the strategies mention above, the hospital also takes care of the staff's quality of life. For example, they are provided with free accommodation, uniforms, the children's tuition fees, and transportation.

How to Deal with the Shortage of Staff?

There is another lesson learned from the atypical style of administration of Ban Phaeo hospital. In the old days, they used to have shortage of staff working in community centers. Instead of waiting for new staff to be allocated from the government, the hospital decided on the pragmatic approach to hire graduates from the public health academic division of Rajabhat University to perform simple jobs such as home visits and health screening in the community.



Child development & learning center: one of the assets donated by community.

Staff flexibility is the key to excellent care provision; staffs can be shifted around the hospital based on needs in each department. A role audit and job analysis was performed to ensure that nurses are actually providing nursing care rather than wasting their skills by carrying out timeconsuming administrative duties. These duties are now performed by ward clerks.

Good conditions in the work-place result in a better quality of care. *“Positive feedback from the community sustains our hospital”* Mrs Jaree added proudly.

These financial and non-financial factors successfully attract personnel to work in a happy and efficient clinical environment.

Keys to Success

Ban Phaeo Hospital model is clear, consistent and well-designed. Its performance in improving service quality and increasing revenue is considered to be highly successful. The keys to success include effective financial management, human resource management, a flat hierarchy and community participation. Additionally, without the core values shared by the staff, the success may not be sustainable. Those core values include



patient focus, teamwork, mutual respect, innovation, patient safety, continuous quality improvement and leadership building.

Acknowledgement

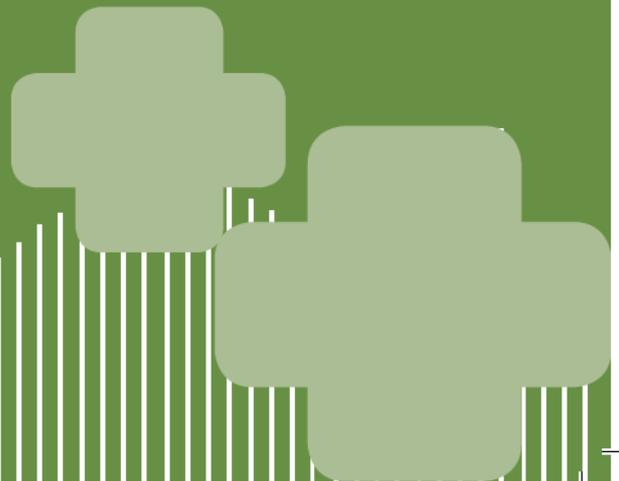
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U-THONG Hospital :

.....

A Combination Of Conventional
And Alternative Medicines



U-THONG HOSPITAL:

A COMBINATION OF CONVENTIONAL
AND ALTERNATIVE MEDICINES

.....
Achara Suksamran

Patcharapa Kanchanaudom

A Tough Journey of Traditional Medicine (TTM)

As competition over access to natural resources increases, the industrialized countries with their advanced biotechnology hold the political and technological advantage, and seek to access natural resources and biological diversity in other countries, especially the developing countries, which are the raw materials for their key industry. Many of the local knowledge systems are disappearing through government neglect as well as people are over dependent on imported medicines and medical technology.

It seems that conventional or modern medicine is intended to cure diseases or provide physical care. These usually have side effects. The cost of drug production and treatments are also usually high compared to traditional medicine.



Regarding the importance of traditional medicine, it is recognized as part of rural culture. It represents a meaningful linkage from the past to the present stemming from the natural resources of the locality and wisdom of the self-reliance of ancestors. People in Thailand have relied on traditional medicine through the practice of various groups of traditional medicine practitioners such as massage practitioners and herbal practitioners in the community.

Thai traditional medicine (TTM) has gained attention through the attempts to find alternatives to modern medicine to substitute for high-cost imported medicine and medical equipment, to cure diseases without side effects, and to prevent traditional practices from becoming extinct. As a way of conserving TTM, the Institute of Thai Traditional Medicine (ITTM) was founded in 1993 as the main organization for the development of Thai traditional medicine and medicinal plants for health promotion through self-reliance of the people.

Presently, many local groups have emerged to provide traditional medical services. A number of hospitals began to provide alternative medicines to people in the communities. Despite this, it is very challenging to go against the tide. To restore and promote traditional knowledge requires great efforts and persistence from various people. Fortunately, more and more hospitals have become successful in providing alternative medicine to the community.

This is a story of the hospital which received recognition as a model hospital to show how traditional Thai practitioners work together with conventional medicine professionals the U-Thong community hospital. Therefore, a field trip was made to Suphan Buri to visit U-Thong hospital out of curiosity with the intention to uncover stories behind their success.

Before talking about U-Thong hospital, some information on the province where the hospital is located should be provided. The provincial slogan of Suphan Buri is:

“the city of fighting on elephant’s back, famous literature, well-known Buddha image, prosperous agriculture, long history, wise philosophers and artists, and beautiful dialect sound.”

Suphan Buri at a glance

Just a hundred kilometers away from Bangkok, as most visitors are, one can be impressed by spectacular highways and roads as soon as crossing the borders of Suphan Buri Province. Most roads are well constructed and taken care of. The appearance of these roads symbolizes Suphan Buri’s modernity which many non-Suphanburians often admire and envy. Consequently, Suphanburians have come to take immense pride in their province.

Suphan Buri is an ancient town, rich in natural and historical heritage. The province was once an important border town involved in battles and important wars during the period of the Ayutthaya kingdom. Therefore, travelling around the province is like drifting through historical novels. There are several historical places such as Don Chedi Monument, U-Thong National Museum, Wat Khao Khuen, and the 100 years-Sam Chuk market. Natural wonders are Phu Toei National Park, Bueng Chawak Aquarium, and the Buffalo village. Suphan Buri is also widely known for its delicious Thai desserts, especially the famous local style cake Sali Suphan, as well as the unique Suphan accent.

The destination, U-Thong hospital is located in U-Thong District (called Amphoe U-Thong). The district is around 32 kilometers west of Suphan Buri city center. U-Thong district is a small rural town. Similar to other districts in the province, the city is important in terms of agriculture such as rice farming, plant farming, and livestock and there is a community hospital which is of interest to us.



U-Thong Hospital: Background

U-Thong hospital is a community hospital under the Ministry of Public Health. Currently, the hospital is a 150-bed hospital. There is a total of more than 400 health workers, including physicians, dentists, pharmacologists, nurses, and other supporting staffs at the hospital. Originally, the hospital only provided conventional or western medicine to people. However, it started to provide alternative medicine along with conventional medicine since 1985. So, why did a conventional medicine hospital like U-Thong turn into a Thai Traditional Medicine Hospital? How?

Becoming a Thai Traditional Medicine Hospital

As mentioned earlier, conventional medicine and Thai traditional medicine are combined at the hospital. Currently, patients are able to choose between conventional treatments or medicines of their choice. They can decide which one they want before they meet the doctor at the outpatient department. The patient may decide after visiting a doctor if the patient wants to see another type of doctor. For example, a patient visits a conventional doctor first and later he would like to receive treatments from the Thai traditional medicine as well. Based on the patient's choice, the physician would transfer the case to the other.

The patient can choose to receive conventional treatments or Thai traditional medicines or treatments. For example, a conventional practitioner offers a diabetic patient conventional medicines or Thai traditional medicine treatments.

Definitely, at this hospital health care professionals and Thai traditional practitioners work together based on the patient's choice.

A good opportunity was provided with the chance to meet the most important person who has inspired his colleagues and acts as a role model for his team. The director of U-Thong hospital, *Dr. Aphisak Leungwejchakarn*, shared his vision of U-Thong Thai traditional medicine as a model hospital.

Heart of the Movement: The Leader and Power of Vision



*Dr. Aphisak Leaugwejchakarn,
Director of U-Thong hospital*

According to the discussion with Dr. Dalicha Changsiriporn, head of Thai traditional medicine department, and her team, a revolution in health care services at U-Thong hospital was proposed by the director of hospital, Dr. Aphisak many years ago. Realizing that alternative medicine or Thai traditional medicine, when used appropriately, could provide cost effective health care, the director led the hospital in providing not only conventional treatments but also alternative medicine.

Growing up in a Thai-Chinese family selling Chinese medicine in U-Thong district, he helped his family prepare and sell herbal medicine. For that reason, he became knowledgeable on traditional medicines. At the beginning, the hospital focused on providing herbal medicines and massage therapy.

For years, the herbal medicines have been produced and dispensed to patients along with conventional medicine. The herbal medicine production has grown until it is currently known as “*U-Thong Thai Herb*”.

However, Dr. Aphisak stated that, “Thai traditional medicine is different from Chinese medicine and other eastern medicine”... “Thai traditional medicine is not only about massage or herbal medicine.” The director indicated that actual Thai Traditional Medicine hospitals should be able to provide four types of services:

- (1) Alternative treatments such as herbal medicine, massage treatment, herbal compress, etc.
- (2) Nutrition therapy,
- (3) Meditation therapy, and
- (4) Ultimately, healing with pure energy to re-establish a new balance to the damaged cells.



Dr. Aphisak expects that U-Thong hospital will be able to provide Thai Traditional Medicine based on the Buddhist way of life in near future. He further added:

“When it is finished, U-Thong Thai traditional medicine hospital will be amazing. People can come to receive all kinds of Thai traditional medicine as well as conventional treatments at U-Thong. They do not have to go to the temple or go shopping from place to place anymore” (Dr. Aphisak Leaugwejchakarn).

As he shared his ideas, his eyes were lighting up, full of hope. He expressed, I want to leave something as a heritage of Thailand before retirement in the next 4 years. I want to make U-Thong Buddhism-Based Thai Traditional Medicine Hospital to be a great model hospital.

According to the discussion with his team, it was found that Dr. Aphisak is not only the inspiration for all his staffs, but also a role model of Thai traditional practitioners. He works hard and dedicates himself to the hospital. The director goes out to receive training for Thai traditional medicine practices prior to transferring knowledge to his staff.

Therefore, it is obvious that the success of U-Thong TTM hospital comes from the powerful vision of the leader, his dedication, and hard work.

Key to Success: Good Preparation

“Good preparation can guarantee success” is a major key to the success of the U-Thong TTM project. Main steps of the preparation process involve the preparation of staff, traditional medicine knowledge, and buildings.

The Staff: Traditional practitioners are recruited based on their qualified positions and their appreciation of traditional medicine. Many of the staffs are residents of U-Thong district. The traditional practitioners then receive training to improve their traditional medicine knowledge and skills. For example, traditional medicine practitioners would take turns to practice



*Herbal Medicine in Capsules,
GMP certified*

Thai traditional Medicine Practitioner

meditation therapy with the experienced monks between the 1st to 8th day of the month. All traditional medicine practitioners are trained to be certified traditional Thai traditional medicine practitioners.

Thai Traditional Medicine Knowledge: Creating the bank of Thai traditional knowledge is very important for becoming a leading traditional medicine hospital. Thai traditional medicine knowledge has been collected from multiple sources such as from temples, monks, and local herbal medicine practitioners. Traditional practitioners go to find sources of knowledge and receive training as well as collect herbal formulas. Each collected herbal medicine formula is evaluated and tested for its safety and effectiveness prior to official use or dispensing to patients.

Raw Materials for Herb Production: U-Thong hospital is the first and only Thai traditional hospital that received a certificate of Pharmaceutical Product (GMP certificate) for Herbal Medicine in Capsules. How the hospital finds raw materials for producing herbal medicine is also not to be missed. Because the hospital has limited space to plant herbs, local herb growers in the community have come to play an important role in growing herbs and preparing raw materials for the hospital. The hospital visits the herb growers in the field to support, supervise, and evaluate in order to control the quality of herbal production in accordance with the GMP guidelines.



Keep Up the Good Work: Sense of Acceptance and Belonging

To maintain good staff is crucial for any job. As discussed with some staffs and from observing their work, it was learned that having a sense of acceptance from their team and belonging to the workplace are key factors to maintain staff in the job. Some practitioners were interviewed about how they like their jobs.

A massage practitioner told us with smile on her face:

"I feel fortunate to work at U-Thong hospital. My coworkers are nice. I love my work" (a female massage practitioner).

"...I feel that the director listens to us, our problem" (a female massage practitioner).

When staffs feel happy with their work, they usually produce good results. A picture of two practitioners gently holding an elderly woman's arms to walk along the corridor and a picture of an elderly woman making a great compliment to other hospital staff that was witnessed while visiting the hospital were remarkable, giving clear evidence of good care and a supportive environment.

Ongoing Project and Future Plan

Currently, U-Thong hospital keeps moving towards the goal. The Thai traditional medicine building has been under construction. A number of herbal medicine formulas are in line to be tested and then produced. Finally, the hospital intends to collect scientific evidences for the claims that traditional medicine is effective. Therefore, conducting clinical research on traditional medicine to provide research evidence is the next challenge, but very important.



Herb Garden in the Community

Lessons learned from U-Thong Hospital

After the trip to U-Thong hospital, it was learned that the “human factor” is very important key to success. Firstly, the leader plays the most important role. The great leader should have clear vision and share the vision with the team. A powerful leader is dedicated, inspiring, and supportive.

Secondly, not only the leader, but the cooperative staff or willing teamwork will help to achieve the goal. Having a sense of acceptance and belonging makes the staffs work happily. Satisfied staffs are devoted, resulting in productive work. Therefore, how to promote a sense of acceptance and satisfaction for the staff is crucial. Moreover, good preparation leads to predictable results, and yet guarantees the success. Finally, to change personal attitude towards something like the appreciation of traditional medicine is not easy. It takes time. It requires multiple strategies, understanding, and persistence.



Acknowledgement

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Dr. Aphisak Leaugwejchakarn, the hospital director,

Dr. Dalicha Changsiriporn, head of Thai traditional medicine department,

Dr. Anuchit Changplathong, a clinical pharmacologist.