

IMPROVING ANTIBIOTIC PRESCRIBING IN ACUTE RESPIRATORY TRACT INFECTION AND ACUTE DIARRHEA FROM THAILAND HOSPITAL INDICATOR PROGRAM (THIP)

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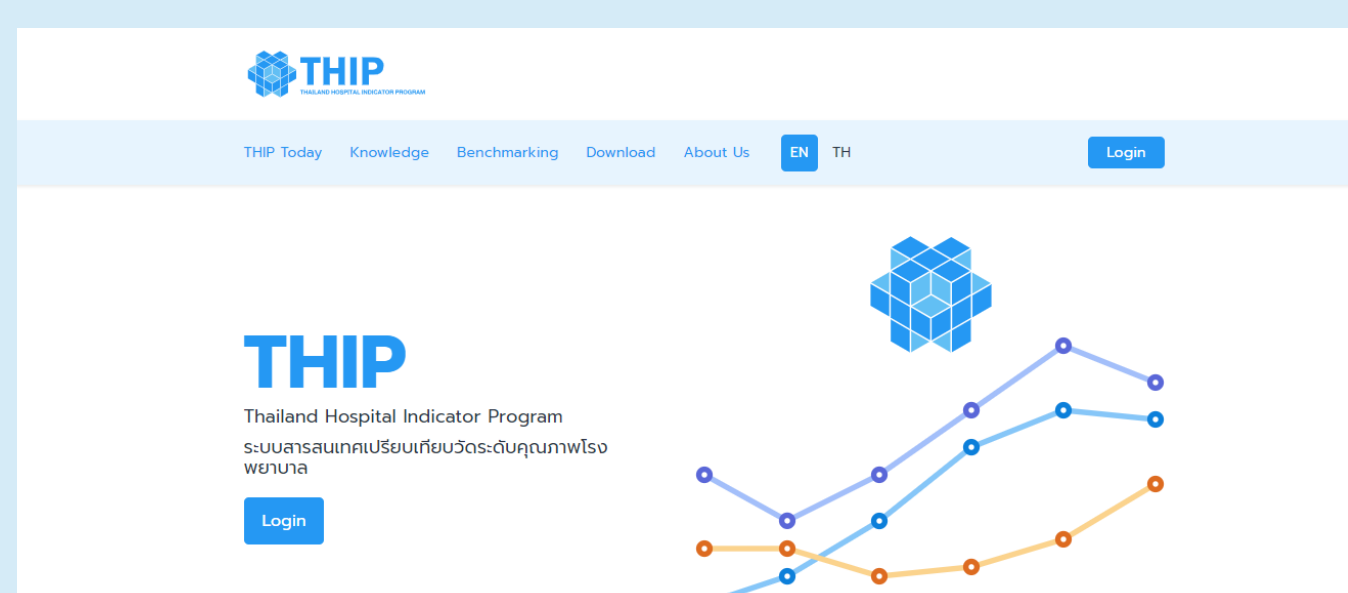
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P295

INTRODUCTION

Rational drug use (RDU) refers to people obtaining drugs that are suitable for their health needs at the correct dosage and time. Lowest cost for patients and society. Thailand takes measures in accordance with the guidelines of the World Health Organization through cooperation mechanisms of various parties First announced as a government policy in 2010, the Ministry of Public Health and the University Hospital Network (UHosNet) as well as hospitals have worked together to translate the policy into practice until it became a quality indicator for prescribing and distributing medicines for the public to receive quality pharmaceutical services safe and cost effective¹. In 2007, Thailand Hospital Indicator Project (THIP) was established. The purpose is to provide healthcare organizations with quality performance benchmarks in the same group. Identify processes, systems, and outcomes that may need improvement. THIP is a data repository, analysis and reporting service available to member hospitals in Thailand. There are currently more than 200 indicators containing RDU indicators starting from October 2015 until now. Data collection and results are reported online every 6 months to promote rational drug use in hospitals.



AIM

Objective to encourage hospital staff to carry out clinical practice according to policy recommendations and develop a monitoring and evaluation system within RDU to monitor hospital service quality through key performance indicators.

METHOD

1. The working group has developed a set of recognized indicators that will help promote the development of medical services for patients with public health problems nationwide.
2. Design a reliable application program using BI technology to compare and analyze indicator data collection systems. Help analyze data
3. Communicate and promote the project, recruit members to use the program, open the system, develop, improve, and maintain the system, THIP program.
4. Train on how to use the program, fill in information, and report program results.
5. Members collect information and log in
6. Organize THIP practitioners' community activities and develop a list of indicators to cover the situation of an increasing number of member hospitals. Encourage the exchange of knowledge throughout the quality development process to continuously improve patient care.
7. Monitor the overall indicator data for each fiscal year.

REFERENCES

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RESULTS

This study was based on secondary data collected from hospitals reporting data via the THIP system from fiscal years 2015-2022, especially the Percent of antibiotic prescribing rate on upper and respiratory infections, the Percent of antibiotic prescribing on acute diarrhea. The study nurses were divided into 5 categories : Group 1 Medical institution, Group 2 Tertiary care hospital, Group 3 General hospital, Group 4 Community hospital and Group 5 Private Hospitals. Results improved antibiotic prescribing rates in acute respiratory infections and acute diarrhea from Thailand Hospital Indicator Program (THIP) tended to decrease from 2016-2022.

Observed Trim Mean Data Percent of Antibiotic Prescribing Rate on Upper Respiratory Infection From FY 2016-2022 has a decreasing trend as follows: Group 1: Medical institution (48.48 to 15.88%), Group 2: Tertiary care hospital (47.91 to 24.75%), Group 3 : General hospital (41.47 to 21.14%), Group 4: Community hospital (31.16 to 16.68%) Group 5: Private Hospitals (41.51 to 41.76%). Figure 1

Observed Trim Mean Data rate of antibiotic prescribing in acute diarrhea from 2016 to 2022 showed a decreasing trend as follows: Group 1: Medical institution (32.40 to 22.09%), Group 2: Tertiary hospital (37.34 to 32.37%) Group 3: General hospital (33.36). to 22.82%) Group 4: Community hospital (28.56 to 19.27%), and Group 5: Private Hospitals (39.84 to 51.26%). Figure 2.

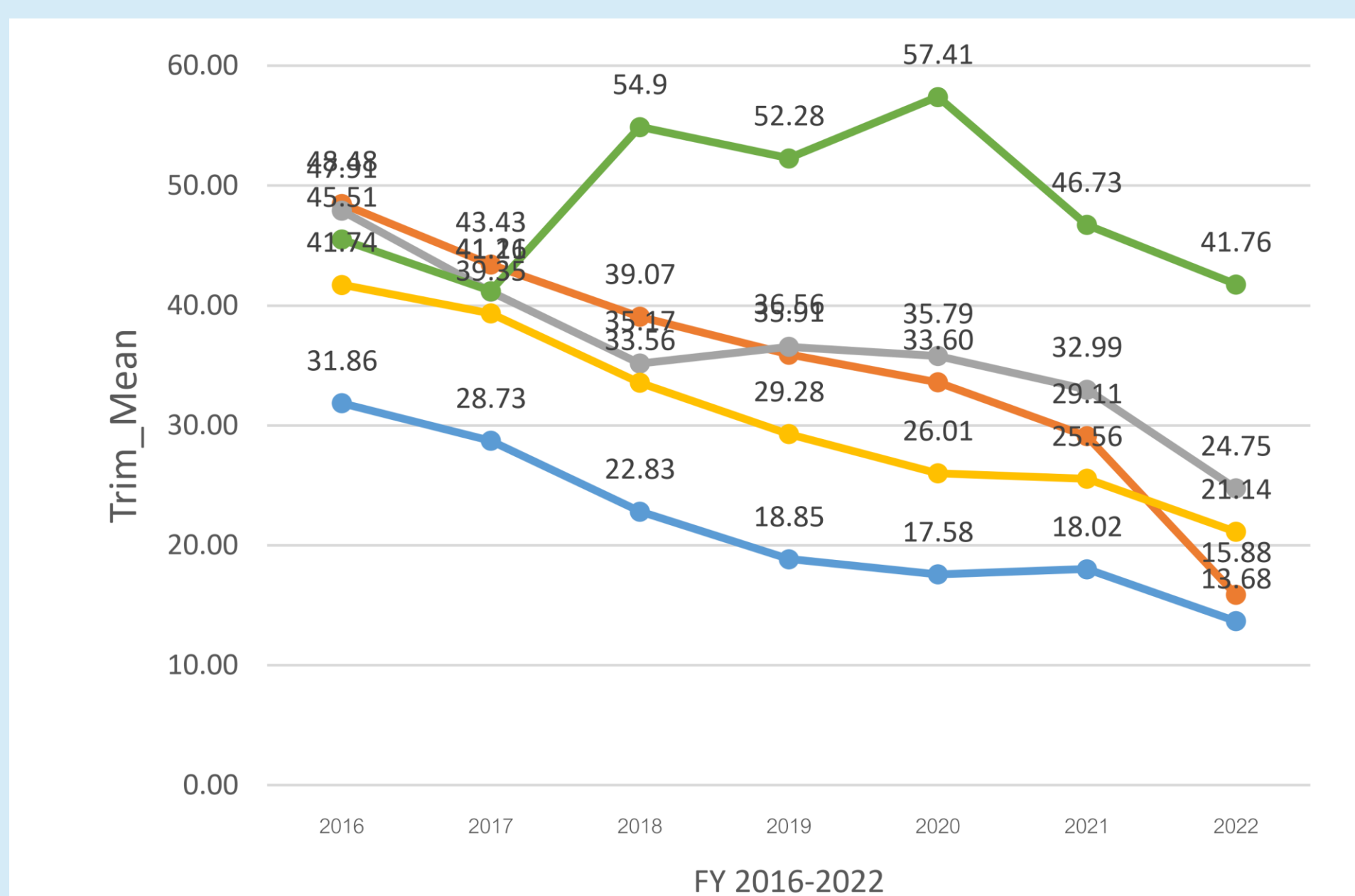


Figure 1 Trim Mean Data Percent of Antibiotic Prescribing Rate on Upper Respiratory Infection From FY 2016-2022

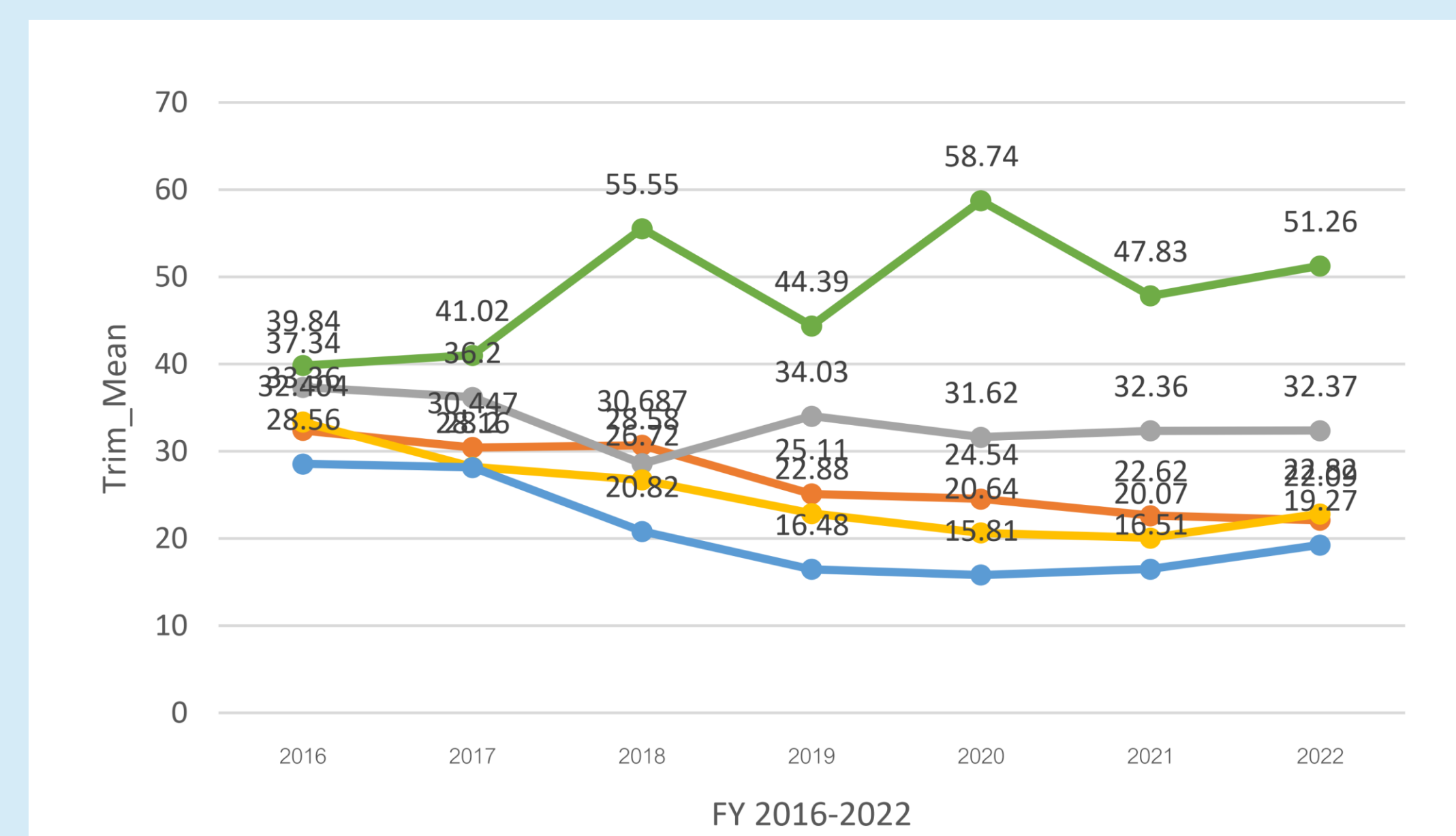


Figure 2. Trim Mean Data Percent of Antibiotic Prescribing on Acute Diarrhea FY 2016-2022

*Method of Result Interpretation Lower Value = Good Quality

In 2022, a total of 420 hospitals participated in the THIP program. The number of hospitals following the indicators is shown in Table 1.

Group/Fiscal Year	2016	2017	2018	2019	2020	2021	2022
Medical institute	18	21	21	22	24	23	20
Tertiary Care	9	11	14	12	12	13	13
General Hospital	29	33	44	37	44	48	47
Community Hospital	85	100	114	138	147	154	127
Private Hospitals	22	22	22	23	22	23	15

CONCLUSIONS

THIP is tasked with ensuring that the Clinical Indicators continue to reflect the current practice of the Thai healthcare system, retaining clinician support, and increasing awareness and utilization of the national hospital clinical data to improve the quality.

Limitation study: make it impossible to determine patient health outcomes from disease monitoring. The challenges were the monitoring and tracking the member hospitals to use the data to run Quality improvement (QI) continuously. Even though the trend is improving, the indicators of antibiotic use in private hospitals are on average higher. Therefore, it is necessary to carry out important dropouts, identify key factor problems and resolve them jointly to achieve a new average trend

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