

5<sup>th</sup> Edition

# Hospital and Healthcare Standards

Effective for Healthcare Accreditation 1<sup>st</sup> October 2022



The Healthcare Accreditation Institute (Public Organization)





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## Hospital and Healthcare Standards 5<sup>th</sup> Edition

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## Preface

The Healthcare Accreditation Institute (Public Organization) announced the use of the 4<sup>th</sup> edition of the Hospital and Healthcare Standards in 2017. The standards were later accredited by the International Society for Quality in Health Care External Evaluation Association (IEEA) in February 2018.

Then the Healthcare Accreditation Institute (Public Organization) revised the 4<sup>th</sup> edition of the Standards to be in line with the current world and country situation, the academic and medical technology advancement including the changes in the concepts of organization management, quality and safety management, and the renewal of the international accreditation. The 5<sup>th</sup> edition of the Hospital and Healthcare Standards were developed based on data gathered from listening to all sectors, hospital participation, experts and professional organizations. The contents were rewritten to be more concise by maintaining the essence, and new criteria were introduced to promote quality improvement of the hospitals and enable the hospital to keep up with contemporary change.

Hopefully, this 5<sup>th</sup> edition of Hospital and Healthcare Standards will guide the improvement of work systems and patient care systems in order for the hospitals to be able to deliver value the service users need within their own context. Such improvement will create quality culture, safety culture, and learning culture that will lead to successful and sustainable organizations.

**The Healthcare Accreditation Institute (Public Organization)**

**October 2022**

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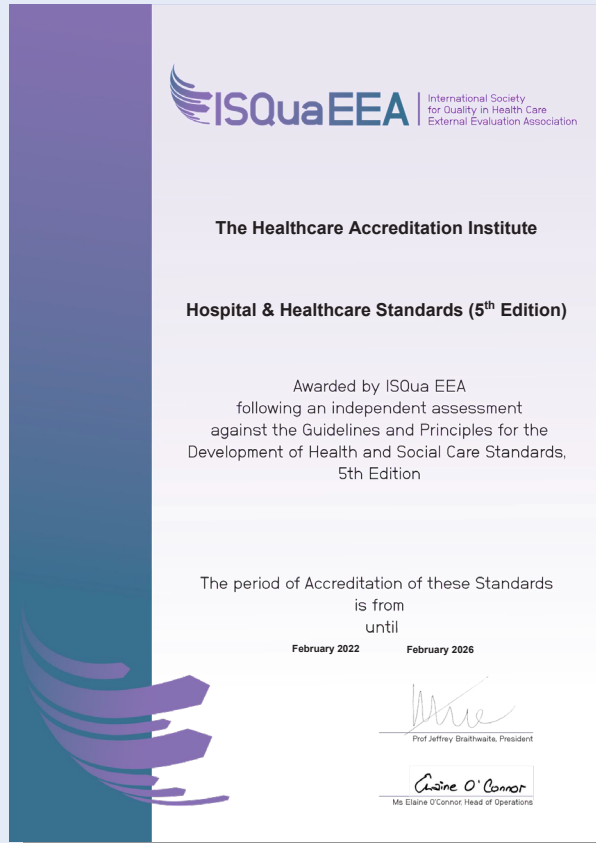
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# ISQua EEA Certificate of Hospital & Healthcare Standards 5<sup>th</sup> Edition



## A guideline for using Hospital and Healthcare Standards (5<sup>th</sup> Edition)

The Healthcare Accreditation Institute or HAI was established in 2009 as a public organization. Under the Royal Decree on organization establishment, HAI has a role and duties to assess the work systems and accredit healthcare institute including define standards of the healthcare institute to guide the assessment of the improvement and accreditation of the healthcare institute.

The Healthcare Accreditation Institute Board appointed the committee on Standard Development for Healthcare Institute Accreditation consisting of qualified experts in healthcare service and quality improvement systems. The committee defined principles and directions and developed standards of the institute. The 5<sup>th</sup> edition of the Hospital and Healthcare standards have the following important features:

1. The development of the standards with a wide participation of both academic persons and the users of the standards comprising the public health organizations, professional organizations, experts, surveyors, hospitals and the public. The standards were pilot tested in the healthcare institutes and adjusted accordingly.
2. The use of principles and standards of the International Society for Quality in Health Care External Evaluation Organization (IEEA) in guiding standards development in a concrete manner.

## A guideline for using Hospital and Healthcare Standards (5<sup>th</sup> Edition)

3. Integration of lessons and experiences of hospitals in responding to COVID-19 pandemic and new normal practices initiated by the hospitals.
4. Prediction of trends in healthcare service management and use of new technologies to guide and promote learning quality improvement of the hospital.
5. Integration Thai uniqueness such as spiritual dimension (SHA), Thai traditional medicine, health promotion and smoking reduction campaign.
6. Organizing standard criteria for better understanding and using to promote quality improvement as the main focus not just for accreditation purpose.

The 5<sup>th</sup> edition of Hospital and Healthcare institute is a tool for organization management and quality improvement in the hospital.

### Objective of the Standard Use

To use as a guideline for appropriately designing work systems and promoting continuous quality improvement until the organization is able to perform at an acceptable level, have good risk management system and recognize the opportunity to improve the performance to excellent level.

### Scope and Contents of the Standards

These sets of Standards are used for improvement and assessment the entire hospital. It can be used by hospital at all levels. The contents in the Standards are divided into 4 parts consisting of Part I: the overall organization management, Part II: key hospital systems, Part III: Patient care process and Part IV: results. The contents of all 4 parts of the Standards are divided into chapters according to the Roman numerals followed by Arabic numerals as follows:

- Standards Part I: consisting of Standards chapter I-1 to I-6 covering organization management from organization leadership, defining strategy, consideration of patient and customer, measurement, analysis and knowledge management, workforce and operation.

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- Standards Part II: consisting of Standards chapter II-1 to II-9 covering key hospital systems, that is, quality management, risk and safety management, professional governance, environment in patient care, infection prevention and control, medical record system, medication system management, diagnostic investigation, disease surveillance and health hazard and working with communities.
- Standards Part III: consisting of Standards chapter III-1 to III-6 starting from access and entry process, patient assessment, planning, patient care, information for empowerment up to continuity of care.
- Standards Part IV: demonstrates results chapter IV-1 to IV-6 consists of results in healthcare, patient and other customer focused, workforce, leadership and governance, effectiveness of key work process and finance.

## A guideline for using Hospital and Healthcare Standards (5<sup>th</sup> Edition)

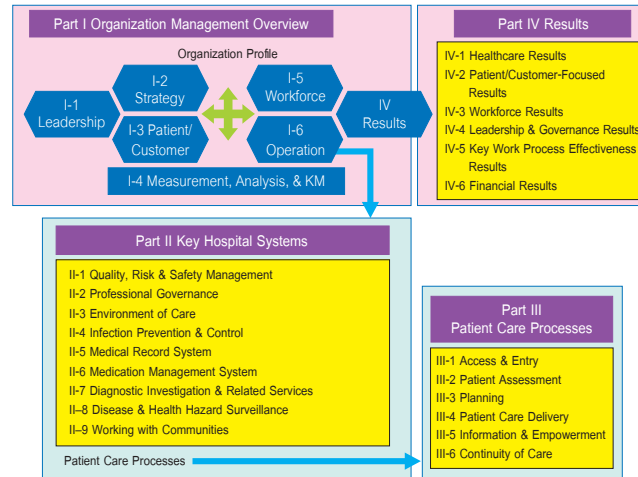


Diagram 1 Overall Hospital and Healthcare Standards

At the beginning of each chapter there is a diagram summarizing key contents and their relationship and linkages within the chapter. In addition the standards are categorized. There are main topics and sub-topics. Part, chapter and requirement are in order for ease of studying, creating learning and searching.

## A guideline for using Hospital and Healthcare Standards (5<sup>th</sup> Edition)

In the 5<sup>th</sup> edition of the Hospital and Healthcare Standards, there are some revisions of the formats and methods of writing and the use of symbols including the expansion of key information based on the reflections from opinions and pilot testing to make standards ease of understanding as follows:

1. The writing is formatted in headings with the use of symbols and marks for the ease of understanding.
  - Period/decimal point/dot (.) is used to indicate an end of the core contents.
  - Colon (:) is used after an explanation which may be a sequence, example or a variety of issues in multiple requirement.
  - Roman numbers i, ii, iii is used to indicate the sub items that help the success of the multiple requirements, all of which are not expected to be fulfilled.
  - Semicolon (;) is used at the end of a sub item to indicate that there is a subsequent item to indicate the linkages of the standard contents.
  - Slash (/) is used between two successive words meaning a word or words that have the same meaning in the group.
2. The language and terms are revised for the ease of understanding, with reference to both Thai and English.

## A guideline for using Hospital and Healthcare Standards (5<sup>th</sup> Edition)

3. Clauses under the same heading all begin with either a noun or a verb for the sake of consistency.
4. Terms with specific meanings or concrete examples for practical application are explained in the footnote.

There are many modifications in criteria of 5<sup>th</sup> edition of the Standards compared with 4<sup>th</sup> edition. Modified or additional contents are indicated in **purple letters**. The users of the Standard can also recognize these modifications in the comparative table and view the code of the standard in the 5<sup>th</sup> edition compared with the 4<sup>th</sup> edition in the Appendix.

The Standards can also be applied to health care organizations other than hospitals by using criteria in part 1 and 4 of the Standards and selectively relevant criteria in part 2 and 3.

### Key Components to be Considered When Using the Standards

1. Consideration of the context of the organization and its units, particularly key problems, challenges and risk.
2. The use of core values & concepts for quality development and health promotion.
  - Direction: visionary leadership, systems perspective, agility

## A guideline for using Hospital and Healthcare Standards (5<sup>th</sup> Edition)

- Customer: patient & customer focus, focus on health, community responsibility
  - Staff: value on staff, individual commitment, teamwork, ethic & professional standard
  - Improvement: creativity & innovation, management by fact, continuous process improvement, focus on results, evidence-based approach
  - Learning: learning, empowerment
3. Cycle of quality improvement and learning. (Plan-Do-Study-Act or Purpose-Process-Performance)
  4. Scoring guideline of the performance based on Standards

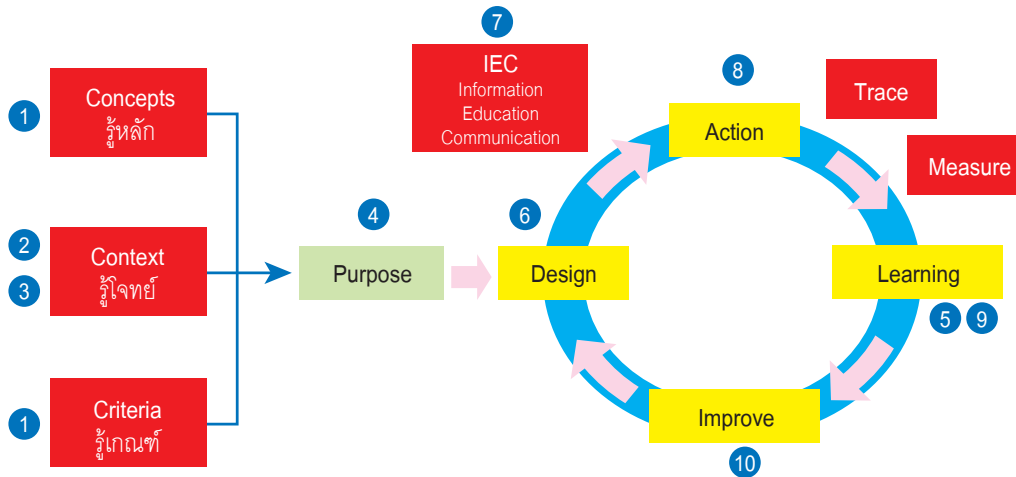
### To get most value in implementing the Standards

1. Make clear understanding in the purpose and key words of the standard. For difficult words or terminology or unable to think of implementation method, there is a description or practice example in the footnote.
2. Focus on using for learning and improving performance level.
3. Focus on the linkage of components of each system (study and understand the lines that connect elements in the chart) and the linkage between other work systems.
4. Focus on using the standards to learn and review practices in actual situation at work place or at bedside.

## A guideline for using Hospital and Healthcare Standards (5<sup>th</sup> Edition)

5. Focus on the development of all areas (work system, patient groups, units) in a linkage manner.
6. Apply the standards appropriately, e.g. applying standard Part 1 at the unit level also, applying the standards on process management in all processes.
7. Review the overall performance evaluation and the achievement of the goals of each system.

### Application of 3C-PDSA/DALI for Standards implementation



## A guideline for using Hospital and Healthcare Standards (5<sup>th</sup> Edition)

1. **Criteria decoding.** What are the purpose and values of the standard? Who is the customer? Who is the process owner? What should the process owner do?
2. **Context.** Percieve current situations using tracer methodology and patient's words (patient shadowing or in-depth interview).
3. **Data analysis.** Analyze existing data or collect more data, find meaning of the data, and set priority of what to do.
4. **Purpose.** Set a clear picture of change to be made and relevant indicators.
5. **Monitor.** Measure the baseline and follow up.
6. **Design.** Using human-centered design concept, human factor engineering, and simple work instruction, make standardization in a flexible way.
7. **Communicate.** Using all forms of communication to ensure that practitioners know what they need to know.
8. **Practice.** Support and ensure process implementation as designed. Encourage situation awareness.
9. **Monitor and learn.** Assign responsible person for keeping track of progress, monitoring, and creating learning with a variety of activities.
10. **Improve.** To achieve purpose and better performance.

### Learning activities with HA Standards

Learning (or Study) is a process to drive improvement. Learning in this aspect covers the review, monitoring and evaluation of all forms, such as:

- 1) **Knowledge sharing.** Knowledge from practice will provide solutions on how to bring theory into practice. In the case that the guideline or standard can not be implemented fully, how to make as safe as we can.
- 2) **Group discussion & learning.** When a team face new issues or requirements that are not widely understood, the team may assign members to study and bring into discussion. The team will gain more understanding and this will spark an implementation.
- 3) **Dialogue.** Dialogue is a group learning process that will result in understanding of others, self-understanding, happiness, and energy to move forward.
- 4) **Presentation.** When some units have tried somethings, a presentation to get comments or critiques will lead to idea expansion, or direction adjustment.
- 5) **Writing a portfolio.** This will make the author crystallize the idea more clearly. It may be a freely written style or following some format, e.g. service profile, COI story.

## A guideline for using Hospital and Healthcare Standards (5<sup>th</sup> Edition)

- 6) **Use a tracer** to track what we are familiar with, what can easily be observed and tracked along various steps. The tracer may be a patient, a group of patients, information, drugs, specimen, etc. The tracer helps us to understand the situation and see the linkage of related system.
- 7) **Internal survey** is an internal process that peers visit the real situation with an attitude of healing rather than evaluation. The survey team from multiple parties will result in better result.
- 8) **After-action review** to discuss whether the action was success as intended, what should be kept, what are the weaknesses to be improved next time.
- 9) **Indicator monitoring, data analysis, and goal achievement assessment.** These are quantitative learning about levels and trends, goal achievement. Attention should be given to data analysis and linkage. At the same time, be aware of the limitations or disadvantages of quantitative measurement and evaluation, other assessments should be included.
- 10) **Quality review activities** are learning from vulnerabilities, risks, adverse events and various feedback that will lead to system improvement. Be careful not to make blamed but to help people, give them the opportunity to tell feelings and thoughts

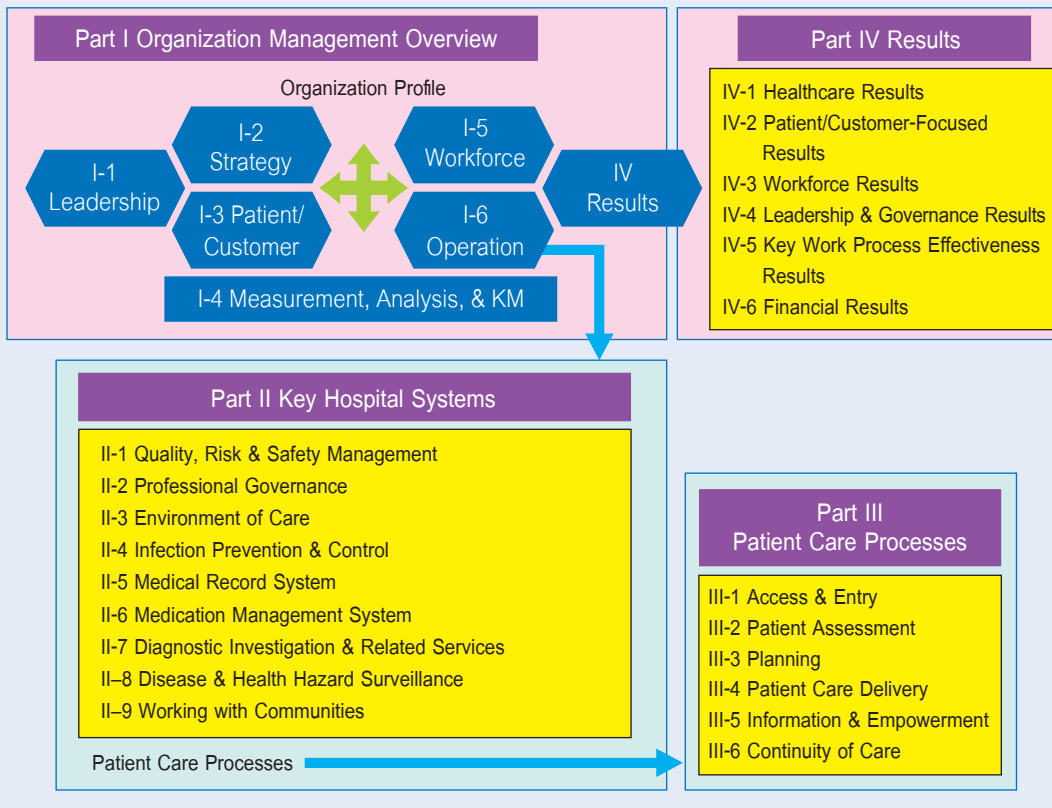
## A guideline for using Hospital and Healthcare Standards (5<sup>th</sup> Edition)

that occurred during the time before the incident. This will allow you to see a little development opportunity that will make it easier for the worker to work.

- 11) **Self-assessment of Standards compliance** will allows us to see whether the system is good or not, any PDSA rolling, and achievement of system goals.
- 12) **Medical record review.** A basic medical review is a review of the completeness of a record. The review to improve quality of care should include quality of the care processes and identify any adverse event with a purpose for improvement.



# Part I Organization Management Overview

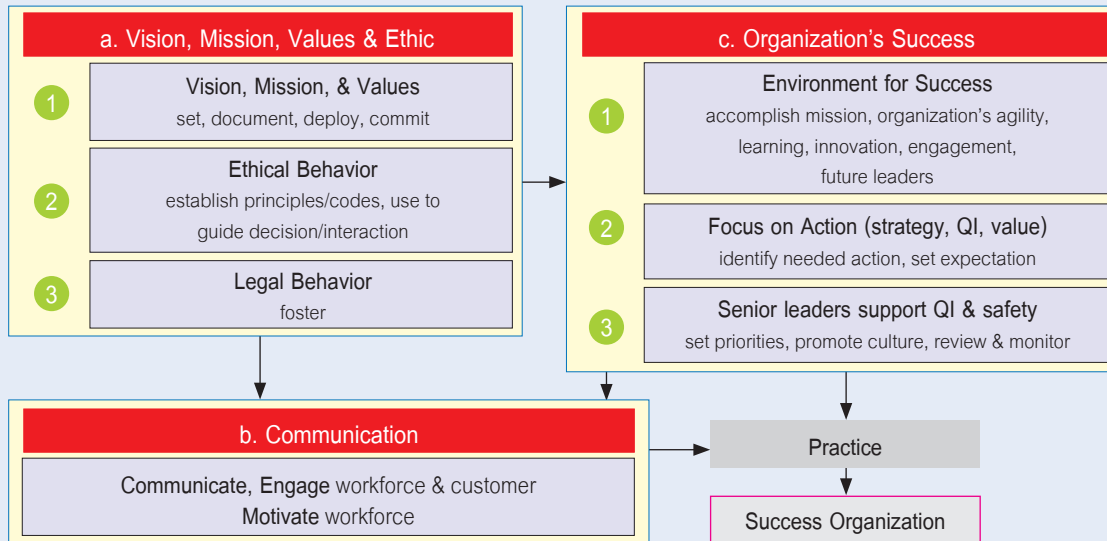


# Part I Organization Management Overview

## I-1 Leadership

### I-1.1 Senior Leadership

Senior leaders guide and build an organization success through vision, mission and values; effective communication; creating an environment for success and a focus on action.





### I-1.1 Senior Leadership

Senior leaders guide and build an organization **success through** vision, **mission** and values; effective communication; creating an environment for success and a focus on action.

#### a. Vision, Mission, Values and Ethics

(1) Senior leaders guide the organization:

- (i) set, document, and deploy<sup>1</sup> vision, mission and values;
- (ii) reflect a commitment to organization's values and **teamwork** etiquette in their personal actions.

(2) Senior leaders **promote ethical behavior**:

- (i) **establish an explicit set of ethical principles<sup>2</sup>** and relevant codes of conduct of the organization;

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<sup>1</sup> **Deploy** means to communicate vision, mission and values key partners, patients/customers and other stakeholders for implementation.

<sup>2</sup> **Ethical principle** is a set of principles which guide professional and moral conduct, based on religion doctrine, philosophy and customs; for the attainment of valuable and desirable life and does not harm the organization.

## Part I Organization Management Overview

- (ii) promote using ethical principles and codes of conduct to guide decision making and interactions of workforce, patients<sup>3</sup>/customers<sup>4</sup>, stakeholders and the public.
- (3) Senior leaders foster legal behaviors<sup>5</sup>.

### b. Communication

- (1) Senior leaders effectively communicate and engage the entire workforce and key patients/customers.
  - (i) encourage frank, understandable, and two-way communication with all target groups;
  - (ii) communicate key decisions and needs for organizational changes with the workforce and relevant stakeholders;

---

<sup>3</sup> **Patients** in this standard includes those who receive healthcare for treatment, injury, other abnormal health, and also health promotion and disease prevention.

<sup>4</sup> **Customers** in this standard means those who receive non-healthcare services, and other customers such as patients' families, visitors, community, police and mass media,etc.

<sup>5</sup> **Legal** means law, rules and regulations relevant to operation of healthcare organization, including administrative law, procurement and supplies management, information law, professional practice law, drug, and medical devices laws, and laws on safety, occupational health and work environment.

## Part I Organization Management Overview

- (iii) inspire and motivate the workforce for good performance and focus on patients/customers.

### c. Organization's Success

- (1) Senior leaders create an environment<sup>6</sup> for success:
  - (i) achievement of its mission and organization's agility;
  - (ii) cultivate organizational and individual learning, and promote innovation;
  - (iii) a culture that promote engagement with patients/customers and the workforce;
  - (iv) succession planning and development of future organizational leaders.
- (2) Senior leaders create a focus on action:
  - (i) strategies to be focused, quality improvement priorities, and needed actions for mission achievement;
  - (ii) expectations for organizational performance and a focus on creating value for patients/customers;
  - (iii) demonstrate leader's accountability for the organization's performance.

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<sup>6</sup> Senior leaders create an environment means senior guide an approach for organization success such as organization's responses, leadership system (structure, communication, decision making), and the response of staff.

## Part I Organization Management Overview

- (3) Senior leaders support the quality improvement and safety efforts:
- (i) set policies, goals, priorities and expectations for quality and safety;
  - (ii) promote culture of safety, people-centeredness, continuous improvement, and learning;
  - (iii) continually review and monitor performance, progress of improvement, and assisting in solving problems and obstacles.

### I-1.2 Governance and Societal Contributions<sup>7</sup>

The organization ensures responsible governance, fulfil its legal and ethical responsibility, and makes societal contributions.

#### a. Organizational Governance

- (1) The organization ensures responsible governance:
  - (i) directions, objectives and strategic plans of the organization;
  - (ii) operational management<sup>8</sup> of senior leaders;
  - (iii) financial management<sup>9</sup> and budgets management;
  - (iv) the organization's performance and transparency in operation;

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<sup>7</sup> **Societal contribution** means contribute to the well-being and benefits of the society as a part of daily operation, creating a good environment, compliance with laws and regulations, support and strengthen community based on size and capability of the organization. Societal contribution may be a driver for patient, public and staff engagement of.

<sup>8</sup> **Operation management** means the implementing, setting targets or goals for the future through planning and budgeting for the organization's range of services, establishing processes for achieving those targets, allocating resources to accomplish those plan and ensuring that plans are achieved.

<sup>9</sup> **Financial management** means planning, monitoring, organizing and controlling of the monetary resources and assets of the organization.

## Part I Organization Management Overview

- (v) independence and effectiveness of the internal and external audits;
- (vi) protection of the stakeholders' interests.
- (2) The organization evaluates and improves **performance effectiveness** of:
  - (i) senior leaders;
  - (ii) leadership system;
  - (iii) governance system.
- (3) The organization establishes an **effective** clinical governance<sup>10</sup> system:
  - (i) form a **clinical governance body**<sup>11</sup> to oversee key elements of clinical audit or review, clinical effectiveness, patient's experience, risk management, research and development, information openness<sup>12</sup>, information technology management, continuing professional

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<sup>10</sup> **Clinical governance** is the framework that the health care institute uses to demonstrate the accountability in maintaining quality and standards of services including raising the level of quality by proper clinical management and building work environment to promote excellent services.

<sup>11</sup> **Clinical governance committee** is the committee appointed by the organization to governing the process and results of quality and safety of patient care in all aspects by having the highest level of administrator to serve, as a chairman.

<sup>12</sup> **Openness** is disclosing or sharing of information on treatment and care with patients and relatives to promote participation of patients and relatives in the treatment process including providing the channels for listening the opinions or complaints.

## Part I Organization Management Overview

education, and education and training affiliation;

- (ii) The clinical governance body receives regular reports on performance results and clinical quality improvement activities and is accountable to assure the patient care's quality outcomes based on the standards, including supporting the development of the quality improvement plan and monitoring.

### b. Legal and Ethical Behavior

- (1) The organization promotes the compliance with legal and regulatory requirements:
  - (i) requirements on safety;
  - (ii) other requirements<sup>13</sup>;
  - (iii) anticipates and proactively prepares for adverse societal impacts, public concern<sup>14</sup>, and conservation of natural resources.

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<sup>13</sup> **Legal and regulatory requirements** include protection the employment of the disabled person, occupational health, building structure, environmental protection, waste management, Report of the Communicable Diseases Act, consumer protection, food safety, health products, professional regulation, professional licensing and registration, standards of various techniques such as Computer Act.

<sup>14</sup> **Public concerns** may include patients' safety, expenditure, equitable access and timely, new threats and medical waste management.

## Part I Organization Management Overview

- (2) The organization promotes ethical behaviors:
  - (i) promote and ensures ethical behaviors<sup>15</sup> in all interactions;
  - (ii) monitors and responses to breaches of ethical behaviors.
- (3) The organization establishes a mechanism to receive and resolve ethical dilemmas<sup>16</sup> with appropriate approaches in a timely way.

### c. Societal Contribution

- (1) The organization is involved in societal contribution.
- (2) The organization identifies, supports, and collaborates to strengthen key communities<sup>17</sup>.

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<sup>15</sup> **Ethical behavior** includes medical ethics and work ethics such as honesty with partners and suppliers, performance evaluation between supervisors and subordinates etc.

<sup>16</sup> **Ethical dilemma** is the ethical issue that is difficult to make decision due to the conflict of the thinking foundation on ethics. If decision is based on one idea, it may be in conflict with another idea, such as decision not to give treatment or stop treatment, provision of essential treatment which is in conflict with what patient wants, admission of the new severe case in the intensive care unit which is required to move the old severe case out.

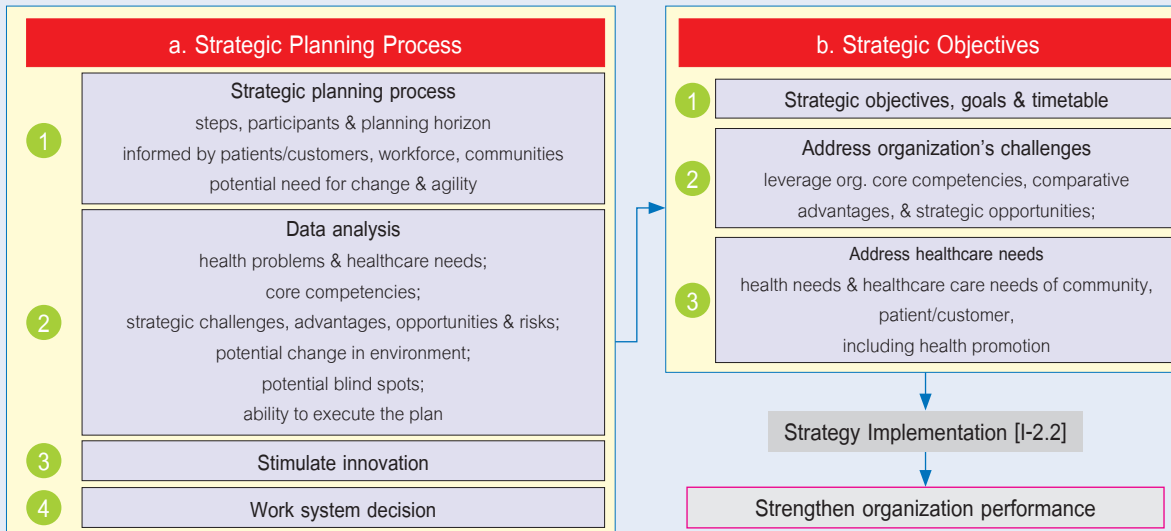
<sup>17</sup> **Strengthen community** means collaboration to improve the environment, strengthen a community in services, education, health and emergency preparedness, etc.

# Part I Organization Management Overview

## I-2 Strategy

### I-2.1 Strategy Development

The organization establishes its strategic plan to address its healthcare needs, its challenges, and strengthens its performance.

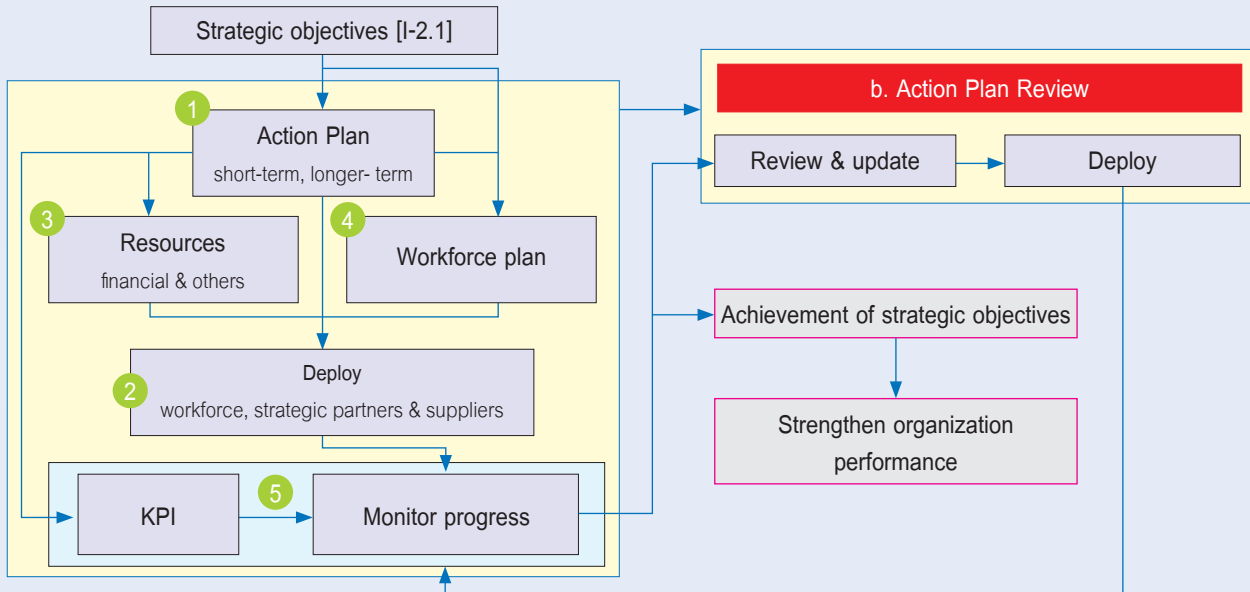


# Part I Organization Management Overview

## I-2.2 Strategy Implementation

The organization implements its strategy plan and monitors progress to ensure achievement of its strategic objectives.

### a. Action Plan Development and Deployment



### I-2.1 Strategy Development

The organization establishes its strategic plan to address its healthcare needs, its challenges, and strengthens its performance.

#### a. Strategic Planning Process

- (1) The organization has an appropriate strategic planning process:
  - (i) appropriate processes, steps, participants and planning horizons;
  - (ii) uses the inform data from patients/customers, families and workforce and where possible the wider community for provision of services planning;
  - (iii) address the potential need for change and organization agility.
- (2) The organization analyzes the following data for strategic planning:
  - (i) health problems and health care needs of patients/customers, families, responsible communities, and other stakeholders;
  - (ii) organizational core competencies;
  - (iii) strategic challenges, strategic advantages, key elements of risk, and strategic opportunities;
  - (iv) potential changes of the environment;

## Part I Organization Management Overview

- (v) potential blind spots in the planning process;
- (vi) ability to execute the plan.
- (3) The strategic planning process stimulate innovation.
- (4) The organization makes decisions<sup>18</sup> regarding its work system on which key processes will be accomplished by its workforce, which by suppliers or partners, and which by external collaborators.

### b. Strategic Objectives

- (1) The organization determines its key strategic objectives, measurable goals and timetable for achieving them.
- (2) Strategic objectives address strategic challenges, and leverage the organizational core competencies, comparative advantages and strategic opportunities.
- (3) Strategic objectives address health needs and health care needs of the community or patient/consumer, including health promotion<sup>19</sup>.

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<sup>18</sup> **Decisions regarding work systems** are considered from organization's core competencies, strategic objective achievement, and collaboration with external organization for sustainability and efficiency.

<sup>19</sup> **Health promotion** includes health promotion of patient, family, community, staff, healthy and healing environment.

### I-2.2 Strategy Implementation

The organization implements its strategic plan and monitors progress to ensure achievement of its **strategic objectives**.

#### a. Action Plan Development and Deployment

- (1) The organization develops action plans to achieve the strategic objectives:
  - (i) a process to develop and authorize its plans for the organization key functions within defined timeframes;
  - (ii) both short-term and long-term action plans;
  - (iii) the action plans contain the objectives of operation<sup>20</sup>.
- (2) The organization deploys its action plan:
  - (i) through its workforce so they are aware of their roles and contributions they make in achieving strategic objectives;
  - (ii) through its strategic partners and suppliers.

---

<sup>20</sup> Objectives of operation should include objectives of various service systems depending on number and types of planned service activities which are linked to other organization's plans such as workforce, risk communication and finances.

## Part I Organization Management Overview

- (3) The organization allocates adequate financial and other resources to support achievement of its action plans, and manage the risks to ensure financial viability.
- (4) The organization develops its workforce plan<sup>21</sup> to its support strategic objectives and action plans.
- (5) The organization sets its key performance indicators to monitor the progress of action plans deployment.

### b. Action Plan Review

The organization has a process to review and update its action plans for the organization key functions within defined timeframes or as necessary, and deploys the modified action plans.

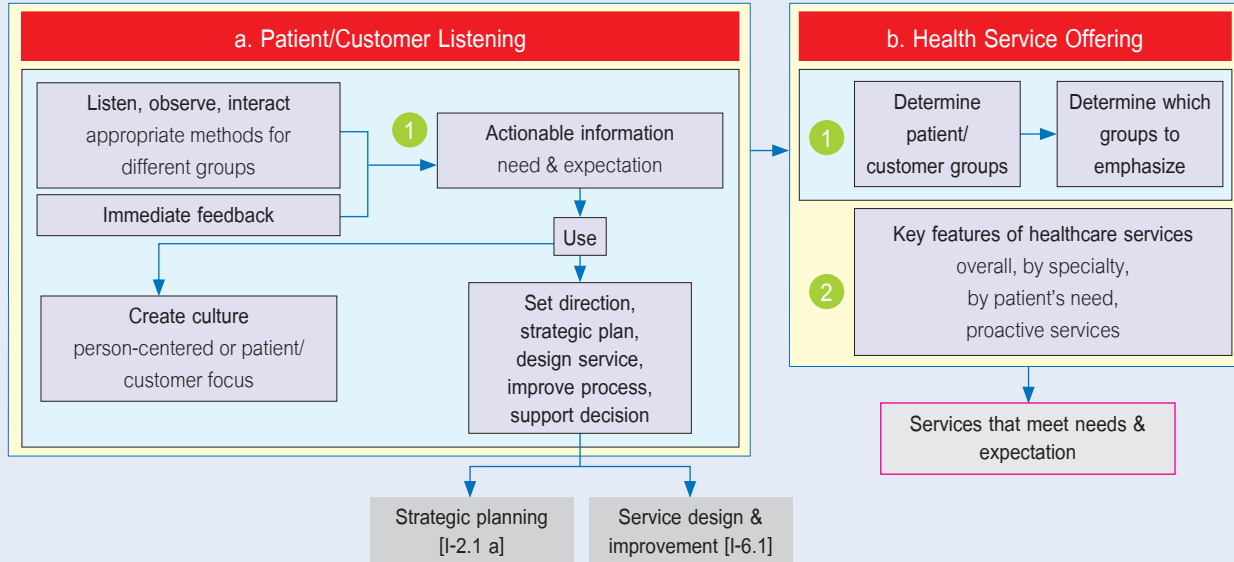
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<sup>21</sup> Workforce plan includes workforce capacity, workforce capability especially highly specialized capability, skill mix, learning and development needs, and workforce management to support strategic objectives, action plan, including key service systems to achieve organizational goals

## I-3 Patient/Customer

### I-3.1 Patient/Customer Needs & Expectation

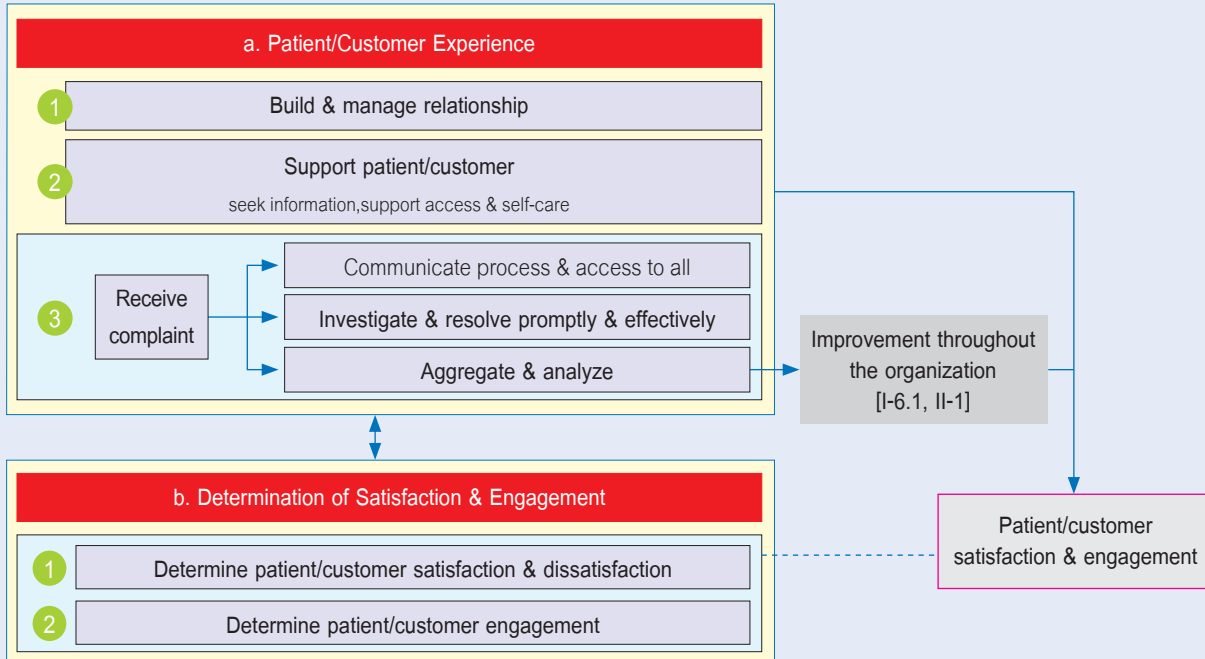
The organization listens and learns from patients/customers and determine healthcare services to meet their needs and expectations.



# Part I Organization Management Overview

## I-3.2 Patient/Customer Engagement

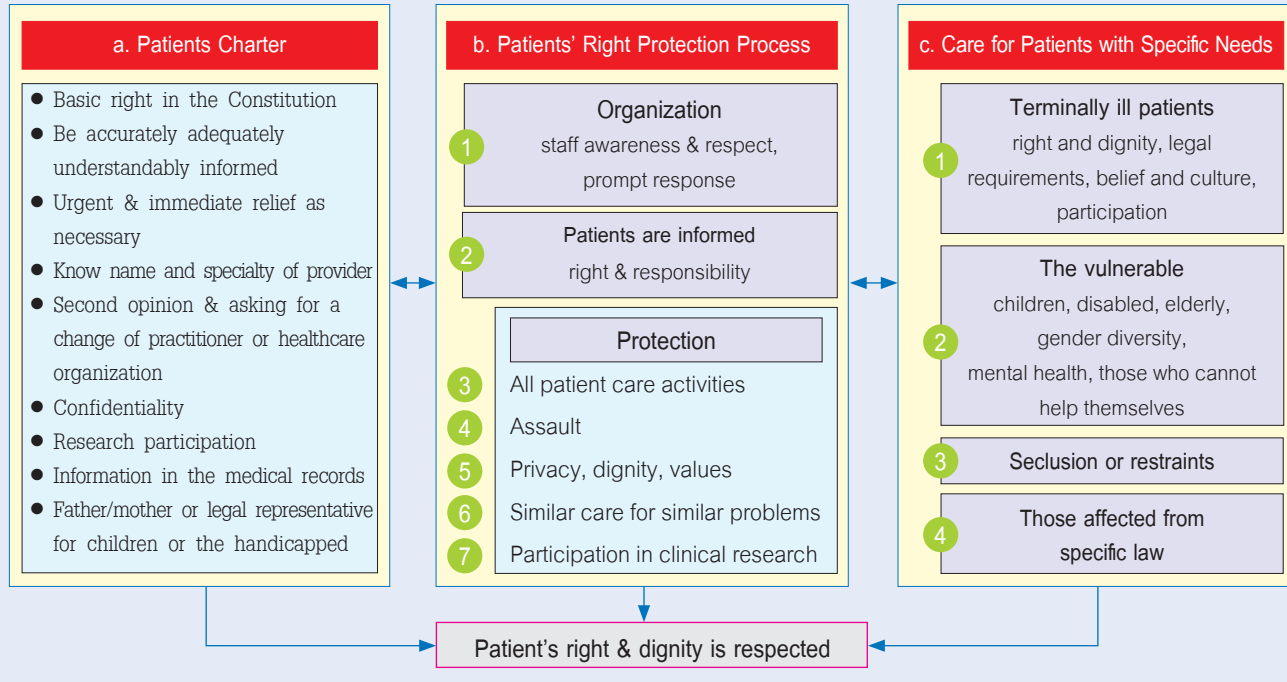
The organization builds relationship with patients/customers and determines their satisfaction and engagement.



# Part I Organization Management Overview

## I-3.3 Patients' Rights

The organization recognizes and protects the rights of patients.



### I-3.1 Patient/Customer Needs and Expectations

The organization listens and learns from patients/customers and **determine healthcare services** to meet their needs and expectations.

#### a. Patient/Customer Listening<sup>22</sup>

- (1) The organization listens to, **interact with, and observe** its patients/customers to obtain actionable information:
  - (i) learn and **analyze** the needs and expectations from obtained data;
  - (ii) **use listening methods appropriate for different patient/customer group**;
  - (iii) seeks immediate and actionable feedback from patient/customer;
  - (iv) uses **the obtained data to set directions, develop strategic plan, design healthcare services, improve work processes and support operation decision making**;
  - (v) uses the obtained data to build a more person-centered or patient/customer-focused culture.

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<sup>22</sup> **Patient/customer listening** means listening to feedback or expression of feelings, thoughts, expectations, needs of patients/customers; in a form of verbal, questionnaire answer, messages, performance and action; by direct listening or observation

## Part I Organization Management Overview

### b. Health Service Offering

- (1) The organization determines its patient/consumer groups and determines which groups to emphasize in providing healthcare.
- (2) The organization determines key characteristics or features of healthcare services to meet the health needs, patient/customer requirement and expectations. The key characteristics cover:
  - (i) overall healthcare services<sup>23</sup>;
  - (ii) healthcare service in each specialty<sup>24</sup>;
  - (iii) healthcare service according to the patient/consumer health needs<sup>25</sup>;
  - (iv) proactive healthcare service provision on-site/at service points/through channels of service<sup>26</sup>.

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<sup>23</sup> **Overall healthcare services** such as outpatient service, inpatient service, general clinical service, health promotion and prevention service.

<sup>24</sup> **Healthcare service in each specialty** such as service of each medical specialty and excellent center.

<sup>25</sup> **Healthcare service according to patient/customer health needs** means service based on specific requirements of patient/customer such as patients with chronic diseases, elderly patients, patients with occupational health problems.

<sup>26</sup> **Proactive healthcare service** such as home health care, community care, care at the workplace, teleconsultation.

### I-3.2 Patient/Customer Engagement

The organization builds relationship with patients/customers and determines their satisfaction and engagement.

#### a. Patient/Customer Experience

- (1) The organization builds and manages patient/customer relationship by respecting personal preferences to meet their expectations and increase their engagement, respecting their personal preferences;
- (2) The organization enables patients/customers to seek information and support: (See also II-1.1 A(9)
  - (i) data and information<sup>27</sup> on service provision and how to get access;
  - (ii) supports patients/customers to conveniently access and obtain services, and supports self-care by patients and families.

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<sup>27</sup> **Data and information on service provision** should be available in multiple languages to meet the needs varieties of population and communities, considering age and capability to access and search, and should be publicly available such as dissemination via website.

## Part I Organization Management Overview

- (3) The organization resolves patient/customer complaints promptly and effectively:
  - (i) provides a compliant process accessible to all and makes the complaint process publicly available;
  - (ii) a process in place to investigate and resolve patient/customer complaint within a defined timeframe;
  - (iii) complaints are aggregated and analyzed for use in improvement throughout the organization.

### **b. Determination of Patient/Customer Satisfaction and Engagement**

- (1) The organization determines patient/customer satisfaction and dissatisfaction with appropriate methods for each group.
- (2) The organization determines patient/customer engagement with appropriate methods for each group.

### I-3.3 Patient Rights

The organization recognizes and protects the rights of patient.

#### a. Patient Charter

(1) The patients are protected according to the Patient Charter issued by professional organizations and Ministry of Public Health<sup>28</sup>

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<sup>28</sup> **Declaration of Patient's Rights 2015:** 1) Every patient has a basic right to receive medical treatment and healthcare based on professional standards without any discrimination according to the Thai Constitution. 2) A patient receiving care has a right to receive accurate and sufficient data about his/her illness, examination, treatment, benefits and risks investigation and treatment from health practitioners with an easy-to-understand language for the patient to make decision in accepting the proposed care or not, except in case of emergency that harmful to life. 3) A patient with life-threatening condition has a right to receive life-saving intervention immediately without a need to ask for. 4) A patient has a right to know the name and specialty of practitioners who provide services. 5) A patient has a rights to seek second opinions from other practitioners and has a right to asking for a change of practitioner or healthcare organization according to his/her insurance coverage. 6) A patient has a right to keep his/her data confidential. The data will be released only with a patient approval, or with duty of health practitioners for patient benefit, or with legal requirement. 7) A patient has a right to receive complete information for making a decision whether to participate in or withdraw from the research. 8) A patient has a right to receive information on his/her own treatments as appeared in the medical record upon request, without violating the right or personal data of the others. 9) A father, mother or legal representative may use the rights on behalf of a patient under the age of 18 years old or a person with physical or mental handicap who cannot exercise his/her own rights.

### b. Patient Rights Protection Process

- (1) The organization ensures that the practitioners are aware of and **respect** the patient rights and has a system in place for patients' request upon their rights.
- (2) Patients are informed about their rights and responsibilities<sup>29</sup> in an easily understood manner.
- (3) The organization is aware of the patient rights in all activities of patient care.
- (4) Safety and security of patients are established. Patients are protected from physical, psychological and societal assault.
- (5) privacy, **gender difference**, human dignity, personal values and beliefs are respected.
- (6) The organization ensures that the patients with similar problems and severity receive a similar care.
- (7) The rights of patients participated in clinical research are protected.

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<sup>29</sup> **Patient responsibilities** according to the Announcement of the Medical Council No. 50/2563 regarding the duties and responsibilities of patient.

## Part I Organization Management Overview

### c. Care of Patients with Specific Needs

- (1) The terminal ill patients receive care with respect to human rights and dignity. The decision about providing, forgoing or withdrawing life-sustaining treatment meet legal requirements or regulations, belief and culture, and are shared with patients and families.
- (2) Vulnerable children, disabled individuals, the elderly, people with **gender diversity**, people with mental health problems, or people who cannot help themselves receive appropriate protection
- (3) Patients who need seclusion or restrains is treated properly.
- (4) **Patients who may be affected by management according to specific law<sup>30</sup> is treated properly.**

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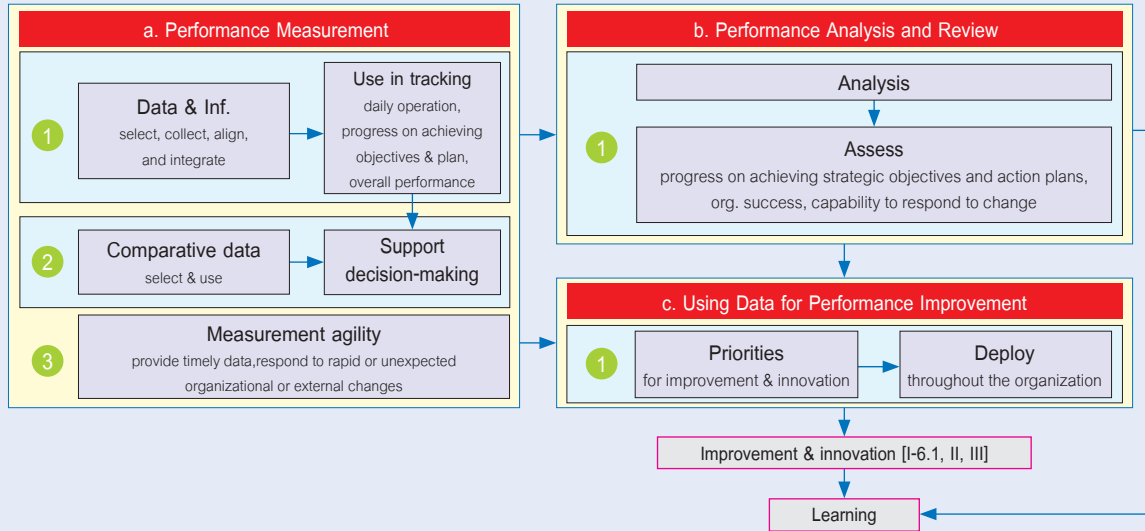
<sup>30</sup> such as patient with highly contagious disease under the Communicable Disease Act

# Part I Organization Management Overview

## I-4 Measurement, Analysis and Knowledge Management

### I-4.1 Measurement, Analysis and Improvement of Organizational Performance

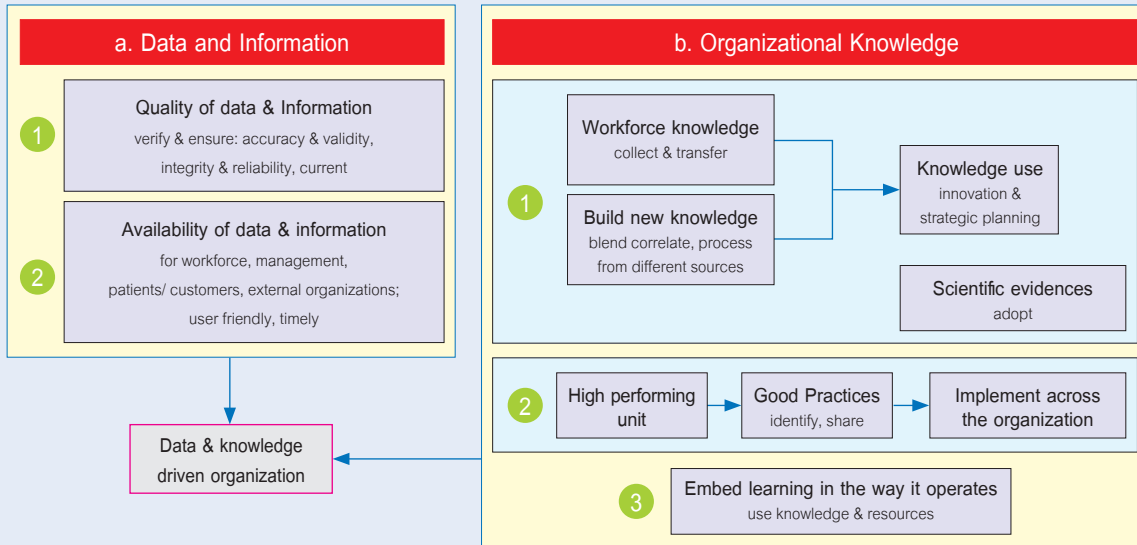
The organization selects, collects, and analyzes appropriate data and uses the review results to improve its performance and promote learning.



# Part I Organization Management Overview

## I-4.2 Information and Knowledge Management

The organization ensures quality and availability of necessary data, information, and knowledge assets; ensures effective knowledge management; and embed learning in daily operation.



### I-4.1 Measurement, Analysis and Improvement of Organization Performance

The organization selects, collects and analyzes appropriate data and use the review results to improve its performance results and promote learning.

#### a. Performance Measurement

- (1) The organization align, integrate, and track data and information on operations and performance:
  - (i) daily operations;
  - (ii) progress on achieving strategic objectives and action plans;
  - (iii) overall organizational performance, including healthcare outcome, process effectiveness, quality and safety management systems<sup>31</sup>, patients/customer-focused results, service delivery results<sup>32</sup>, workforce results, leadership and organization governance results, and financial, marketing & strategy results (See also part IV).

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<sup>31</sup> This covers data received from audit process, risk assessment, patient safety incidents and adverse events.

<sup>32</sup> This covers data from complaints, compliment and recommendations, patient's report of outcome measures, reports on patients'/service user's satisfaction, report on utilization and efficiency of services.

## Part I Organization Management Overview

- (2) The organization selects and uses appropriate comparative data<sup>33</sup> to support fact-based decision making.
- (3) The organization performance measurement system is agile and responsive to rapid or unexpected changes.

### b. Performance Analysis and Review

- (1) The organization analyzes data to support assessment of organization's performance and capabilities:
  - (i) progress on achieving strategic objectives and action plans;
  - (ii) organizational success;
  - (iii) capability to response rapidly to the changing organizational needs and environment.

### c. Using Data for Performance Improvement

- (1) The organization uses findings from performance reviews to develop priorities for continuous improvement and opportunities for innovation, of which are deployed throughout the organization. (See also II-1.1A (6).

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<sup>33</sup> Source and comparative data may come from the excellent result level, average level of the healthcare service, competitor results, and results of the organization with similar work.

### I-4.2 Information and Knowledge Management

The organization ensures quality and availability of necessary data, information, and knowledge assets; ensures effective knowledge management; and embeds learning in daily operation.

#### a. Data and Information

(1) The organization verifies ensures quality of the data and information:

- (i) accuracy and validity;
- (ii) integrity<sup>34</sup> and reliability;
- (iii) current.

(2) The organization ensures availability of necessary data and information for the workforce, management, patients/customers and external organizations in a user-friendly formats and timely manner.

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<sup>34</sup> **Integrity** means data management features that must be able to maintain accuracy and completeness when data is used or processed. The reason for the lack of data retention often caused by redundant databases, problems from referencing when data needs to be linked or when the data stored in the database needs to updated.

## Part I Organization Management Overview

### b. Organization Knowledge

- (1) The organization builds and manages organizational knowledge:
  - (i) collects and transfers workforce knowledge;
  - (ii) blends, correlates and process data from different sources to build new knowledge;
  - (iii) assembles and transfers relevant knowledge for use in innovation and strategic planning processes;
  - (iv) adoption scientific evidences on effectiveness of healthcare interventions and technology.
- (2) The organization exchanges its methods or good practice guidelines by:
  - (i) identifies high performing units or operations;
  - (ii) identifies their good practice for sharing;
  - (iii) Implements the identified good practices across the organization.
- (3) The organization uses its knowledge and resources of the organization to embed learning in the way it operates<sup>35</sup>.

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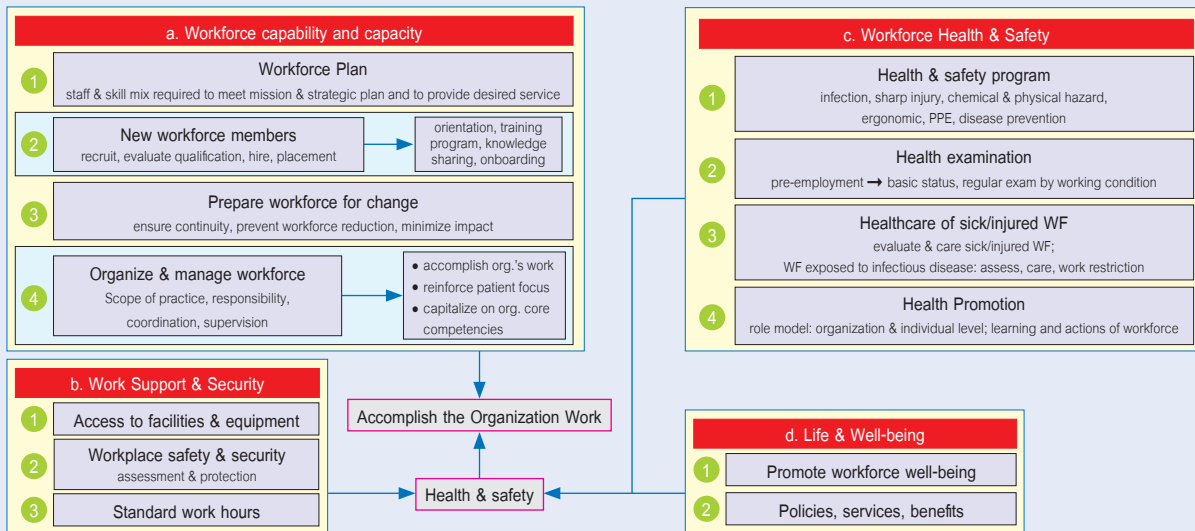
<sup>35</sup> **Embed learning in the way it operates** means systematic learning to create work process which is the actual practice. There are 2 forms 1) embedding learning exchange method as a part of daily practice until it becomes habit and solve the cause of the problem directly or see the opportunity for change; 2) building and sharing knowledge with the entire organization such as knowledge assets from learning routine work until real practice such as having handbook, work instruction which is revised based on learning and use it in real practice systematically including the use of innovation in the organization.

# Part I Organization Management Overview

## I-5 Workforce

### I-5.1 Workforce Environment

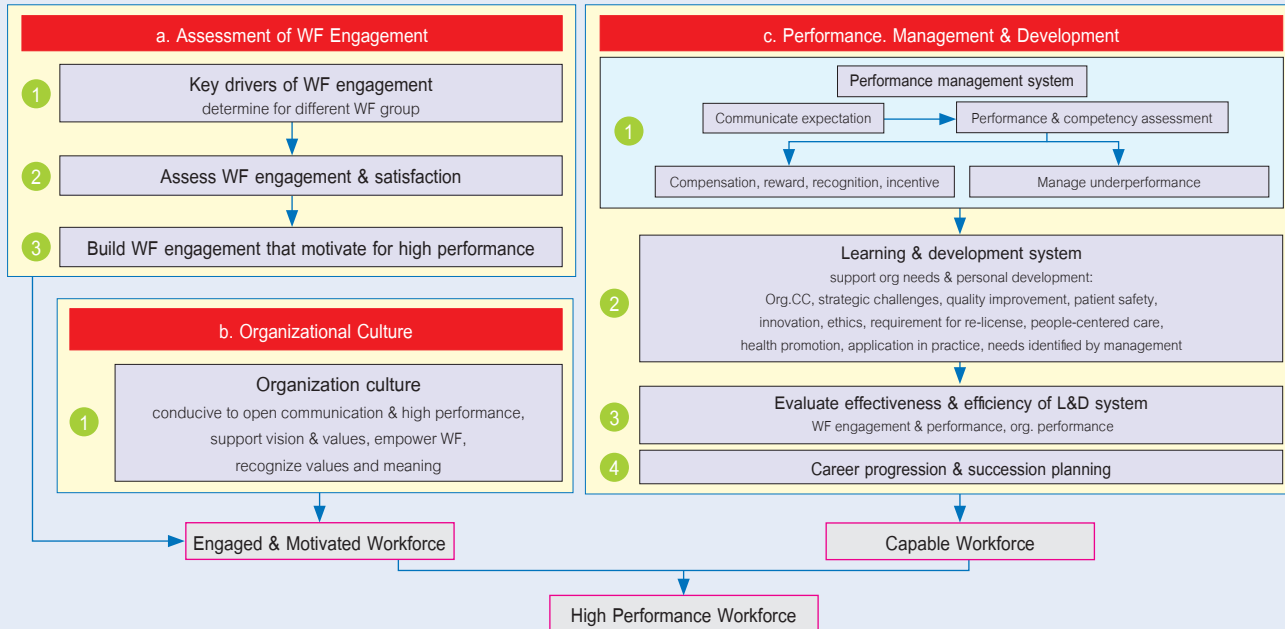
The organization manages its workforce capability and capacity to accomplish the organization work. The organization maintains a working environment and supports a climate that contributes to security, health, safety and quality of life of its workforce.



# Part I Organization Management Overview

## I-5.2 Workforce Engagement

The organization engages its workforce, arranges performance management system, promotes learning and development for workforce retention and high performance.



### I-5.1 Workforce Environment<sup>36</sup>

The organization manages its workforce capability and **capacity to accomplish** the organization work. The organization maintains a working environment and support a climate that contribute to **security<sup>37</sup>, health, safety and quality of life of its workforce.**

#### a. Workforce Capability<sup>38</sup> and Capacity<sup>39</sup>

(1) The organization develops a workforce plan:

- (i) **determines the level of staffing and skill mix required to meet the needs of the services**

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<sup>36</sup> **Workforce** is referred to permanent staff, temporary staff, part time staff, contract staff, entrepreneur and volunteer.

<sup>37</sup> **Security** means lack of dangers, secure, no injury or death including the loss of assets, valuable items or time as well as comfortable living, happiness, confidence in performing activities and preparation for prevention of danger in advance, correct, appropriate, and regularly in the workplace.

<sup>38</sup> **Workforce capability** is the ability of workforce to achieve the work outcomes by using knowledge, skill, ability, expertise as well as the ability to build and maintain relationship with patients/customers, innovative building and change to new technology, product, service and new work process and ability to respond to changes.

<sup>39</sup> **Workforce capacity** means the ability of the organization to ensure the adequate number of workforce to achieve the work outcomes and deliver the product and service to patient/customer as well as ability to respond to the needs that are varied by seasons and need deviations.

## Part I Organization Management Overview

- provided and its mission, taking into account any professional practice recommendations;
  - (ii) the workforce plan supports its strategic plan.
- (2) The organization has effective process for recruitment, hiring, placement and onboarding new workforce members:
  - (i) gathers, verifies, and evaluates professional workforce members' credentials, e.g. license, education, training, and experience experience;
  - (ii) arranges formal orientation, training programs and knowledge sharing for new workforce members on useful topics for their works to enhance their knowledge, skills and experience.
- (3) The organization prepares its workforce for changing organization's needs to ensure continuity, prevent workforce reduction, and minimize the impact of such reductions.
- (4) The organization organizes and manages its workforce to accomplish the organization's work, reinforce the focus on patients/customers, and capitalize on its core competencies:
  - (i) defines scope of practice for healthcare practitioners and other personnel;
  - (ii) assigns responsibilities based on competencies and legal requirements;

## Part I Organization Management Overview

- (iii) provides guideline and a framework<sup>40</sup> to support coordination within and between departments and with relevant external services;
- (iv) provides appropriate supervision, support and advice.
- (v) reviews professional licenses, credentials, and privilege regularly at least every three year

### **b. Workforce Work Support and Security**

- (1) The organization ensures, improves, and support its workforce to access necessary work facilities and equipment conveniently as needed.
- (2) The organization ensures workplace security for its workforce with workplace safety and security assessment and protective measures from violence, bullying, threat, and harassment.
- (3) The organization determines standard work hours, taking into account workforce health, stress and efficiency.

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<sup>40</sup> The framework should be supported by mutual agreement/shared measures or the committee on workforce monitoring plan in each unit.

### c. Workforce Health and Safety

- (1) The organization establishes workforce health and safety programs, assesses and manages key health risks systematically and continuously both in normal and disaster/emergency situations: (see also I-6.2 C)
  - (i) prevention of occupational infection especially tuberculosis, infectious respiratory diseases or newly-emerging diseases, Hepatitis B, Hepatitis C and HIV/AIDS;
  - (ii) prevention of harm from needle stick and sharp injury, exposure to potentially infected blood and secretion;
  - (iii) prevention from chemical hazards, e.g. laboratory chemical agents, anesthetic agents, and chemotherapy drugs;
  - (iv) prevention from other physical hazards, e.g. heat, light, noise and radiation;
  - (v) prevention of harm from ergonomic<sup>41</sup> factors;
  - (vi) appropriate and sufficient personal protective equipment (PPE);
  - (vii) provision of appropriate disease prevention, i.e. vaccines, drugs or procedures;

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<sup>41</sup> **Ergonomics** means the scientific discipline concerned with the understanding of interactions among humans and machines, environments, and systems to design or adjust in order to optimize human well-being, safety and produce maximum efficiency in operation.

## Part I Organization Management Overview

- (2) All workforce receive health examination:
  - (i) all new workforce members have pre-employment health examination and their basic health data are recorded;
  - (ii) all workforce members have regular health examination to assess fit for work and to detect work related illness or infections according to their working condition.
- (3) Sick or injured workforce:
  - (i) sick or injured workforce receive appropriate evaluation and care.
  - (ii) The organization develops policies and procedures for assessing disease communicability, indications for work restrictions, and care of workforce who have been exposed to infectious diseases.
- (4) The organization is a role model for health promotion:
  - (i) the organization has policies and practices as a role model for health promotion;
  - (ii) individual workforce has good health behaviors as a role model for health promotion.
  - (iii) workforce involve, learn, decide and take actions in promoting their physical, mental, and social health.

### d. Workforce Life and Well-being

- (1) The organization promotes workforce well-being:
  - (i) procedures to promote well-being, e.g. stress management, prevention and management of burnout syndrome, workload monitoring, management of work-life balance, change of life style<sup>42</sup> and health lifestyle program<sup>43</sup> etc;
  - (ii) workforce being provided with appropriate supervision, support and advice.
- (2) The organization supports its workforce, of which are tailored to the needs of different workforce groups via:
  - (i) policies;
  - (ii) services;
  - (iii) benefits.

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<sup>42</sup> **Lifestyle pattern** means repeated life style behaviors, time spent and money spent in 4 dimensions: nature of the people involved, activities, interest and opinions, for example, the change of current life style pattern to promote better living or lifestyle medicine.

<sup>43</sup> **Health lifestyle program** is the program designed specifically to meet the lifestyle of individual person for better health and happiness by giving the importance to the change of 6 behaviors: exercise, eating, sleeping, relationship with the family and friends, work and rest.

### I-5.2 Workforce Engagement

The organization engages its workforce<sup>44</sup>, arranges performance management system, promotes learning and development for workforce retention and high **staff** performance.

#### a. Assessment of Workforce Engagement

- (1) The organization determines key drivers of engagement for different groups of workforce.
- (2) The organization assesses workforce engagement<sup>45</sup> and satisfaction in each group.
- (3) The organization uses the assessment results to build workforce engagement that motivate workforce for high performance.

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<sup>44</sup> **Workforce engagement** is the level of emotional and intellectual commitment towards the achievement of work, missions and vision.

<sup>45</sup> **Engagement assessment** is the assessment of factors that moves the engagement and assesses the level of the engagement officially and unofficially. For the **official assessment method**, the assessment method systematically sets the format, the assessment of method/assessment outcomes is communicated and the assessment results are used widely. **Unofficial assessment** is the supplemental assessment method to identify opportunity for development, relationship building, or searching for preliminary data to move towards systematically planned such as focus group, and exit interview etc.

## Part I Organization Management Overview

### b. Organizational Culture

- (1) The organization fosters an organizational culture that:
  - (i) conducive to open communication;
  - (ii) conducive to high performance;
  - (iii) supports visions and values;
  - (iv) empowers the workforce;
  - (v) recognizes values and meaning of people and work<sup>46</sup>

### c. Performance Management and Development

- (1) Workforce performance management system supports workforce high performance and competency development appropriate with their roles and responsibilities, reinforces a focus on patients and achievement of action plans:

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<sup>46</sup> **Recognize the value and meaning of a person and work** means the workforce is trained to understand inner life, see values of self, colleagues, and organization; is aware that everyone is meaningful; works with recognition of value and the meaning of work to self, co-workers, and organization; has awareness that is gratitude to the community, has sense with community, has faith in work and life. Building such a culture may use the group process to perceive others' feelings and set a mutual goal.

## Part I Organization Management Overview

- (i) communicates performance expectation and supports workforce for consistent high performance;
  - (ii) conducts performance and competency assessment regularly at least annually;
  - (iii) considers workforce compensation, rewards, recognition or incentive;
  - (iv) develops clear procedures for the effective management of underperformance.
- (2) The learning and development system supports the organization's needs and personal development of staff, independent practitioners, volunteers, managers, and leaders. The system addresses:
- (i) organization's core competencies, strategic challenges, and achievement of action plans;
  - (ii) organization performance improvement/quality improvement, patient safety, organizational changes and innovation;
  - (iii) ethical healthcare, professional ethics, and other ethical business practices;
  - (iv) revision of professional license, qualifications and scope of duty required by the professional councils or organizations regularly; requirements for professional re-license;

## Part I Organization Management Overview

- (v) people-centered care<sup>47</sup>, social and spiritual dimensions in patient care, recognition of the values and meaning of the work and internal growth;
  - (vi) health promotion;
  - (vii) application of new knowledge and skills in practice and develop additional knowledge and skills based on the work performance results;
  - (viii) needs of continued professional education and needs identified by supervisors and managers.
- (3) The organization evaluates the effectiveness and efficiency of the learning and development system, considering workforce engagement, workforce performance, and organization performance
- (4) The organization manages workforce career progression and carries out succession planning for management and leadership position.

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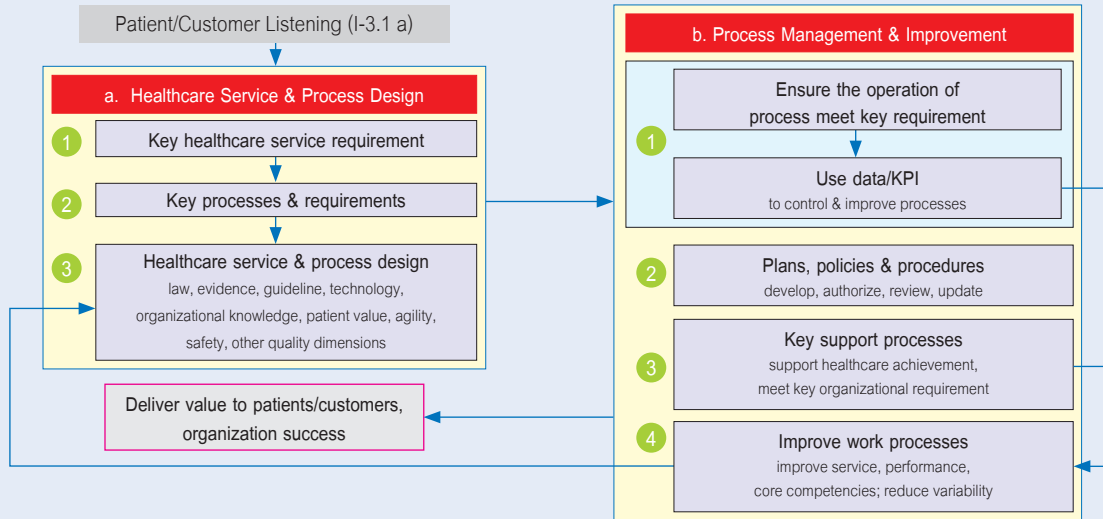
<sup>47</sup> **People centred care** is the care that consider factors, importance, need and limitation of each person such as provision of integrated care, patient/service user rights, complaint management, shared decision making, communication skills, informed consent, cultural belief and needs of different patient/service user groups

# Part I Organization Management Overview

## I-6 Operation

### I-6.1 Work Processes

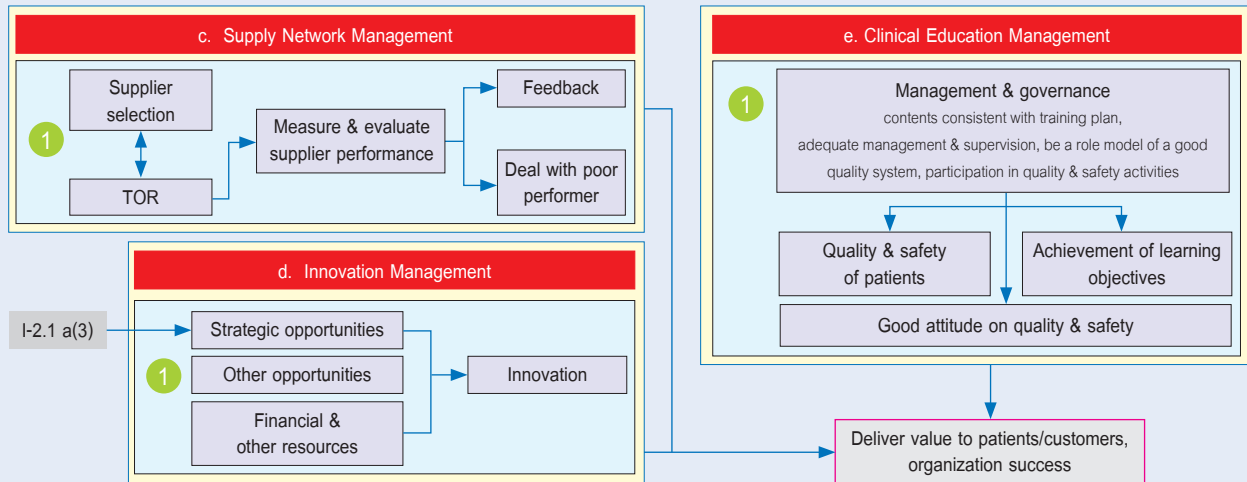
The organization designs, manages and improves key healthcare services / key work processes, manages its supply network and manages innovation to deliver values to patients/customers and achieve organization success.



# Part I Organization Management Overview

## I-6.1 Work Processes

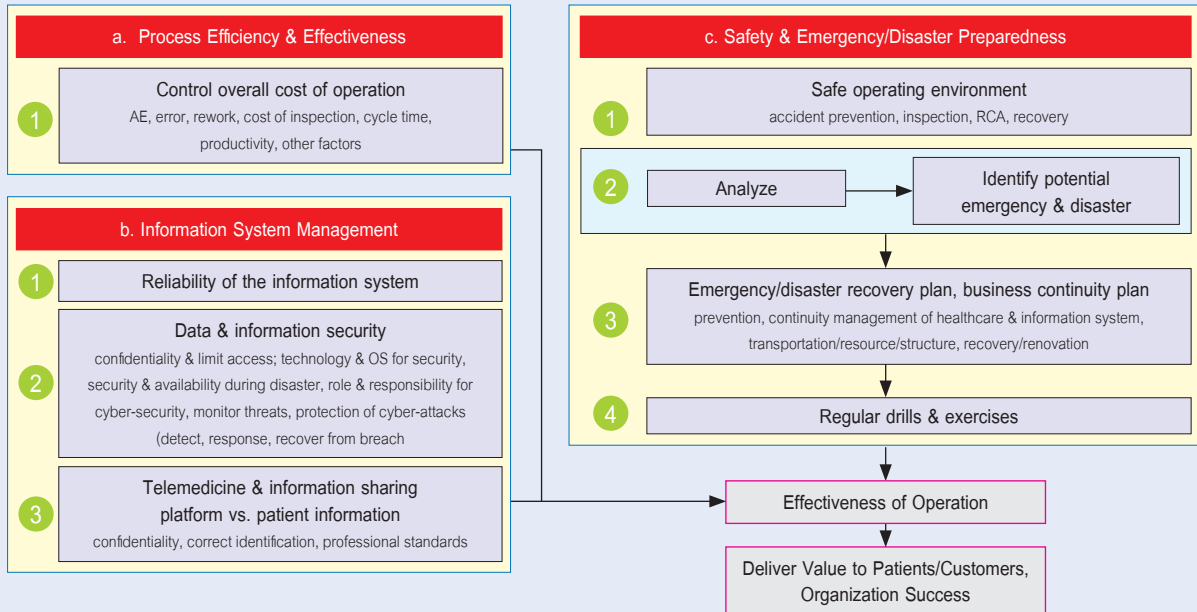
The organization designs, manages and improves key healthcare services / key work processes, manages its supply network and manages innovation to deliver values to patients/customers and achieve organization success.



# Part I Organization Management Overview

## I-6.2 Operational Effectiveness

The organization ensures effectiveness of its operations to deliver value to patients/customers, and to achieve organization success.



### I-6.1 Work Processes

The organization designs, manages and improves the healthcare service management/key work processes, **manages supply network<sup>48</sup> and innovation** to deliver values to patients/customers and achieve organization success.

#### a. Healthcare Service and Process Design

- (1) The organization determines healthcare service requirements. Planning for the provision of services is informed **by patients, their families, staff.**
- (2) The organization determines its key work processes and work requirements of these work processes.
- (3) The organization **designs its healthcare services and processes to meet key service and process requirements**, incorporating scientific evidences, laws, professional guidelines, technology, organizational knowledge, patient/other customer value, agility, safety, and other quality dimensions.

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<sup>48</sup> **Supply network** is relationship of organization or related agencies in delivery of products or service system from the supplier to the organization. Based on the complicated ecological system at present, there must be coordination with many suppliers or organization may be a part of the complicated network that is connected and relies on each other more than a linear relationship which is a simple chain the same as the supply chain in the past.

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### b. Process Management and Improvement

- (1) The organization ensures that the day-to-day operation of work processes meet key process requirements. Appropriate key performance measures/indicators are use to control and improve its work processes.
- (2) The organization develops, authorizes<sup>49</sup>, reviews and updates its plans, policies and procedures within defined timeframes for its key functions.
- (3) The organization's support processes support healthcare achievement and meet key organizational requirements.
- (4) The organization improves its work processes to:
  - (i) improve healthcare services and performance;
  - (ii) enhance its core competencies;
  - (iii) reduce variability.

---

<sup>49</sup> **Approval** may be in the form of signature by the authority, policy/plan/document or in the form of meeting minutes which record the approval decision of the governance committee.

### c. Supply Network Management

- (1) The organization manages its supply network to ensure high quality of procured healthcare services, products, supplies<sup>50</sup> and other services<sup>51</sup>:
  - (i) selects qualified suppliers that meet the organization's needs;
  - (ii) determines a clear and prudent requirements (terms of reference) for monitoring and evaluating suppliers;
  - (iii) measures and evaluates suppliers' performance;
  - (iv) provides feedback to suppliers to help them improve;
  - (v) deals with poorly performing suppliers.

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<sup>50</sup> **Health care service which is not operated by oneself** is the health care service that the organization asks the agency, a group of people or other organizations to provide the health care services in the health care institute which the organization permits the operation in the organization or health service that the organization manages to do the service outside the organization.

<sup>51</sup> **Products, supplies and other services** such as medical supply, medical device, solution of medical laboratory, shortage of essential medical materials such as N95, surgical mask, gown, alcohol and other services such as cleaning, security, catering, delivery and transportation system between organizations etc.

### d. Innovation Management

- (1) The organization pursues its strategic opportunities and other opportunities for innovation, and provides financial and other necessary resources, and other opportunities for innovation<sup>52</sup>, and provides financial and other necessary resources.

### e. Clinical Education and Training Management

- (1) Management and governance of clinical education programs promotes quality and safety of patients/customers/trainers/learners and achievement the learning objectives (knowledge/experience of trainers/learners):
  - (i) the contents of teaching are in consistent with the curriculum or training plan;
  - (ii) adequate management and supervision is provided for each level of student and trainee to ensure safe patient care and patient right protection, and ensure a uniform learning experience;
  - (iii) recording evidence of supervising students or trainees;

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<sup>52</sup> the innovation development should consider quality and safety of the patients and the service system, cost-effectiveness and benefits gained in the service system and opportunity to develop research that can be expanded in the future.

## Part I Organization Management Overview

(iv) the organization creates a good attitude on quality and safety for students and trainees, and be a role model of a good quality system, e.g. medical staff organization, medication safety, learning from errors, risk management system, etc.; the students and trainees participate in activities of quality and safety programs.

### I-6.2 Operation Effectiveness

The organization ensures effectiveness of its operations to deliver value to patients/customers, and to achieve organization success.

#### a. Process Efficiency and Effectiveness

- (1) The organization controls overall cost of its operation by preventing adverse events, errors, and rework; minimizing the costs of inspections and tests; incorporating cycle time, productivity, and other efficiency and effectiveness factors into its work processes.

#### b. Information System Management

- (1) The organization ensures the reliability of its information system.
- (2) The organization ensures the security personal data, sensitive or privileged data/information and operation system, both in hard copy and electronic form:
  - (i) ensures confidentiality and limits access physically or electronically to authorized person;
  - (ii) determines and prioritizes information technology system and key operation systems for security;
  - (iii) maintains security and availability of data and information system in case of disasters;

## Part I Organization Management Overview

- (iv) ensure that workforce, patients/customers, partners and suppliers understand and fulfill their roles and responsibilities regarding cyber-security;
  - (v) monitors emerging threats to safety and cyber-security;
  - (vi) protects information technology system and key operating systems from cyber-attack; detects, responds to, recovers and restores from cyber-security breaches.
- (3) In case that patient's information is communicated through telemedicine and information-sharing platforms<sup>53</sup> for the benefits of patients, the organization establishes guidelines to protect confidentiality of patient's information while maintaining correct identification and complying with professional standards.

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<sup>53</sup> **Telemedicine and information-sharing platforms** is the work system that uses digital in providing medical and public health services in different places by sending picture or voice signals or other methods in providing medical and public health services of the health care institute to the clients by the health care practitioner to exchange useful information for treatment examination, diagnosis, treatment, nursing care, disease prevention, health promotion and physical rehabilitation and for the benefit of continuing education of medical and public health workforce.

## Part I Organization Management Overview

### c. Safety and Emergency<sup>54</sup>/Disaster<sup>55</sup> Preparedness

- (1) The organization provides a safe operating environment addressing accident prevention, inspection, root-cause analysis of failure, and recovery.
- (2) The organization analyzes hazard risks to identify potential emergency and disaster that may change demand of healthcare service in the area.
- (3) The organization reviews and develops the preparedness plan or emergency plan, the business continuity management and the disaster-recovery plan<sup>56</sup> to ensure the preparation of the work system, the workforce, and the place by considering the followings:

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<sup>54</sup> Emergency means an abrupt, unexpected event that damage the environment of care for patients, resulting in interruption of services, e.g. failure of electricity, water supply, and telephones; or abrupt increase of demands, or a need to adjust the service system for safety of patients and personnel, e.g. mass casualty, protests, demonstrations, intrusion, bomb threats in hospitals.

<sup>55</sup> Disaster means a hazardous event to people and properties, widely effect economy and lifestyle of people both in short term and long term. 2 Types of disaster are: 1) natural disasters such as floods, earthquakes, storms and outbreaks of communicable diseases, 2) man-made disasters such as fire accident, industrial accidents, and biological terrorism.

<sup>56</sup> The plans include patient care, patient isolation and contaminated material management, staff and family assistance, procurement of necessary supplies, utility system, security, communication, transportation, food preparation, preparing backup facilities, coordination with other organizations, and reporting.

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- (i) prevention of disasters<sup>57</sup>;
  - (ii) continuity management<sup>58</sup> of healthcare and information system;
  - (iii) transportation, resource and structure;
  - (iv) recovery or renovation.
- (4) The organization tests the emergency/disaster recovery plan regularly

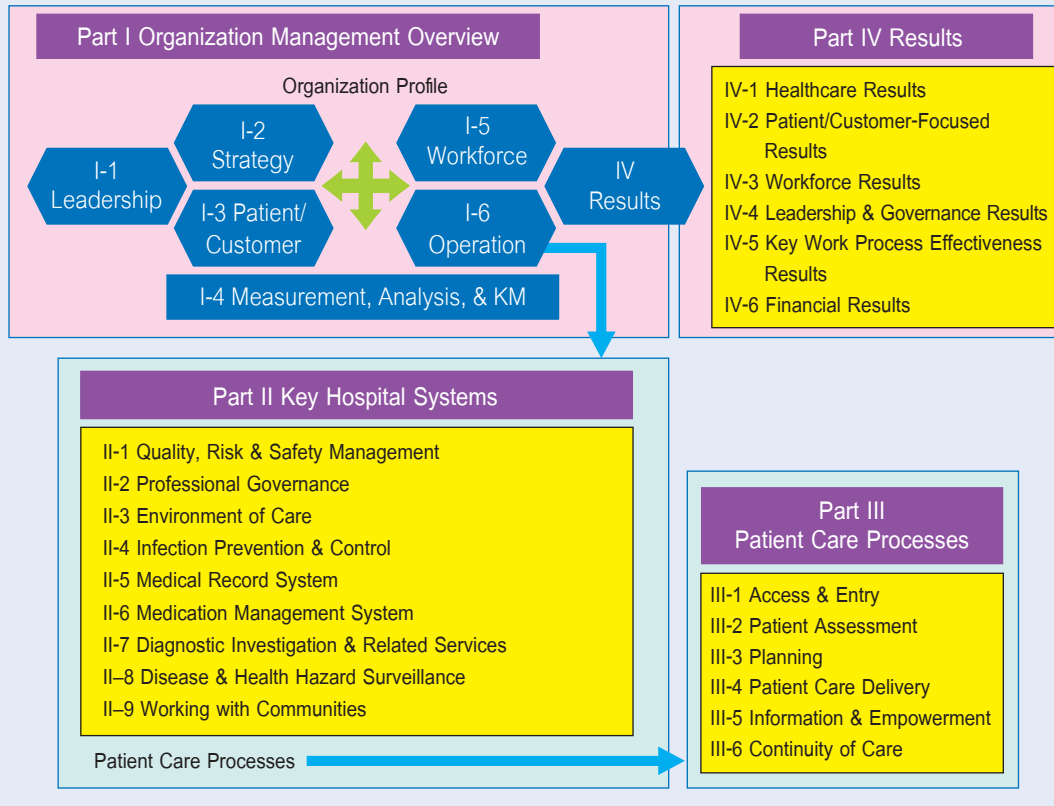
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<sup>57</sup> **Prevention of disaster** means prevention the impact from disaster which may affect the organization and the organization performance.

<sup>58</sup> **Continuity management** means the preparation of the organization to face disaster by development of the business continuity management plan and practice drill to be able to manage disaster when it occurs.



# Part II Key Hospital Systems

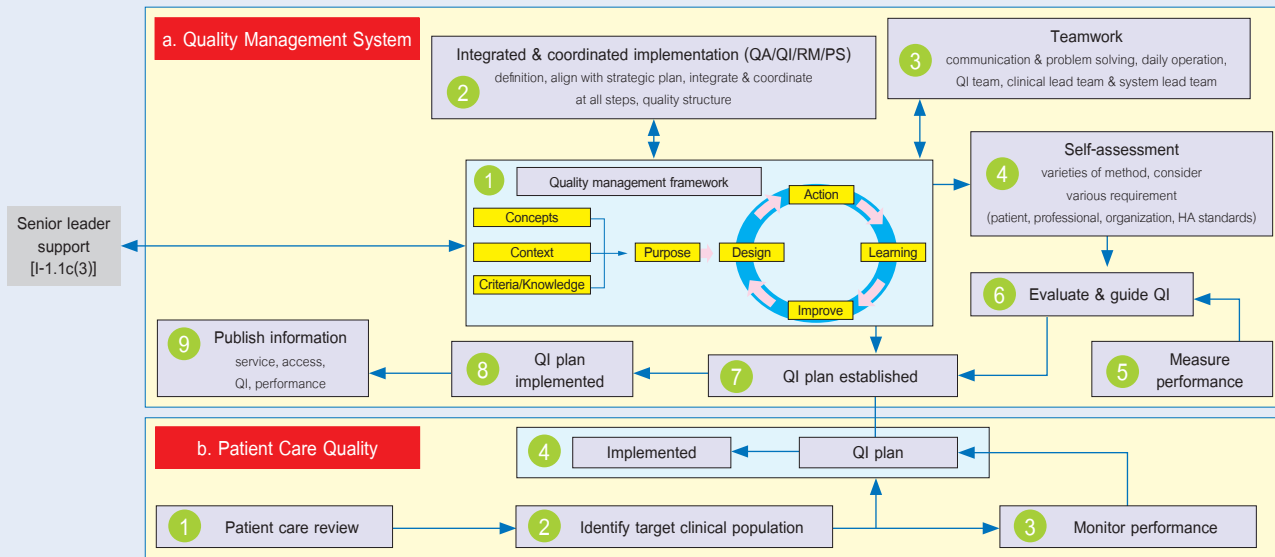


## Part II Key Hospital Systems

### II-1 Quality, Risks and Safety Management

#### II-1.1 Quality Management

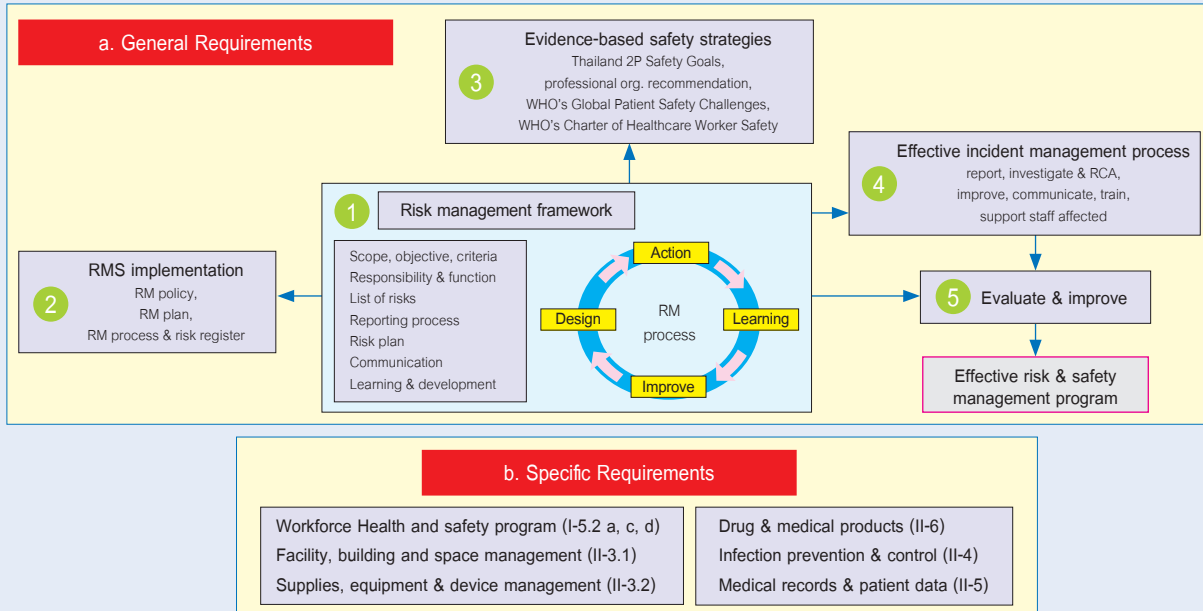
The organization has concerted and coordinated efforts of quality management at all levels.



## Part II Key Hospital Systems

### II-1.2 Risk Management System

The organization provides effective and coordinated risk and safety management system to manage risk and to protect safety for patients/customers, workforce and visitors.



### II-1.1 Quality Management

The organization implements a concerted and coordinated efforts of quality management at all levels.

#### a. Quality Management System

- (1) The organization implements a quality management system with the key components to support the design, implementation, maintenance, learning and improvement of quality management process as follows:
  - (i) fosters quality management based on the principles or concepts of quality management with regard to specific context of the organization including needs of patients/customers, in consistent with criteria, guidelines, explicit and tacit knowledge;
  - (ii) determines quality objective/purpose that can be used for monitoring and evaluation;
  - (iii) people-centered design of system/process; effective implementation (action); continuous monitoring, evaluation and learning that lead to systematic improvement, innovation, integration and re-designs.
- (2) The organization implements the quality, safety and risk management in a coordinated and integrated approach:

## Part II Key Hospital Systems

- (i) determines the operational definitions of “risk” and “quality” to align implementation and communication;
  - (ii) aligns and integrates the quality, safety and risk management system with the organization’s strategic plan;
  - (iii) leaders at all levels support safety and quality improvement efforts by continually reviewing and monitoring performance and progress of improvement, and assisting in solving problems and obstacles;
  - (iv) coordinates and integrates all programs/activities related to quality, safety and risk in every steps of planning, implementation and evaluation;
  - (v) establishes an effective quality structure appropriate for the organization to facilitate and coordinate the quality and safety programs, defines accountability and responsibility for quality and performance improvement.
- (3) The organization promotes teamwork at all levels as follows.
- (i) effective communication and problem-solving within and between work units, between professions, between staff and management, and between healthcare provider and patients/customers;

## Part II Key Hospital Systems

- (ii) workforce collaboration to provide high quality care and service in daily operation with safety conscious and professional responsibility;
  - (iii) encourages a variety of quality improvement teams;
  - (iv) arranges cross-functional or multi-disciplinary oversight mechanisms to give directions, support and monitor quality and safety initiatives, e.g. clinical lead team, system lead team.
- (4) The organization uses self-assessment to identify opportunities for improvement:
- (i) uses a spectrum of evaluation techniques appropriately to identify opportunities for improvement, from qualitative method to a systematic quantitative method or research;
  - (ii) assesses the designed services against patient/customer requirements;
  - (iii) assesses its performance against the organization/work unit goals and objectives, evidence-based guidelines, hospital standards and other standards, and national or international benchmarks to raise quality of service<sup>59</sup>;
  - (iv) applies various self-assessment methods, including share and learn, group discussion, writing a port-folio or self-assessment report, clinical tracers, internal survey, patient

<sup>59</sup> The organization can participate in the national or international comparative indicator program in and outside the country such as Thailand Hospital Indicator Program: THIP

## Part II Key Hospital Systems

survey and interview, quality review, audit and feedback, presentation for peer feedback, after action review, and indicator monitoring;

- (5) The organization collects information related to the organization and healthcare service performance. (see also criterion I-4.1 and part IV).
- (6) The organization uses information from self-assessment and performance measurement to review and guide quality improvement (see also criteria I-4.1c).
- (7) The organization develops quality improvement plan as a response to the opportunities for improvement identified:
  - (i) be formalized with clearly defined goals, objectives, timeframe, and allocated responsibilities;
  - (ii) identifies specific activities to be undertaken to meet the stated goal and objectives;
  - (iii) be comprehensive for all parts of the organization;
  - (iv) promotes continuous quality improvement;
  - (v) be regularly updated;
  - (vi) can be used for monitoring and evaluation.
- (8) The organization communicates quality improvement plan to relevant stakeholders for implementation, monitors and evaluates the improvement.

## Part II Key Hospital Systems

(9) The organization makes its organization and healthcare service performance results publicly available.

### b. Patient Care Quality

- (1) The patient care teams review patient care and services<sup>60</sup> regularly to evaluate the quality and efficiency of care and identifies opportunities for improvement.
- (2) The patient care teams identify clinical population<sup>61</sup> as targets for improvement, set goals and objectives for patient care and quality improvement.

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<sup>60</sup> **Review of patient care and services** includes bedside review, medical record review/clinical audit/professional peer review, review of incident/complication/death, resource utilization review, patient complaint review, assessment of knowledge/capability/skills, patient referral review, drug utilization review, blood use review, healthcare associated infection review, indicator review. The patient here includes the client of health promotion and disease prevention service.

<sup>61</sup> **Clinical population** means (1) a group of patients with a specific condition or attaining a specific treatment method such as patients with diabetes, tuberculosis, HIV, brain surgery, or (2) target groups for health promotion such as women, early childhood (0-5 years), school-age children (5-14 years), adolescents (15-21 years), working group (15-59 years), aging group (older than 60 years) or (3) a group with specific needs such as illegal labour, the disables/disadvantages.

## Part II Key Hospital Systems

- (3) The patient care teams define and use appropriate indicators to monitor patient care performance of the identified population.
- (4) The patient care teams develop patient care improvement plans and implement the plans using concerted actions and varieties of methods, e.g. multi-disciplinary approach, holistic approach, evidence-based approach, root cause analysis, innovation and benchmarking. Patient care improvement includes prevention, promotion, curative, and rehabilitation as appropriate.

### II-1.2 Risk Management System

The organization provides effective and coordinated risk and safety management system to manage risk and to protect safety for patients/customers, workforce and visitors.

#### a. General Requirements

- (1) The organization manages risk through risk management framework that support the design, implementation, maintenance and improvement of risk management processes, including both proactive and reactive measures. The risk management framework should consist of:
- (i) scope and objective of risk management and criteria for assessing risk;
  - (ii) risk management responsibilities and functions;
  - (iii) a list of identified risks, including at least strategic risk, clinical risk, operational risk and financial risk;
  - (iv) processes of reporting risks and incidents to relevant bodies or stakeholders<sup>62</sup>;
  - (v) a summary of risk plan for major risks;

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<sup>62</sup> The organizations can participate in the National Reporting and Learning System (NRLS) program by integrating organizational incident reporting data to share and learn with national systems.

## Part II Key Hospital Systems

- (vi) process for communicating risks with relevant people or stakeholders;
  - (vii) workforce learning and development system on knowledge and skills in risk management.
- (2) The organization supports the implementation of risk management framework with:
- (i) a risk management policy expresses an organization's commitment to risk management and clarifies its general direction or intention;
  - (ii) a risk management plan describes the responsibilities and timeframes for reporting, reviewing and monitoring of risks;
  - (iii) a risk management process aims to protect and ensure safety for patients, customers, workforce and visitors<sup>63</sup>; including risk identification, risk analysis (likelihood and consequence), risk prioritization, risk treatment or prevention plan, and risk monitoring and review; using risk register as a live record that is updated on a regular basis.
- (3) The organization defines and implements appropriate evidence-based safety strategies for patients and workforce in patient care:

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<sup>63</sup> Example of the risk of visitors such as patient's relative falls down in the hospital, relative is infected by COVID-19.

## Part II Key Hospital Systems

- (i) recommendations based on Thailand Patient and Personnel Safety Goals<sup>64</sup>;
  - (ii) recommendations from relevant professional organizations;
  - (iii) other evidence-based recommendations, e.g. WHO's Global Patient Safety Challenge<sup>65</sup> and WHO's Charter on Health Worker Safety.
- (4) The organization implements effective incident management process:-
- (i) a process for documenting and reporting incidents<sup>66</sup>, including adverse events and near miss incidents that affect patients/customers, workforce or visitors;

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<sup>64</sup> **Thailand Patient and Personnel Safety Goals** are the safety goals of patients and personnel in Thailand set by the national committee for driving the safety strategy for patients and personnel in Thailand. Patient Safety Goals consist of: S-Safe surgery, I-Infection prevention control, M-Medication and Blood Safety, P-Process of Care, L-Line, Tube and Laboratory Safety, E-Emergency Response. Personnel Safety Goals consist of: S-Security of information and Social media, I-Infection Exposure, M-Mental Health and Mediation, P-Process of Work, L-Lane and Legal, E-Environment Safety

<sup>65</sup> **The Global Patient Safety Challenges** refers to the challenges related to patient safety that the World Health Organization (World Health Organization) has set up and an invitation for member countries around the world to drive together, including “Clean Care is Safer Care (2005)”, “Safe Surgery Saves Lives (2008)”, “Medication without Harms (2017)”

<sup>66</sup> The incident report should emphasize on safety incidents..

## Part II Key Hospital Systems

- (ii) a process for auditing, investigating, conducting root cause analysis<sup>67</sup> and taking action in response to incidents;
  - (iii) a process to use findings from incident analysis to make improvement that prevent/reduce recurring incidents or minimize consequence;
  - (iv) a process for communicating with patients/customers affected by adverse events;
  - (v) training of workforce on risk identification, incident reporting, investigation, root cause analysis and communication when incident occurs;
  - (vi) a process to support staff affected by adverse event, both physically and psychologically.
- (5) The organization evaluates effectiveness of its risk and safety management program regularly, and uses findings for improvement.

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<sup>67</sup> **Root cause analysis** is the analysis of the most fundamental cause which is related to process or system management in which if it is managed or controlled, will reduce or prevent the likelihood of recurrence.

## Part II Key Hospital Systems

### b. Specific Requirements

The risk management system is integrated with high risk key hospital systems:

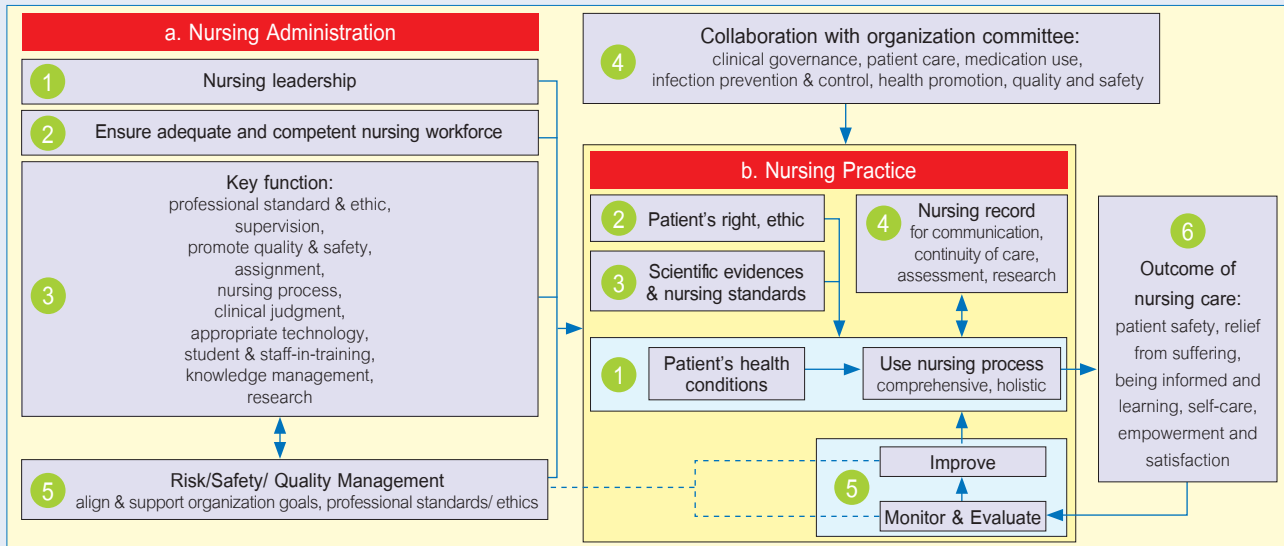
- (1) workforce health and safety program
- (2) facility, building and space management
- (3) supplies, equipment and other device management
- (4) drugs and medical products
- (5) infection prevention and control
- (6) medical records and other patient data

## Part II Key Hospital Systems

### II-2 Professional Governance

#### II-2.1 Nursing Governance

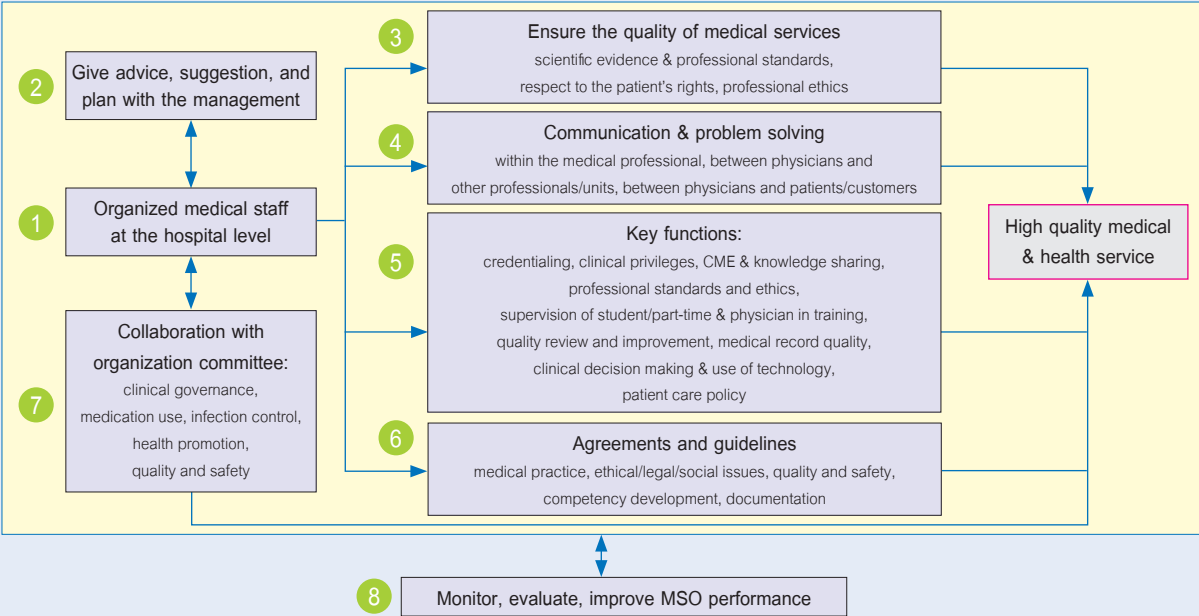
The organization has a nursing administration responsible for managing high quality nursing service to achieve the organization's mission.



# Part II Key Hospital Systems

## II-2.2 Medical Staff Governance

There is an organized medical staff organization, responsible for supporting and oversight of standard and ethical practice of medical professional to fulfill the mission of the organization.



### II-2.1 Nursing Governance

The organization has an organized nursing administration system responsible for high quality nursing service to fulfill the organization's mission.

#### a. Nursing Administration

- (1) Nursing leaders at all levels are qualified registered nurses with sufficient knowledge, capability and experiences on both nursing practice and nursing administration.<sup>68</sup>
- (2) Nursing administration ensures that there will be competent<sup>69</sup> and adequate<sup>70</sup> nursing workforce, covering fulltime and independent practitioners for the services provided.

<sup>68</sup> For example, visionary leadership, coaching, good communication skill, good relationship-building skill.

<sup>69</sup> **Ensuring nursing workforces competency** is the activities to enhance workforce knowledge, capability and skill appropriate to perform their jobs such as assessing and evaluating the qualification and competencies of the nursing workforce suitable for the assigned job, determining scope of nursing practice according to professional standard, promoting of continuing education and training to develop nursing workforce and knowledge sharing.

<sup>70</sup> **Ensuring nursing workforces are adequate** is the activities implemented to have adequate number of nursing workforce for patient and personnel safety such as determine appropriate safe staffing guideline relevant to patient's severity and patient acuity, staffing guideline in emergency situation, arranging nursing staff to match nursing requirement of patients, short term and long term workforce planning which is coherent with policy, mission and strategies of organization.

## Part II Key Hospital Systems

- (3) The nursing administration has a structure and mechanism to effectively carry out these key functions:
  - (i) oversight of professional standards and ethics;
  - (ii) supervision, monitoring, and promoting improvement in quality and safety for patient care, including personnel safety;
  - (iii) proper assignments according to the job position and responsibility;
  - (iv) promoting implementation of nursing process for solving patient's health problems;
  - (v) promoting appropriate clinical decision making and use of technology;
  - (vi) supervision of nursing students, and nurses who are in training in the hospital;
  - (vii) knowledge management and research for professional development.
- (4) The nursing administrative works collaboratively with the organization committees on clinical governance, patient care, medication utilization, infection prevention and control, health promotion, quality and safety.
- (5) The risk, safety, and quality management in nursing service aligns with and supports the organization goals/objectives, and professional standards and ethics.
- (6) Goals of patient safety, relief from suffering, being informed and learning, self-care, empowerment and satisfaction are used for evaluation and improvement of nursing

## Part II Key Hospital Systems

administration and practice continuously.

### b. Nursing Practices

- (1) Nursing workforce apply nursing process to provide care:
  - (i) the aim is to provide quality care based on professional standards and ethics, comprehensive and holistic care to individuals, families and communities;
  - (ii) the care is based on patients'/customers' health conditions, lifestyle, and social context;
  - (iii) continuum of care is planned in collaboration with multidisciplinary team, patients/customers and families, from entry to after-discharge;
- (2) Nursing workforce provide nursing care with respect to the patient's rights and professional ethics.
- (3) Nursing workforce provide nursing care on the basis of updated scientific evidences and professional standards.
- (4) Nursing records and documents demonstrate nursing practice with holistic and continuum of nursing care; and are useful for communication, continuum of care, evaluation of quality of nursing care and research.
- (5) Nursing practices outcomes are evaluated systematically and improve continuously.

### II-2.2 Medical Staff Governance

There is an organized medical staff organization that responsible for supporting and oversight of standards and ethical practices of medical professional to fulfill the mission of the organization.

- (1) Medical staff are organized at the hospital level to ensure high quality professional practices and accountability.
- (2) The medical staff organization gives advice, suggestion, and collaboratively plans with the management on clinical governance and the provision of high quality medical and public health services based on professional standards and ethics.
- (3) The medical staff organization ensures that the provision of medical services is based on scientific evidence and professional standards, respects to patient's rights and professional ethics.
- (4) There are structures and mechanisms to support communication and problem solving within the medical professional, between physicians and other professionals or other units, between physicians and patients/customers.
- (5) The medical staff organization effectively carries out these key functions for patients to receive standard, comprehensive and holistic services:

## Part II Key Hospital Systems

- (i) credentialing;
- (ii) granting of clinical privileges to each physician to ensure that he/she has expertise in the field that he/she is working;
- (iii) continuing medical education as recommended by professional organizations, and knowledge sharing;
- (iv) supervision of medical students, physicians in training, and part-time/on-call physicians;
- (v) promoting professional standards and ethics;
- (vi) promoting patient care quality review and improvement for accuracy of diagnosis/patient care planning/integration of health promotion and disease prevention or patient-centered care;
- (vii) promoting physicians to have roles and be leader in quality review and improvement for patient care;
- (viii) promoting quality improvement of medical record;
- (ix) promoting appropriate clinical decision making and use of technology;
- (x) patient care policy development or endorsement.

## Part II Key Hospital Systems

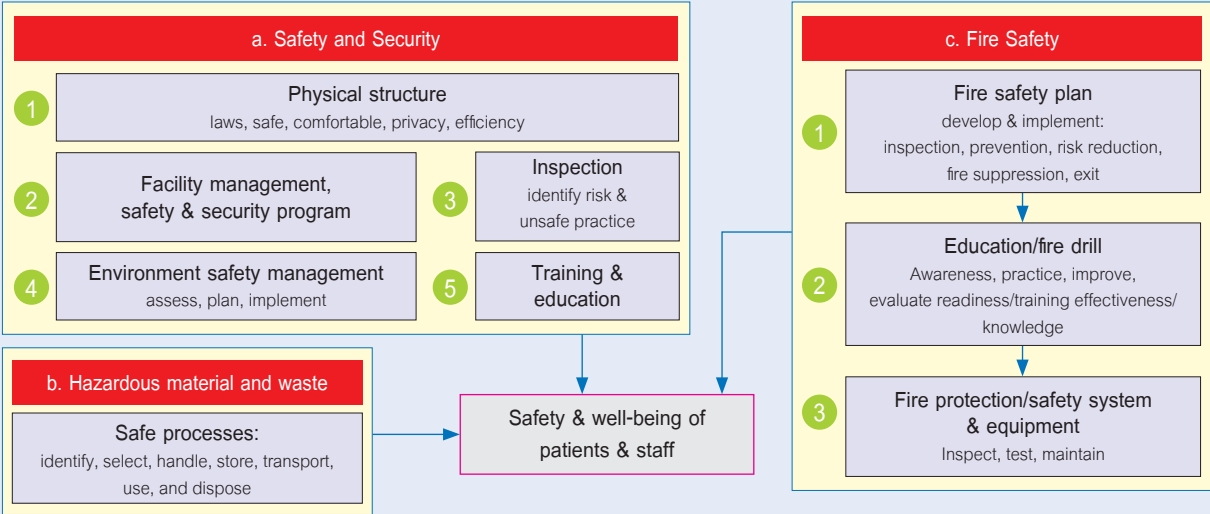
- (6) The organization establishes agreements and guidelines that all physicians follow, including medical profession practices, ethical/legal/social issues, quality and safety, competency development and documentation.
- (7) The medical staff organization works collaboratively with organization committees on clinical governance, medicine utilization, infection prevention and control, health promotion and quality and safety.
- (8) The medical staff organization monitors and evaluates its performance for continuous quality improvement.

# Part II Key Hospital Systems

## II-3 Environment of Care

### II-3.1 Physical Environment and Safety

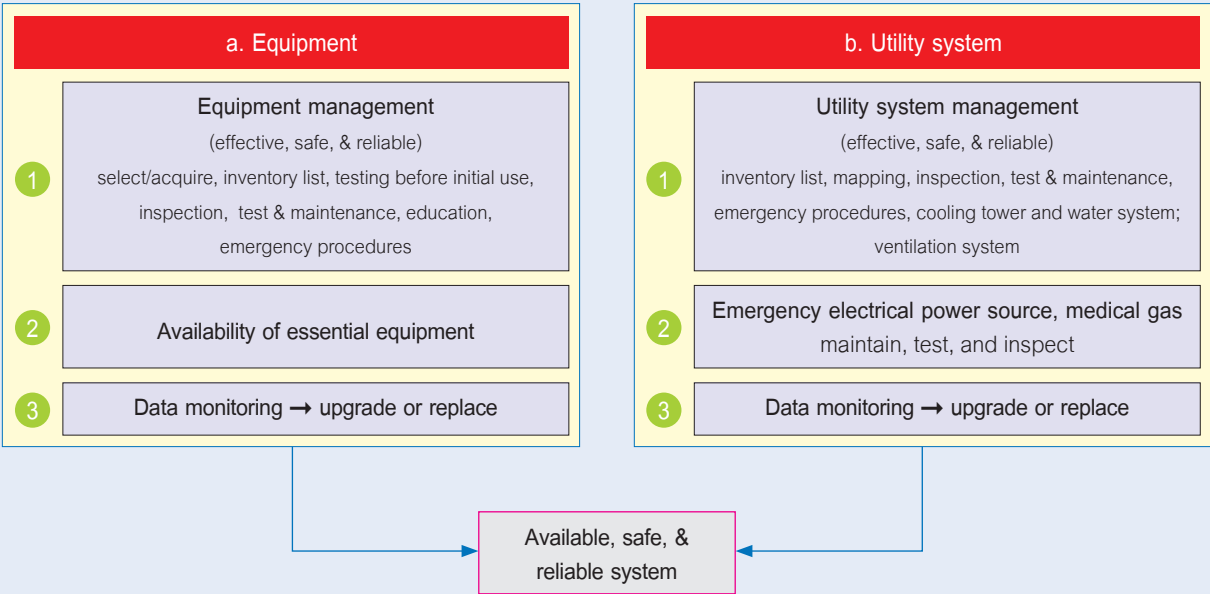
The organization's physical environment contributes to the safety and well-being of patients/customers, staff, and visitors. The organization ensures that all occupants are safe from fire, hazardous material and waste, or other emergencies in the facilities.



# Part II Key Hospital Systems

## II-3.2 Equipment and Utility System

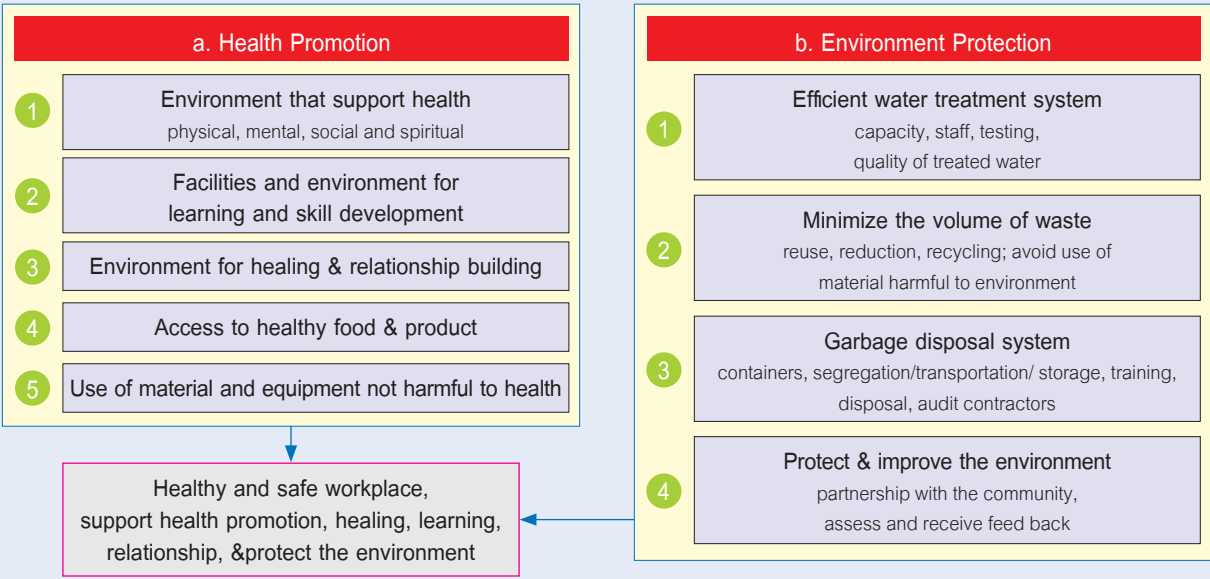
The organization ensures that essential equipment is available for use and functions properly and ensures continuity of essential utility services.



# Part II Key Hospital Systems

## II-3.3 Environment for Health Promotion and Environment Protection

The organization demonstrates its commitment to being a safe workplace; conducive to health, health promotion, learning, relationship building, and environment protection.



### II-3-1 Physical Environment and Safety

The organization's physical environment contributes to the safety and well-being of patients/customers, staff, and visitors. The organization ensures that all occupants are safe from fire, hazardous material and waste, or other emergencies in the facilities.

#### a. Safety and Security

- (1) Physical structure of the organization complies with relevant laws, regulations, and requirement of facility inspection and **professional standards**. The design and layout of the buildings ensure a safe, comfortable, patient privacy and work-effective environment.
- (2) The organization assigns a responsible person(s) to oversee facility management, safety and security programs. All aspects of the programs are monitored for improvement.
- (3) The organization inspects the facility and environment to identify environmental risks and unsafe practices at least every six months in areas where patients/customers are served, and annually in other areas.
- (4) The organization conducts a proactive risk assessment<sup>71</sup>. A safety management plan is then developed and implemented to reduce the identified risk, prevent injury, and maintain

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<sup>71</sup> such as assessment of risk that may arise from building construction, renovation, and demolition.

## Part II Key Hospital Systems

clean and safe conditions for patients/visitors and staff.

- (5) All staff are educated and trained about their roles in providing a safe and effective working environment.

### **b. Hazardous Materials and Waste**

- (1) The organization safely manages its hazardous materials and waste<sup>72</sup> by identifying and implementing processes for selection, handling, storage, transportation, utilization, and disposal of hazardous material and waste.

### **c. Fire Safety**

- (1) The organization develops a plan for fire safety and implements the plan that covers risk area survey, prevention/reduction of fire risk, early detection, firefighting, safe moving/unloading from the building in the event of a fire or emergency.
- (2) The organization conducts hospital-wide education programs for fire safety to promote awareness and conducts fire drills regularly. Management defects and opportunities for

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<sup>72</sup> **Hazardous material and waste** such as chemicals, chemotherapeutic agents, radioactive materials, infectious waste and sharps.

## Part II Key Hospital Systems

improvement are identified. Readiness of fire equipment, effectiveness of fire response training, and staff knowledge are evaluated from the fire drill.

- (3) The organization regularly inspects, tests and maintains fire protection and fire safety systems and equipment<sup>73</sup>.

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<sup>73</sup> **Fire safety system and equipment** such as smoke detector, fire alarm, extinguishment systems (water pipe, chemicals, water injection system), firefighting equipment.

### II-3.2 Equipment and Utility System

The organization ensures that essential equipment is available for use and functions properly and ensures continuity of essential utility services.

#### a. Equipment

- (1) The organization develops and implement an equipment management plan for effective, safe and reliable operation of the equipment:
  - (i) a process for equipment selection and procurement;
  - (ii) an inventory of equipment to be included in the plan;
  - (iii) performance and safety testing of equipment before initial use;
  - (iv) proper inspection, test and maintenance of equipment at a defined interval;
  - (v) users' education and staff training on safe operation of equipment;
  - (vi) emergency response against disruption of equipment's function.
- (2) Essential medical equipment is available and ready for safe patient care. Only trained and competent staff are authorized to handle specialized equipment.

## Part II Key Hospital Systems

- (3) The organization collects data and monitors implementation of the equipment management program. This data is used to plan for upgrade or replacement of equipment.

### b. Utility Systems<sup>74</sup>

- (1) The organization develops and implements a management plan for effective, safe, always available, and reliable operation of utility systems:
  - (i) an inventory of operating components of the utility systems;
  - (ii) position and lay out of utility systems;
  - (iii) proper inspection, test and maintenance strategies at a defined interval;
  - (iv) emergency response against disruption of utility systems;
  - (v) maintenance and surveillance of the cooling tower system and prevention and control of biological pathogens in drinking and pipe water;
  - (vi) maintaining efficiency of the ventilation system

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<sup>74</sup> **Utility system** includes electricity system, water supply system, ventilation and air-conditioning system, pipeline for medical-used gas and vacuum, transport system for materials and equipment, steam system, communication system, data sharing system.

## Part II Key Hospital Systems

- (2) The organization provides an emergency electrical power source and an alternate source of medical-used gas to all critical service areas<sup>75</sup> with appropriate and regular maintenance, testing, and inspection.
- (3) The organization collects data and monitors implementation of the utility management program and used this data to plan for upgrade or replacement of the utility systems.

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<sup>75</sup> **Critical service area requiring emergency electrical power** such as alarming system, exit light, exit sign, emergency communication system, blood/bone/tissue bank, **temperature controlled storage for medications**, emergency room, elevator (at least 1 elevator prepared for cripple patients) medical air compressor, vacuum system, resuscitation site, operating room, recovery room, labor room, newborn unit.

### II-3.3 Environment for Health Promotion and Environment Protection

The organization demonstrates its commitment to being a safe workplace; conducive to health, health promotion, **learning, relationship building**, and environment protection.

#### a. Health Promotion

- (1) The organization establishes environment conducive to good physical, mental, social and spiritual health of patients/customers, families and workforce.
- (2) The organization establishes facilities and environment for learning and development of **health promotion** skills for workforce, patients, other customers and **general public**.
- (3) The organization establishes facilities and environment conducive for healing, **relationship building between patients/customers, relatives and workforce**.
- (4) The organization promotes the access to and consumption of appropriate healthy food and products, taking into account **lifestyle, products that negatively affect health are prohibited**.
- (5) The organization promotes usage of materials and equipment which are not harmful to health.

## Part II Key Hospital Systems

### b. Environment Protection

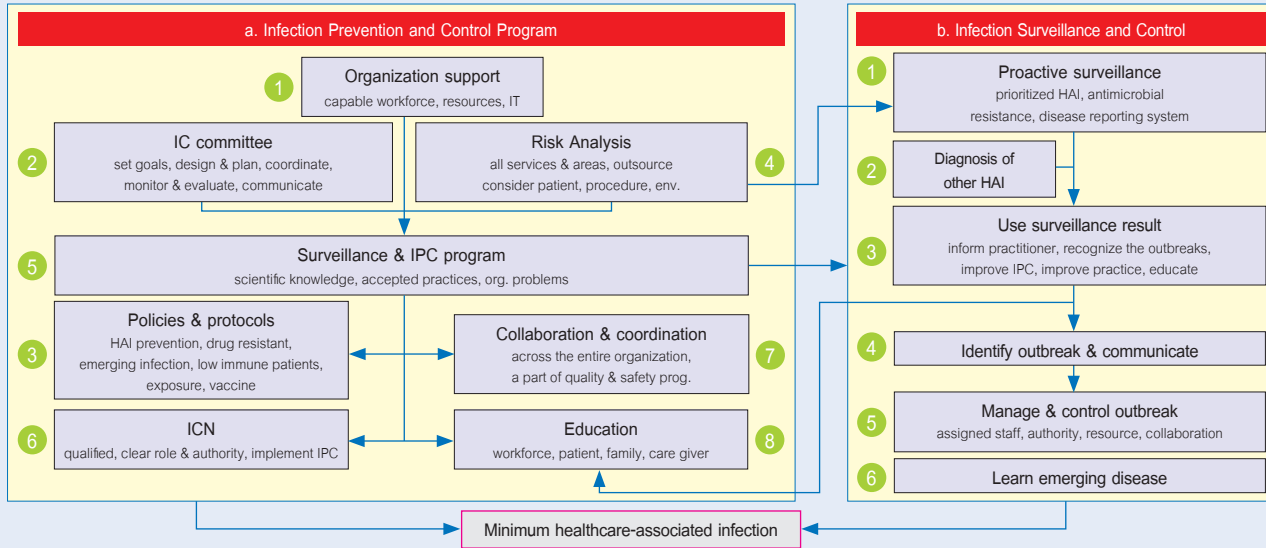
- (1) The organization has an efficient water treatment system:
  - (i) sufficient capacity to cope with amount of waste water;
  - (ii) operated by trained staff;
  - (iii) treated water is tested according to government's rules and regulations;
  - (iv) quality of treated water at the time of peak load complies with government's standards.
- (2) The organization manages to minimize the volume of waste through a program of reuse, reduction, and recycling. The organization avoids the use of material that is harmful to the environment.
- (3) The garbage disposal system conforms to sanitation requirements:
  - (i) proper and adequate containers;
  - (ii) proper segregation/transportation/storage of general, infectious and hazardous waste;
  - (iii) training of staff for proper waste transportation and disposal;
  - (iv) a proper process for disposal of infectious and hazardous waste;
  - (v) an audit of infectious waste disposal by contractors.
- (4) The organization, in partnership with the community and other organizations, protects and improves the environment. The organization assesses and receives a feedback on hospital waste management that may have an impact on the communities.

## Part II Key Hospital Systems

### II-4 Infection Prevention and Control

#### II-4.1 Infection Prevention and Control Program

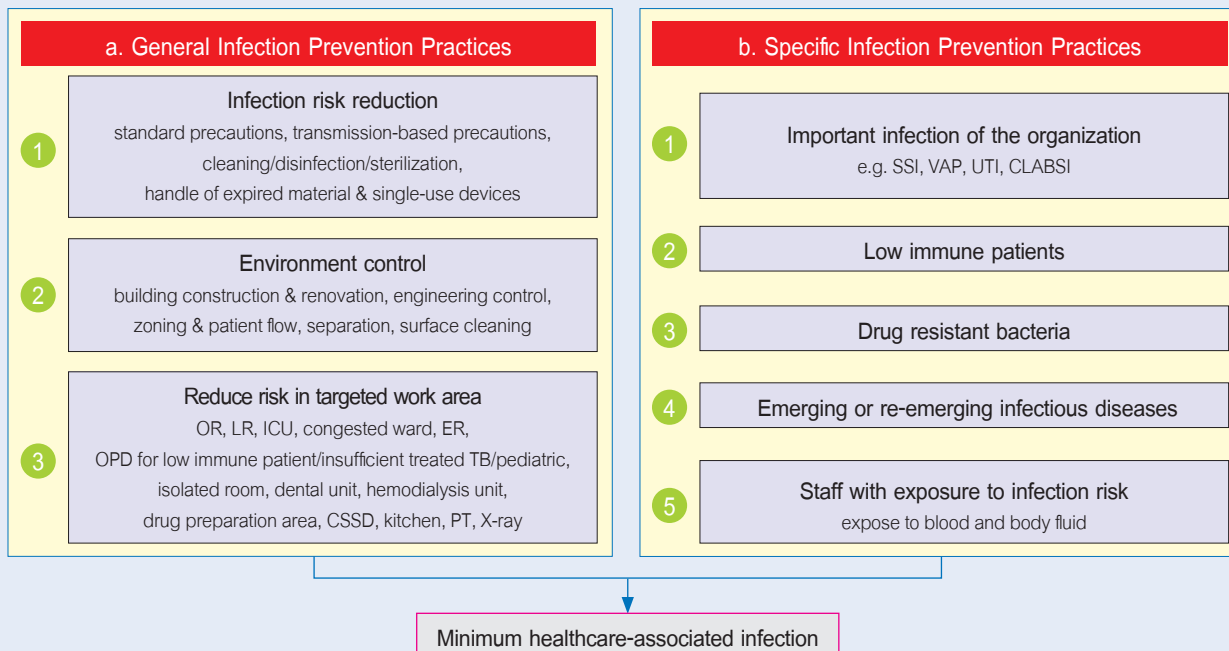
The organization establishes the Infection Prevention and Control Program including a surveillance and monitoring system that is suitable to the context, and adequately supported and well-coordinated.



## Part II Key Hospital Systems

### II-4.2 Infection Prevention Practices

The organization ensures proper practices to prevent and control of healthcare associated infection.



### II-4.1 Infection Prevention and Control Program

The organization establishes the Infection Prevention and Control Program including a surveillance and monitoring system that is suitable to the context, and adequately supported and well-coordinated.

#### a. Infection Prevention and Control Program

- (1) The organization supports the Infection Prevention and Control Program (IPC) by providing a capable workforce<sup>76</sup>, adequate resources and information technology system to support the work;
- (2) The organization establishes the Committee consisting of multi-professionals who are involved in infection prevention and control such as physicians<sup>77</sup>, nurses, pharmacists, laboratory

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<sup>76</sup> **Leadership should promote workforce capability** by supporting physicians, nurses and related workforce to undertake the training or study on hospital infection prevention and control so that they are knowledgeable and capable of developing setting up, and running the hospital infection prevention and control program.

<sup>77</sup> **Physicians** should be the ones who are responsible for hospital infection prevention and control and have knowledge on the subject from practice or study the academic information, should receive regular and up-to-date the training on hospital infection prevention and control as well as caring of patients with infectious diseases, in particular those using antibiotics.

## Part II Key Hospital Systems

technicians, epidemiologists, and infection prevention and control persons etc. The Committee, serves as a mechanism to implement and coordinate the infection prevention and control activities with the following responsibilities:

- (i) defining goals, objectives, strategies and measures on infection prevention and control;
  - (ii) designing and monitoring the surveillance system for infection prevention and control;
  - (iii) planning, coordinating and monitoring and evaluating the implementation;
  - (iv) summarizing and reporting results of the implementation results and communicating with the entire organization to improve policies and practice guidelines on prevention and control of hospital infection.
- (3) The organization sets written policies and protocol on infection prevention and control to cover the following issues:
- (i) infections at specific sites/specific equipment such as surgical sites, respiratory infection system, urinary system, bloodstream, and infection associated with the use of various vascular catheters, bloodstream infection;

## Part II Key Hospital Systems

- (ii) measures to manage and control the spread of drug resistance<sup>78</sup> including measures to monitor the proper use of antimicrobial drug resistance according to the guideline in item II-6.1 A (5).
  - (iii) measures to deal with emerging and re-emerging infectious diseases;
  - (iv) care and prevention of infection in patients with low immunity;
  - (v) prevention of exposure to blood and body fluids during work, care of workforce who exposed to blood, body fluids or communicable diseases such as tuberculosis and vaccine preventable diseases, and measures to prevent the wide spread of infection (in case of pandemic diseases);
  - (vi) provision of vaccination for personnel according to the standards recommended by professional organization.
- (4) The organization has an analysis of the risk/likelihood of getting infection that covers all services and areas that affect patients/customers and workforce in consideration of nature

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<sup>78</sup> **Key components of the control of the spreading of the antimicrobial resistance** includes surveillance and follow the rate of antimicrobial resistance, separation of patients according to the spreading of diseases including the proper hand washing, the utilization of anti-microbial resistance drug, cleaning of patients' environment, and multi-professional management.

## Part II Key Hospital Systems

of job, group of patient, procedure and environment. The analysis should also cover outsource agency and key infections in epidemiology.

- (5) The organization designs system and practice guidelines for surveillance, infection prevention and control to cover all service areas and target groups in patients/customers and workforce based on scientific knowledge and acceptable practices as well as consistent with main infection problems in the organization.
- (6) The organization has at least one infection control nurse (ICN). The number of ICN should match with the number of hospital beds. ICNs should be responsible for implementation of infection prevention and control activities. The ICN and infection control practitioners/technologists should have proper education/training qualifications, experiences with a clear defined role, authority to use preventive and control measures or conduct studies when there is a perceived danger to the patients or hospital workforce.<sup>79</sup>
- (7) Prevention and control program is part of quality and safety development program which has good collaboration and coordination within the entire organization together with alliances, patients and families.

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<sup>79</sup> In addition to ICN, the organization should have infection control practitioner who is physician/medical technologist who understand infection prevention and control join as a team with ICN.

## Part II Key Hospital Systems

(8) The organization provides knowledge on infection prevention and control to workforce, physicians, patients, families, and patient's care providers on a regular basis. The organization ensures that these groups have knowledge, understanding, awareness, and cultural practice of infection prevention & control.

### **b. Infection Surveillance and Control**

- (1) The organization proactively conducts surveillances of healthcare associated infection as per the defined priority by using standard definitions, accepted surveillance methods and analysis consistent with the organization context along the continuum of care, including monitoring antimicrobial drug resistance pattern and coordinating with the disease reporting system as identified in the law.
- (2) The organization has a process to promptly diagnose and confirm suspected healthcare associated infection for patients who do not have proactive surveillance as stated in item (1).
- (3) The organization uses the surveillance results to inform the patient's care provider, recognize the outbreaks, improve the Infection Prevention and Control Program, improve the practice and prevent the recurrent and educate the workforce.

## Part II Key Hospital Systems

- (4) The organization develops guidelines on identification of outbreaks or agents that cause important disease problems and implement them; identification of the outbreaks and their nature in terms of person, place, and time; and communicates information to related agencies.
- (5) The organization assigns responsible person(s) with adequate resources and authorities to make decision to manage and control the epidemic in collaboration with related authorities/agencies.
- (6) The organization has methods to learn about the situation of emerging disease systematically, connects with the outside public health agency/community and has internal communication in a timely manner.

### II-4.2 Infection Prevention Practices

The organization ensures proper practices to prevent and control of healthcare associated infection.

#### a. General Infection Prevention Practices

- (1) The rules/practice guidelines on risk reduction from infection are developed and implemented as follows:
  - (i) practice isolation precautions to prevent infection and control the spread of pathogens from patient to patient, workforce, relative and environment. Isolation precautions consists of standard precautions and transmission-based precautions;<sup>80</sup>
  - (ii) enforce proper cleaning, disinfection and sterilization for all re-use equipment;

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<sup>80</sup> **Standard precautions** is the set of fundamental practice to reduce risk of spreading the infection used to care for all patients whether or not the patient has a recognized an infection. Practices in standard precautions include hand hygiene, clothing and personal protective equipment when exposure to the source of the disease is expected, prevention sharp injury, environment cleaning, management of patient clothing, and bedding, waste management, and handling of patient care equipment ส่วน transmission-based precautionsแบ่งออกเป็น contact, droplet, vector และ airborne transmission

## Part II Key Hospital Systems

- (iii) handle of expired materials and recycle reusable medical equipment designed for single use in case it is expensive or difficult to procure (if it can be reuse)<sup>81</sup>.
- (2) Environmental controls in places to reduce risk of contamination and spread of pathogen, which can be done as follows:
  - (i) conduct control infection risk assessment and other impacts caused by building construction, restoration and demolition to reduce the risks that may occur from construction and renovation of building;
  - (ii) design the structure of the building, establish the control of environment and the utility systems by using proper methods and equipment<sup>82</sup> and maintain the buildings and places to prevent the spread and contamination of germs;

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<sup>81</sup> reusing medical devices/equipment may be conducted under conditions which follow manufacturers' instructions and accepted standards of practice. Management includes: determining types of medical devices/equipment that can be reused, the maximum reusable times for each medical device/equipment, appearance of wear and cracking which indicates that this medical device/equipment cannot be reused, the cleaning process, a surveillance system for monitoring the safety of reusable medical devices/equipment

<sup>82</sup> **Environment control** such as isolated room for positive air pressure, isolated room for pteint with airborne spreading, ventilation system and air conditioning.

## Part II Key Hospital Systems

- (iii) create specific zoning and patient flow for patients with diseases that may be easily spread;
  - (iv) separate the clean areas from the contaminated area;
  - (v) keep cleaning of the surface of the buildings and the environment surrounding patients appropriately such as in case of drug resistant patients who require strict cleaning with disinfectants.
- (3) The work areas that require most attention to prevent and control infection and implement measures must be identified to reduce risk from infection. The areas that should be paid attention to include:
- operating room;
  - delivery room;
  - critical ward;
  - medical, surgical, pediatric wards in particular in the congested area;
  - emergency unit;
  - outpatient and inpatient units for patients with low immunity, tuberculosis patient with insufficient treatment and pediatric patients;
  - Isolated room for patients with dangerous infectious diseases;

## Part II Key Hospital Systems

- dental unit;
- hemodialysis unit;
- drug preparation unit;
- central supply unit;
- kitchen;
- physiotherapy unit;
- X-ray unit.

### b. Specific Infection Prevention Practices

- (1) Reduction of the risk of important infection as per the practice guidelines set by the organization such as surgical site infection, respiratory tract infection, urinary tract infection, intravenous line infection, and bloodstream infection.
- (2) Care of patients with low immunity according to the rules/regulation.
- (3) Management of drug resistance based on above components and monitoring and evaluation the performance on a regular basis by focusing drug resistance control which has high impact on health and treatment outcomes such as commonly found, high mortality.

## Part II Key Hospital Systems

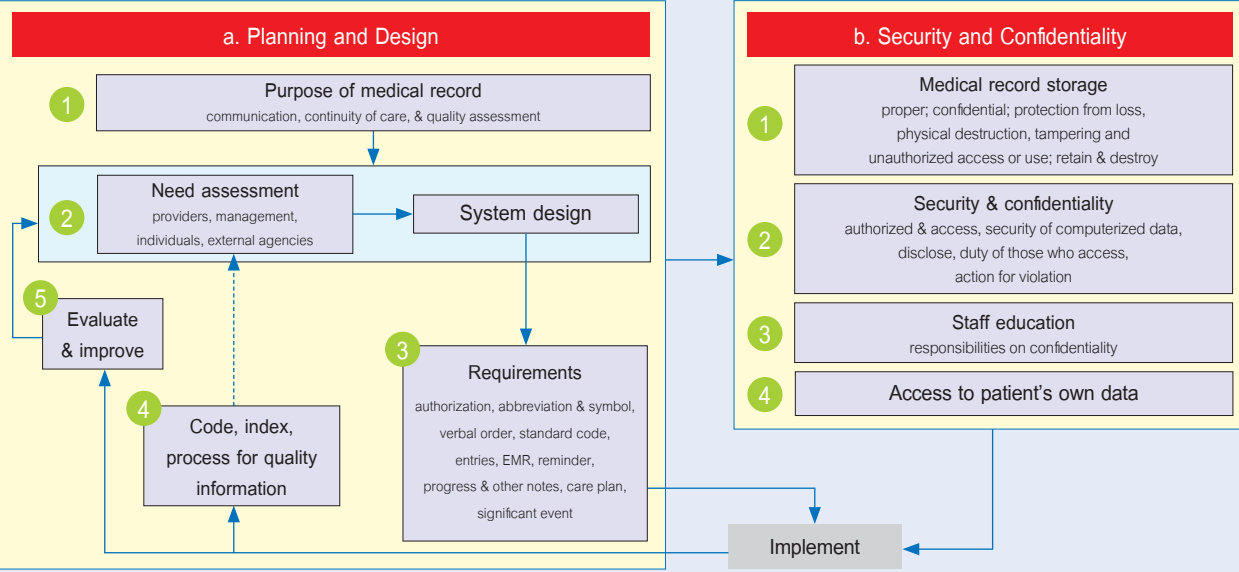
- (4) Action plan and rehearsing plan to deal with emerging or recurrent infectious diseases.
- (5) Implementation of the guidelines/steps in caring of workforce who contacts blood/secretion, or work-related infected and vaccine preventable diseases, arrangement for workforce to be vaccinated appropriately as needed. Workforce practice according to the preventive measure to prevent the spreading of infection from infected workforce.

# Part II Key Hospital Systems

## II-5 Medical Record System

### II-5.1 Medical Record Management System

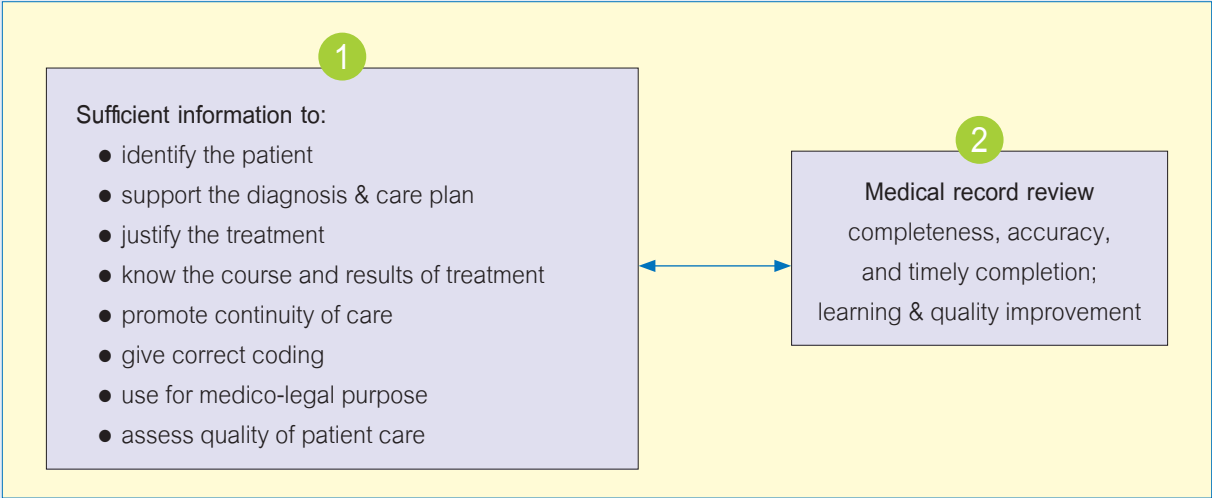
The organization establishes an efficient medical record management system to serve the requirements of all parties.



# Part II Key Hospital Systems

## II-5.2 Patient Medical Record

Every patient has a sufficiently detailed medical record for the purpose of communication, continuity of care, education, research, evaluation, and medico-legal requirement.



### II-5.1 Medical Record Management System<sup>83</sup>

The organization establishes an efficient medical record management system to serve the requirements of all parties.

#### a. Planning and Design

- (1) The organization determines purposes of medical record collaboratively by all relevant health professionals, the purposes cover communication, continuity of care, and quality assessment.

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<sup>83</sup> **Medical record** is referred to all types of medical records that are used to record and collect patient history, consent for treatment, specific personal data, treatment and care, hospital fees, test results from laboratory, autopsy results or onsite corpse, result of records, photos or any other marks from the equipment in the health care institutes or any documents recording any actions which is treatment order, consultation for treatment and care, referral to other places for treatment, admission of patients for continuing of care, actions followed the treatment orders of the authority as designated by the health care institution, other documents using for medical decision making to coordinate the treatment and care of patient and other documents that the health care institute agrees to be a document for medical record. In addition, this also includes medical document in the digital form or electronic medical record which is the medical record recently developed.

## Part II Key Hospital Systems

- (2) The design of the medical record system is based on the assessment of requirements of care providers, management, including individuals and agencies outside the organization.
- (3) Medical records, including electronic medical record<sup>84</sup>, contain accurate, complete, current and secured information to assist the safety and continuity of care. The record should comply with the following requirements:
- (i) authorization of staff who can record in a medical record;
  - (ii) use of standard abbreviations and symbols;
  - (iii) order receiving and verifying verbal orders or order via electronic media;
  - (iv) use of standard codes for diagnosis and procedure;
  - (v) legible, dated, timely and signed entries;
  - (vi) clear guidelines and common understanding of how to prevent data error in electronic medical record based on professional standards, e.g. image information, verification, and electronic signature;
  - (vii) alert notations;

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<sup>84</sup> **Electronic medical record** is the whole folder of patient information, including services received, medical information, and patient specific information, recorded on fundamental hospital platform or by electronic system.

## Part II Key Hospital Systems

- (viii) progress notes, observations, consultation reports, diagnostic results, and multidisciplinary care plan;
  - (ix) significant events such as alteration to patient/customer's symptoms and responses to treatment and care, including adverse event.<sup>85</sup>
- (4) Data in the medical records is coded, indexed and processed to produce timely information for quality patient care.
- (5) The organization regularly evaluates and improves the medical record management system to ensure that it meets the requirements of the organization and its patients.

### b. Security and Confidentiality

- (1) Medical record (printed and electronic) storage:
- (i) properly stored;
  - (ii) kept confidential;
  - (iii) secured and protected from loss, physical damage, cyber-attack, unauthorized adjustment and unauthorized access or use;

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<sup>85</sup> Recording the adverse event in the medical record is useful for patient and care provider for monitoring, surveillance and safe care.

## Part II Key Hospital Systems

- (iv) retained and destroyed in accordance with law and regulations.
- (2) The organization defines key policies and procedures for maintaining security and confidentiality of patient's data and information in the medical records:
  - (i) authorized staff who can access medical records;
  - (ii) data that each stakeholder can access;
  - (iii) security and confidentiality measures for computerized data of patients;
  - (iv) permission to disclosure of patient's data;
  - (v) duty of staff who have accessed patient's data;
  - (vi) actions when violation occurs.
- (3) The organization continuously educates workforce about their responsibility regarding confidentiality and how to handle a situation when a request for information disclosure may violate confidentiality.
- (4) The organization define a procedure for patients or **authorized persons** to access patient's data and information in the medical records, with attendance of a designated staff to help making correct **understanding of the contents and limitations of the records.**

### II-5.2 Patient Medical Record

Every patient has a medical record with sufficient details for the purpose of communication, continuity of care, education, research, evaluation and medico-legal requirements.

(1) Medical record contains sufficient information to:

- (i) communicate among health care providers to identify the patient;
- (ii) support the diagnosis and care plan;
- (iii) justify the treatment;
- (iv) know the course and results of treatment;
- (v) promote continuity of care;
- (vi) give correct coding;
- (vii) use for medico-legal purpose;
- (viii) assess quality of patient care.

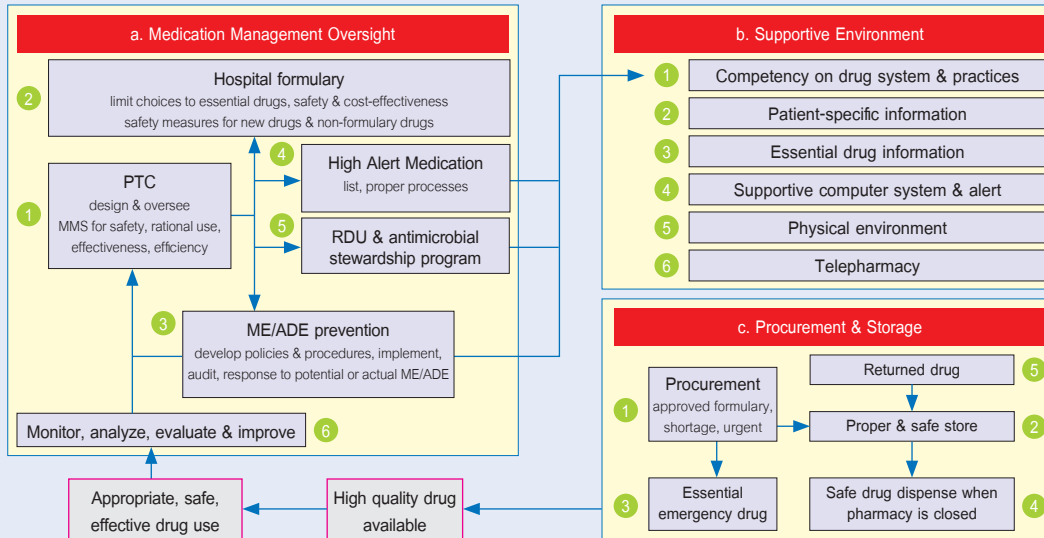
(2) Medical record is periodically reviewed for completeness, accuracy, timely recording; and reviewed for learning and improving quality of service.

## Part II Key Hospital Systems

### II-6 Medication Management System

#### II-6.1 Medication Oversight and Supportive Environment

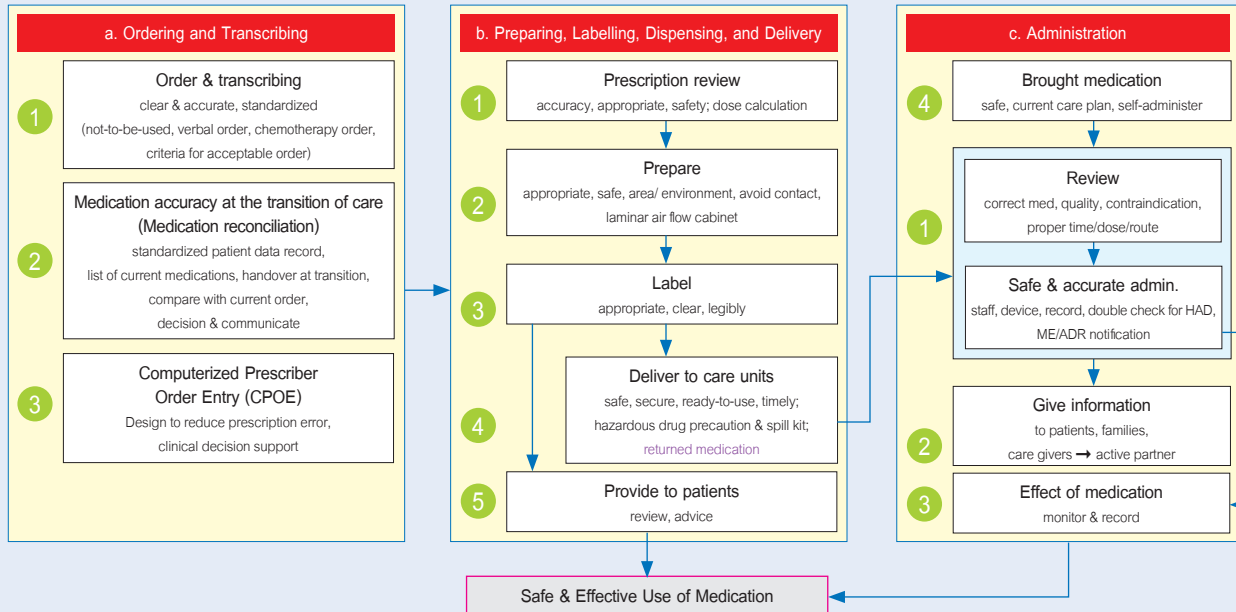
The organization ensures safety, appropriateness and effectiveness of medication management system and availability of high quality medication through its medication oversight mechanism and supportive environment.



## Part II Key Hospital Systems

### II-6.2 Medication Use Practices

Medication use is safe, accurate, appropriate and effective for the entire processes from prescription to administration.



### II-6.1 Medical Oversight and Supportive Environment

The organization ensures safety, appropriateness and effectiveness of medication management system including availability of high quality medication<sup>86</sup> for patients through medication oversight mechanism and supportive environment.

#### a. Medication Management Oversight

(1) The organization establishes the Pharmaceutical and Therapeutic Committee (PTC), a multidisciplinary team, to **design and oversee** medication management system<sup>87</sup>, including

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<sup>86</sup> **Drug** is defined by Thailand's Drug Act (6<sup>th</sup> ed.) 2019 as (1) substances recognized by pharmacopoeias notified by the Minister, (2) substances intended for use in the diagnosis, treatment, relief, cure or prevention of disease or prevention of human or animal disease or illness, (3) substances which are pharma chemicals or semi-processed pharma chemicals, (4) substances intended to affect health, structure or function of the human or animal body.

<sup>87</sup> Medication oversight cover all drugs used in the hospital, including radiographic contrast agent or agent used for diagnostic investigation, anesthetic agents, vaccines, herbs and traditional medicine available in the hospital. The experts for various types of medicine may be appointed to serve as a committee or subcommittee under PTC to monitor result of drug used such as drug allergy, medication error etc.

## Part II Key Hospital Systems

telepharmacy<sup>88</sup>, for safety, rational drug use<sup>89</sup>, effectiveness and efficiency.

- (2) The PTC develops a hospital formulary to limit choices to essential drugs<sup>90</sup>. The hospital formulary is reviewed at least once a year, considering safety and cost-effectiveness information. Safety measures are established for new drugs with high-potential error<sup>91</sup>, and for the requests to use necessary non-formulary medication<sup>92</sup>.

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<sup>88</sup> **Telepharmacy** means provision of pharmaceutical care and related service to patients/customers, of which a pharmacist practitioner can communicate with patients/customers using telecommunication as well as delivery of drugs to patients at home.

<sup>89</sup> **Rational drug use** means establishment of medication systems and processes for drug aiming for patient to receive medication appropriate to their clinical needs, in dose that corresponds to individual requirements, for an adequate period of time, with best cost-effective to patients and society.

<sup>90</sup> **Limiting choice to essential drugs** by setting criteria which cover indication, effectiveness, safety data, risk and price.

<sup>91</sup> **Safety measures** such as standard medication order form, guidelines for medication order, checking system, reminder system, usage limitation, drug administration, drug storage, and monitoring of adverse events from drugs under safety monitoring system.

<sup>92</sup> **In case of having necessity to use non-formulary medication**, there is an approval and procurement process by taking the need, side effect, risk, and monitoring capability into consideration.

## Part II Key Hospital Systems

- (3) The PTC develops, implements, and audits policies and procedures to prevent medication error and adverse drug events<sup>93</sup>. Patient care teams respond appropriately to actual or potential adverse drug events and medication errors.
- (4) The PTC determines a list of high-risk or high-alert medication<sup>94</sup> and ensures safety for patients who use these drugs by having a proper process for drug procurement, storage, ordering, transcribing, preparation, dispensing, administration, recording and monitoring.
- (5) The organization supports essential resources and establishes policies that enable the PTC to monitor and oversee the implementation of the Rational Drug Use Program and Antimicrobial stewardship Program with multi-modality interventions<sup>95</sup>.

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<sup>93</sup> Policy in preventing medication errors and adverse drug events such as preventive measures for potential problematic prescription, prevention of fatal drug interactions, promotion generic name use.

<sup>94</sup> High alert medication means drugs that can be abused; prone to medication errors or adverse events; and may include experimental drug, restricted drug, non-formulary drug, drug having a narrow therapeutic range, psychiatric drug, anesthetic drug, sound-alike drug.

<sup>95</sup> For example using antimicrobials only for treatment of infectious diseases or using to prevent infection based on standard recommendations, using surgical antimicrobial prophylaxis not more than 24 hours, etc, as well as regular performance measurement and communication to relevant persons.

## Part II Key Hospital Systems

(6) The PTC monitors process and outcome indicators, analyzes, evaluates, and improves medication management system. The PTC regularly reviews literature on the successful practices and new technologies on medication management system.

### b. Supportive Environment

- (1) Practitioners<sup>96</sup> undergo competency evaluation and training on medication system<sup>97</sup>, appropriate and safe medication practices at the beginning and then annually.
- (2) Those who are involved with medication system can access patient-specific information, including patient's general information<sup>98</sup>, a diagnosis or an indication for medication, and necessary laboratory information<sup>99</sup>.

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<sup>96</sup> Practitioners such as physician, pharmacist, medical technologist, nurse and other related professionals.

<sup>97</sup> **Competency on medication system** such as hospital medication system, patient safety, practices to reduce drug errors, roles and responsibilities of medical staff.

<sup>98</sup> **Patient's general information** such as drug allergy, pregnancy, body weight, and body surface areas when required for dosage calculation.

<sup>99</sup> **Necessary laboratory information** such as liver and kidney function in patients using high alert medications.

## Part II Key Hospital Systems

- (3) The organization provides essential drug information<sup>100</sup> in useful form when ordering, dispensing and administering medications to patients.
- (4) The organization provides a supportive computer system with optimal level of alerts for drug interactions, drug allergies, minimum and maximum doses for high-alert medications; and procedures to override the computer alerts.
- (5) Medications are prescribed, transcribed, prepared, dispensed, administered and produced in a clean physical environment with adequate space and lighting, and allows practitioners to remain focused on medication without distraction.
- (6) The PCT Committee establishes procedures and supports resources for telepharmacy service in accordance with professional standards<sup>101</sup>.

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<sup>100</sup> Essential drug information such as hospital formulary, information on drug stability, incompatibility between drug-drug or drug-solvent, proper storage for each drug

<sup>101</sup> Pharmacy Council's announcement related to standards and procedures for telepharmacy.

## Part II Key Hospital Systems

### c. Medication Procurement and Storage

- (1) Drug procurement is based on the approved hospital formulary. There are processes to handle drug shortage<sup>102</sup> and urgently needed drugs<sup>103</sup>.
- (2) All medications are properly and safely stored to ensure the adequacy, safety, quality and stability<sup>104</sup>, ready-to-use, prevention of unauthorized access, tracing to the original source, and regular inspection of medication storage area throughout the organization. Look-alike, sound-alike medications, different concentrations of the same medication, high-alert medications, and expired or recalled medications are stored separately. Concentrated electrolytes with potential to cause harmful incidents are not stored in the patient care areas. Chemotherapeutic agents, anesthetic gases and volatile agents are stored with adequate ventilation. Look Alike Sound Alike Drugs (LASA)

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<sup>102</sup> **Processes for handling drug shortage** includes procurement, communication with prescribers and staff, development of a guideline for prescribing or dispensing substituted drugs, and informing staff about this guideline.

<sup>103</sup> **Urgently needed drug** includes life-saving drugs, emergency drug, vaccine, serum, or other drugs declared by the organization to be essential drugs in emergency conditions.. This should include drug procurement during disaster.

<sup>104</sup> **Ensuring medication stability** includes proper separation of expired or decomposed drug, proper control of environment regarding temperature, light, humidity, and air ventilation for drugs which are sensitive to temperature or light..

## Part II Key Hospital Systems

- (3) The organization consistently provides essential emergency medication and/or supplies to all patient care areas. There is a system to control<sup>105</sup>, secure, and replace immediately after use.
- (4) The organization has a safe medication dispensing system to meet patients' needs when the pharmacy department is closed.
- (5) The organization appropriately manages medications returned to the pharmacy department such as discontinued medication.

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<sup>105</sup> **Emergency medication control system** such as storing emergency medication in a way that one can recognize whether the drug in the container is available and does not expire.

### II-6.2 Medication Use Practices

Medication use is safe, accurate, appropriate and effective for all processes from prescription to administration of the medication.

#### a. Ordering and Transcribing

- (1) Prescribers clearly writes medication orders which are accurately transcribed. Methods of communicating drug orders are standardized to minimize the risk for error. The following policies and procedures are established, implemented, and audited:
  - (i) not-to-be-used order<sup>106</sup>;
  - (ii) response to telephone and verbal orders and **orders via electronic media**;
  - (iii) **preprinted orders** and protocols for chemotherapy orders;
  - (iv) criteria for acceptable orders.
- (2) The PTC establishes a process to ensure medication accuracy at transition or transfer of care (medication reconciliation) that the healthcare team:

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<sup>106</sup> **Not-to-be-used order** such as use the abbreviation that is not universal, order medicine by cc because it may be seen as zero etc.

## Part II Key Hospital Systems

- (i) develops a standardized system to collect and document information of all current medications of each patient;
  - (ii) identifies the most accurate list of all medications a patient is taking<sup>107</sup> and uses this list in every service area in the organization;
  - (iii) provides the medication list to caregivers at each care transition, including medications that patient should continue and home medications<sup>108</sup>;
  - (iv) compares the medication list with current physician's orders to identify omissions, duplications, inconsistencies between the patient's medications and clinical conditions, dosing errors, and potential interactions within specified time frames;
  - (v) makes a proper clinical decision according to findings, and communicate the decision to the team and patients.
- (3) In case the organization use a (Computerized Physician Order Entry: CPOE) system, the system is designed to reduce prescribing errors and has an up-to-date database for clinical decision support

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<sup>107</sup> **Identifying the list of all medications a patient is taking** such as the drug's name, dose, frequency, drug administration, and last dose taken.

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<sup>108</sup> Care transition such as patient admission, referral, discharge, transfer to another unit.

## Part II Key Hospital Systems

### b. Preparing, Labeling, Dispensing and Delivery

- (1) The healthcare team reviews all medication prescriptions ensure accuracy, appropriateness, and safety prior to the administration the first dose or or as soon as possible in case of emergency. Dosing calculations for pediatric patients, severe renal insufficiency patients and patients receiving chemotherapy are double checked. A pharmacist contacts the prescriber if there is any concern.
- (2) The healthcare team prepares medication appropriately and safely in clean and organized preparation areas with proper air ventilation, temperature, and lighting. Extemporaneous preparation or non-manufacturing drug preparation are prepared by the pharmacists and comply with standard practices. Pharmacy team avoids direct contact with medications during preparation. Sterile products and intravenous admixtures are prepared in a laminar airflow cabinet.
- (3) Medications are appropriately, clearly and legibly labeled at all types of containers<sup>109</sup>. All drug containers taken to the bedside are labeled with at least the patient's name, drug name, strength, and dose.

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<sup>109</sup> **Drug containers** such as injection syringe, flushing syringe, IV line prepared outside the patient's room or far from the patient's bed.

## Part II Key Hospital Systems

- (4) The healthcare team delivers medications to patient care units in a safe, secure, ready-to-use and timely manner to meet patient's needs. Health and safety of staff who contact with chemotherapeutic agents and other hazardous medications is protected and hazardous drug spill kit is readily accessible. Returned medications are checked for integrity and stability and properly managed.
- (5) Medications are provided to patients by pharmacist or designated trained personnel, with appropriate pre-dispensing reviews and medication advice given to patients<sup>110</sup> with patient participation in consideration of proper and safe medication delivery methods according to the context.

### c. Administration

- (1) The healthcare team safely and accurately administers drug to patients by qualified staff, using standardized devices, with a review on correct medication,, quality, contraindications,

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<sup>110</sup> **Medication advice given to patients.** The goal is to create cooperation, safety, ability to administer drug correctly, and to gain maximum benefit from medication use. These activities should, at least, cover pediatric drug, drug with narrow therapeutic-range, high risk drug, and drugs that require a special usage technique such as inhaler.

## Part II Key Hospital Systems

and proper time/dose/route. Independent double check<sup>111</sup> is done prior to administration of high alert medication at all points of care. Actual time of medication administration is recorded for a delayed or missed dose. Prescribers are notified when an adverse drug event or a medication error occurs.

- (2) The healthcare team provides medication information verbally or in writing to patient and family including caregiver in the community such as village health volunteer so they can participate as active partners for safe and effective medication. Information provided is properly considered, and may include medication names, purpose, potential benefits and adverse effects, how to use medication safely and properly, how to prevent medication error, and what to do in case of adverse drug event.
- (3) Patients are monitored for effects of medications and recorded in medical records to assure appropriate medication therapy and minimize adverse drug event.
- (4) The healthcare team manages medications brought by patients and families safely and consistently with the current patient care plan. The healthcare team establishes

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<sup>111</sup> **Independent double check** means reviewing the accuracy of drug, drug quality, contradictions, proper time/dose/route by another staff independently. In case of unavailable of another staff, the only staff available must make a “double check” using cognitive review, not only following the procedures.

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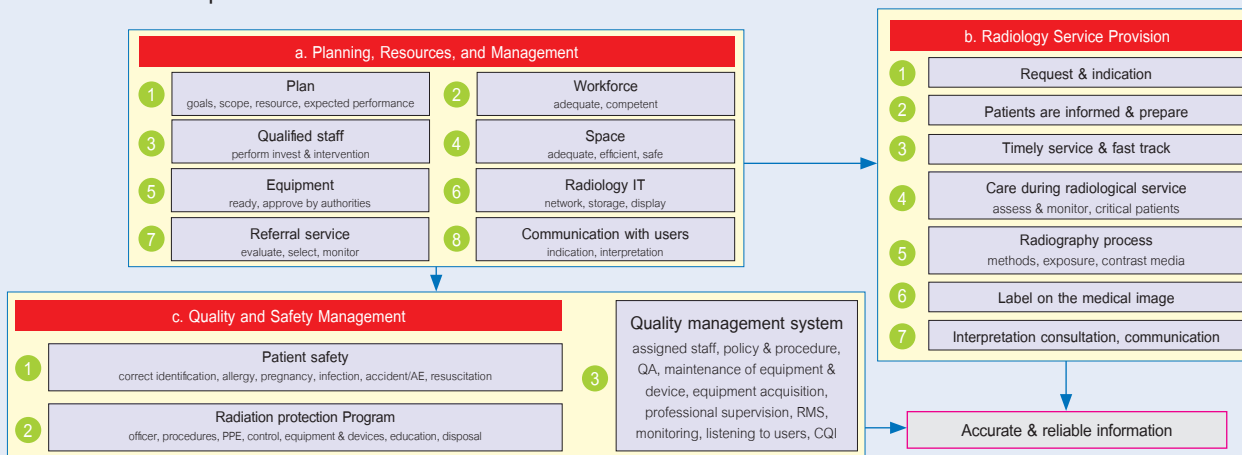
processes to determine which medication can be self-administered by which patients, to store the medication, to educate, and to document.

## Part II Key Hospital Systems

### II-7 Diagnostic Investigation<sup>112</sup> and Related Services

#### II-7.1 Radiology/Medical Imaging Services

The radiology/medical imaging services provides accurate and reliable information for proper diagnosis and intervention with minimum hazards to patient and staff.

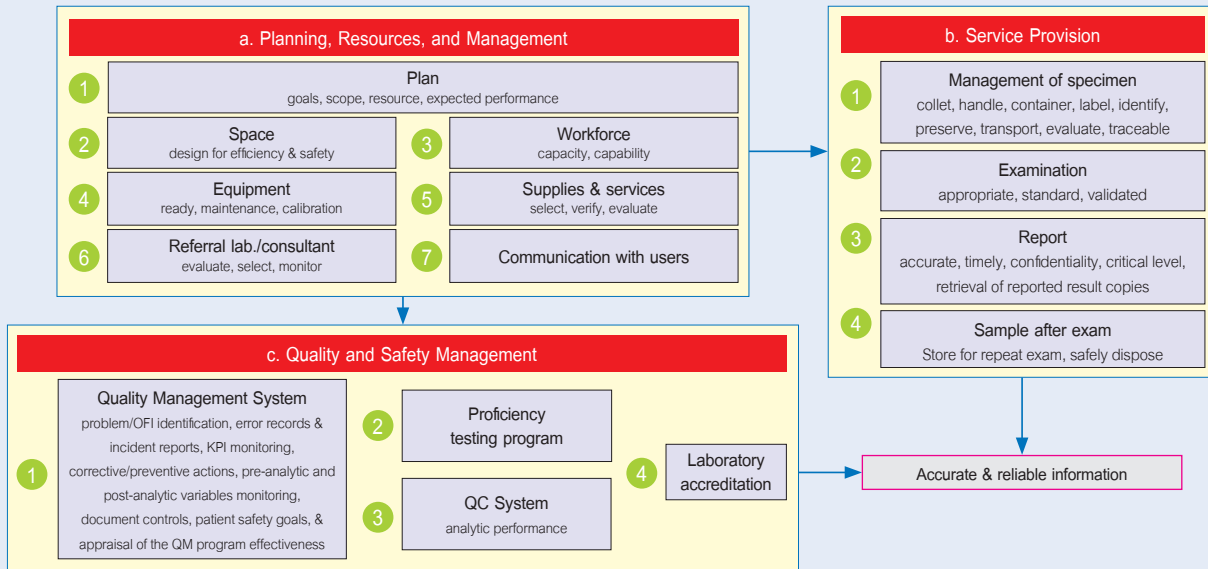


<sup>112</sup> **Diagnostic investigation** includes medical laboratory/clinical pathology/anatomical pathology, diagnostic radiology/medical imaging, other diagnostic investigations such as scopy, functional assessment of various organs.

## Part II Key Hospital Systems

### II-7.2 Medical Laboratory / Clinical Pathology Service

The medical laboratory / clinical pathology services provide accurate and reliable information for proper diagnosis and treatment.



## Part II Key Hospital Systems

### II-7.3 Anatomical Pathology

1

Complies with the Anatomical Pathology Standards issued by the Royal College of Pathologists of Thailand.

### II-7.4 Blood Bank and Transfusion Service

1

Complies with the Standards of Blood banks and Transfusion Services issued by National Blood Centre, Thai Red Cross Society.

### II-7.5 Other Diagnostic Investigation

1

**Patient management**  
assess, prepare, inform, consent in high-risk services.

2

Results are interpreted by qualified staff  
record, communication

### II-7.1 Radiology/Medical Imaging Services

Radiology/medical imaging services provide accurate and reliable information for proper diagnosis and intervention with minimal hazards to patient and staff.

#### a. Planning, Resource and Management

- (1) The organization plans and provides radiology service in accordance with the organization's goals and patient's characteristics. The service plan includes scope of service, resource requirements<sup>113</sup> and expected performance level. The service is managed and governed in accordance with professional standards and laws. Patients can get access to radiology service within an appropriate time, at the organization or by referral.
- (2) The organization has adequate and competent practitioner responsible for each professional tasks, with continued education and development.
- (3) Medical imaging investigation and interventions are performed by qualified and experienced staff. There is a radiologist consultation system and a review for the accuracy of the radiographic interpretation, as appropriate.

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<sup>113</sup> **Resource requirements** include adequate and appropriate staff, space, radiological technologies, equipment and devices.

## Part II Key Hospital Systems

- (4) The radiology service has adequate spaces for efficient and safe operation<sup>114</sup>.
- (5) The radiology service has radiologic and imaging equipment and devices ready for service, ensures prevention of radiation hazards, being examined and approved by the responsible authorities specified by the law<sup>115</sup>.
- (6) The organization provides Radiology Information Technology appropriate to its scope of service<sup>116</sup>.
- (7) The organization evaluates, selects and monitors quality of radiology services of agreed referral investigation services.

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<sup>114</sup> **Operation space** should consider the followings: protection of radiology hazard, compliance with legal requirement and inspection, proper zoning for operation and storage, emergency preparedness, separated waiting area for patient injected with radioactive substances, and safety warning signs.

<sup>115</sup> Such as safety inspection by Bureau of Radiation and Medical Devices, Department of Medical Science, Ministry of Public Health; permission for production, possession, or utilization of atomic energy from a radiation generator from the Office of Atoms for Peace.

<sup>116</sup> **The Radiology Information Technology** includes: (1) appropriate information network management for continual operation, (2) a radiological image storage and recovery system, (3) the display of radiological image for interpretation by a radiologist has a resolution not less than the image from the original equipment.

## Part II Key Hospital Systems

- (8) There is an effective communication between the radiology service and its users by regular meetings and other modes of communication; including advice on indication, interpretation of the investigation results, consultation on scientific matter, clinical rounds, and informing about changing of examination procedures.

### b. Radiology Service Provision

- (1) There is a request for radiologic study/intervention from a physician. The request specifies a clear and appropriate clinical indication based on scientific evidences and professional guidelines. The request considers patient's benefits, possible risks and contraindication.
- (2) The healthcare team appropriately informs and prepares the patient. In case of a high-risk procedure, the patient is adequately informed and a consent signed. Patients are appropriately prepared to ensure quality of examination and to prevent adverse events.
- (3) Patients receive timely radiological service regarding to the urgency determined by severity, duration for examination, and likelihood harm from waiting. There is a **fast track** for patients who need urgent examination.
- (4) Patients are appropriately taken care of during radiological service. There are assessed and monitored before, during, and after examination or intervention. Special attention is given

## Part II Key Hospital Systems

to critical patients, elderly, small children, those who cannot help themselves, and patients receiving medication affecting neurological system.

- (5) The radiography process is appropriate. Steps of examination are explained to patients., Correct examination methods, positioning, equipment, and markings are used. The radiographic exposure is technically appropriate and safe for patients. In case of using contrast media, history of drug allergy is taken and kidney function evaluated for a precaution of contrast-induced nephropathy, patients are monitored for complications or adverse event.
- (6) The healthcare team labels key information on medical images<sup>117</sup>. The radiation level that can be displayed on the equipment's screen should also be shown on the images or Picture Archiving and Communication System (PACS), including total radiation that the patient is exposed to.
- (7) The medical imaging studies is interpreted by radiologists or designated physicians with proper training. There is a consultation with a radiologist and a review of radiographic interpretation, as appropriate. In case of the abnormal radiologic diagnosis, severe patient's symptoms, or urgent need for intervention, the results are communicated between radiologists and responsible physicians. is compulsory.

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<sup>117</sup> Key information such as name, family name, age, sex, hospital number, date of examination, name of healthcare organization, position of photo taken, a mark to indicate left or right side, level of radiation exposed or exposure factors.

### c. Quality and Safety Management

- (1) The service considers patient safety during providing radiological service as follow: accurate patient identification, correct organ and site to be examined, and correct requested examination before performing any examination; opaque media allergy; receiving unnecessary radiation in pregnancy; prevention of infection, accidents or adverse events during waiting, examination, and transportation; and readiness of effective resuscitation.
- (2) The service implements radiation protection program consisting of radiation safety officers, availability and compliance with the radiation protection manual<sup>118</sup>, availability and use of radiation protection devices<sup>119</sup>, measure and control of radiation exposure, education on radiation prevention for staff, management of equipment and devices for radiation protection, and appropriate & safe disposal of radioactive material, radiation material and waste.

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<sup>118</sup> Can study more from A Guideline for Radiation Hazard Protection for Patient and Personnel Safety-Criteria and Guidelines for Diagnostic Radiology, Ministry of Public Health, 2015.

<sup>119</sup> Such as lead apron, thyroid shield, gonad shield, collimator

## Part II Key Hospital Systems

- (3) The service implements a quality management system consisting of assigned responsible staff; policies and procedures; quality assurance of images, equipment, devices; maintenance of equipment and devices to be ready for use, including history record; preventive maintenance program, equipment acquisition and replacement plan, professional supervision and audit system; risk management (see II-1.2); monitoring and evaluation of the work system, listening to opinions and complaints from patients/customers and staff; and continuous quality improvement program and activities.

### II-7.2 Medical Laboratory/Clinical Pathology Service

The Medical Laboratory/Clinical Pathology Services provide accurate and reliable data for proper disease diagnosis and treatment.

#### a. Planning, Resources and Management

- (1) The organization plans its medical laboratory service based on defined goals and expectations of the service users. The plan includes scope of service, resource requirements and expected performance level<sup>120</sup>.
- (2) The medical laboratories have adequate space and are designed for efficiency and safety of their operation; including proper space separation for operation, administration, and sample storage, with awareness of the environment that may affect the examination results<sup>121</sup>.
- (3) The medical laboratories have adequate and competent workforce to perform the required work.

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<sup>120</sup> **Expected performance level** such as accuracy, precision, reportable range, analytical specificity, analytical sensitivity, turn-around time.

<sup>121</sup> **Environment that affects examination results**, that is, sterility, dust and small particles, electromagnetic interference, radiation, humidity, electricity, temperature, toxic substance, odor, noise and vibration.

## Part II Key Hospital Systems

- (4) The medical laboratories have equipment and devices capable of achieving the performance required, maintain in a safe working condition<sup>122</sup>, with proper preventive maintenance program. Calibration results are considered and properly used. The equipment is inspected and certified by the responsible authorities as required by the law (if any).
- (5) The organization carefully selects and verifies purchased external services, equipment, supplies and reagents that affect quality of laboratory service. Suppliers of critical reagents, supplies and services are evaluated. An inventory control system with proper record is established.
- (6) The organization evaluates, selects, and monitors competencies and quality of referral laboratories, and also evaluates consultants or those who provide a second opinion on some specific tests.
- (7) There is effective communication between laboratories and their users, with regular opinions or information sharing through various methods, including advice, interpretation of laboratory results, scientific consultation, meetings, clinical rounds and notification of changes in examination procedure.

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<sup>122</sup> **Safe working condition** includes preventive measures against harms from electricity, radiation, chemical agent, microorganisms; necessary protective equipment; and management of hazardous waste.

### b. Service Provision

- (1) The laboratory has good management of specimens, including collection, handling, container, labeling, identification, preservation, transportation with a request form. The specimens are evaluated with a criteria for rejection. The specimen and sample portions are traceable.
- (2) The examination process ensure a reliable and accurate result, using appropriate standard test methods that are validated for their intended use. The purchased reagents, analytical methods, laboratory equipment, and analytical instruments are verified that they meet the requirements and are appropriate for the examination.
- (3) The laboratory services timely communicate accurate examination results to users, considering confidentiality, critical level that may result in patient harm, and retrieval of reported result copies.
- (4) The samples are properly managed after examination to enable repetition of the examination when necessary, with safely disposal of samples that are no longer required for examination.

### c. Quality and Safety Management

- (1) The laboratory implements a quality management (QM) program/system that covers all aspects of the laboratory services and is coordinated with other units in the organization. The QM program/system includes:
  - (i) identification of problems/opportunities for improvement;
  - (ii) record of errors and incident reports;
  - (iii) monitoring of key performance indicators;
  - (iv) corrective/preventive actions;
  - (v) monitoring of factors that influence quality management system through the whole examination process (pre-analytical to post-analytical);
  - (vi) document control;
  - (vii) patient and personnel safety goals;
  - (viii) assessment of quality management program effectiveness.
- (2) The laboratory participates in the proficiency testing (PT) program which is sufficient for the extent and complexity of the examination done, or establishes an alternative performance assessment system for determining the reliability of the examination. There is an evidence

## Part II Key Hospital Systems

that all problems identified by proficiency testing or alternative performance assessments have been promptly corrected.

- (3) The laboratory sets a quality control system to monitor analytic performance which includes establishment of tolerance limits, using results from quality control and relating factors in developing solutions, having procedures to verify the reliability of test results when neither calibration nor control materials are available.
- (4) The laboratory with a well-established quality system and implementing any recognized standards of medical laboratories uses the standards in improving the laboratory system and applies for assessment from related agencies such as Medical Science Department (ISO 15189), Medical Technology Council or the Royal college of Pathologist of Thailand<sup>123</sup>.

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<sup>123</sup> The Royal College of Pathologist of Thailand conducts assessment and accreditation for clinical pathology, anatomical pathology, cytology, forensic medicine, forensics clinical service, and blood bank/transfusion service.

### II-7.3 Anatomical Pathology, Cell Cytology and Forensic Clinical Service

- (1) The organization implements and complies with standards of anatomical pathology, cell cytology, forensic medicine, and forensic clinical service issued by professional organizations such as the Royal College of Pathologist of Thailand and implements quality and safety management program in these services.

### II.7.4 Blood Bank and Transfusion Service

- (1) The organization implements and complies with the Standards of Blood Bank and Transfusion Service issued by National Blood Center, Thai Red Cross Society or the Royal College of Pathologist of Thailand and implements quality and safety management program in the service.

### II-7.5 Other Diagnostic Investigation

- (1) For any direct examination to a patient, he/she shall be appropriately assessed (before sending to an examination, and before receiving the examination) and prepared to prevent adverse events, minimize patient harm and to ensure the desired quality of examination. In case of high-risk procedures, the patient should be adequately informed then signs a consent.

## Part II Key Hospital Systems

- (2) The result of the examination is interpreted by a qualified staff who documents a finding summary<sup>124</sup> or a definite diagnosis. The result of the examination is communicated to the responsible physician in a document form and in a timely manner.

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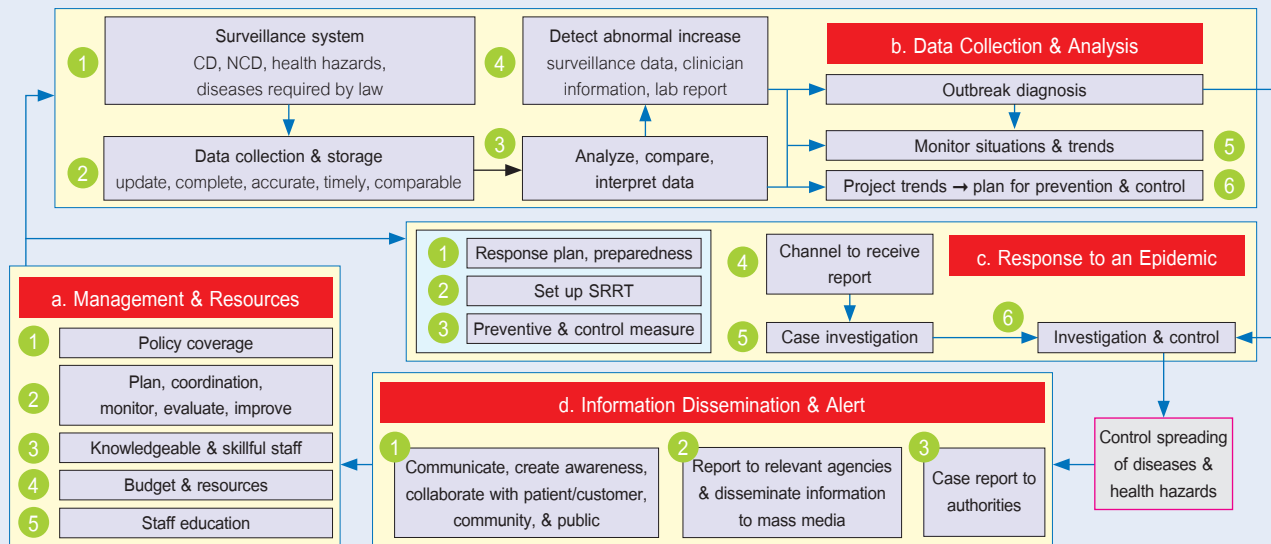
<sup>124</sup> **Finding summary** should cover descriptive data that correspond with clinical issues raised by the physician who requests for the investigation; comparing the result with previous ones; suggesting differential diagnoses or, when necessary, suggesting further investigations.

## Part II Key Hospital Systems

### II-8 Disease and Health Hazard Surveillance

#### II-8. Disease and Health Hazard Surveillance

The organization ensures the efficient surveillance for detecting abnormal occurrence of diseases and health hazards, and the prompt investigation to control further spreading.



### II-8 Disease and Health Hazard Surveillance

The organization ensures an efficient surveillance system to monitor and detect abnormal occurrence of disease and health hazards, takes prompt investigation to control further spreading.

#### a. Management and Resources

- (1) The organization has a disease and health hazard surveillance policy that covers areas in the organization<sup>125</sup> and the communities under responsibility of the organization.
- (2) The organization has a clear strategic plan and an action plan which are relevant to disease and health hazard problems in the responsible areas. Coordination, monitoring, evaluation, and improving surveillance processes are established.
- (3) The organization has an adequate number of knowledgeable and skillful workforces to conduct disease and health hazard surveillance, investigation, and control.
- (4) The organization has adequate budget and other resources, and appropriate technologies to efficiently perform disease and health hazard surveillance, investigation, and control.
- (5) The organization educates and creates awareness on the concepts, policies, plans and procedures of disease and health hazard surveillance for all levels of workforce.

<sup>125</sup> See more details in criterion I-5.1 c. Staff's Health and safety and II-4.1 b. Infection Surveillance and Control

## Part II Key Hospital Systems

### b. Data Collection and Analysis for Surveillance

- (1) The organization continuously operates a surveillance system for communicable diseases, non-communicable diseases, and other health hazards relevant to local health problems, and comply with laws or regulations of the Ministry of Public Health.
- (2) The healthcare team systematically and continuously collects and stores surveillance data. Data is update, complete, accurate, timely, and can be compared with previous surveillance data.
- (3) The healthcare team analyses, compares, interprets surveillance data continuously and consistently, using epidemiologic method.
- (4) The healthcare team searches and detects an abnormal increase or outbreak<sup>126</sup> of a disease by analysis of surveillance data, receiving information from clinicians, and reviewing laboratory reports regularly.

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<sup>126</sup> **Abnormal increase of a disease** can be classified into 2 types

- (1) Epidemic means an increase in numbers of cases, more than mean+2S.D. compared with previous years. This generally occurs in commonly found diseases which are endemic in that vicinity, such as an epidemic of measles.
- (2) Outbreak means an occurrence of 2 or more cases in a short period of time, after they joined the same social activity. Outbreak generally occurs in a disease which is sporadic in nature, such as food poisoning. In case of a serious communicable disease that never occur in that community or occurred but was eliminated for a long time and then re-emerge, even 1 case will be considered an outbreak

## Part II Key Hospital Systems

- (5) The organization continuously monitors and updates situations and trends of diseases under surveillance.
- (6) The organization projects trends of important diseases for the purpose of disease prevention and control planning.

### c. Response to an Epidemic Disease and Health Hazards<sup>127</sup>

- (1) The organization has a response plan for public health emergency, with ongoing preparedness.
- (2) The organization sets up a multidisciplinary Surveillance and Rapid Response Team (SRRT) for a timely respond to an epidemic of disease and health hazards.
- (3) The organization establishes essential preventive and control measures for diseases and health hazards to prevent spreading.

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<sup>127</sup> **Health hazards** refer to conditions, environments, plants, animals, chemicals/other substances in either liquid, solid, gaseous state or as a combination of elements. that has the potential to affect health, well-being or cause injury, loss, both short-term and long-term to any person, such as tobacco consumption alcohol consumption Injuries from road accidents, drowning, and occupational and environmental health hazards such as industrial/agriculture threats from environmental pollution, etc.

## Part II Key Hospital Systems

- (4) The organization prepares communication channels and workforce to receive case reports or public health emergency reports 24 hours a day.
- (5) The organization conducts a case investigation immediately prevent spreading of the disease.
- (6) Whenever an epidemic occurs, the team responsible for investigation and control has resources and authority to investigate and implement appropriate and comprehensive control measures in a timely manner.

### **d. Information Dissemination and Alert**

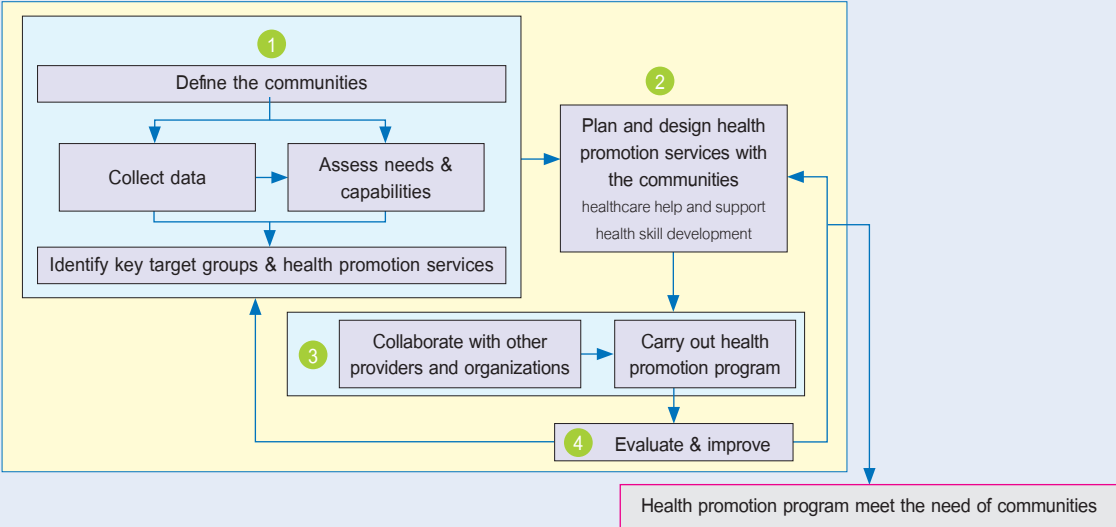
- (1) The organization disseminates information on diseases and health hazards to raise awareness, understanding, and participation of patients/customers and society in disease and health hazard prevention.
- (2) The organization develops and disseminates reports on situation of disease and health hazard under surveillance, including epidemics and the investigations, to relevant agencies and public media continuously and regularly.
- (3) The organization makes case reports to the local health authorities and relevant agencies according to the Communicable Disease Act 2015, the International Health Regulations 2005 and other rules and regulations.

# Part II Key Hospital Systems

## II-9 Working with Communities

### II-9.1 Health Promotion for the Community

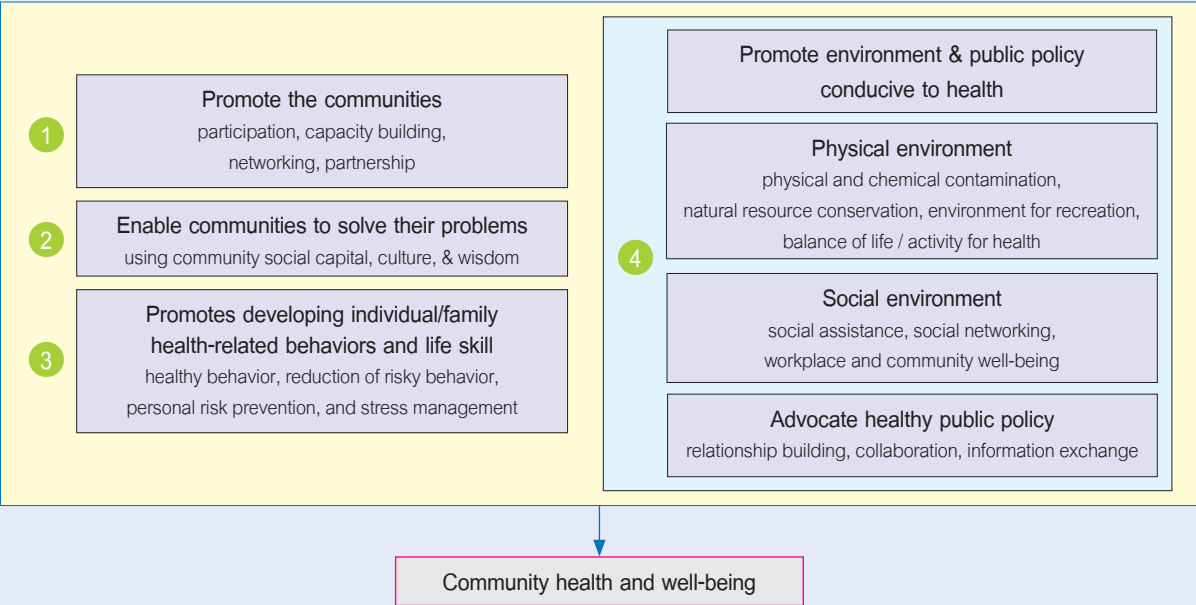
The organization, in collaboration with the communities, provides health promotion program to meet the need of the communities it serves.



# Part II Key Hospital Systems

## II-9.2 Community Empowerment

The organization works with the communities to support the development of the communities' capacities to improve its own health and well-being.



### II-9.1 Health Promotion Services for Communities

The organization, in collaboration with the communities<sup>128</sup>, provides a health promotion program to meet the need of the communities it serves.

- (1) The organization defines the communities and understands the context; assesses health needs and capabilities<sup>129</sup> of the communities; and identifies key target groups and essential health promotion programs.
- (2) The organization, in collaboration with the communities, plans and designs its health promotion services<sup>130</sup> to meet the needs and problems of the communities.
- (3) The organization, in collaboration with relevant stakeholders, carries out health promotion programs for the communities.
- (4) The organization evaluates results, shares information and collaborates with the communities in improving health promotion programs for the communities.

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<sup>128</sup> **Community** may refer to a geographical community or a community formed by relationship of people having a common interest.

<sup>129</sup> **Assessment of community** need covers the collection of information on community health, for example, factors influencing health, health status, capability and health risk in the community

<sup>130</sup> **Health promotion** for the community may include care, help and support, skill development on health, suggestion on the issues that should become a public policy, and social networking.

### II-9.2 Community Empowerment

The organization works with the communities to support the development of the communities' capacity to improve their own health and well-being.

- (1) The organization promotes participation, capacity building, and networking of the communities; and strengthens partnership<sup>131</sup> with the communities.
- (2) The organization, in collaboration with the communities, promotes the ability of population groups to find solutions for key problems identified by the communities, using social capital, culture and local wisdom of the community.
- (3) The organization, in collaboration with the communities, promotes developing individual/family health-related behaviors and life skill<sup>132</sup>.

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<sup>131</sup> **Strengthen partnership** through information, knowledge, skill, and resource sharing.

<sup>132</sup> **Key personal behavior and skills** are: healthy behavior (physical activities, relaxation, food), reduction of risky behavior, personal risk prevention, and stress management in daily life.

## Part II Key Hospital Systems

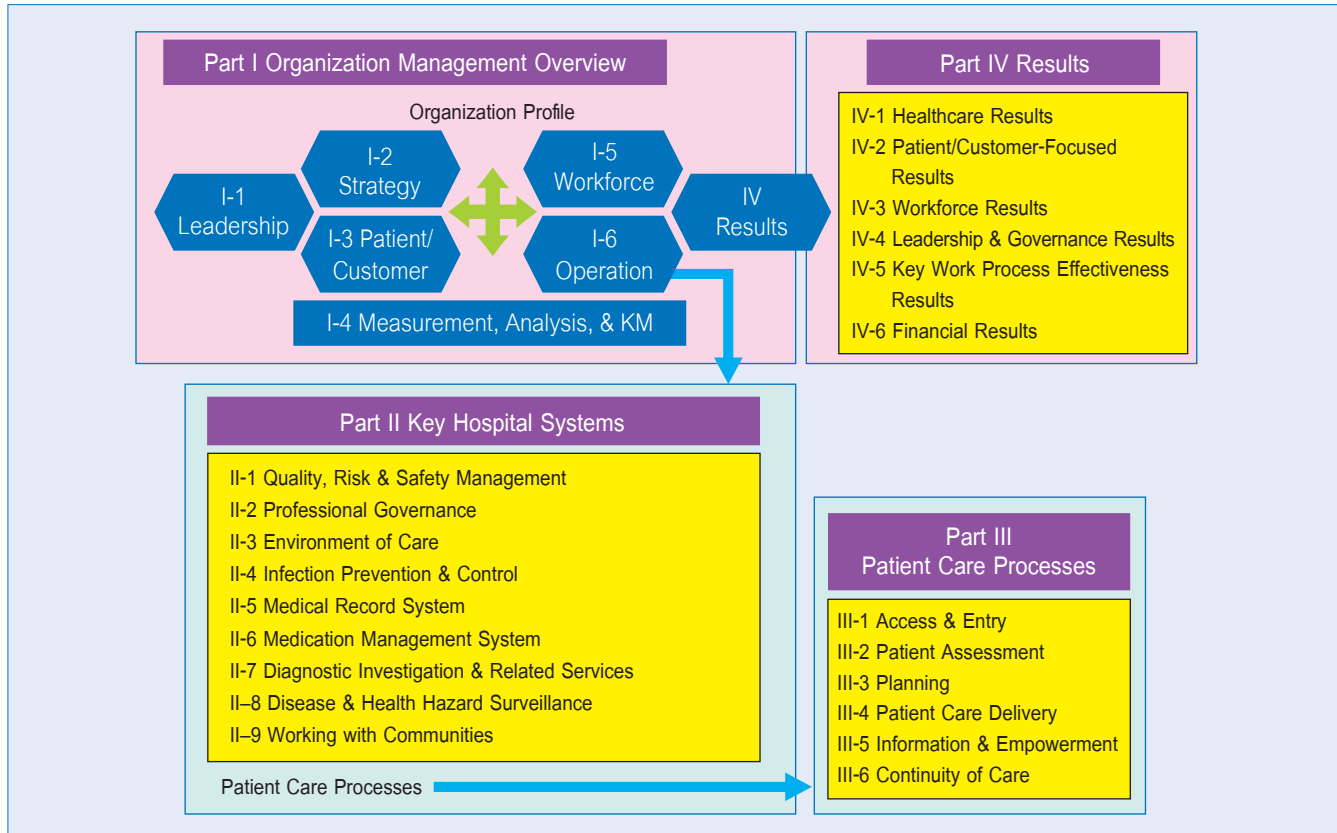
- (4) The organization promotes creating physical environment<sup>133</sup> and social environment<sup>134</sup> that are conducive to health of individuals in the communities; and advocates healthy public policy through relationship building, collaboration and sharing information with key persons.

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<sup>133</sup> **Physical environment** conducive to health: reduction of physical and chemical contamination, e.g. dust, toxins or residues in food, noise; natural resource conservation; environment for recreation, balance of life and activities for health.

<sup>134</sup> **Social environment conducive to health:** social assistance for the target group (e.g. the socially underprivileged); social networking; social interaction to promote workplace and community well-being.

# Part III Patient Care Process

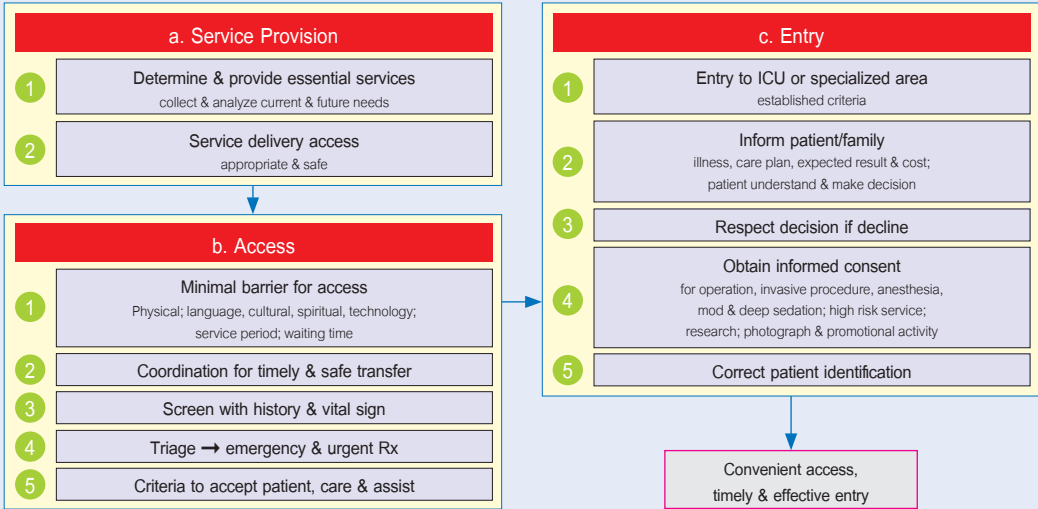


# Part III Patient Care Process

## III-1 Access and Entry

### III –1. Access & Entry

The organization ensures convenient access to essential healthcare services for patients / customers; ensures that the entry process timely meets patients' /customers' health problems/needs, is coordinated and supported by suitable and effective systems and environment.



### III-1 Access and Entry

The organization ensures convenient access to essential healthcare services for patients/customers; ensures that the entry process timely meets patients/customers' health problems/needs, is coordinated and supported by suitable and effective systems and environment.

#### a. Service Arrangement

- (1) The healthcare team collects and analyzes data on service provision to patient/customers and communities to provide services in accordance with problems, necessity, and future needs.
- (2) The organization provides service access channels<sup>135</sup>, considering appropriateness, safety, and prevention of communicable disease spreading.

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<sup>135</sup> **Services access channels** such as hospital visit by patients, EMS system, tele-health or tele-medicine, home visit, home care service, etc.

### b. Access

- (1) Patients/customers can access and use services with minimal barriers:
  - (i) Buildings and facilities are accessible physically with assistive technologies<sup>136</sup> (as necessary).
  - (ii) The healthcare team makes initiations to reduce language, cultural, spiritual, technologies and other barriers to access of service.
  - (iii) The healthcare team arranges proper service period for each type of patients.
  - (iv) Waiting times for services are acceptable for patients/customers, meet patients' health needs and conditions, e.g. cancer in various stages.
- (2) The organization establishes a good coordination with the referring agencies<sup>137</sup> to ensure timely and safe transfer.
- (3) The patients are screened with history and initial vital signs assessment to determine proper and safe healthcare service.

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<sup>136</sup> **Physical accessibility** such as facilities for elderly and handicapped persons, ramp for wheelchair patients, clear signage, appointment technology, etc.

<sup>137</sup> **Referring agencies** such as another hospitals, police station, sub-district health promoting hospital, emergency medical service agency, etc.

## Part III Patient Care Process

- (4) The patients are triaged in a timely way. Patients with emergency or urgent conditions are given priority for treatment. The treatment is provided by competent staff with appropriate equipment.
- (5) The healthcare team uses established criteria to determine capability to offer services or accept patients. If an appropriate service cannot be provided, the healthcare team shall provide proper initial care and assistance, explains the limitations, and assists patients to find other appropriate healthcare organizations.

### c. Entry

- (1) Entry or transfer to units providing intensive or specialized care is determined by established criteria.
- (2) At admission, patients/families receive appropriate and understandable information:
  - (i) the information includes at least:
    - their illness condition;
    - the proposed care plan;
    - expected results of care and expected expense.

## Part III Patient Care Process

- (ii) The organization ensures that patients/families obtain and understand necessary and adequate information, be able to seek additional opinions from other practitioners, and have enough time to consider before making a decision.
- (3) The organization respects patient/customer decision when he/she declines care or treatment.
- (4) The healthcare team obtains written informed consent from patients/customers and documents in the medical records before starting the following services or activities:
  - (i) operation and invasive procedure, anesthesia and moderate/deep sedation;
  - (ii) high risk services where there is a significant risk of adverse event;
  - (iii) participation in the research or experimental procedures;
  - (iv) photographs and promotional activities, for which the consent could be for a specific time or purpose.
- (5) The organization develops and implements procedures for correct patient identification in every steps of patient care process.



### III-2 Patient Assessment

All patients have their healthcare needs and problems accurately identified in a comprehensive and appropriate approach, **including risk of harm during the care process.**

#### a. Patient Assessment

- (1) Patient assessment is coordinated and collaborative among the practitioners involved in patient assessment:
  - (i) assesses patients comprehensively and reduce unnecessary repetition;
  - (ii) analyzes and integrate patient assessment;
  - (iii) Identify urgent/important problems and care needs.
- (2) Each patient's initial assessment includes:
  - health history;
  - **smoking history;**
  - physical examination;
  - patient's perception of his/her needs;

## Part III Patient Care Process

- patient's preferences<sup>138</sup>;
  - assessment of psychological, social, cultural, spiritual and economic factors;
  - functional assessment;
  - assessment to identify those who are at higher risk of harm during the care process than general patients<sup>139</sup> and establishes processes in place to mitigate these risks.
- (3) Patient assessment is performed by qualified staff. The assessment method is appropriate for each patient, under safe environment and adequate resources<sup>140</sup>. Appropriate clinical practice guidelines to the patients and available resources are used to guide patient assessment (if available).
- (4) Patients are assessed within a proper timeframe determined by the organization. Complete assessment findings are documented in the medical records as defined by the organization and readily available to those responsible for patient care to use assessment finding.

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<sup>138</sup> **Patient's preferences** such as how individuals are addressed and their personal effects, their care and treatment options, their clothing and self-care routines, food/drink and meals, their activities/interests/privacy/visitors.

<sup>139</sup> Assessment to identify those who are at higher risk includes assessment related to medication management, fall, opportunity for infection, nutrition, impact of long term illness such as bed sore, and care for vulnerable patients, etc.

<sup>140</sup> **Resources for patient assessment:** physician should consider technology, workforce, information capture tools and devices.

## Part III Patient Care Process

- (5) All patients are reassessed at appropriate intervals to determine their responses to treatment and care.

### **b. Diagnostic Investigation**

- (1) Essential diagnostic investigation is provided according to capability of the organization or properly referred to other facilities.
- (2) The congruence between diagnostic investigation results and patient's condition is reviewed.
- (3) The diagnostic investigation results are effectively communicated and documented to ensure timely access by physicians. The results are easily retrieved with no data loss and proper confidential precaution.
- (4) The health care team considers additional investigation when it is necessary for more accurate and definite diagnosis, and explains the reason to patients/families.

### c. Diagnosis

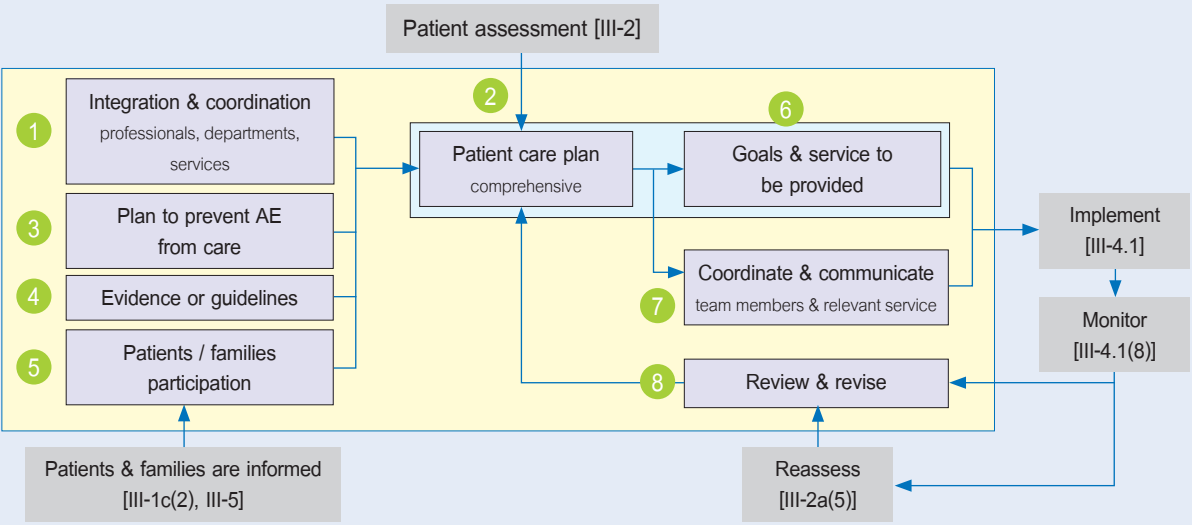
- (1) The patient receives correct diagnosis with sufficient documented evidences to support the diagnosis.
- (2) The diagnosis is recorded within determined timeframe, and is changed when there is additional information.
- (3) Patients who cannot stop smoking are diagnosed as nicotine dependence.
- (4) The healthcare team regularly reviews the accuracy and comprehensiveness of diagnosis, and consistency of diagnosis among each profession in the team.
- (5) The organization determines reduction of diagnostic error as one of its Patient Safety Goal with robust data analysis, continuous improvement and monitoring.
- (6) The healthcare team communicates assessment results, diagnostic investigation results, and the diagnosis to patients and families in a clear and easy-to-understand language.

# Part III Patient Care Process

## III-3 Planning

### III-3.1 Planning of Care

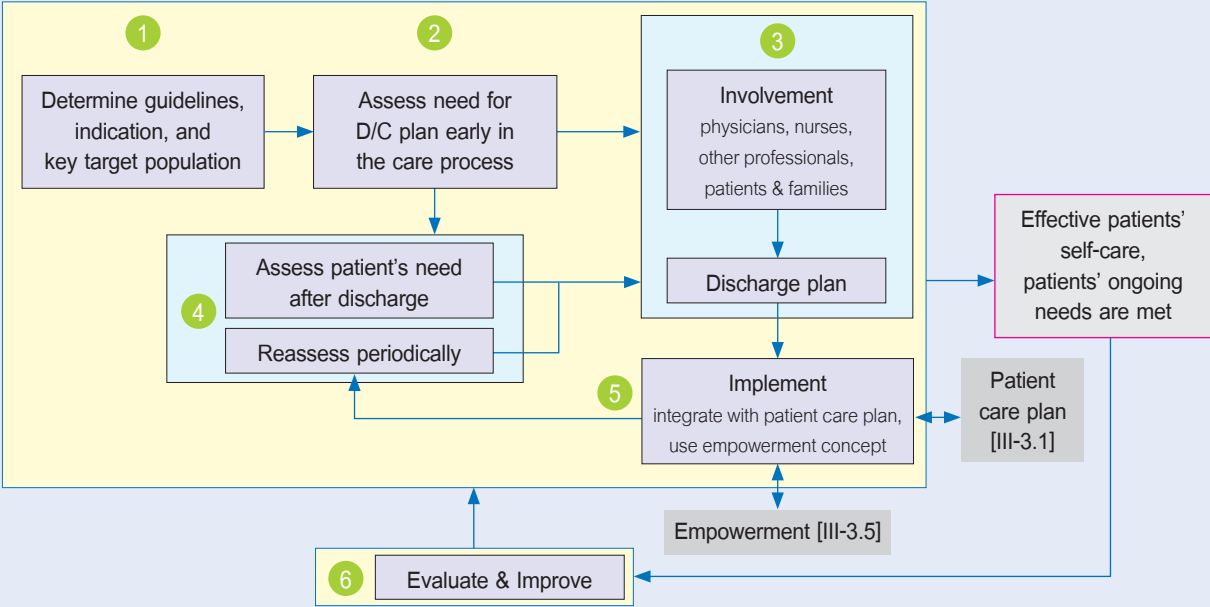
The healthcare team develops a coordinated patient care plan with explicit goals based on health problems/needs of the patient and to prevent adverse events.



# Part III Patient Care Process

## III-3.2 Discharge Planning

The healthcare team develops discharge plans to enable patients' self-care and to ensure that patient's ongoing needs after discharge are met.



### III-3.1 Planning of Care

The healthcare team develops a coordinated patient care plan with explicit goals based on health problems/needs of patients and to prevent adverse events<sup>141</sup>.

- (1) Patient care planning is integrated and coordinated among professionals, departments and service units.
- (2) The patient care plan is comprehensively responsive to patients' problems/needs based on patient assessment<sup>142</sup> and diagnostic investigation results.
- (3) The healthcare team plans to prevent adverse events from care and treatment for group of patients those are assessed as high risks or harms when compared with general patients.
- (4) The healthcare team uses appropriate evidences or guidelines to guide the patient care plan.

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<sup>141</sup> **Adverse event** means an event of patient's harm from care processes including disease, complication, injury, suffering, disability, death; may be social or psychological harms; and the patient care plan should focus on preventable harms.

<sup>142</sup> A comprehensive patient care plan includes a plan for multi-modality smoking cessation such as education, participation in the smoking cessation program, or consideration of quit-smoking medications as appropriate.

## Part III Patient Care Process

- (5) Patients and families have opportunity to participate in decision making<sup>143</sup> on choice of treatment and developing a care plan:
- (i) after receiving adequate information about options of care and treatment<sup>144</sup>;
  - (ii) belief and personal preferences are considered;
  - (iii) participation in monitoring and prevention of potential adverse event.
- (6) The patient care plan includes short-term and long-term goals to be achieved and services to be provided.
- (7) The healthcare team effectively communicates the care plan and coordinates with all team members and relevant services in a timely basis. Team members understand the roles of each other.
- (8) The healthcare team reviews and revises the patient care plan when there is change in patient's conditions or symptoms.

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<sup>143</sup> **Shared decision-making** means patients and families being informed and participate in discussion with healthcare team about benefits and risks of treatment. Information should be available in different languages, easy-to-understand and facilitate decision-making.

<sup>144</sup> Options of care and treatment includes interventions for end-of-life care and treatment based on patient's and families' requirement.

### III-3.2 Discharge Planning

The **healthcare team** develops discharge plans to enable patients' self-care and to ensure that patient's ongoing needs after discharge are met.

- (1) The healthcare team determines guidelines, indications and key target population for discharge planning.
- (2) The healthcare team determines needs for discharge planning early in the care process.
- (3) Physicians, nurses and other relevant professionals, including patients and families are involved in discharge planning<sup>145</sup>.
- (4) The healthcare team assesses and identifies patients' problems/needs after discharge and reassesses periodically throughout the hospital stay.
- (5) The healthcare team implements the discharge plan in an integrated manner with the patient care plan during hospitalization, using empowerment concept to ensure that patients and families have capability and confidence in self-care management.
- (6) The healthcare team evaluates and improves discharge planning process using the information from patients' follow-up and feedback comments from other relevant health services organization.

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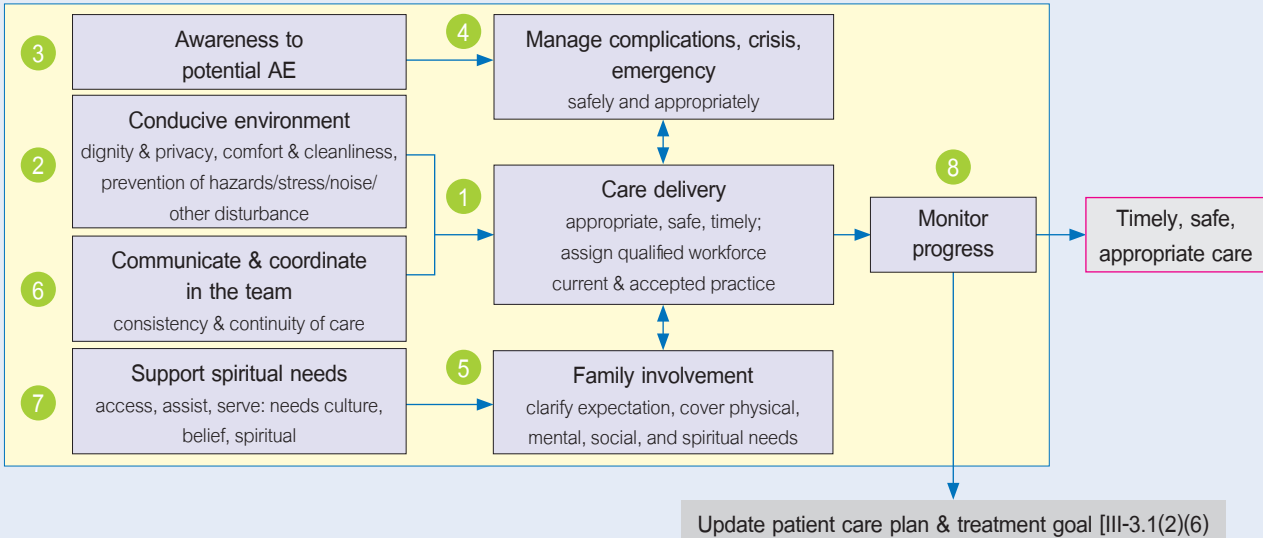
<sup>145</sup> Including promoting participation in discharge planning by the home care continuity team.

# Part III Patient Care Process

## III-4 Patient Care Delivery

### III-4.1 General Care Delivery

The healthcare team ensures that patient care is delivered in a timely, safe, and appropriate approach in accordance with professional standards.

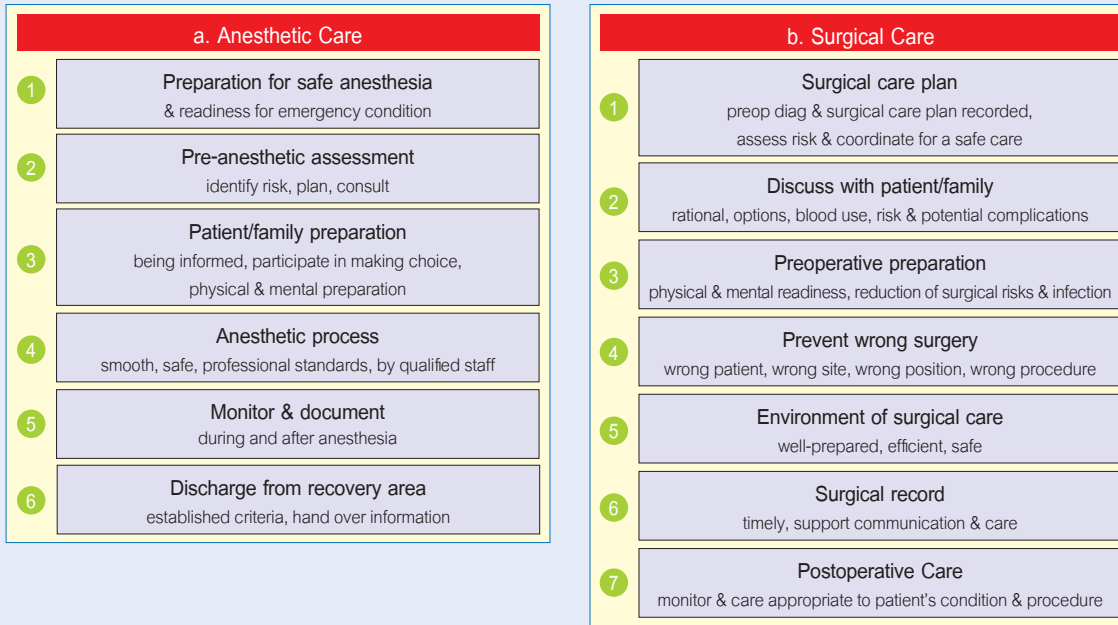




## Part III Patient Care Process

### III-4.3 Specific Care

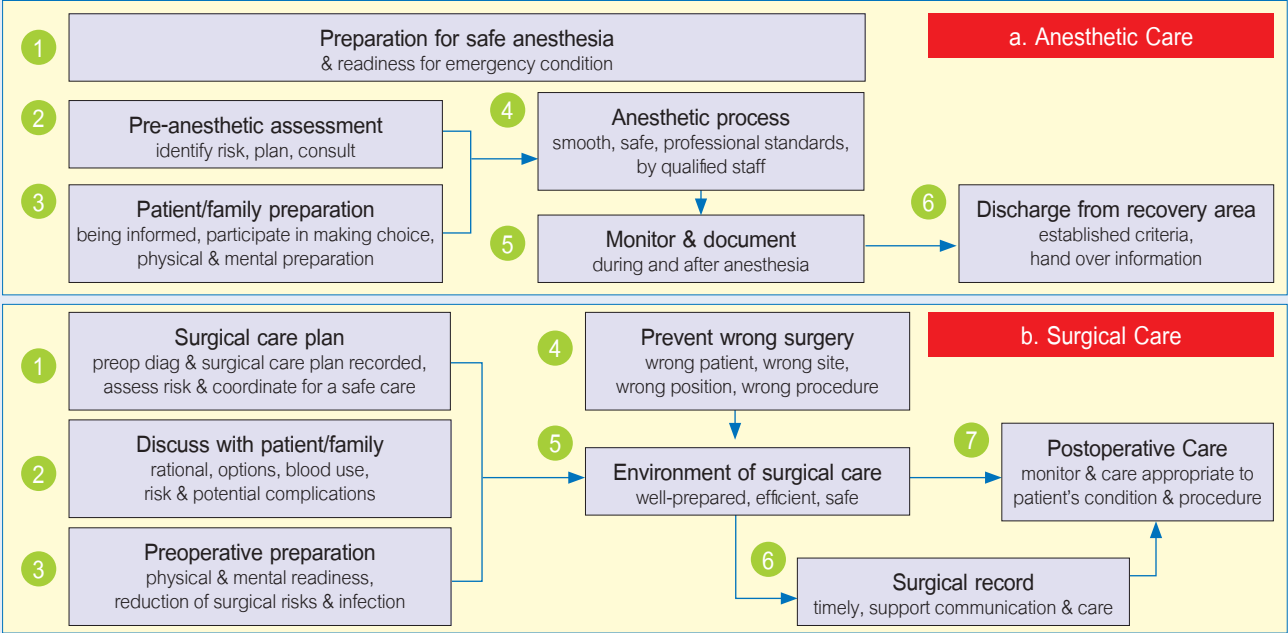
The healthcare team ensures that key specific services are provided in a timely, safe, and appropriate manner in accordance with professional standards.



# Part III Patient Care Process

## III-4.3 Specific Care

The healthcare team ensures that key specific services are provided in a timely, safe, and appropriate manner in accordance with professional standards.



# Part III Patient Care Process

## III-4.3 Specific Care

The healthcare team ensures that key specific services are provided in a timely, safe, and appropriate manner in accordance with professional standards.

### c. Food & Nutrition Therapy

1

**Appropriate food**  
adequate nutritional value, good service, risk prevention

3

**Food & nutritional education**  
for behavioral change, appropriate food preparation & consumption

2

**Patient with nutritional problem**  
nutritional assessment, planning, therapy

4

**Food preparation, storage, delivery; handling of dishes, equipment, waste**  
safe, acceptable practices, reduce risk

1

**Aware of patient's unique need**

### d. Palliative Care

2

**Assess & reassess**  
symptoms, responses to symptom management, psychological, social and spiritual needs

4

**Coordination for continuity of care**  
among team members, with home/community

3

**Palliative care plan**

5

**Advanced care plan & living will**  
develop, communicate

6

**Care of the dying**  
alleviate symptoms; response to psychological, social, and spiritual needs; involve patient/family in care decisions

7

**Care for carer service**

## Part III Patient Care Process

### III-4.3 Specific Care

The healthcare team ensures that key specific services are provided in a timely, safe, and appropriate manner in accordance with professional standards.

#### e. Pain Management

1

**Pain screening & assessment**  
nature & intensity of pain

2

**Pain management**  
multi-modalities, monitor response & AE, re-assess & adjust

3

**Inform patient & family**  
anticipated pain, option, side effect & precaution, expected participation

4

**Professionally competent practitioner**

5

**Educate & support patient & carer**

#### f. Rehabilitation

1

**Assessment → holistic rehab plan**  
physical, mental, social, and spiritual assessment

2

**Rehabilitation service**  
quality & safe, based on patients' needs & scientific evidence, measurement

3

**Communicate with patients/families**  
information for decision, skill for self-care

4

**Competent staff, comply with standard,  
rule & regulation**

#### g. Chronic Kidney Disease

1

**Based on standard practice guidelines & hospital context**

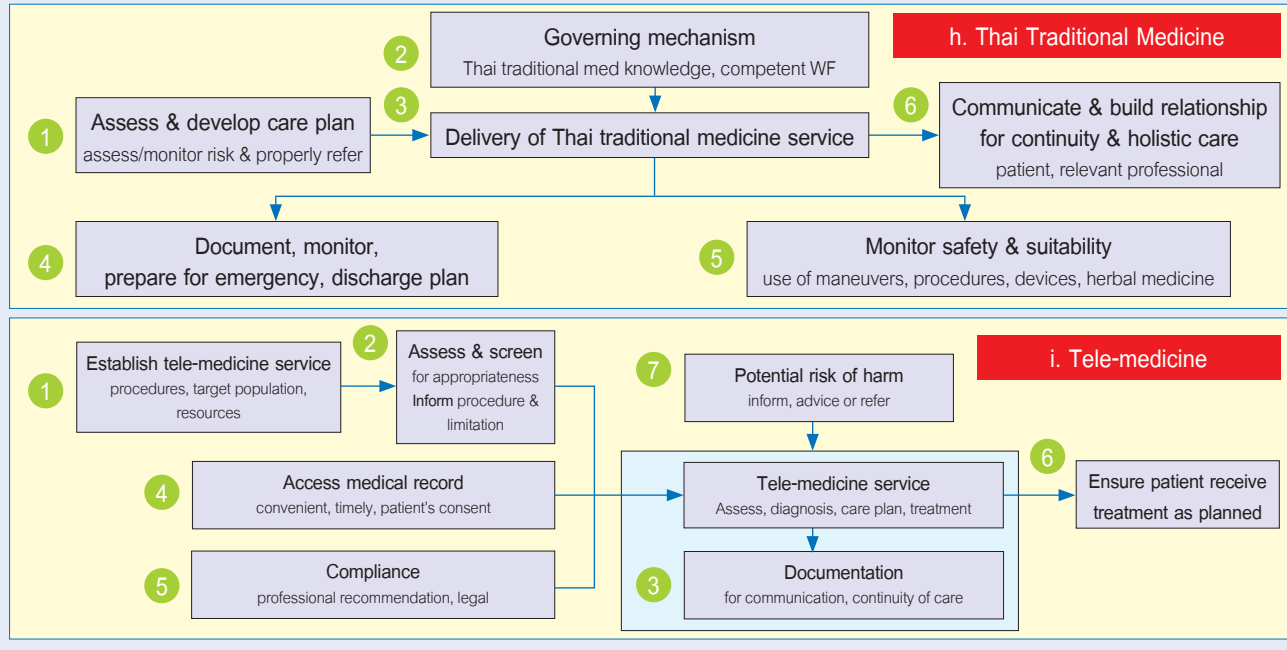
2

**Hemodialysis unit**  
Certified with Standards of Hemodialysis Service,  
monitor & supervise if outsourced

## Part III Patient Care Process

### III-4.3 Specific Care

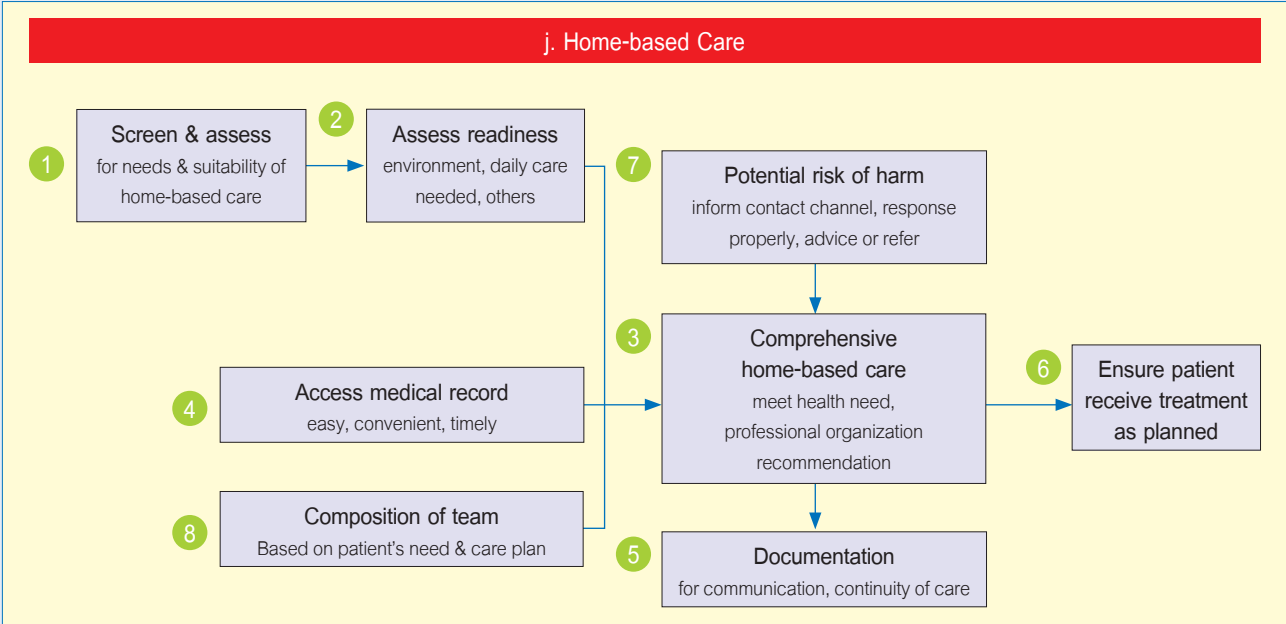
The healthcare team ensures that key specific services are provided in a timely, safe, and appropriate manner in accordance with professional standards.



# Part III Patient Care Process

## III-4.3 Specific Care

The healthcare team ensures that key specific services are provided in a timely, safe, and appropriate manner in accordance with professional standards.



### III-4.1 General Care Deliver

The healthcare team ensures that patient care is delivered in a timely, safe and appropriate approach in accordance with professional standards.

- (1) Patient care is delivered appropriately, safely and timely, with clinical responsibility assignment to qualified workforce. The care meets current and accepted practice throughout the organization.
- (2) The organization makes environment conducive to provision of quality care, considering patient dignity and privacy, comfort and cleanliness, and prevention of hazards/stress/noise/other disturbances.
- (3) The healthcare team provides care with awareness of potential adverse events to patients/customers and care providers.
- (4) The healthcare team deals with complications, crisis, emergency or adverse events appropriately and safely.
- (5) The healthcare team clarifies families' expectations in involvement in patient care, covering physical, psychological, societal and spiritual needs.
- (6) The healthcare team communicates, exchanges information and coordinates within the team to ensure consistency and continuity of care

### Part III Patient Care Process

- (7) The healthcare team provides access channels, assistants, and specific services based on health needs, cultural context, belief, and spiritual need of patients.
- (8) The healthcare team monitors patients' progress and updates treatment goals or expected outcomes.

### III-4.2 High-Risk Patients and High-Risk Services

The healthcare team ensures timely, safe, and appropriate care with professional standards to high-risk patients and for high-risk services and procedures.

(1) The healthcare team identifies high-risk patients<sup>146</sup>, high-risk services<sup>147</sup> and procedures<sup>148</sup> and collaboratively develops procedures for caring of these high-risk conditions<sup>149</sup>.

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<sup>146</sup> **High risk patients** such as young children (0-5 years), the elderly, emergency patients with confusion or unconsciousness, patients with multiple organ injuries, patients with an immune-deficiency condition.

<sup>147</sup> **High risk services** such as services that require sophisticated equipment to treat life-threatening conditions; nature of some treatment which contain some degree of risk; services that may induce harm to patients, such as hemodialysis, resuscitation, use of restraints, deep sedation; a care team with diverse members and different experience such as joint care by many medical personnel, patient care of medical or public health students; blood and blood components transfusion, use of radioactive isotopes and nuclear medicine, use of cytotoxic drugs and controlled drugs, clinical research, use of electric cautery, laser use, and emergency care/service.

<sup>148</sup> **High risk procedures** means complex procedures with specific model and components, or all surgical and invasive procedures performed in an emergency condition.

<sup>149</sup> **The procedures for caring of high-risk condition** include patient referral or discontinue high-risk procedures in case the healthcare organization is not ready.

## Part III Patient Care Process

- (2) The healthcare team members have been trained, practice, and use procedures for high-risk condition<sup>150</sup> to guide patient care.
- (3) Provision of high-risk services or procedures must be delivered in suitable facilities with essential equipment and assistance from staff.
- (4) High-risk patients or patients receiving high-risk services or procedures are monitored<sup>151</sup> as appropriate to the patients' severity, with timely response or change of care plan.
- (5) When there is a sign of clinical instability or deterioration, assistance by a more expert staff or health care team<sup>152</sup> can be made in a timely manner for patient assessment, stabilization, communication, education, and transfer (if necessary).
- (6) The healthcare team monitors and analyzes trends of complications or adverse events in these patients to improve safety of patient care process.

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<sup>150</sup> High risk situation such as patient care in emergency, various emergencies and epidemic situation etc.

<sup>151</sup> The monitoring tool may be a graph record of vital sign graph with color zone, indicating the situation need reviewing (yellow color) rapid response (red color). See example SAGO (Standard Adult General Observation) chart from Australia.

<sup>152</sup> This system may be called a Rapid Response System, which the key component is a Rapid Response Team, (RRT) or Medical Emergency Team which will bring critical care expertise to the bedside immediately they are asked for help from the responsible staff of that patient.

### III-4.3 Specific Care

The healthcare team ensures that key specific services are provided in timely, safe and appropriate manners in accordance with professional standards.

#### a. Anesthesia Care

- (1) The healthcare team performs a preparation for safe and proper anesthesia with in accordance with clear guidelines. The team establishes readiness for emergency condition during anesthesia<sup>153</sup> and post-anesthesia, practices emergency drill, makes available and uses devices, materials and medication recommended by the anesthesia professional organization.
- (2) The healthcare team performs a pre-anesthetic assessment to identify potential risk that may occur during anesthesia and uses findings for planning of appropriate anesthesia and consultation with relevant specialists.
- (3) The healthcare team informs patients/families about anesthesia and let them participate in decision making on choice of anesthesia. The team perform pre-anesthetic preparation, both physical and mental.

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<sup>153</sup> Such as intubation for breathing difficulty, dangerous high temperature, drug allergy

## Part III Patient Care Process

- (4) The anesthetic process is carried out smoothly and safely by qualified staff, based on professional standards that best fits for the hospital situation.
- (5) The patient's status during anesthesia and post-anesthesia is adequately monitored and documented.
- (6) A qualified staff discharges the patient from recovery area based on established criteria, and information is sent to the post-operative care team for continuity of care.

### b. Surgical Care

- (1) The healthcare team develops surgical care plan for each surgical patient considering all patient's assessment information. The surgical plan and preoperative diagnosis are documented in the medical record. The healthcare team assesses the patient's risks and coordinates with relevant professionals for a safe care.
- (2) The healthcare team explains the rationale, options of surgical procedures, an opportunity for blood use, risks, and potential complications to patients, families or proxy who makes decision for the patient.
- (3) The healthcare team provides physical and mental pre-operative preparation for patient readiness and reduction of surgical risks and infection, for both emergency and elective surgery.

### Part III Patient Care Process

- (4) The healthcare team uses appropriate procedures to prevent wrong patient, wrong site, wrong position, or wrong procedure surgery.
- (5) The patient receives surgery care under well-prepared, efficient and safe condition<sup>154</sup>
- (6) The healthcare team documents detail of the performed surgery in the medical record on a timely basis to support communication among the team members and continuity of post-surgical care.
- (7) The healthcare team monitors and provides post-surgical care that is appropriate to the patient's condition and the nature of the performed procedure.

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<sup>154</sup> **Well-prepared, efficient, and safe condition** means zoning; workflow design and preventing contamination in the operating room; cleaning process in operating room and operating tables; cleaning and sterilization process of equipment and devices; เพื่อป้องกันการติดเชื้อตำแหน่งผ่าตัดและภาวะแทรกซ้อนอื่นๆ preparation of equipment, devices/, and surgical assistants for each patient, counting of equipment and devices; managing the tissue remove from patients; preparation and practices to cope with crisis.

### c. Food and Nutrition Therapy

- (1) Patients receive appropriate food with adequate nutritional value for their basic needs through a good food service. There is an analysis of risks in food and nutrition services<sup>155</sup> and preventive measures are properly implemented.
- (2) Patients with nutritional problems or nutritional risk receive nutritional assessment, nutritional planning, and adequate nutritional therapy.
- (3) Patients and families are educated about food, nutrition and nutritional therapy to empower them for behavioral changes, food preparation and consumption that are appropriate with their illness.
- (4) Food preparation, storage and delivery; handling of food dishes, equipment, waste and residual food are safe and complied with acceptable practices to reduce risks from contamination, spoilage, vectors, and spreading of pathogens.

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<sup>155</sup> **Risk from food and nutrition service** such as a patient does not receive food in proper time, arrangement of food that a patient is allergic to, improper food preparation that may induce suffocation.

### d. Palliative Care

- (1) Staff are aware of palliative care patients' unique needs, considering participation of patients, families & communities.
- (2) Patients/families are assessed and re-assessed for symptoms, response to symptom management, psychological, social<sup>156</sup> and spiritual<sup>157</sup> needs.
- (3) The healthcare team develops palliative care plan based on patient/family needs using the assessment results.
- (4) The organization supports coordination for continuity of care among the healthcare team members and with home care or community care.
- (5) The organization supports development of advanced care plan and a living will base on the patient's and family's intention. The advanced care plan and living will are communicated to those involved in patient care for preparation of the patients and families.
- (6) The healthcare team provides appropriate end of life care to the dying patients to alleviate symptoms, respond to their psychological, social, and spiritual needs with involvement of patients and families in care decision.

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<sup>156</sup> **Social needs** such as living together, acceptance, participation, including economic affordability

<sup>157</sup> **Spiritual needs** such as a patient's religious and cultural beliefs

## Part III Patient Care Process

- (7) The organization establishes the care-for-carer service to support carers for appropriately serving patients' needs.

### **e. Pain Management**

- (1) Patients are screened for pain, both acute and chronic. If pain is presented, a comprehensive pain assessment on nature and intensity of pain is conducted.
- (2) Pain management is provided to each patient using pharmacological or non-pharmacological modality to achieve desirable and realistic goals. Patients are monitored for analgesic responses and adverse events. Patients are re-assessed and pain management is adjusted accordingly.
- (3) The healthcare team provides essential information about pain management to patients and/or their families for participating in decision making and pain management:
  - (i) anticipated pain from examination or procedures;
  - (ii) options of pain management;
  - (iii) side effects and precautions;
  - (iv) expected participation from patients.

- (4) Patients receive pain management from professionally competent practitioners or staff under supervision of those practitioners.
- (5) Patients (inpatients and outpatients) and carers are educated and supported regarding pain management after discharge on either inpatient or outpatient basis.

### f. Rehabilitation Services

- (1) The rehabilitation team<sup>158</sup> develops aligned, essential and holistic<sup>159</sup> rehabilitation plan to achieve the determined goals in a proper time, based on physical, psychological, social and spiritual assessment data<sup>160</sup>.

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<sup>158</sup> **The rehabilitation team** refers to a multidisciplinary team consisting of medical rehabilitation physician,/physician, nurse, physiotherapist, occupational therapist, physical device/technician, speech therapist, psychologist, social worker or as per the situational context.

<sup>159</sup> **Patient assessment** includes initial assessment and re-assessment on functional level on daily life activities to determine expected functional level after rehabilitation and duration of rehabilitation needed, including the rehabilitation plan as necessary.

<sup>160</sup> **Holistic rehabilitation** is based on International Classification of Functioning, Disability and Health (ICF), including body functions and structure), activity and participation, environmental factors, and personal factors

## Part III Patient Care Process

- (2) The rehabilitation service team<sup>161</sup> provides the quality and safety rehabilitation service in accordance with patients' problems & needs and the academic evidence and uses the concrete measurement of rehabilitation results based on the standardized tools.
- (3) The rehabilitation team effectively communicates with patients/families:
  - (i) provides adequate information<sup>162</sup> for decision making;
  - (ii) provides education and essential skill for efficient self-care<sup>163</sup>.
- (4) Rehabilitation services are provided by competent staff and comply with relevant standards, professional standards, rules and regulations to achieve rehabilitation and safety goals.

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<sup>161</sup> **The rehabilitation services** covering procurement of devices to assist disability as well as process of systematic referral for continuity of care and follow up on long-term rehabilitation results between the service unit and community

<sup>162</sup> **Adequate information** includes goals, plan, and necessary rehabilitation services; to be used for the whole rehabilitation process.

<sup>163</sup> **Efficient self-care** included continual improving self-care, restoring full potential function as possible; or maintaining physical capability, retuning to social life with independent life style and good quality of life.

### g. Care of Patients with Chronic Kidney Diseases

- (1) Care of patients with chronic kidney diseases<sup>164</sup> in accordance with the standardized practice guidelines based on the hospital context and resources for patients to receive quality and safe care.
- (2) In case of having hemodialysis service; the hemodialysis center/unit of the organization or its outsource shall be certified by the accreditation subcommittee on Standards of Hemodialysis Service. In case the hemodialysis is operated by the outsource, the hospital shall monitor and supervise to ensure the same standards as its own operation.

### h. Thai Traditional Medicine

- (1) The healthcare team assesses patients/customers to properly develop care plan or refer. The team assesses, considers and monitors risks that may occur during care delivery, and provides properly referral.

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<sup>164</sup> **The care for CKD** includes care to slow progression of CKD; treatment of CKD complications such as anemia, abnormality of bone and minerals etc.; pre-renal replacement therapy; hemodialysis; peritoneal dialysis; kidney transplant; and palliative care.

## Part III Patient Care Process

- (2) The organization has a governing mechanism to ensure safe Thai traditional medicine based on professional standards and competent workforce<sup>165</sup>.
- (3) The healthcare team provides Thai traditional medicine through assessment, history taking<sup>166</sup>, physical examination, diagnosis<sup>167</sup>, planning, promotion, prevention, treatment<sup>168</sup>, rehabilitation, and giving advice to patients/customers according to the principles of natural healthy, empirical medicine, and other related knowledge.
- (4) The healthcare team completely documents patient/customer data, monitors, prepares for dealing with emergency situations, and discharges based on proper criteria.
- (5) The organization establishes monitoring mechanism for using maneuvers, procedures, devices and herbal medicines based on Thai traditional medicine knowledge to ensure safety and suitability for individual patient/customer.

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<sup>165</sup> **Competent workforce** who provides Thai traditional medicine must have license to practice issued by the Thai Traditional Medicine Council or working under the licensed practitioners.

<sup>166</sup> **Additional specific history taking** such as life element, Thai traditional diagnosis, cause of disease.

<sup>167</sup> **Diagnosis of Thai traditional medicine** such as according to the 42 elements, the 3 elements, the 5 controllers.

<sup>168</sup> **Treatment** such as the use of specific herbal medicine/remedies, sets of traditional medicines, single medicine, massages, compresses, herbal steam baths, salt cauldron and other providing procedures.

## Part III Patient Care Process

- (6) The organization communicates and builds relationship with patients/customers and relevant professionals for continuity and holistic care.

### i. Tele-Medicine

- (1) The organization establishes a tele-medicine service; determines procedures, target population (patients/disease), and supports resources.
- (2) Patients to receive tele-medicine service will be assessed and screened for appropriateness, be informed on the procedures and limitations before giving consent.
- (3) Patients' assessment, diagnosis, care plan, and treatment information are documented in the medical records for communication and continuity of care.
- (4) Tele-medicine care providers can access necessary health information of patients from medical record easily, conveniently and timely based on patients' consent.
- (5) Patients receive tele-medicine service in accordance with reliable professional organization recommendation and related legal requirements such as personal data safety and privacy.
- (6) Tele-medicine care providers ensure that patients will receive treatments, medication, medical supplies, procedures as planned or prescribed continuously.

## Part III Patient Care Process

- (7) In case of potential risk of harm from tele-medicine, patients will be informed and receive advice or be referred for another mode of treatment.

### **j. Home-based care**

- (1) Patients are screened and assessed for needs and suitability of home-based care.
- (2) Patients are assessed for readiness of effective and safe home-based care, including home environment, daily care needed, and other factors of readiness.
- (3) Patients receive comprehensive home-based care to meet their health needs and in accordance with professional organization recommendation or guidance.
- (4) The home-based healthcare team is able to access essential health data from the medical record easily, conveniently and timely.
- (5) Patients' assessment, diagnosis, care plan, and treatment information are documented in medical records for communication, continuity of care, and refer back to hospital care.
- (6) The healthcare team ensures that the patient with home-based care receives treatment, medication, medical supplies, procedures, rehabilitation or other continuity of care as planned or prescribed with proper monitoring and achieve quality and safety.

### Part III Patient Care Process

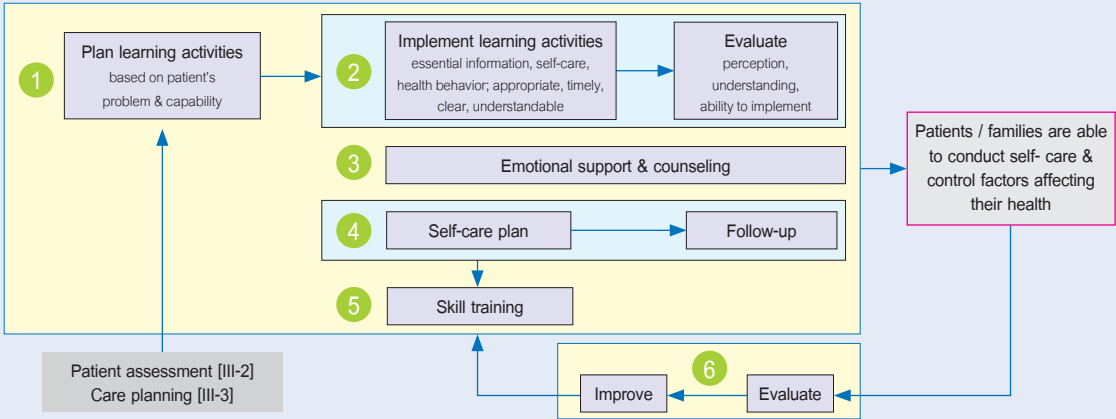
- (7) In case of potential risk of harm from home-based care, patients or carers have a convenient and timely channel to contact the healthcare team. In case of actual harm, the healthcare team responds timely and properly, informs, gives advice or refers to alternative mode of care.
- (8) The composition of home-based care team is based on patient's needs and care plan.

# Part III Patient Care Process

## III-5 Information and Empowerment for Patients/Families

### III-5. Information and Empowerment for Patients/Families

The healthcare team provides information and implements planned activities to empower patients and families; enable them to carry out their responsibilities to manage their health, maintain good health and well-being; and integrates of health promotion in all steps of patient care, enables them to control factors affecting their health.



### III-5 Information Provision and Empowerment for Patients/Families

The healthcare team provides information and implements planned activities to empower patients/families; enables them to carry out responsibility to manage their health, maintain good health and well-being; and integrates health promotion in all steps of patient care, enables them to control factors affecting their health.

- (1) The healthcare team determines learning activities to meet patients' problems/needs<sup>169</sup> based on results of patient assessment and care planning (from III-2, III-3) and capability of patients/families.
- (2) The healthcare team implement learning activities for patients/families:
  - (i) provides essential information<sup>170</sup>;
  - (ii) facilitates learning for self-care and behaviors conducive to health and well-being;

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<sup>169</sup> **Learning activities to meet patients' problems/needs** should include programs such as anti-smoking program, advice on stress management, the use of medicines, environment adjustment, guidelines for exercise and food control, and management of drug abuse, etc.

<sup>170</sup> Providing essential information results in learning about nature of diseases, healthy lifestyles, approaches to improve health during illness and at home environment.

## Part III Patient Care Process

- (iii) appropriate for patients' problems, timely, clear, and understandable<sup>171</sup>;
- (iv) evaluates perception, understanding, and ability to implement what they learned.
- (3) The healthcare team provides appropriate emotional and psychological support<sup>172</sup>, and counseling to patients and families.
- (4) The healthcare team, in collaboration with patients/families, determines **self-care plan**<sup>173</sup> appropriate for patients' needs and follows up on problems and obstacle in self-care **to enable patients/families to manage their health**.
- (5) The healthcare team provides essential skill training for patients/families, and ensures that they are able to do by themselves.

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<sup>171</sup> Process of providing information should be open and flexible; considering patient's and family's belief, value, literacy, language, and physical capacity.

<sup>172</sup> **Emotional and psychological support** start with informal and friendly atmosphere in every service unit of the hospital, there is a process to assess patient's stress from illness or crisis, and help the patient to solve those problems in a positive approach.

<sup>173</sup> **Determining self-care plan** appropriate for patient's needs should be done together with encouraging self-responsibility for the patient's own health by helping to understand their role, overcoming any obstacles, instructing positive health behaviors and explaining the consequences if they are ignored.

### Part III Patient Care Process

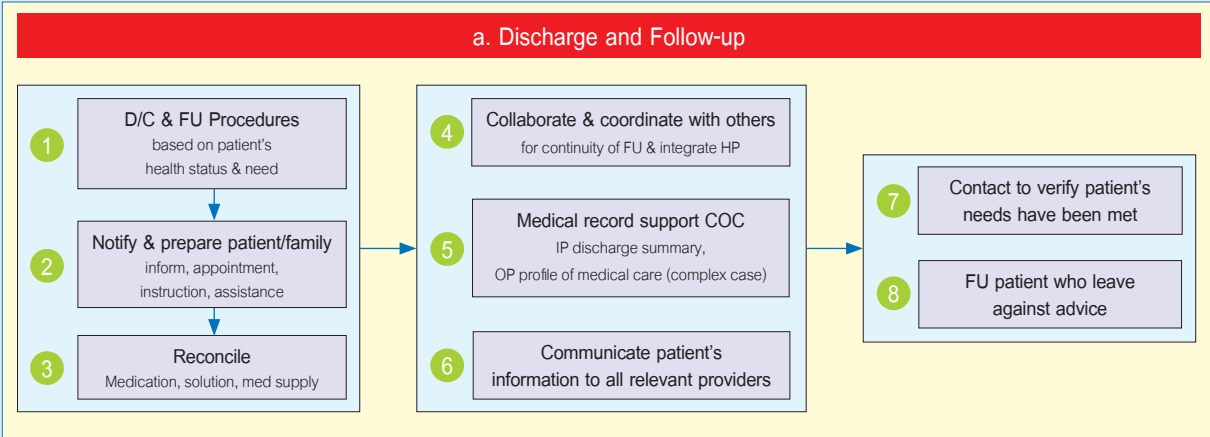
- (6) The healthcare team evaluates and improves the effectiveness of health education, learning, and empowerment program for patients/families.

# Part III Patient Care Process

## III-6 Continuity of Care

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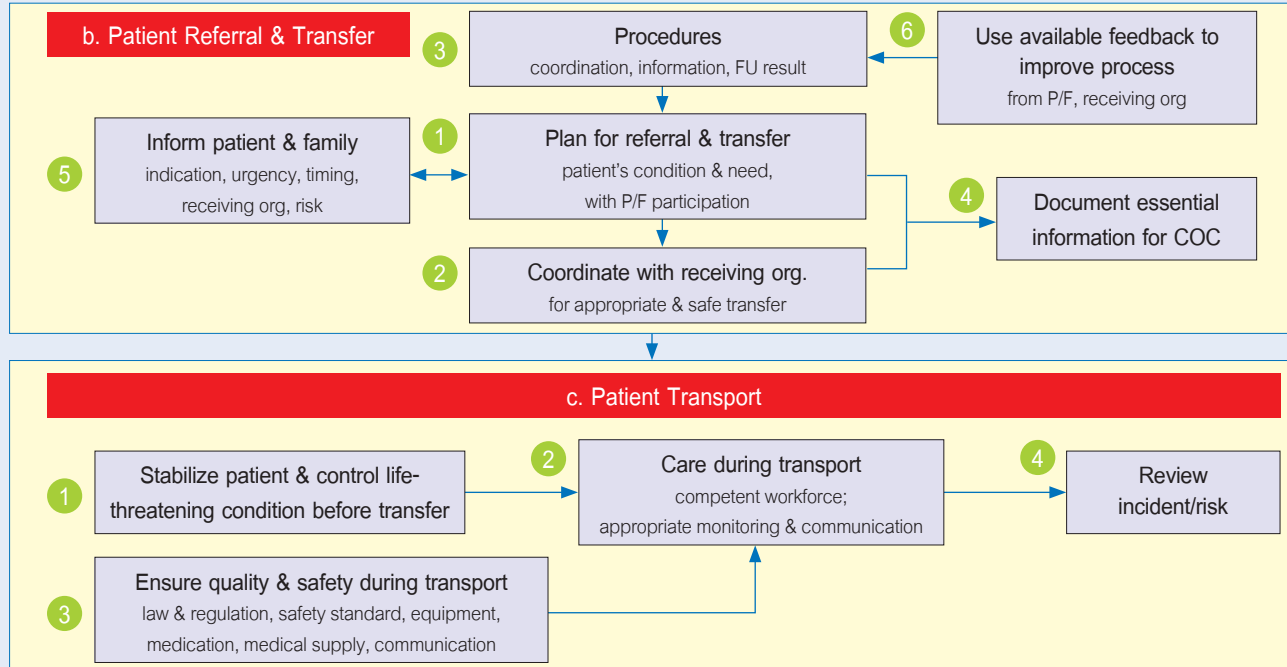
The healthcare team collaborates and coordinates for effective patient follow-up and continuity of care.



## Part III Patient Care Process

### III-6 Continuity of Care

The healthcare team collaborates and coordinates for effective patient follow-up and continuity of care.



### III-6 Continuity of Care

The healthcare team collaborates and coordinates for effective patient follow-up and continuity of care.

#### a. Discharge, Monitor and Follow-up

- (1) The healthcare team develops and implements procedures for discharge and follow-up based on individual patient's health status and needs for continuing care.
- (2) The healthcare team notifies and prepares patients and families for discharge:
  - (i) notifies in a timely way;
  - (ii) informs what to expect from discharge and continuity of care;
  - (iii) makes appointment for follow-up as indicated;
  - (iv) give patient education and follow-up instruction in a form and language that patients can understand with verification on key issues;
  - (v) arranges assistance and consultation after discharge as appropriate.
- (3) The healthcare team reconciles the patients' medication, solution, or medical supplies on discharge with latest physician's treatment plan and safe for patients.

## Part III Patient Care Process

- (4) The organization collaborates and coordinates with other relevant healthcare providers, organizations, communities and other sectors for continuity of follow-up as planned, and integrates health promotion activities in patient care.
- (5) The medical records support effective continuity of care:
  - (i) timely, accurate, and complete documentation on discharge;
  - (ii) adequate detail for continuity of care in in-patient discharge summary;
  - (iii) profiles of medical care for outpatients with complex diagnosis or requiring complex care are made available to all practitioners providing care to those patients.
- (6) The healthcare team communicates patients' information and follow-up information to all relevant healthcare providers in the continuum of care considering confidentiality of patient information.
- (7) Following discharge, the healthcare team contacts patient and families to verify that their needs have been met, and uses this information for process improvement.
- (8) The organization has a process for follow-up of patients who leave against medical advice to ensure patient safety and uses information for improvement.

## Part III Patient Care Process

### b. Patient Referral<sup>174</sup>

- (1) The healthcare team plans for patient referral and transfer based on patients' condition and need, with participation of patients and families.
- (2) The healthcare team coordinates with the receiving organization for an appropriate and safe transfer of care<sup>175</sup>.
- (3) The healthcare team establishes procedures for transfer of care: coordination with and transfer patients' information to the receiving organization being referred to, and follow-up on referral result.
- (4) The healthcare team documents key information essential for continuity of care, both in medical record and transfer document, to be used during transfer and at the organization being referred to.
- (5) The healthcare team provides key referral information to patients and families, including indication, urgency, timing, receiving organization, and risks.

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<sup>174</sup> **Patient referral** means referring of patients for treatment or investigation at other service units or other healthcare institutes, with good coordination and clear purpose of referral communicated.

<sup>175</sup> **Transfer of care** means transferring responsibility of patient care; such as life support, complex care, palliative care, rehabilitation care, and continuous care; from the referral care team to the receiving care team.

## Part III Patient Care Process

- (6) The healthcare team uses available feedback information from patients, families, and receiving organization for its process improvement.

### c. Patient Transport<sup>176</sup>

- (1) The healthcare team controls life-threatening condition and ensure that the patient is stable before transport.
- (2) Caring during patient transport is handled by the competent/capable workforce, with appropriate monitoring<sup>177</sup> and communication.
- (3) The referring organization ensures quality and safety of patient transport between healthcare organization:
  - (i) the transport service complies with the relevant laws and regulations;
  - (ii) the transport vehicles comply with safety standards; have appropriate medical equipment, medication and medical supplies for patients' needs; be able to communicate and

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<sup>176</sup> **Patient transport** means moving patients from one service area/healthcare organization to another service area/healthcare organization.

<sup>177</sup> **Appropriate care and monitoring during transport:** monitoring of patient's vital signs as indicated; administration of medication, intravenous solution, blood, oxygen and other products with proper device; and documentation.

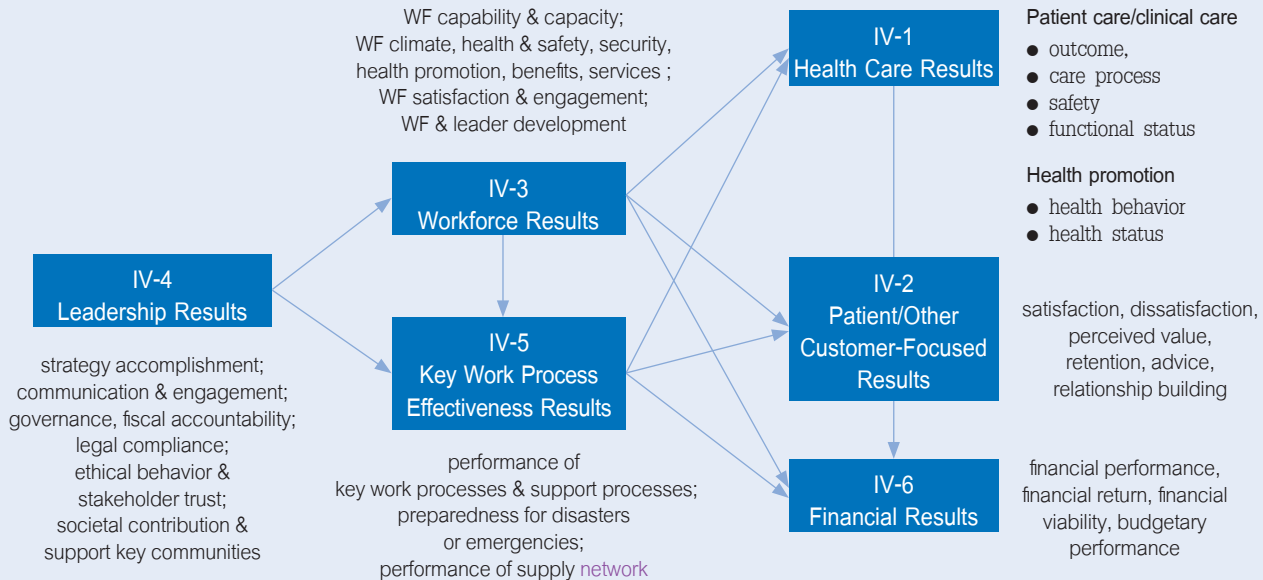
## Part III Patient Care Process

consult with the referring or the receiving organization conveniently.

- (4) The organization has an audit system or a systematic review of the incidence or risk of patient transport.

## Part IV Organization Performance Results

The organization demonstrates good performance outcomes and improvement in the key areas, including, health care/**clinical care** results, health promotion, patient/customer-focused results, workforce results, leadership and **governance** results, effectiveness of work process and financial results.



## Part IV Organization Performance Results

### IV–1 Healthcare Results

- (1) The organization demonstrates the current levels and trends of the key patient care/other customers indicators<sup>178</sup>, **clinical care**<sup>179</sup> in terms of results, process, safety, and functional status.
- (2) The organization demonstrates the current levels and trends of the key indicators of health behaviors and health status of **patient/customer** groups and people in the communities.

### IV–2 Patient and Other Customer–Focused Results

The organization demonstrates the current levels and trends of the key indicators on satisfaction, dissatisfaction, values from the perspective of patients/customers, retention, advice and relationship building with patients/customers.

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<sup>178</sup> **Patient care indicators** are derived from analysis of key diseases that the hospital provides care. Each disease should have a set of indicators which comprehensively reflects important aspects of that disease.

<sup>179</sup> **Clinical care indicators** are derived from analysis of key work system and service system related to patient care such as infection prevention and control system, medication system, medical record system, service systems for out-patient, in-patient and emergency.

## Part IV Organization Performance Results

### IV-3 Workforce Results

- (1) The organization shows the current levels and trends of the key indicators related to capabilities, workforce number, treatment and proper skills of the workforce.
- (2) The organization demonstrates the current levels and trends of the key indicators on the work atmosphere, health, safety, **welfare**, health promotion, benefits and services for the workforce.
- (3) The organization demonstrates the current levels and trends of the key indicators on workforce satisfaction and workforce engagement.
- (4) The organization demonstrates the current levels and trends on the key indicators of workforce and leader development.

### IV-4 Leadership and Governance Results

- (1) The organization demonstrates the current levels and trends of the key indicators on strategic achievements and the action plan of the organization.
- (2) The organization demonstrates the results or the key indicators of the performance of high level leaders in terms of communication and engagement with workforce and customers.

## Part IV Organization Performance Results

- (3) The organization demonstrates the results or the key indicators on governance, **clinical governance** and internal and external fiscal accountability<sup>180</sup>.
- (4) The organization demonstrates the results or the key indicators on practice in accordance with or beyond the legal, rules and regulation requirements.
- (5) The organization demonstrates the results or the key indicators on ethical behavior and the practice and confidence of stakeholders towards the senior leaders and governance.
- (6) The organization demonstrates the results or the key indicators on societal responsibilities and supports to key communities.

### IV-5 Key Work Process Effectiveness Results

- (1) The organization demonstrates the current levels and trends of the key indicators on the performance results of the key work process (as stated standards Part I and II) and process in terms of key supports, covering indicators in productivity, cycle time, effectiveness, efficiency, and other related quality dimensions.

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<sup>180</sup> **Fiscal accountability results** such as financial audit report, auditors' recommendation, and response from the administrator.

## Part IV Organization Performance Results

- (2) The organization demonstrates the current levels and trends of the indicators of the effectiveness safety system of the organization's preparedness for disasters and emergency, and performance results on the supply chains.

### IV-6 Financial Results

The organization demonstrates the current levels and trends of the key indicators of financial performance results, including indicators on financial return, financial viability, and budgetary performance results.



# Appendix 1

## Scoring guideline of the performance based on Standards (Scoring Guideline)

### Instructions for using HA Scoring

#### *Concept of HA Scoring*

Healthcare Accreditation (HA) Scoring is the tool to assess maturity of the quality system for hospital improvement including the use of HA standards to raise level of improvement and drive for sustainable improvement. It is developed based on the modified concepts as follows:

- 1) Hospital and Healthcare Standards consist of 4 parts which is divided into chapters and some chapters are categorized. Each chapter of the standards contains three levels of requirements: basic requirements, overall requirements and multiple requirements.
- 2) The HA Institute Board defines the essential criteria for safety of patients/workforce by choosing from the requirements in the standards as a criterion to consider for quality accreditation of the healthcare institute according to the announcement of the HA Institution Board in each period. This is to ensure the patients and workforce on the quality and safety of important issues of the healthcare system. Hospitals must have concrete operation as defined.

## Appendix 1 Scoring guideline of the performance based on Standards (Scoring Guideline)

- 3) The Sub-committee on Standard Development defines the core criteria for sustainability of quality system of the healthcare institute by choosing from the requirements in the standards so that hospitals and surveyors can utilize them to stimulate the improvement to raise the level of and drive for improvement for sustainable quality of hospitals. The chosen requirements depict the power to promote quality culture and reflect the improvement in line with the core values. The implementation of the requirements will result in systematic improvement and the implementation of other requirements at the same time. In the self-assessment of HA Scoring, 27 points out of a total score of 100 are under this topic.
- 4) The survey is the external peer review to recognize the maturity level of the quality system and stimulate continuous quality improvement.
- 5) The surveyor's responsibilities are as follows:
  - a. Recognize the context and hospital performances.
  - b. Create learning process from the hospital performance.
  - c. Develop proper and complete issues for improvement (IFI) together with the hospital.
  - d. Use of the requirements which are the essential criteria for safety in setting the safety system for the patients and workforce.

## Appendix 1 Scoring guideline of the performance based on Standards (Scoring Guideline)

- e. Use of the requirements which are the core criteria for sustainability in raising the level for improvement and drive for sustainable improvement.
- 6) The hospital's responsibilities are as follows:
  - a. Use HA Scoring in self-assessment and draft issues in the action plan on improvement to raise maturity and establish quality culture in the hospital.
  - b. Take the surveyor to trace the hospital systems.
  - c. Use the requirements of the essential criteria for safety in building safety culture and requirements of core criteria for sustainability in raising and driving quality system improvement in healthcare institute for sustainability.
- 7) The passing scores for accreditation have various levels which are known internally and affect the follow-up activities are as follows:
  - a. Pass level = the mode of scores between 2.5-2.9
  - b. Good level = the mode of scores between 3.0-3.4
  - c. Very Good level = the mode of scores between 3.5-3.9
  - d. Excellent level = the mode of scores more than หรือเท่ากับ 4.0
- 8) The expectations on the use of HA Scoring in improving the healthcare institute work system should not only aim to obtain scores for passing the accreditation criteria but also

## Appendix 1 Scoring guideline of the performance based on Standards (Scoring Guideline)

to raise the maturity level of the quality system in improving work system in the organization to increase continuously towards sustainability.

### Guidelines for hospital in using HA Scoring in 2022

- 1) Study the standards and guidelines for using hospital and healthcare service standards.
- 2) The teams responsible for or related to the certain standards jointly assess the completeness of the quality system for hospital improvement based on Scoring Guidelines. Importantly, the assessment of the level of improvement that the hospital can perform must be consistent with the objectives of the requirements of each group identified in the standards. The scores are classified into 5 levels which consist of process and result scores. The defined guidelines are used to assess the various issues of the work operation in the hospital as per the standards and to determine the levels of the following aspects: design; guidelines for practice; the achievements and coverage of all key issues in implementing the guidelines; the review and revision of the operation to become role model; and the performance results. Should there be different opinions, each team member needs to identify strengths and opportunities for improvement as many as possible to facilitate implementations of opportunities and re-assessment.

## Appendix 1 Scoring guideline of the performance based on Standards (Scoring Guideline)

- 3) Highlight the requirements which are essential for safety and requirements of core criteria for sustainability in creating learning and systematic improvement.
- 4) Discuss opinions on the level of maturity of the quality system which can be done in each requirement and develop action plan(s) on improvement to accordingly raise maturity level towards the scores of 3 or 4 or 5.
- 5) Assess the scores in the self-assessment report, describe the actions that can do well in relation to the standards and the action plan on improvement of the opportunities for improvement for monitoring the continuous improvement and learning together as a team.
- 6) When a healthcare institute is ready for accreditation, submit the self-assessment report to the HA Institute to enter the accreditation process, submit the scores and the action plan for improvement together with documents identified by HA Institute to HA Institute to request for the survey/audit visit.
- 7) Prepare the documents to verify the actions or performances, organize them in categories and have them available at the hospital.

## Appendix 1 Scoring guideline of the performance based on Standards (Scoring Guideline)

### Scoring Guidelines

Score	Process	Result
1	Design & early stage of implementation	Measure
2	Partial implementation	Relevant and valid measure
3	Effective implementation	Get use of measures
4	Continuous improvement	Good results (better than average)
5	Role model, good practices, innovation	Very good results (top quartile)

1) Consider the maturity level of quality improvement system as follows:

1.1 Process category standards

- a. Score = 1, Design & early stage of implementation: Starting to implement the standards such as defining the related structure, setting practice guidelines (use as the guideline to assess score 1 level with all items of the standards in this section)

## Appendix 1 Scoring guideline of the performance based on Standards (Scoring Guideline)

- b. Score = 2, Partial implementation: Practicing guidelines appropriately to the context and starting to implement. The coverage may not be complete but the requirements for essential criteria for safety and key issues are accomplished (use as guideline to assess Score 2 level with all items of the standards in this section)
- c. Score = 3, Effective implementation: The defined guidelines are implemented with coverage and effectiveness in key issues.
- d. Score = 4, Continuous improvement: There are assessment and improvement of key processes in connection with the related process/work system.
- e. Score = 5, Role model, good practices and innovations: There are good role models, application of knowledge and use of innovations to produce good results.

### 1.2 Result category standards

- a. Score = 1, Measure: There is a design for measurement.
- b. Score = 2, Relevant and valid measure: The relevance and validity of the key indicators are monitored/measured.
- c. Score = 3, Get use of measures. The valid measures cover the majority of key issues and the key indicators monitoring are used for continuous improvement.

## Appendix 1 Scoring guideline of the performance based on Standards (Scoring Guideline)

- d. Score = 4, Good results (better than average). The measurement of the majority of the key issues is at a higher level than the average scores in the same context or there is a trend for continuous improvement.
  - e. Score = 5, Very good results (top quartile). The measures of the key issues are at the top quartile level.
- 2) Consider the levels of difficulty in implementation
    - 2.1 Consider the issue in the requirements defined in the standard which one is easiest to do, which one is more difficult and most difficult.
    - 2.2 Consider level of easiness and difficulty of practices based on the hospital capability.
  - 3) Consider the sequence that the hospital has to implement
    - 3.1 Consider in the reality term of what are the sequences in setting the work system, for example, starting from data analysis, system design, training and implementation.
  - 4) Consider the overall picture of the implementation with the detail as needed. There is no need to copy all from the standards

## Appendix 1 Scoring guideline of the performance based on Standards (Scoring Guideline)

### Total Score of the Assessment Guidelines

The hospital with a performance score at above level 1, the scores from level 2-5 can be combined without inferring completeness of lower level. For example, if the work of level 2 is complete, half of level 3, and half of level 4, half of the level 4 can be combined with half of level 3 to earn the score of 3.

## Appendix 2

### Core Values and Concepts of Hospital Accreditation

HA-Thailand's core values and concepts were developed from integrating quality concepts in various dimensions together: patient care quality improvement, health promotion, development toward excellent organization, total quality management,

HA-Thailand's experiences in promoting quality improvement in hospitals, and lessons learned from studying best practices in excellent organizations awarded by Malcolm Baldrige National Quality Award (MBNQA).

These core values and concepts can be generally applied for decision-making processes and promoting staff's behavioral change from the current level to a more satisfactory one.

Concepts and philosophy of total quality management that have been applied in the early phase of hospital quality improvement in Thailand include: customer focus, common vision, teamwork, process focus, problem solving, visionary leadership, and continuous improvement.

During the implementation of the first edition of the Standards, main concepts that have been used for stimulating result-based practices include: individual commitment, teamwork, and customer focus.

## Appendix 2 Core Values and Concepts of Hospital Accreditation

According to HA-Thailand's 3 steps for hospital quality improvement, concepts of step one cover: do best at routine work, regular discussion about things that happened, active in review. For step two the concepts include: clear and measurable targets, focus on results, giving value, and avoid fixed idea.

Combining all these concepts, they can then be categorized into 5 groups as follow:

1. Direction: visionary leadership, system perspective, agility.
2. Customer: patient & customer focus, focus on health, community responsibility.
3. Staff: value on staff, individual commitment, teamwork, ethic & professional standards.
4. Improvement: creativity & innovation, management by fact, continuous process improvement, focus on results, evidence-based approach.
5. Learning and empowerment.

### 1. Direction

#### 1.1 Visionary Leadership

##### *What*

Leaders with vision and broad horizon, looking at big picture, aim for social change, think strategically. Leaders who take action by presenting challenges, attracting talent to work together for better performance.

##### *Why*

Leaders is a person who give direction, being a role model, encourage and allow changes.

##### *How*

- Set the direction, values, & expectations
- Define strategies, work systems, approaches, foster innovation
- Bring values and strategies to action and decision
- Sees opportunities in difficulties
- Motivate, inspire, and encourage people in the organization to have innovator's DNA
- Be a role model in using a new paradigm, e.g. living organization

## Appendix 2 Core Values and Concepts of Hospital Accreditation

### 1.2 Systems Perspective

#### *What*

A holistic overview of all elements and aware of linkage in between. Consideration of causal relationship among relevant factors. The cycle of input, output, process, and feed back.

#### *Why*

Fragmented style of management and improvement does make a successful achievement, but bring confusion and fatigue.

#### *How*

- Synthesis: look at the organization as a whole, considering key requirement of the organization, strategic objectives and plans.
- Alignment: make goals, plans, processes, indicators, and activities align in the same direction.
- Integration: integrate various concepts, components, and systems of the organization together.

### 1.3 Agility

#### *What*

Ability to adapt quickly and flexibly.

Fast and flexible patient and service response.

#### *Why*

Society expects to receive service quickly.

Timely adaptability is to move ahead of others.

#### *How*

- Reduce complexity of the processes, discard unnecessary rules.
- Use information technology to provide fast and flexible response according to needs of service users.
- Staff are empowered to make decision under relevant guidelines as necessary.
- Good and cost-effective design of the service system to meet the need and give value to each individuals.
- Focus on measurement and reduction of cycle tinme together with other improvements.

### 2. Patient and Customer

#### 2.1 Patient and Customer Focus

##### *What*

Patient and customer focus is to meet patient and customer requirements with professional standards for good results. Customers may be internal and external customers (patients, families, and other service users.)

##### *Why*

The main function of the health service system is health and well-being of the individuals, families, and communities.

##### *How*

- Recognize problems and needs of individuals, clinical populations, public and communities.
- Response or provide services in an effective approach, safe, respect to people right and dignity, using professional standards, with caution, full attempts, and compassion.
- Willing to receive feed back.

## Appendix 2 Core Values and Concepts of Hospital Accreditation

### 2.2 Focus on Health

#### *What*

The concept of health as a balance of life and the use of healthy component of life for healing oneself.

#### *Why*

We cannot identify etiology of many illnesses, but we can provide care for their well-being. A patient can have well-being while being sick or dying. A patient has components of health and illness at the same time in the same person.

#### *How*

- Use the concept of “focus on health” with patients and healthy individuals.
- Seek opportunities to promote health in every patient.
- Determine a comprehensive set of health determinants.
- Create a balance of well-being and curative.
- Use the concept of salutogenesis.
- Practice to stay with present, share positive energy with patients.

### 2.3 Community Responsibility

#### *What*

Meeting legal requirement, rules and regulations; prevention of adverse effects to the environment, ethical practices, giving assistance to communities and responsible for community health.

#### *Why*

Healthcare service may create side effects to society and environment.

Healthcare organizations should be responsible for community health outside the facilities.

#### *How*

- Follow all the relevant legal requirements, rules and regulations, and standards.
- Resource preservation and waste reduction from upstream
- Anticipate risks and develop prevention plan, e.g. radiation, chemical agent, biological hazards.
- Openness in response to the problems.
- Healthcare provision to the communities, identify capability of communities and empower communities to solve their problems.

### 3. Staff

#### 3.1 Value on Staff

##### *What*

To promote development and use of staff capability, motivation for high performance, and happiness.

##### *Why*

Human resource is valuable asset of the organization, with continual increment. Systems approach yield better result than blaming.

##### *How*

- Using friendly approach and logical thinking.
- Leadership demonstrate their commitment, recognize the staff, and encourage self-development of staff.
- Promote knowledge sharing and environment that encourage change.
- Arrange varieties of flexible and effective working methods.
- Use systems approach to deal with errors or mistakes.
- Ask staff “What is your concern? What is the most important things that should be improved?”, and response.

### 3.2 Individual Commitment

#### *What*

Each individual staff demonstrate commitment for the assigned responsibilities, focus on the purpose and organization achievement as the basis for working.

#### *Why*

The organization success is a result of collective effort of all staff.

Quality starts with each individual, act immediately and continuously with one's day-to-day works.

#### *How*

- Each individual does a good job for day-to-day operation with caution and compassion.
- Each individual improve one's work and collectively team's works with the others.
- Leaders determine appropriate expectation, support, empower, and be a role model.

### 3.3 Teamwork

#### *What*

Listening, collaborative thinking and action within each department, between various department/professional, between management and staff, and partnership between organizations.

#### *Why*

Healthcare is complex and need extensive cooperation.

#### *How*

- Create a network of relationships with flexibility, responsive, and knowledge sharing.
- Promote good cooperation and coordination in routine work.
- Work as a team in quality improvement projects according to the opportunities identified.
- Set up multidisciplinary team or cross-funtional team to oversee, get direction, and monitor key systems and patient care delivery.
- Extends to external cooperation.

### 3.4 Ethical and Professional Practice

#### *What*

A decision based on professional ethics and standards. Professional autonomy to control professional ethics and standards among members.

#### *Why*

Professional decision is important to patient outcome. The society has high expectation to professionals and will not accept adverse event from ignorance or lower than standard practices. Professionals need autonomy to make decision, of which also need accountability. Professionals need to act as a patient agent in giving advice or considering proper alternative options.

#### *How*

- Each practitioner is aware of the ethical and professional standards of practice, participate in self development of necessary knowledge and skills.
- Practice with simple principle of compassion can prevent a lot of problems.
- There is a mechanism by which the practitioner controls themselves in terms of prevention and taking action when problems arise to make confidence for service users and other professionals working together.

### 4. Improvement

#### 4.1 Creativity and Innovation

##### *What*

Change that use new approached and concepts.

##### *Why*

Key concept of innovatin is imagination.

Improvement with old approached will not work.

Fuzzy situation will nurture imagination and innovation.

##### *How*

- Manage innovation to be part of organizational culture and daily operation.
- Management encourage staff to test new idea, support training for creativity and innovation.
- Management encourage innovation in delivery.

### 4.2 Management by Fact

#### *What*

Decision on the basis of properly analyzed information

#### *Why*

Good information let us know real level of problems, priorities, cause, advantage and disadvantage of various solutions.

#### *How*

- Selection and use of indicators which reflex key clinical issues, community health, and organization management in a balance manner.
- Analysis of data to identify trends, projection, and causal relationship.
- Assess and adapt measures or indicators to match the goals better.
- Create a culture of using information as a basis for decision making at all level.

### 4.3 Continuous Process Improvement

#### *What*

Identification of opportunities for improvement and implementation of continuous process improvement. The targets are continually raised to challenge in a realistic range.

#### *Why*

Situations are always changed, customer expectations are increasing, and there are always opportunities for simplicity and more efficiency.

#### *How*

- Develop a culture of continuous improvement at all level: individuals, projects, units, and organization.
- Use various strategies to identify opportunities for improvement, e.g, performance review, listen to customers, comparing with requirements/standards, overview review by multidisciplinary team.
- Encourage and motivate for continuous improvement
- Create learning process along with improvement activities.

## Appendix 2 Core Values and Concepts of Hospital Accreditation

### 4.4 Focus on Results

#### *What*

The determination of purpose of work or improvement at the result and value for patients and stakeholders.

#### *Why*

Focus on results makes clear on common purpose and linkage with plan and activities.

Focus on results facilitate priority setting and make best use of resource.

Create value to stakeholders results in trust and confidence to the organization.

#### *How*

- Measure organization performance focusing on key areas.
- Use both process and outcome indicator in a balance manner to communicate priorities, monitoring, and performance improvement.
- Keep balance of value for stakeholders, i.e. patients, families, staff, payers, businesses, students, suppliers and partners, investors, and public.

### 4.5 Evidence-based Approach

#### *What*

A decision based on scientific evidence.

The use of scientific evidence for patient care.

#### *Why*

Safe, effective, efficient, and appropriate healthcare must be based on scientific evidence demonstrating effectiveness of healthcare interventions.

Healthcare faces a lot of uncertainty, the use of professional judgment together with scientific evidence is necessary.

The knowledge of healthcare technology effectiveness is rapidly changing, though knowledge in the text may be obsolete faster than we think.

#### *How*

- Apply accepted CPG in patient care.
- Gap analysis.
- Use clinical epidemiology and clinical economic to assist decision making.
- Use scientific evidence together with other concepts and tools for quality improvement, based on key requirements of those clinical populations.

### 5. Learning

#### 5.1 Learning

##### *What*

Learning is an interaction between living organism and environment to response, adjust, and improve efficiency.

##### *Who*

Living organisms have to adjust themselves for survival. An organization is like a living organism.

##### *How*

- Education, training, giving opportunities for improvement, motivation.
- Learning from participation
- Seek opportunities to make change and improvement.
- Embed learning into daily operation
- Use patient care processes, services, facility and environment to promote learning.

### 5.2 Empowerment

#### *What*

Empower everyone to take care of their own health.

Empower staff to solve problems and improve works by themselves.

#### *Why*

Empowerment will promote responsibility, validity, efficiency, independence, and expansion.

#### *How*

- The authorities see benefits of self-less and give their power to the others.
- Management empower the staff to make decision.
- Professionals empower patients and public to take care of themselves.
- Good communication, proper information, assessment and feed-back.

# Appendix 3

## Comparison of 5<sup>th</sup> and 4<sup>th</sup> Edition Standards References

Where the area is new to the 5th Edition, the reference to the 4th Edition is noted as “New”

Criterion in HA Standards	5 <sup>th</sup> Edition reference	4 <sup>th</sup> Edition reference
<b>Part I Organization Management Overview</b>		
<b>I-1 Leadership</b>		
I-1.1 Senior Leadership by Senior Leader	a. Vision, Mission, Values and Ethics	a. Vision, Mission, Values and Ethic
	b. Communication	b. Communication
	c. Organization’s success	c. Organization Performance
I-1.2 Governance and Societal Contributions	a. Organization Governance	a. Organization Governance
	b. Legal and Ethical Behavior	b. Legal and Ethical Behaviors
	c. Societal Contribution	c. Societal Responsibilities
<b>I-2 Strategy</b>		
I-2.1 Strategy Development	a. Strategic Planning Process	a. Strategy Development Process
	b. Strategic Objectives	b. Strategic Objectives

## Appendix 3 Comparison of 5<sup>th</sup> and 4<sup>th</sup> Edition Standards References

Criterion in HA Standards	5 <sup>th</sup> Edition reference	4 <sup>th</sup> Edition reference
I-2.2 Strategy Implementation	a. Action Plan Development and Deployment	a. Action Plan Development and Deployment
	b. Action Plan <b>Review</b>	b. Action Plan Modification
<b>I-3 Patient/Customer</b>		
I-3.1 Patient/Customer Needs and Expectations	a. Patient/Customer Listening	a. Listening to Patients and Other Customers
	b. <b>Healthcare Service</b>	New
I-3.2 Patient/Customer Engagement	a. <b>Patient/Customer Experience</b>	a. Service Offering and Patient/Other Customer Support b. Patient/Other Customer Relationship
	b. Determination of Patient/Customer Satisfaction and Engagement	I-3.1 Voice of Patient/Customer b. Determination of Patient/Other Customer Satisfaction and Engagement
I-3.3 Patient Rights	a. Patient Charter	a. Patient Charter

## Appendix 3 Comparison of 5<sup>th</sup> and 4<sup>th</sup> Edition Standards References

Criterion in HA Standards	5 <sup>th</sup> Edition reference	4 <sup>th</sup> Edition reference
	b. Patient Rights Protection Process	c. Care for Patients with Specific Needs
	c. Care for Patients with Specific Needs	c. Care for Patients with Specific Needs
<b>I-4 Measurement, Analysis and Knowledge Management</b>		
I-4.1 Measurement, Analysis, and Improvement of Organizational Performance	a. Performance Measurement	a. Performance Measurement
	b. Performance Analysis and Review	b. Performance Analysis and Review
	c. Using Data for Performance Improvement	c. Using Data for Performance Improvement
I-4.2 Information and Knowledge Management	a. Data and Information	a. Data and Information
	b. Organization Knowledge	c. Organizational Knowledge
<b>I-5 Workforce</b>		
I-5.1 Workforce Environment	a. Workforce Capability and Capacity	a. Workforce Capability and Capacity

## Appendix 3 Comparison of 5<sup>th</sup> and 4<sup>th</sup> Edition Standards References

Criterion in HA Standards	5 <sup>th</sup> Edition reference	4 <sup>th</sup> Edition reference
	b. Workforce Work Support and Security	b. Workforce Climate
	c. Workforce Health and Safety	c. Workforce Health and Safety
	d. Workforce Life and Well-being	New
I-5.2 Workforce Engagement	a. Assessment of Workforce Engagement	a. Workforce Engagement and Performance
	b. Organizational Culture	New
	c. Performance Management and Development	a. Workforce Engagement and Performance b. Workforce and Leader Development
<b>I-6 Operation</b>		
I-6.1 Work Processes	a. Healthcare Service and Processes Design	a. Service and Process Design
	b. Process Management and Improvemen	b. Process Management and Improvement

## Appendix 3 Comparison of 5<sup>th</sup> and 4<sup>th</sup> Edition Standards References

Criterion in HA Standards	5 <sup>th</sup> Edition reference	4 <sup>th</sup> Edition reference
	c. <b>Supply Network</b> Management	c. Supply Chain Management
	d. Innovation management	d. Innovation management
	e. Clinical Education and <b>Training</b> Management	e. Clinical Education Management
I-6.2 Operation Effectiveness	a. Process Efficiency and Effectiveness	a. Process Efficiency and Effectiveness
	b. Information System Management	I-4.2 Information and Knowledge Management b. Information System Management
	c. Safety and Emergency/ Disaster Preparedness	b. Safety and Emergency Preparedness
<b>Part II Key Hospital Systems</b>		
<b>II-1 Quality, Risk and Safety Management</b>		
II-1.1 Quality Management	a. Quality Management System	a. Quality Management System
	b. Patient Care Quality	b. Patient Care Quality

## Appendix 3 Comparison of 5<sup>th</sup> and 4<sup>th</sup> Edition Standards References

Criterion in HA Standards	5 <sup>th</sup> Edition reference	4 <sup>th</sup> Edition reference
II-1.2 Risk Management System	a. General requirements	a. General requirements
	b. Specific requirements	b. Specific requirements
<b>II-2 Professional Governance</b>		
II-2.1 Nursing Governance	a. Nursing Administration	a. Nursing Administration
	b. Nursing Practices	b. Nursing Practices
II-2.2 Medical Staff Governance	Medical Workforce Governance	Medical Staff Governance
<b>II-3 Environment of Care</b>		
II-3.1 Physical Environment and Safety	a. Safety and Security	a. Safety and Security
	b. Hazardous Materials and Waste	b. Hazardous Materials and Waste
	c. Fire Safety	d. Fire Safety
II-3.2 Equipment and Utility System	a. Equipment	a. Equipment
	b. Utility Systems	b. Utility Systems
II-3.3 Environment for Health Promotion and Environment Protection	a. Health Promotion	a. Health Promotion
	b. Environment Protection	b. Environment Protection

## Appendix 3 Comparison of 5<sup>th</sup> and 4<sup>th</sup> Edition Standards References

Criterion in HA Standards	5 <sup>th</sup> Edition reference	4 <sup>th</sup> Edition reference
<b>II-4 Infection Prevention and Control</b>		
II-4.1 Infection Prevention and Control Program	a. Infection Prevention and Control Program	a. Infection Prevention and Control Program
	b. Infection Surveillance and Control	b. Infection Surveillance and Control
II-4.2 Infection Prevention Practices	a. General Infection Prevention Practices	a. General Infection Prevention Practices
	b. Specific Infection Prevention Practices	b. Specific Infection Prevention Practices
<b>II-5 Medical Record System</b>		
II-5.1 Medication Record Management System	a. Planning and Design	a. Planning and Design
	b. Security and Confidentiality	b. Security and Confidentiality
II-5.2 Patient Medical Record	Patient Medical Record	Patient Medical Record
<b>II-6 Medication Management System</b>		
II-6.1 Medication Oversight and Supportive Environment	a. Medication Management Oversight	a. Medication Management Oversight
	b. Supportive Environment	b. Supportive Environment

## Appendix 3 Comparison of 5<sup>th</sup> and 4<sup>th</sup> Edition Standards References

Criterion in HA Standards	5 <sup>th</sup> Edition reference	4 <sup>th</sup> Edition reference
	c. Medication Procurement and Storage	c. Medication Procurement and Storage
II-6.2 Medication Use Practices	a. Ordering and Transcribing	a. Ordering and Transcribing
	b. Preparing, Labelling, Dispensing, and Delivery	b. Preparing, Labelling, Dispensing, and Delivery
	c. Administration	c. Administration
<b>II-7 Diagnostic Investigation and Related Services</b>		
II-7.1 Radiology/Medical Imaging Services	a. Planning, Resourceand Management	a. Planning, Resources, and Management
	b. Radiology Service Provision	b. Radiology Service Provision
	c. Quality and Safety Management	c. Quality and Safety Management
II-7.2 Medical Laboratory/Clinical Pathology Service	a. Planning, Resources and Management	a. Planning, Resources and Management
	b. Service Provision	b. Service Provision
	c. Quality and Safety Management	c. Quality and Safety Management

## Appendix 3 Comparison of 5<sup>th</sup> and 4<sup>th</sup> Edition Standards References

Criterion in HA Standards	5 <sup>th</sup> Edition reference	4 <sup>th</sup> Edition reference
II-7.3 Anatomical Pathology, Cell Cytology and Forensic Clinic Service	Anatomical Pathology, Cell Cytology and Forensic Clinic Service	Anatomical Pathology
II.7.4 Blood bank and Transfusion Service	Blood bank and Transfusion Service	Blood bank and Transfusion Service
II-7.5 Other Diagnostic Investigation	Other Diagnostic Investigation	Other Diagnostic Investigation
<b>II-8 Disease and Health Hazard Surveillance</b>		
	a. Management and Resources	a. Management and Resources
	b. Data Collection and Analysis for Surveillance	b. Data Collection and Analysis for Surveillance
	c. Response to an Epidemic of Diseases and Health Hazards	c. Response to an Epidemic of Diseases and Health Hazards
	d. Information Dissemination and Alert	d. Information Dissemination and Alert
<b>II-9 Working with Communities</b>		
II-9.1 Health Promotion for the Communities	Health Promotion for the Communities	Health Promotion for the Communities

## Appendix 3 Comparison of 5<sup>th</sup> and 4<sup>th</sup> Edition Standards References

Criterion in HA Standards	5 <sup>th</sup> Edition reference	4 <sup>th</sup> Edition reference
II-9.2 Community Empowerment	Community Empowerment	Community Empowerment
<b>Part III Patient Care Process</b>		
<b>III-1 Access and Entry</b>		
	a. Service Arrangement	Access and Entry
	b. Access	Access and Entry
	c. Entry	Access and Entry
<b>III-2 Patient Assessment</b>		
	a. Patients Assessment	a. Patients Assessment
	b. Diagnostic Investigation	b. Diagnostic Investigation
	c. Diagnosis	c. Diagnosis
<b>III-3 Planning</b>		
III-3.1 Planning of Care	Planning of Care	Planning of Care
III-3.2 Discharge Planning	Discharge Planning	Discharge Planning
<b>III-4 Patient Care Delivery</b>		
III-4.1 General Care Delivery	General Care Delivery	General Care Delivery

## Appendix 3 Comparison of 5<sup>th</sup> and 4<sup>th</sup> Edition Standards References

Criterion in HA Standards	5 <sup>th</sup> Edition reference	4 <sup>th</sup> Edition reference
III-4.2 High-Risk Patients and High-Risk Services	High-Risk Patients and High-Risk Services	Care of High-Risk Patients and Provision of High-Risk Services
III-4.3 Specific Care	a. Anesthesia Care	a. Anesthesia Care
	b. Surgical Care	b. Surgical Care
	c. Food and Nutrition Therapy	c. Food and Nutrition Therapy
	d. Palliative Care	d. End-Of-Life Care
	e. Pain Management	e. Pain Management
	f. Rehabilitation Services	f. Rehabilitation Services
	g. Care of Patients with Chronic Kidney Diseases	g. Care of Patients with Chronic Kidney Diseases
	h. Thai Traditional Medicine	New
	i. Telemedicine	New
	j. Home-based care	New
III-5 Information Provision and Empowerment for Patients/Families	Information Provision and Empowerment for Patients/Families	Information and Empowerment for Patients/Families

## Appendix 3 Comparison of 5<sup>th</sup> and 4<sup>th</sup> Edition Standards References

Criterion in HA Standards	5 <sup>th</sup> Edition reference	4 <sup>th</sup> Edition reference
<b>III-6 Continuity of Care</b>		
	a. Discharge, Monitor and Follow-up	Continuity of Care
	b. Patient Referral	Continuity of Care
	c. Patient Transport	Continuity of Care
<b>Part IV Results</b>		
IV-1	Health Care Results	Health Care Results
IV-2	Patient and Other Customer-Focused Results	Patient and Other Customer-Focused Results
IV-3	Workforce Results	Workforce Results
IV-4	Leadership and Governance Results	Leadership Results
IV-5	Key Work Process Effectiveness Results	Key Work Process Effectiveness Results
IV-6	Financial Results	Financial Results



The important features of the 5<sup>th</sup> edition of the Hospital and Healthcare standards as follows:

1. The development of the standards with a wide participation of both academic persons and the users of the standards comprising the public health organizations, professional organizations, experts, surveyors, hospitals and the public. The standards were pilot tested in the healthcare institutes and adjusted accordingly.
2. The use of principles and standards of the International Society for Quality in Health Care External Evaluation Organization (IEEA) in guiding standards development in a concrete manner.
3. Integration of lessons and experiences of hospitals in responding to COVID-19 pandemic and new normal practices initiated by the hospitals.
4. Prediction of trends in healthcare service management and use of new technologies to guide and promote learning quality improvement of the hospital.
5. Integration Thai uniqueness such as spiritual dimension (SHA), Thai traditional medicine, health promotion and smoking reduction campaign.
6. Organizing standard criteria for better understanding and using to promote quality improvement as the main focus not just for accreditation purpose.

The HA Standards development committee.