

**DESIRED PRACTICES AND CHARACTERISTICS OF  
OFFICIALS ACCORDING TO NATIONAL HEALTH  
SECURITY ACT, B.E. 2545**



**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF  
THE REQUIREMENTS FOR THE DEGREE OF  
MASTER OF SCIENCE (PUBLIC HEALTH) MAJOR IN  
MEDICAL AND PUBLIC HEALTH LAW ADMINISTRATION  
FACULTY OF GRADUATE STUDIES  
MAHIDOL UNIVERSITY  
2004**

**ISBN 974-04-5364-3  
COPYRIGHT OF MAHIDOL UNIVERSITY**

Copyright by Mahidol University

Thesis  
Entitled

**DESIRED PRACTICES AND CHARACTERISTICS OF  
OFFICIALS ACCORDING TO NATIONAL HEALTH  
SECURITY ACT, B.E. 2545**



*W. Kaeowijit*

Miss Wimolwan Kaeowijit,  
Candidate

*C. Prutipinyo*

Asst. Prof. Chardsumon Prutipinyo,  
Ph.D. (Demography)  
Major Advisor

*P. Krug*

Asst. Prof. Peera Krugkrunjit,  
M.Sc. (Biostatistics)  
Co - Advisor

*P. Thongpadungrojana*

Lect. Pipat Thongpadungrojana,  
M.Sc. (Public Health)  
Co - Advisor

*Rassmidara Hoonsawat*

Assoc. Prof. Rassmidara Hoonsawat,  
Ph.D.  
Dean  
Faculty of Graduate Studies

*Surachart Na Nongkhai*

Asst. Prof. Surachart Na Nongkhai,  
Psy.D. (Management)  
Chairman  
Master of Science (Public Health)  
Major in Medical and Public Health  
Law Administration  
Faculty of Public Health

Thesis  
Entitled

**DESIRED PRACTICES AND CHARACTERISTICS OF  
OFFICIALS ACCORDING TO NATIONAL HEALTH  
SECURITY ACT, B.E. 2545**

was submitted to the Faculty of Graduate Studies, Mahidol University  
for the degree of Master of Science (Public Health) Major in  
Medical and Public Health Law Administration

on  
November 1, 2004

*W. Kaeowijit*

Miss Wimolwan Kaeowijit,  
Candidate

*C. Prutipinyo*

Asst. Prof. Chardamon Prutipinyo,  
Ph.D. (Demography)  
Chairman

*P. Krug*

Asst. Prof. Peera Krugkrunjit,  
M.Sc. (Biostatistics)  
Member

*Kiatasak Chirasottikul*

Lect. Kiatasak Chirasottikul,  
M.D.  
Member

*P. Thongpadungrojana*

Lect. Pipat Thongpadungrojana,  
M.Sc. (Public Health)  
Member

*Rassmidara Hoonsawat*

Assoc. Prof. Rassmidara Hoonsawat,  
Ph.D.  
Dean  
Faculty of Graduate Studies  
Mahidol University

*C. Chalermchai Chaikittiporn*

Asst. Prof. Chalermchai Chaikittiporn,  
Dr.P.H. (Epidemiology)  
Dean  
Faculty of Public Health  
Mahidol University

## ACKNOWLEDGEMENTS

This thesis was completed with kind assistance from Asst. Prof. Dr. Chardsumon Prutipinyo, Asst. Prof. Peera Krugkrunjit and Lect. Pipat Thongpadungrojana the research advisory team. I greatly appreciate their useful advices extended to the researcher from the beginning until the completion of the research.

I also would like to thank Mr. Kiatisak Chirasottikul, Director of Bureau of Public Relation and Information/ National Health Security Office, Mr. Sathian Changsiricharoen, Authority of Professional Register, Division of Medical Registration/ The Ministry of Public Health and Mr. Thanet Buayam, Authority of Professional Register, Division of Medical Registration/ The Ministry of Public Health for their time and efforts in checking the research instruments.

I also would like to thank all National Health Security Board, Standard and Quality Control Board, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Province Physicians for their tireless supports and cooperation.

Finally, my heartfelt thanks are extended to my parents and relatives for their endless supports and encouragements.

Wimolwan Kaeowijit

DESIRED PRACTICES AND CHARACTERISTICS OF OFFICIALS  
ACCORDING TO NATIONAL HEALTH SECURITY ACT, B.E. 2545

WIMOLWAN KAEOWIJIT 4536040 PPH/M

M.Sc. (PUBLIC HEALTH) MAJOR IN MEDICAL AND PUBLIC HEALTH  
LAW ADMINISTRATION

THESIS ADVISORS : CHARDSUMON PRUTIPINYO, Ph.D.  
(DEMOGRAPHY), PEERA KRUGKRUNJIT, M.Sc (BIOSTATISTICS),  
PIPAT THONGPRADUNGROJANA, M.Sc. (PUBLIC HEALTH)

**ABSTRACT**

The objective of this research is to explain and compare desired practices and characteristics of officials according to National Health Security Act, B.E. 2545 in perception of National Health Security Board, Standard and Quality Control Board, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Provincial Physicians.

Results showed that population's perception about officials' practices in terms of location and population, buildings and environment, tools, instruments, drugs and medical supplies and the services of health care units and their networks were significant. Regarding details about health care workers in those health care units and their networks, cost of treatment, service expenses and patients' rights were not significant. In addition, population in the study suggested that officials should examine the contents of reports concerning evidences of clients and others documents concerning the services, such as recording the number of people who received health services daily, providing the out patient department card (OPD card) and completely recording the data, reporting as indicated by National Health Security Office and submit to National Health Security Office and providing the enrollment book concerning the names of health care units and their networks for the inspectors. The population's perception about desired characteristics of officials in terms of personalities, capabilities, morals and relationships was not significant.

KEY WORDS : DESIRED PRACTICES AND CHARACTERISTICS/OFFICIALS/  
NATIONAL HEALTH SECURITY ACT, B.E. 2545

96 P. ISBN 974-04-5364-3

วิธีปฏิบัติงานและคุณลักษณะที่พึงประสงค์ของพนักงานเจ้าหน้าที่ตามพระราชบัญญัติหลักประกันสุขภาพแห่งชาติ พ.ศ. 2545 (DESIRED PRACTICES AND CHARACTERISTICS OF OFFICIALS ACCORDING TO NATIONAL HEALTH SECURITY ACT, B.E. 2545)

วิมลวรรณ แก้ววิจิตร 4536040 PHPH/M

วท.ม. (สาธารณสุขศาสตร์) สาขาวิชาเอกบริหารกฎหมายการแพทย์และสาธารณสุข

คณะกรรมการควบคุมวิทยานิพนธ์ : นัตรสุนน พุทธิกิจโยธ Ph.D. (Demography),  
พีระ ศรีกรรณจิตร M.Sc. (Bios.), พิพัฒน์ ทองผดุงโรจน์ M.Sc. (Public Health)

### บทคัดย่อ

การวิจัยครั้งนี้มีวัตถุประสงค์เพื่ออธิบายและเปรียบเทียบวิธีปฏิบัติงานและคุณลักษณะที่พึงประสงค์ของพนักงานเจ้าหน้าที่ตามพระราชบัญญัติหลักประกันสุขภาพแห่งชาติ พ.ศ. 2545 ในทรศนะของคณะกรรมการหลักประกันสุขภาพแห่งชาติ คณะกรรมการควบคุมคุณภาพและมาตรฐาน เจ้าหน้าที่สำนักกฎหมาย และนายแพทย์สาธารณสุขจังหวัด

ผลการวิจัยพบว่า ทรศนะของคณะกรรมการหลักประกันสุขภาพแห่งชาติ คณะกรรมการควบคุมคุณภาพและมาตรฐาน เจ้าหน้าที่สำนักกฎหมาย และนายแพทย์สาธารณสุขจังหวัดที่มีต่อวิธีปฏิบัติงานของพนักงานเจ้าหน้าที่ในด้านที่ตั้งและประชากร ด้านอาคารสถานที่ และสิ่งแวดล้อม ด้านอุปกรณ์ เครื่องมือ เครื่องใช้ ยาและเวชภัณฑ์ และด้านการให้บริการของหน่วยบริการและเครือข่าย ๆ มีความแตกต่างกันอย่างมีนัยสำคัญทางสถิติ ส่วนด้านการแสดงรายละเอียดเกี่ยวกับผู้ปฏิบัติงานในหน่วยบริการและเครือข่าย ๆ อัตราค่ารักษาพยาบาล ค่าบริการและสิทธิผู้ป่วย ไม่มีความแตกต่างกันอย่างมีนัยสำคัญทางสถิติ นอกจากนี้ประชากรที่ศึกษาได้เสนอแนะว่าควรตรวจเพิ่มเติมในด้านการจัดให้มีรายงานหลักฐานเกี่ยวกับผู้รับบริการ และเอกสารอื่นที่เกี่ยวกับการให้บริการ กล่าวคือ มีการบันทึกทะเบียนผู้มารับบริการประจำวัน จัดทำบัตรประจำตัวผู้ป่วยนอกและมีการบันทึกข้อมูลครบถ้วน มีการจัดทำและส่งรายงานตามแบบที่สำนักงานหลักประกันสุขภาพแห่งชาติกำหนด และมีสมุดทะเบียนของหน่วยบริการและเครือข่าย ๆ ให้พนักงานเจ้าหน้าที่บันทึกการตรวจ และทรศนะของประชากรที่ศึกษาต่อคุณลักษณะที่พึงประสงค์ของพนักงานเจ้าหน้าที่ด้านบุคลิกภาพ ด้านความรู้ความสามารถ ด้านคุณธรรม และด้านมนุษยสัมพันธ์ไม่มีความแตกต่างกันอย่างมีนัยสำคัญทางสถิติ

# CONTENTS

	<b>Page</b>
<b>ACKNOWLEDGEMENTS</b> .....	iii
<b>ABSTRACT</b> .....	iv
<b>LIST OF TABLE</b> .....	viii
<b>LIST OF FIGURE</b> .....	ix
<b>CHAPTER</b>	
<b>1 INTRODUCTION</b> .....	1
Background and significance of the problem.....	1
Research objectives.....	3
Hypothesis of research.....	4
Scope of research.....	4
Definition of research.....	4
<b>2 LITERRATURE REVIEW</b> .....	10
Part 1 National Health Security Office.....	10
- Mission and vision of National Health Security Office....	10
- Power and duties of National Health Security Board.....	11
- Power and duties of Standard and Quality Control Board.	13
- The organization chart of National Health Security Office	14
Part 2 Health care units and networks of health care units.....	18
- Health care unit and standard of curative care.....	18
- Types and number of Health care units and networks of	
health care units under National Health Security Office...	20
- Standard of contracting unit for primary care.....	21
- Standard of primary care unit.....	25
Part 3 Officials' Practices.....	27
Part 4 Desired characteristics of officials.....	36

## CONTENTS (CONT.)

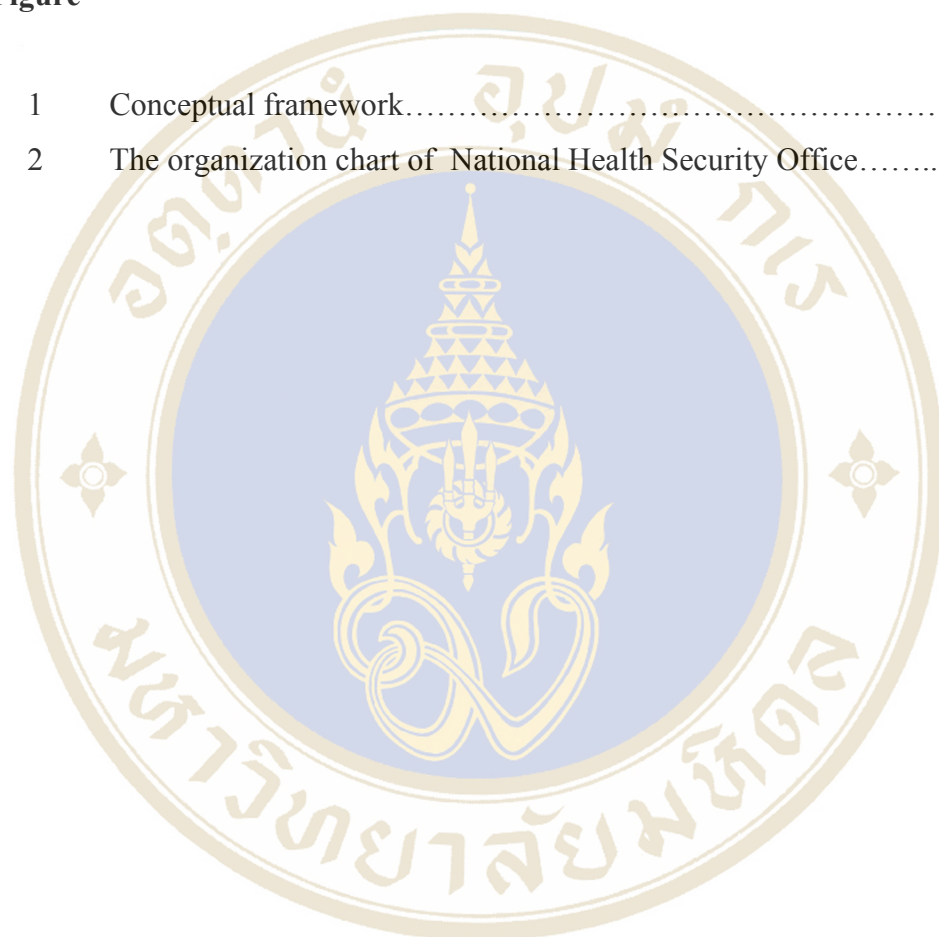
CHAPTER	Page
<b>3 MATERIALS AND METHODS</b> .....	41
The research design.....	41
The population of the study.....	41
The research instrument.....	41
Quality of instrument.....	44
Data collection.....	44
Statistical analysis.....	45
<b>4 RESULTS</b> .....	46
Part 1 Demographic data.....	47
Part 2 Officials' practices.....	48
Part 3 Desired Characteristics of officials.....	62
Part 4 Comparison among the perceptions on officials' practices	66
Part 5 Comparison among perceptions of respondents on desired characteristics of officials.....	67
<b>5 DISCUSSION</b> .....	69
<b>6 CONCLUSION</b> .....	76
<b>BIBLIOGRAPHY</b> .....	81
<b>APPENDIX</b> .....	83
<b>BIOGRAPHY</b> .....	96

## LIST OF TABLES

<b>Table</b>	<b>Page</b>
1 Percentage of NHSB, SQCB, LNH and HPP by demographic data	47
2 Percentage of perceptions of NHSB, SQCB, LNH and HPP about officials' practices according to National Health Security Act, B.E. 2545.....	52
3 Percentage of respondents in NHSB, SQCB, LNH and HPP on their perceptions concerning the officials' practices on health care units and their networks investigations according to National Health Security Act, B.E. 2545.....	59
4 Recommendations of respondents.....	60
5 Percentage of perceptions of NHSB, SQCB, LNH and HPP about desired characteristics of officials according to National Health Security Act, B.E. 2545.....	64
6 Recommendations of respondents.....	65
7 Comparison among the perceptions of NHSB, SQCB, LNH and HPP about officials' practices according to National Health Security Act, B.E. 2545 by Krukal-Wallis Test.....	67
8 Comparison among the perceptions of NHSB, SQCB, LNH and HPP on desired characteristics of officials according to National Health Security Act, B.E. 2545 by Krukal-Wallis Test .....	68

## LIST OF FIGURES

Figure		Page
1	Conceptual framework.....	9
2	The organization chart of National Health Security Office.....	14



## CHAPTER 1

### INTRODUCTION

#### **Background and significance of the problem**

According to the Constitution of the Kingdom of Thailand B.E.2540 section 52 provides that the Thai population shall enjoy an equal right to receive standard public health service and the indigent shall have the right to receive free medical treatment from public health centers of the State, as provided by law. Public health service by the State shall be provided thoroughly and efficiently and, for this purpose, participation by local government organizations and the private sector shall be promoted in so far as it is possible. Section 82 of the Constitution of the Kingdom of Thailand also provides that the State shall thoroughly provide and promote standard and efficient public health service. Therefore, National Health Security Act, B.E. 2545 (A.D. 2002) was enacted on November, 18 B.E. 2545 and would be effective on November, 19 B.E. 2545.

Consequently, the rights of Thai population shall be protected in order to access the necessary and standard public health service according to the spirit of law stated in the Constitutional of the Kingdom of Thailand B.E. 2540. The reasons for the promulgation of National Health Security Act, B.E. 2545 are as follows: Public health service system essential to health and sustainability shall be organized to meet the medical treatment standard. There shall be a control and monitor organization implementing with the participation of public and civil sectors in order to establish the efficient medical treatment system throughout the country. In addition, the Thai population shall have the right to receive the standard public health service which is monitored by the specific organization in cooperation with government and private sectors. The National Health Security Board is responsible for prescribing the policy

appointing Sub-board to perform duties pursuant to this Act or such duties as prescribed by the Board. The Standard and Quality Control Board is responsible for controlling standard and quality of health care units and networks of health care units which register to National Health Security Office.

According to section 54, in performing duties on execution of this Act, official appointed by the Board or Standard and Quality Control Board shall have powers to enter the premise of health care units or networks of health care units during official time to interrogate for the fact, inspect property, document, and evidence, to picture or to copy relevant document for inspection, and to do other reasonable matters to obtain the fact for execution of this Act. For the implementation, if the offence is detected, the official shall have powers to sequester document, property, or belonging for consideration.

Since B.E.2546, the National Health Security Office has monitored standard and quality of 11,049 health care units and networks of health care units. They are composed of 25 Regional hospitals, 66 General hospitals, 722 Community hospitals, 19 Crown Prince hospitals, 71 government hospitals unattached to the Ministry of Public health (15 hospitals in Bangkok and 56 hospitals in rural area), 8 government hospitals attached to the Ministry of Public Health but unattached to the Office of the Permanent Secretary (3 hospitals in Bangkok and 5 hospitals in rural area.), 86 Private hospitals (28 hospitals in Bangkok and 58 hospitals in rural area), 9,736 Public Health Centers, 314 Community health centres and 2 Medical centres. (National Health Security Office, 2546 and Health Association of Thailand, 2546: 234-235). There are 2 conditions for registering to National Health Security. The first one, health care units and networks of health care units must pass the investigation process for the standard and quality control according to the indicated criteria such as location and population, sanitary buildings and environment, instruments and medical appliances, drugs and medical supplies in those health care units and networks of health care units including the health care workers in such units. (Section of law and regulation: National Health Security Office: 2546) The second one, health care units and networks of health care units must be annually only examined their quality by the

officials stated in this act so that the population shall receive standard and safety health care service.

According to the control of standard and quality of health care units and networks of health care units which register to National Health Security, it designates that the officials according to this Act are the crucial persons who play the role of inspectors. Their responsibilities are to control property and quality of health care units and networks of health care units. Their works will lead to the efficacy and effectiveness of health care system. Moreover, the officials have to coordinate among National Health Security Office and health care units and their networks so that the policy can be put into practice successfully. Consequently, the desired practices and characteristics of officials need to be indicated for the benefits of population and for the efficiency and effectiveness of Government's mission. The control of standard and quality of health care units and networks of health care units which register to National Health Security will be succeeded depending mostly on potentials, knowledge, capability, and responsibility of the officials.

Therefore, the researcher has realized that it is necessary to study the principle and guidelines to indicate desired practices and characteristics of officials according to National Health Security Act, B.E. 2545. The results can be used as the guidelines for recruiting quality officials in the period of bureau system reform. Moreover, it can be the body of knowledge concerning the desired characteristics of officials and used as the guideline for designating officials. Lastly, the results can be applied to develop rules and regulations for the officials in other acts of the Ministry of Public Health including the National Health Security Office.

### **Research objectives**

1. To explain officials' practices in such perception of National Health Security Board, Standard and Quality Control Board, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Provincial Physicians.
2. To specify desired characteristics of officials in such perception of

National Health Security Board, Standard and Quality Control Board, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Provincial Physicians.

3. To compare desired practices and characteristics of officials in such perception of National Health Security Board, Standard and Quality Control Board, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Provincial Physicians.

### **Hypothesis of research**

Perception of National Health Security Board, Standard and Quality Control Board, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Provincial Physicians about desired practices and characteristics of officials according to National Health Security act, B.E. 2545 were different.

### **Scope of research**

This research concentrates on the desired practices and characteristics of officials according to National Health Security Act, B.E. 2545 in such perception of National Health Security Board, Standard and Quality Control Board, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Provincial Physician Office 75 provinces except Bangkok.

### **Definition of research**

**Officials** means a person appointed by the advice of the National Health Security Board or Standard and Quality Control Board, as a case may be, to perform duties for the execution of this Act upon the promulgation of the Government Gazette.

**Officials' practices** means officials' work performance regarding controlling standard and quality of health care units and networks of health care units

which register to National Health Security Office. Their works concern about (1) location and population, (2) buildings and environment, (3) tools, instruments, drugs and medical supplies, (4) The services of health care units and their networks and (5) the details about health care workers in those health care units and their networks, cost of treatment, service expense and patients' rights. The officials' practices will assure that those health care units and networks of health care units provide standard and quality cares according to the spirit of National Health Security act, B.E. 2545 (A.D. 2002).

**Desired characteristics** means the officials' important characteristics that support the work efficiency. In this research desired characteristics comprise personalities, capabilities, morals and relationships.

**Position of persons in National Health Security Office** means The population in this research which is composed of National Health Security Board, Standard and Quality Control Board, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Provincial Physician 75 provinces.

**National Health Security Board** means National Health Security Board in National Health security act, B.E. 2545 made up of:

1. Minister of Public Health as a Chairman,
2. Permanent Secretary for Defense, Permanent Secretary for Finance, Permanent Secretary for Commerce, Permanent Secretary for Interior, Permanent Secretary for Labor and Social Welfare, Permanent Secretary for Public Health, Permanent Secretary for University Affairs, and Director of Office of the Budget,
3. A representative of each Municipality, a representative of each local provincial administrative organization, a representative of each local district administrative organization, and a representative of other local government organization elected by executives of its organization,
4. Five representatives of; elected, by representatives, each of which from non-profit organizations implementing activities for the following groups:

- Children and adolescence
- Women
- Elderly
- Disable or mental health patients
- HIV or other chronic disease patients
- Labour
- Populous communities
- Agriculturists
- Minorities

5. Five representatives of public health professionals each of which shall be from Medical Council, Thailand Nursing Council, Pharmacy Council and private hospital association;

6. Seven qualified persons appointed by the Council of Ministers each of which shall be from the fields of health insurance, medical science and public health, Thai traditional medicine, alternative medicine, finance, legal and social sciences experts;

**Standard and Quality Control Board** means Standard and Quality Control Board in National Health security act, B.E. 2545 consisting of

1. Director General of Department of Medical Services, Secretary General of Food and Drug Administration, President of Hospital Development and Accreditation Institute, and Director of Division of Medical Registration;

2. A representative of Medical Council, a representative of Thailand Nursing Council, a representative of Pharmacy Council, and a representative of the Council of Thailand Barrister;

3. A representative of who is a member of Private Hospital Association;

4. A representative of Municipality, a representative of Provincial Administrative Organization, a representative of District Administrative Organization, and a representative of other local government organizations elected by executives of its organization;

5. A representative of professional nurses, a representative of midwives, a representative of dentists, and a representative of pharmacists;

6. Representatives of the Royal College of Medical Specialty, each of which from the field of obstetrics and gynaecology, surgery, internal medicine, and paediatrics;

7. Three representatives elected by, among, representatives of health care professionals, each of which from the field of applies traditional medicine, physical therapy, medical technique, radiological technology, occupational therapy, cardio-thoracic therapy, and communicative disorder;

8. Five representatives of; elected by, representatives each of which from non-profit organizations implementing activities for the following groups:

- Children and adolescence
- Women
- Elderly
- Disable or mental health patients
- HIV or other chronic disease patients
- Labour
- Populous communities
- Agriculturists
- Minorities

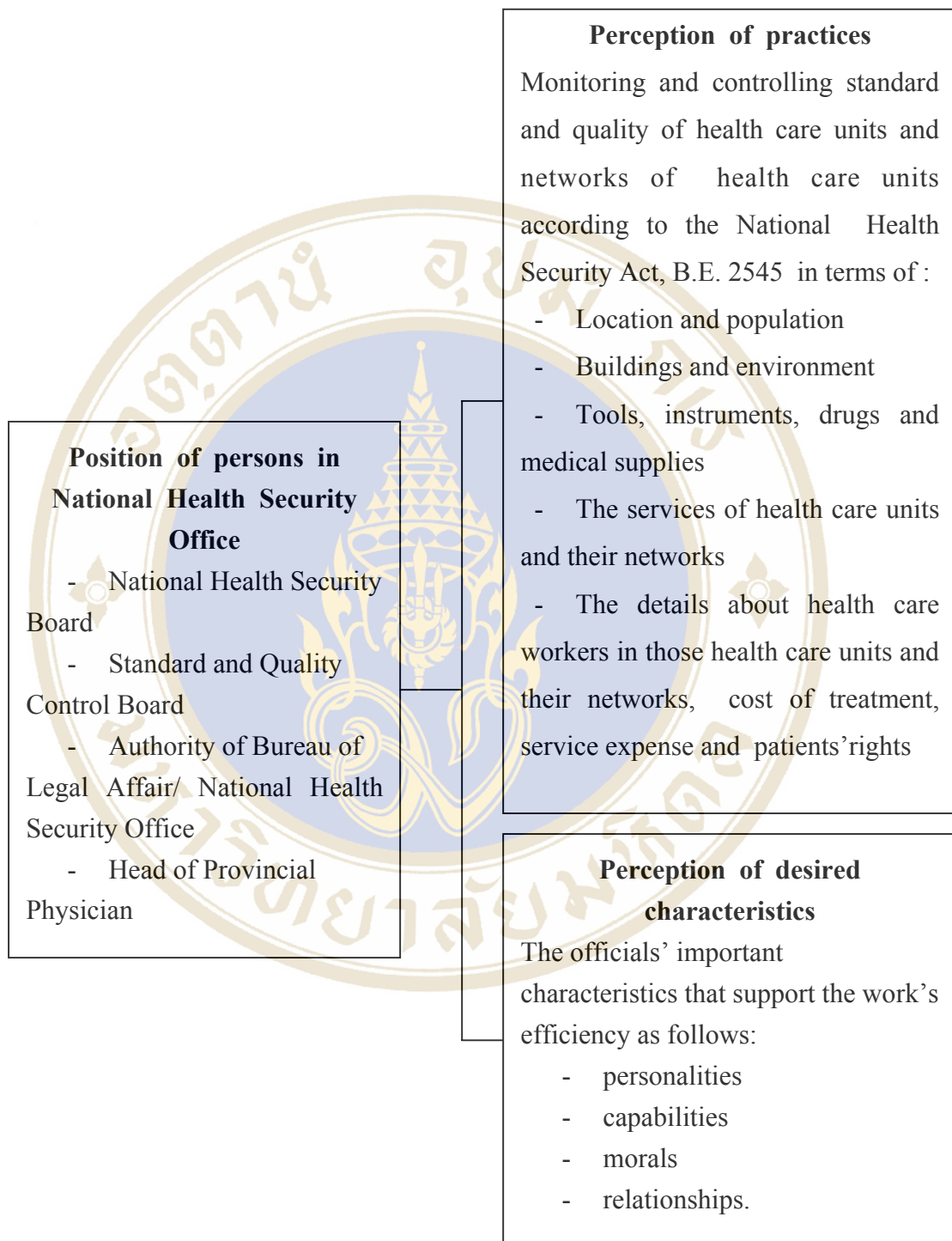
9. Six qualified persons appointed by the Minister, each of which, at least, is a qualified person in tropical family, a qualified person mental health, and a qualified person Thai traditional Medicine;

**Authority of Bureau of Legal Affair/ National Health Security Office** maens officials whose works concerning the following duties.

1. Prescribing law, regulation, notifications and other specifications
2. Legal act and agreement
3. Lawsuit
4. Inquiry and investigation

5. Appeal work; except an appeal from health care units
6. Consideration and suggestion for lawsuit
7. Work in cooperation with or supporting the involved agency or other delegated works





**Figure 1** Conceptual Framework

## CHAPTER 2

### LITERATURE REVIEW

The researcher reviewed concepts, theories and related researches as follows:

**Part 1** National Health Security Office.

1. Mission and vision of National Health Security Office.
2. Power and duties of National Health Security Board.
3. Power and duties of Standard and Quality Control Board.
4. The organization chart of National Health Security Office.

**Part 2** Health care units and network of health care units.

1. Health care unit and standard of curative care.
2. Types and number of Health care unit and networks of health care units under National Health Security Office.
3. Standard of contracting unit for primary care.
4. Standard of primary care unit.

**Part 3** Officials' practices.

**Part 4** Desired characteristics of officials.

#### **Part 1 National Health Security Office.**

##### **1. Mission and vision of National Health Security Office.**

###### **Mission**

- 1.1 To continually develop health security system.
- 1.2 To set up health security for all people.
- 1.3 To administrate the health security system to be essential security services cover for all people.

- 1.4 To set up the efficient health security system.
- 1.5 To develop the efficient finance system by using the sufficient resources.
- 1.6 To reform the population protection system on health service emphasizing the right to select and to confidently access the standard public health service.
- 1.7 To support the reform of health service system so that it will be the standard and quality system with equity by using the mechanism of managerial reform.
- 1.8 To coordinate and support the health personnel reform in all aspects such as producing, decentralizing, developing welfare and other motivations to sufficiently provide the health service personnel.
- 1.9 To support social movement and political coordination so that the goal and vision will be carried out and sustained successfully due to the spirit of law.

#### **Vision of the National Health Security Office**

“National Health Security Office is a principle office that develops the National Health Security system by supporting the reform of health service system for all people to access and to be confident in the quality and equity of the health service including the pleasure of health service providers who work under the excellent and efficient management.”

#### **2. Power and duties of National Health Security Board. (National Health Security Act B.E. 2545: section 18)**

- 2.1 To prescribe public health service provided by health care unit and network of health care unit and to prescribe the standard of implementation, regarding national health security, to be effective;
- 2.2 To provide advice to the minister on the appointment of official and the enactment of ministerial regulations and notification on execution of this Act;
- 2.3 To prescribe limits and types of public health service necessary to health, sustainability, and rate of fee for service pursuant to Section 5;
- 2.4 To prescribe rules of fund management and implementation;

2.5 To prescribe rules, procedures, and conditions in discharging the Secretary General and to prescribe qualifications and forbidden qualifications of Secretary General;

2.6 To issue rules on money receipt and payment, saving money, and making benefit of the fund pursuant to Section 40;

2.7 To prescribe rules, procedures, and conditions on payment of preliminary assistance to reimburse a beneficiary who is subject to damage or injury caused by any service provided by health care unit and the wrongdoer is non-apparent or the wrongdoer is apparent but such beneficiary can not be reimbursed within a period deemed appropriate in accordance with section 41;

2.8 To encourage and cooperate with local government organizations in implementing and managing health security system in local areas by considering their readiness, reasonableness, and need in order to establish national health security residents of such area as prescribed in Section 47;

2.9 To encourage and prescribe rules making it possible that nonprofit community organizations, nonprofit private organizations and nonprofit private sectors implement and manage local funds by considering their readiness, reasonableness, and need by means and encouraging procedure of participation in order to establish national health security residents of such area as prescribed in Section 47;

2.10 To prescribe rules in hearing opinions of providers and beneficiaries in order to improve quality and standard of public health service;

2.11 To prescribe rules on the punishment of administrative fine and revocation of enrollment;

2.12 To create report on implementation and obstacles of implementation, and all accounts and finances of the Board in order to annually submit to the Council of Ministers, the House of Representatives, and the Senate within 6 months from the last day of fiscal year;

2.13 To hold the annual meeting to make it possible that the Board hears general opinions of providers and beneficiaries;

2.14 To perform such other duties as prescribed by this Act, the Minister, or other laws;

**3. Power and duties of Standard and Quality Control Board. (National Health Security Act B.E.2545: section 50)**

3.1 To control standard and quality of health care units and networks of health care units pursuant to Section 45;

3.2 To monitor public health service provided by health care units to meet standard and quality in the case where such health care units provide level of services higher than public health service pursuant to Section 5;

3.3 To prescribe the measurement controlling and encouraging quality and standard of health care units and networks of health care units;

3.4 To submit standard prices of all diseases to the Board to set up regulations prescribing expenses of public health service to health care units pursuant to Section 46;

3.5 To prescribe rules, procedures, and conditions for the complaint of a person's right is violated due to public health service, procedure such complaint, and rules and procedures for assisting a person's right is violated due to public health service, as well as to determine Complaint Unit to facilitate people in freely submitting complaint, irrespective of person who is complained;

3.6 To report the results of inspecting and controlling quality and standard of health care units and networks of health care units to the Board, and notify such result to health care units or its authorizing agency in order to improve, modify, monitor, and evaluate the effect of quality and standard improvement;

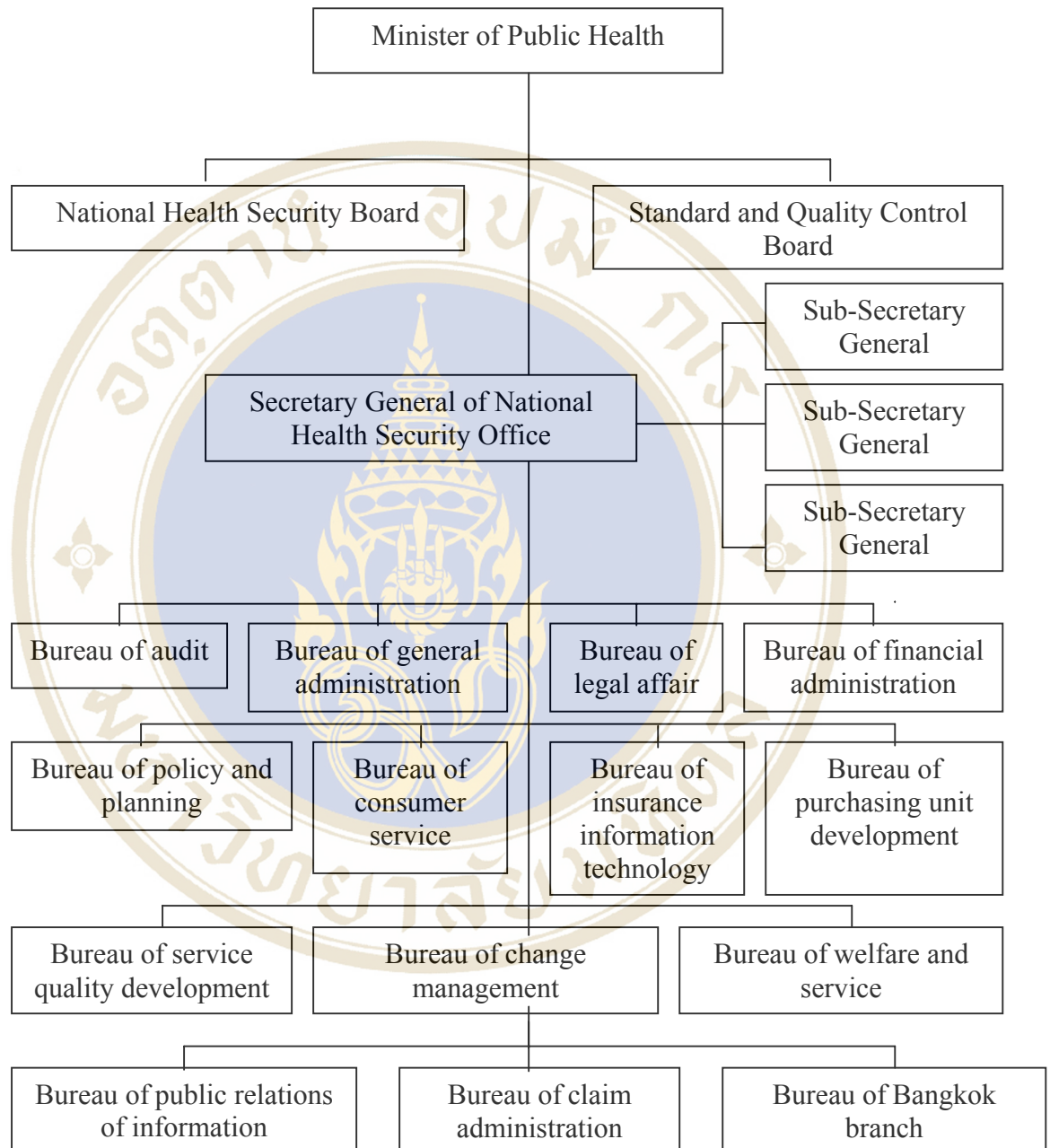
3.7 To encourage people's participation in inspecting and controlling health care units and networks of health care units;

3.8 To provide payment and beneficiary of preliminary assistance who is subject to damage or injury caused by any service provided by health care unit and the wrongdoer is non-apparent or the wrongdoer is apparent but such beneficiary can not be reimbursed within a period deemed appropriate pursuant to such regulations, procedures, and conditions as prescribed by the Board;

3.9 To encourage establishing information system for decision making of people to get public health service;

3.10 To perform other duties for the execution of this Act and other laws or such duties as prescribed by the Board.

**4. The organization chart of National Health Security Office.**



**figures 2:** The organization chart of National Health Security Office

Source : National Health Security Office (2546)

The National Health Security Office has delegated some of its duties to Provincial Health Office. Therefore, the Provincial Health Office will be the branch of the National Health Security Office and be operated by the provincial physician as a director.

**The branch of the National Health Security Office (Provincial Health Office) will have powers and duties as follows:**

**1. Perform the registration**

The National Health Security Office shall investigate the preliminary rights of those who request for an enrollment at the Office (by comparing the data with the data basis or with the data in such area as indicated in the guideline) including those who change personal health care unit (according to section 6). In addition, the National Health Security Office shall issue the National Health Security Card for the beneficiaries, record the data, and send it to the Bureau of insurance information technology.

This duty will cover the public relation to inform people about their rights and motivate them to request for the National Health Security Card.

**2. The evaluation on standard of health care units and their networks for enrollment.**

The National Health Security Office shall evaluate the standard of health care units and their networks which request for an enrollment at the Office in accordance with regulations, procedures, and conditions as prescribed by the Board (section 44). The step of enrollment is composed of the evaluation on standard of health care units (by Standard and Quality Control Sub-board) and the registration of health care units in case of such unit passes the evaluation process. After that all data will be sent to the Bureau insurance information technology. It will cover health care units that are attached and unattached to the Ministry of Public Health including private sanitarium.

### **3. Contracting unit Administration**

Administrating and controlling the Contracting unit shall be provided to control, supervise and inspect contracting unit so that such unit will give health service with standard and quality.

Contracting unit Administration will cover the management of inpatient fund in each province and the expense from referring patient to another province.

### **4. The right protection for beneficiaries in the National Health Security System.**

The duty regarding the right protection for beneficiaries comprises public relation that informs the population about their rights in the National Health Security System and the system of receiving the complaints. (section 41) The Board shall earmark an amount of money to be paid to health care units, as preliminary assistance to reimburse a beneficiary who is subject to damaged or injury caused by any service provided by health care unit

### **5. To support the quality development of health care units and networks of health care units.**

Subsidiary offices perform the role of developing and supporting quality of health care units which register to National Health Security Office. Activities which support the service quality development are as follows;

- To arrange the seminar or meeting or any workshop to impart knowledge to people in health care units. The standard and quality criterias will be exchanged among each health care unit during the process of seminar.
- To indicate the benchmark of standard and quality of health care units in the area and give the feedback to those units in order to sustain development.
- To post and inform information of the excellent health care unit.
- To support civilian agencies to participate in quality development of each health care unit in all aspects such as joining in management (same pattern of the hospital attached to government). Moreover, people can give any suggestion concerning standard and quality via the internet (or the information technology system.)

### **6. To support mission of Sub-board at the provincial level.**

The working structure in the National Health Security System in the area will have the amount of Board and Sub-Board who are appointed such as the Sub-Standard and Quality Managerial Board at the provincial level, the Sub-Board who consider the payment for the reimbursement due to section 41, and the Sub-Standard Evaluation Board etc.) In order to achieve the mission as prescribed by the Board, the Office's subsidiaries shall perform as the Secretarial Office of Provincial Board and Sub-Provincial Board to facilitate all Boards on their works.

### **7. To control and monitor the progression of National Health Security at provincial level and to coordinate between National Health Security and other Public Health programs.**

Control and follow up in establishing National Health Security residents at the provincial level are crucial mission. The important tools used for this mission is the information system concerning the work results of each involved unit. The Office's subsidiaries have duties to (1) report the results/ data as prescribed regularly, (2) analyze data in order to understand the current situation and solve problems in time, and (3) report the data and information to the National Health Security Office frequently ( as indicated in the report form)

Another role is to coordinate among establishing National Health Security or personal care and other public health programs in order to hold the "Good Health" of people in such province.

#### **The director of Office's subsidiary (Provincial physician)**

1. Be responsible for administrating the National Health Security Office's subsidiaries (Provincial Health Office) in order to be work as the National Health Security Office.

2. Sign the contract on behalf of the National Health Security Office instead of Secretary General of National Health Security Office about juristic act or agreement as indicated by National Health Security Office. For instance, an agreement or hire contract for public health service according to National Health

Security Act, B.E. 2545, an agreement on budget support for the private service unit *per se*.

3. Perform other duties prescribing in the law, regulations, procedures, notifications and conditions due to the power and duties of the director of National Health Security Office's subsidiaries or National Health Security Board and control standard and quality of other public health services as delegated by National Health Security Office.

## **Part 2 Health care units and network of health care units.**

### **1. Health care unit and standard of curative care (Bureau of legal affair/ National Health Security Office, 2546: 10-11)**

1.1 Health care units and their networks, private health service units, providing health care services pursuant to this regulation, shall enroll at the National Health Security Office or Provincial Health Office to be inspected qualification and standard according to regulations and conditions as prescribed by Board.

Health care units and their networks including government health service have already attained the standard according to this regulation.

The health care units unattached to the Ministry of Public Health, shall make an agreement with the Office to serve health care to people. The private health service enrolled to National Health Security Office shall make a hire agreement for serving health care pursuant to the forms indicated by the Ministry of Public Health.

1.2 Health care unit shall have duty as follows:

1.2.1 To provide health cares for a person with the right until termination of care; in case of such unit has no capability to cure the person, transferring to a high level of care must be provided;

1.2.2 To provide public health information requested by beneficiaries, and pursuant to any notifications concerning patient and beneficiary rights on procedures, alternatives and results of diagnosis as well as side effect which may occur without distortion;

1.2.3 To set up public health service information system to facilitate a quality and service inspection as well as request for cost of treatment;

1.2.4 To report the results of health care service as prescribed by the Board.

1.3 Referring system due to 2.1 shall be set up as indicated by the Board

1.4 Health care unit shall not request for any payment concerning any treatment provided for beneficiaries; if such unit obtains the service payment, the beneficiaries can reclaim the money from such unit, Board shall have power to settle the account to the health care unit that object to this regulation.

1.5 The health care units have to set up the public relation to facilitate and to inform the beneficiaries about the process and methods of enrollment, the right to obtain health care services, and to accept the complaints.

1.6 With suitable reason, the beneficiaries shall pay at a reduced price for cost of treatment that exceed from normal service expense. The director or chief of such health care unit shall consider and approve for each case, and the director can delegate this power to another person, considering about the position and mission of that person.

1.7 Health care units and its networks including health care unit taking referral shall be entitled to the reimbursement from the Fund pursuant to such regulations, procedures, and conditions as prescribed by the Board.

In addition, section 45 of National Health Security Act, B.E. 2545 provisions that; Health care unit shall have duties as follows:

1. To provide qualified and standard vaccines, medicines, medical supplies, medical equipments with equity and facilitation of necessary public health service as well as respect for personal rights in dignity of humankind and religious belief;

2. To provide public health information requested by beneficiaries, and pursuant to any notification concerning patient and beneficiary rights on procedures, alternatives, and result of diagnosis as well as side-effect which may occur without distortion so that beneficiaries can make their decision to utilize public health service or to be referred;

3. To provide sufficient information, concerning names of physicians, sanitarian, or person responsible for physical health and society, to relatives or close persons of beneficiaries before discharging;

4. To strictly keep confidence of beneficiaries known by performing duties pursuant to (1) and (2) except disclosing to government officials performing duties pursuant the law;

5. To set up public health service information system to facilitate an quality and service inspection as well as a request for public health service expense;

Health care units shall provide public health service to beneficiaries and set up information system of public health service information system pursuant to such regulations as prescribed by the Board and Standard and Quality Control Board.

In summary, the health care units and networks of health care units are responsible for providing standard and quality treatment, health promotion, preventive medicine and rehabilitation in regard to holistic care (physical, mental, emotional, and social care) and patients' rights according to the National Health Security Act, B.E.2545.

## **2. Types and number of Health care unit and networks of health care units under National Health Security Office**

<b>Types of Health care unit and network Of health care units</b>	<b>Number</b>		
	<b>In Bangkok</b>	<b>In the region</b>	<b>Total</b>
1. Regional Hospital	-	25	25
2. General hospital	-	66	66
3. Community hospital	-	722	722
4. Crown Prince hospital	-	19	19
5. Government hospitals unattached to the Ministry of Public health	15	56	71
6. Government hospitals attached to the Ministry of Public Health but unattached to the Office of the Permanent Secretary	3	5	8
7. Private hospital	28	58	86

Types of Health care unit and network Of health care units	Number		
	In Bangkok	In the region	Total
8. Health centre	-	9,736	9,736
9. Community Health Centre	-	314	314
10. Community Medical Centre	-	2	2
Total	46	11,003	11,049

Source: The National Health Security Office (2546) and Health Association of Thailand (2546: 234-235)

### **3. The standard of the Contracting unit for primary care (CUP) (Legal and regulation section, the National Health Security Office, 2546: 56 – 58)**

#### **3.1 Location and Population**

3.1.1 The CUP shall be set up covering all population, and population per health care unit must not exceed 10,000 cases.

3.1.2 In case the enrolled population is less than 10,000 cases, a hospital can be used as the CUP, but the efficient system needs to be set.

3.1.3 If the enrolled population is more than 10,000 cases, health services can be provide in a hospital for people not more than 10,000 cases, the rest of them shall receive health care service at the CUP outside such hospital in a community.

#### **3.2 Capabilities**

3.2.1 To provide all cares, by integrated with primary rehabilitation and health education, to clients or beneficiaries who receive such health care at the unit at least 56 hours a week as well as combine and cooperate with the networks in cases of emergency care both within work time and any time.

3.2.2 To provide the dental care, treatment, prevention and rehabilitation to people at least 40 hours a week.

3.2.3 To give health education to people who receive public health service at the health care unit during the work day.

3.2.4 To provide health promotion and preventive medicine such as ante partum care service, postpartum service, fetal well-being, family planning and the follow up system for health care service.

3.2.5 To provide the home visit to serve health care, to follow up the treatment to get familiar with local people, to know, to understand and to educate people concerning health care for family, and to provide health care to patients as needed.

3.2.6 To provide preliminary rehabilitation.

3.2.7 To provide advanced health service in a community to evaluate the health conditions of local people and to find out the factors affecting people's health so that health promotion and preventive care can be planned and implemented for the people.

3.2.8 To provide the standard forensics

3.2.9 To provide medicine covering all process: medical supply system: restoration system: distribution system: standard and quality monitor system.

### **3.3 Manpowers**

3.3.1 Registered nurse or Public health official shall be set at a ratio of 1: 1,250 clients and one-fourths should be the Registered nurse.

3.3.2 At least 3 out of 4 among Registered nurses and Public health officials must have the routine work in CUP.

3.3.3 Physicians providing at least 1 physician: 10,000 population in the aridity or remote area and/ or in case physician is unavailable, provide 2 registered nurses instead, but at least 1 physician must be available for each 30,000 population.

3.3.4 Dentists providing at least 1: 20,000 populations. If in such area is short of dentists, provide 1 dental personnel: 40,000 population to work with doctors.

3.3.5 Pharmacist Providing to monitor drug quality at least 3 hours a week in each a health care unit. Therefore, the number of pharmacist can be calculated by the number of PCUs multiplied by 3 hours and divided by the working

hours of each person (  $264 \times 8 = 2,112$  hours ). If the pharmacist is inadequate in such area, the 2 pharmacy staffs, shall perform this work under control of a pharmacist.

### **3.4 Management**

The drug system in the networks of health care unit will be managed according to the standard criteria. The supporting system in some networks needs to provide drugs and medical supply to serve the involved units with the standards as follows:

#### **3.4.1 The suitable drug maintenance system**

3.4.1.1 Drugs shall be arranged in classes systematically such as pills, drug for injection, disinfectant, dangerous drugs and drugs for external use.

3.4.1.2 Drugs must be kept in a temperature-controlled refrigerator.

3.4.1.3 Expired drugs shall be kept separately.

3.4.2 The service system and administration for the efficient and effective work.

3.4.2.1 The essential and quality drugs, manufactured by the standardized factories GMP, shall be provided according to the National Drug list,

3.4.2.2 Emergency drugs or Antidote in a storehouse shall be enough for use.

3.4.2.3 On the process of distributing drugs to any patients, the complete label is a must (name of drug, patient's name, method and dose, date and time). Besides, the crosscheck before any distribution and the methods of drug administration are needed.

### **3.5 Instruments and buildings**

3.5.1 Tools and medical instruments shall be provided for PCU as prescribed conditions.

3.5.2 Communication system shall be set up for convenient and rapid counseling.

3.5.3 Transportation system shall be provided for referring the emergency case.

### **3.6 Referring system for networks.**

3.6.1 Referring system shall be provided both back and forth within the networks.

3.6.2 Referring for secondary and tertiary care is needed.

3.6.3 Referring for any kinds of forensic medicine is a must.

3.6.4 Referring for dental care shall be provided

3.6.5 Transferring client's data both within networks and outside shall be provided.

### **3.7 Standard and quality control system of the networks**

3.7.1 Guidelines or work instruction concerning standard health care services must be available.

3.7.2 Information system is needed for the services.

3.7.3 Standard service control system shall be provided in each health care unit within networks.

3.7.4 Ability and knowledge Developments must be provided for health care personnel as prescribed in standard conditions.

3.7.5 The system for developing the Health care unit and its networks is needed.

Consequently, the Contracting unit for primary care (CUP) shall have standards as follows: (1) population per a health care unit, (2) buildings and environment, (3) management system which covers promotive, preventive, curative, and rehabilitative cares, and (4) the suitable number of health staffs per each health care unit.

#### **4. The standard of Primary care unit (PCU) (Section of law and regulation: National Health Security Office, 2546: 58 - 60)**

##### **4.1 Location and Population**

4.1.1 Population in the area of responsibility must not exceed 10,000 persons /PCU

4.1.2 The location of PCU must have be convenient transportation (30 minutes traveling by car)

4.1.3 If the PCU is a part of a hospital, the service section must be separated from the Out patient department (OPD) as well as the separated health care team must be provided to support the quick and convenient service.

##### **4.2 Capabilities**

4.2.1 The integral cares covering promotive, preventive, curative, and rehabilitative cares including health education shall be provide in each PCU at least 56 hours per week.

4.2.2 Dental care service within or outside of the unit is essential as well as the referring system for dental care (cure and prevention) shall be provided at least 40 hours per week.

4.2.3 Health promotion and preventive medicine such as antenatal care and postpartum care and family planning shall be provided in each health care unit at least 1 – 2 per week.

4.2.4 Child care service is needed at least 1 – 8 days per month.

4.2.5 The Home visit system, the follow up and evaluation the health problems in a community as well as the process of building up the health, shall be conducted at least 10 – 15 hours per week.

4.2.6 Drugs shall be managed covering the process of providing, distributing, and giving knowledge about drugs according to the prescribed conditions.

4.2.7 The basic investigation and forensic shall be available and rapid referring system is needed.

### **4.3 Health care Manpowers**

4.3.1 Nurses and public health officials (with the degree at least certificates in public health) shall be set as a team for continuing the services not less than 1 health care personnel per 1,250 population. Besides, one-fourths of these health care personnel must be a registered nurse and must work fulltime at least 75% continually.

4.3.2 Physicians in the network (1: 10,000 population) shall give counseling and follow up for the standard of care regularly.

4.3.3 In the aridity or remote area, and / or in case physician is unavailable, provide 2 registered nurses instead, but at least 1 physician must be available for each 30,000 population.

4.3.4 Dentists providing at least 1: 20,000 populations. If in such area is short of dentists, provide 1 dental personnel: 40,000 population to work with dentists.

4.3.5 Pharmacist providing to monitor drug quality at least 3 hours a week in each a health care unit.

### **4.4 Instruments and buildings**

4.4.1 Tools and medical instruments as well as sterile system shall be provided for curative, promotive, preventive and rehabilitative care, as prescribed conditions.

4.4.2 Treatment and counseling rooms should be cleaned and arranged separately and privately. It should have enough room for services.

4.4.3 The vehicles for transporting an emergency case to the vicinity hospital shall be provided.

### **4.5 Management**

4.5.1 The responsible team shall be set up to identify the people and find out where they live or who they registered with.

4.5.2 The continuity of service shall be made such as the appointment system, the follow up system, and the information system.

4.5.3 The convenient and rapid cares are needed.

4.5.4 Clients' data shall be arranged for the quality of care and supporting the health promotion and preventive medicine.

4.5.5 The Quality Control and Development system shall be provided to monitor and solve the health problems.

4.5.6 Drugs shall be arranged according to the standard conditions.

Accordingly, the Primary Care Unit should have standards concerning the population per a health care unit, buildings and environment, management system covering promotive, preventive, curative, and rehabilitative cares.

### **Part 3 Officials' Practices**

Suthum Limtanakulchai and Pinun Singkittiya (B.E. 2546: interview) indicated that the officials' practice according to the Sanatorium Act, B.E. 2541 signified the practice due to the delegations of powers and duties. The objectives are "To control/ monitor sanatoriums' standard according to the law" and "To protect consumers". It was conformable to Pinun Singkittiya (B.E. 2546: interview) revealed that the officials' practice according to Sanatorium Act, B.E. 2541 meant the process of sanatorium investigation in many aspects, performed to reach standard and quality such as buildings and environment, personnel, health care services and management system in such health care unit. Likewise, Sanatorium operators, sanatorium implementers, and physicians (2546: interview) mentioned that during investigating sanatorium, the officials should pay attention on place and general environment, the services of sanatoriums, the health care personnel due to the name informed, tools, instruments, drugs and medical supplies in each sanatorium, including the waste disposal system.

From the reviews on standard of the Contracting unit for primary care (CUP) and Primary Care Unit (PCU) including the officials' practices, the researcher concluded that the practices of officials on investigating the standard and quality of health care units and their networks should cover 5 topics. These topics include (1)

Location and population, (2) Buildings and environment, (3) Tools, instruments, drugs and medical supplies, (4) The services of health care units and their networks, and (5) The displayed details about health care personnel in each health care units and their networks, cost of treatment, expense of health care services, and patient's rights.

**The officials' practices regarding the investigation on the each topic:**

**Location and population**

The National Health Security Office (2546: 56) has indicated the standard of Contracting unit for primary care (CUP) as the followings.

1. The Contracting unit for primary care (CUP) shall cover all population in such area and the population per one health care unit must not exceed 10,000 populations.
2. In case, the enrolled population is less than 10,000 persons, a hospital in such area can be used to be the location of Contracting unit for primary care (CUP) but the good management system must be set.
3. If the population is more than 10,000 persons, the health care services can be performed in a hospital, but the population in such responsible unit shall not exceed 10,000 persons. The rest of them shall use the primary care unit in that community.

**The National Health Security Office (2546: 58) has indicated the standard service of Primary care unit (PCU) as follows:**

1. Population in the responsibly of PCU shall not exceed 10,000 cases per one unit.
2. The location of PCU shall be situated in the convenient area for transportation (traveling by car takes about 30 minutes)
3. If PCU is a part of hospital, the treatment unit shall obviously separate from the OPD, and the specific team shall be provided to rapidly serve health care for people.

In summary, the practice of officials regarding the investigation on location and population should have the following contents; the ratio of population per each unit according to the standard criteria, and the location of the unit that is convenient according to the criteria.

**The officials' practices regarding the investigation on the topics of Buildings and environment are viewed as follows:**

Division of Medical Registration (2546: 29-30) mentioned that the guideline for investigating the standard of special clinic concerning general characteristics of sanatorium and environment according to the Sanatorium Act, B.E.2541 were as follows;

- (1) The area of sanatorium shall not confound with any business and have good ventilation, in case it was air-conditioned, and the vacuums were also needed.
- (2) The treatment and nursing rooms shall be separated.
- (3) The advertising statements(If such sanatorium has the advertising board) must be correct and have no exaggerated words which led to any misunderstanding.
- (4) The disposals of infectious waste need to be separated from the normal waste, and the non-smoking sign is needed.

Suthum Limtanakulchai and Pinun Singkittiya (B.E. 2546: interview) revealed that the sanatorium investigation on its general characteristics according to Sanatorium Act, B.E. 2541 should concern the following contents; the buildings and maintenance for cleanliness and safety; the proper arrangement of area both inside and outside; the disposals of infectious waste.

Sanatorium operators, sanatorium implementers, and physicians (2546: interview) mentioned that the investigation on general characteristics of sanatorium according to the Sanatorium Act, B.E. 2541 should include the environment of such sanatorium.

Therefore, the officials' practices concerning investigation on the topics of building and environment should include the following contents: buildings and its maintenance; the proper arrangement of the inside and outside area; the good ventilation and vacuum provided in case such building were air-conditioned; the advertising statement with true statements; and the no-smoking signs.

**The officials' practices concerning investigation on the topics of tools, instruments, drugs and medical supplies were mentioned by many scholars as follows:**

Division of Medical Registration (2546: 30-31) revealed the guideline officials for investigating the standard of special clinic concerning the types and number of tools, instruments, drugs and medical supplies in each sanatorium according to the Sanatorium Act, B.E. 2541. The contents for investigation should include necessary tools, instruments, drugs and medical supplies as prescribed in the ministerial regulations. The suitable infectious control such as the use of auto-clave, chemical substance and boiling to destroy disease are needed. The referring system should be provided for referring emergency case to hospitals in the vicinity area

Suthum Limtanakulchai and Pinun Singkittiya (B.E. 2546: interview) revealed the sanatorium investigation regarding tools, instruments, drugs and medical supplies as per the Sanatorium Act, B.E. 2541. The contents for investigation on this topic should comprise the necessary number of tools, instruments, drugs and medical supplies in each sanatorium. The infectious control for these tools, instruments, drugs and medical supplies should be appropriate for a sanatorium. The emergency drugs and the Antidote must be enough.

Sanatorium operators, sanatorium implementers, and physicians (2546: interview) mentioned that the sanatorium investigation needed to include these contents; tools, instruments, drugs and medical supplies according to the Sanatorium Act, B.E. 2541. The suitable of beds for treatment, the system of drug arrangement

such as drug categories, correct drug label, drug-crosschecking-system before distribution, and the advice for drug administration, were included.

In summary, the officials' practice regarding the investigation of tools, instruments, drugs and medical supplies should have the following contents; the necessary tools, instruments, drugs and medical supplies as indicated in the criteria; the drugs and vaccines kept in a temperature-controlled refrigerator; the expired drug separated from normal drugs; and the necessary drug as per the National drug list.

**The officials' practices regarding the investigation of health care units and their networks are mentioned as follows:**

Division of Medical Registration (2546: 30) had indicated the guideline for officials for investigating the standard of special clinic concerning health care services according to the Sanatorium Act, B.E. 2541 as follows: the location is correct due to the license; the license must be obviously displayed; the license use for business implementation must be renewed every 2 years; the document for fee must be showed at the entrance of a sanatorium; the book must be provided for the investigators for any records; the type of business must be correct due to the license; the person who get any permission for implementing the sanatorium, physicians, and the work time.

Suthum Limtanakulchai and Pinun Singkittiya (B.E. 2546: interview) revealed that investigation on the services of sanatoriums according to the Sanatorium Act, B.E. 2541 should include risk management (illustrated in bar chart, work instruction or the interview made to health care workers in such sanatorium), and the given services as per the license.

Sanatorium operators, sanatorium implementers, and physicians (2546: interview) mentioned that the investigation on the services given by sanatoriums due to the Sanatorium Act, B.E. 2541 shall be include type of services according to the license.

The conclusion on practice of officials concerning the service of health care units and their networks should have the following contents; the integration of promotive, preventive, curative, and rehabilitative cares; the advance services in a community, the referring system; the information system both inside and outside networks, the counseling system within the network; and the responsible team for indicating people on “Who are they?” and Where do they live?”

**The officials’ practices regarding the details of health personnel in each health care units and their networks, the cost of treatment, expense of health care services and patient’s right.**

Division of Medical Registration (2546: 30) mentioned about the guideline of officials according to Sanatorium Act, B.E. 2541 for inspecting the standard of medical clinic and specific clinic on the topic of displaying details of sanatorium’s name, professional workers in such unit, cost of treatment, service expense and patient right. The topics on this guideline are as follows: a name board of a sanatorium with correct color and size: pictures and the number of professional license of the workers: the display of service expense: statements which inform clients about where to get information concerning cost of treatment: the displayed board notifying patient’s rights.

Suthum Limtanakulchai and Pinun Singkittiya (B.E. 2546: interview) revealed that the sanatorium investigation on details of the sanatorium’s name, the health care workers in such sanatorium, the cost of treatment, the expense of health care services, and patient’s rights due to the Sanatorium Act, B.E. 2541 should include the following contents; the number and type of personnel, the name tags of workers, the cost of treatment, and the patient’s rights.

Sanatorium operators, sanatorium implementers, and physicians (2546: interview) mentioned that according to Sanatorium Act, B.E.2541, the officials would examine sanatorium’s names, the names’ tags of professional workers, cost of

treatment, expense of health care service and the displayed patient's rights during investigating sanatoriums.

The process of sanatorium investigation is conformable to the guideline to reduce the step of work process, indicated by the Administration guideline of good government (Good governance and Conscript Royal Decree B.E 2546: section 26). It was found that the officials' practices concerning services or cooperation among governmental agencies shall be conducted by using the work instruction provided in such agency or in the information network, so that people can check or investigate.

In summary the sanatorium investigation on details of the sanatorium's name, the health care workers in such sanatorium, the cost of treatment, the expense of health care services, and patient's rights due to the Sanatorium Act, B.E. 2541 should include the following contents; the name tag of physicians, nurses, public health personnel, and the person who are responsible to follow up the physical/ social health; the displayed patient's rights; the cost of treatment; and the documentation file or computer including the statement "where to request the information".

In conclusion, the interview performed to the Chief of consumer protection group, pharmacist, sanatorium operators, sanatorium implementers, and physicians on the topic of the practices of officials were applied to construct the questionnaires in this research.

### **Types of Sanatorium Investigation**

Suthum Limtanakulchai and Pinun Singkittiya (B.E. 2546: interview) revealed that there were two types of sanatorium investigation (1) investigation for surveillance or for controlling standard and quality prescribing in the law (annual investigation), and (2) investigation for prosecution. The officials have to identify themselves every time of investigation. Similarly, the regulation regarding the officials identification indicated that the officials shall identify themselves to the

involved persons by using the governmental document and/or official identification card. (Sanatorium Act, B.E. 2541: section 47)

Each investigation for standard and quality control, the officials shall plan in advance and inform the schedule to the Provincial physician and Sanatorium operators (except the investigation is performed by any course of complaints or any suspect of guilty). It was conformable to the Administration guideline of good government which indicated that the governmental sections shall have a preplan to use as a guild for evaluation. (Good governance and Conscript Royal Decree B.E. 2546: section 9)

### **The Objectives of Sanatorium Investigation**

☉ Suthum Limtanakulchai and Pinun Singkittiya (B.E. 2546: interview) stated the purpose of Sanatorium investigation and its conditions as follows:

1. The investigation with the purpose to control the standard and quality of sanatorium according to Sanatorium Act, B.E. 2541 and to protect consumers.

Suthum Limtanakulchai and Pinun Singkittiya (B.E. 2546: interview) revealed that the investigation for each sanatorium shall be performed once a year during the work time. It was not necessary to request any cooperation from the inquiry officials or request for the warrant of court because this practice was conducted with the purpose of checking documents and evidence, general characteristics of sanatorium, type and number of necessary tools, instruments, drugs and medical supplies in each sanatorium including the waste disposals. This type of investigation can lead to the penalties such as compared fine or fine at a larger amount of money than the first time. Likewise, the sanatorium operators, sanatorium implementers and physicians (2546: interview) revealed that the officials would inspect a sanatorium once a year. The plan would be informed to each unit in advance. The contents for investigation would be general characteristics of a sanatorium, tools, instruments, drugs and medical supplies including the services of such sanatorium. The report forms about health care personnel, patients, treatments in

a sanatorium. If it was found that any sanatorium did not follow the rules such as no displayed cost of treatment, the document will sent to inform such unit and forced to action in 30 days. It was conformable to the Division of Medical Registration, Ministry of Public Health (Sanatorium Act, B.E.2541: section 46 paragraph 2); the officials can investigate and control the standard of sanatoriums according to the law during the Work time.

2. The investigation for prosecution or for the proof of guilty.

Suthum Limtanakulchai and Pinun Singkittiya (B.E. 2546: interview) revealed that this type of sanatorium investigation shall be performed when the complaints are lodged or the suspect of guilty is occurred. The request for inquiry officials' cooperation and the warrant of court are needed in order for the safety of investigators. The investigations can be performed in many methods as follows;

- The workers act as a physician despite the fact that they are not. The investigation will be performed to find out and prove the documents involved.
- The sanatorium where the abortions are performed to the pregnant will be examined by using the spy.
- If the forbidden drug is sold in such sanatorium, the lure method will be used. When the guilty is found the involved assets will be detained.

**The process of prosecuting the case**

1. Warning can be made in a small guilty or such guilty are harmless to the others.
2. The fine determination can be made only in case that the business operators or sanatorium implementers or the professional admitted their faults.
3. Documents cannot be sent to the inquiry official for prosecution or a fine determination.

In case that a person obtaining a license or the operators had been detected for improper occurrence or any act that will have an impact on the living condition or will be seriously harmful to the people in a sanatorium or to the people in the vicinity

of such sanatorium, or the person who failed to comply with an order of the approver the or the officials; the approver the or the officials have powers to order such sanatorium to temporarily suspend the operation of such sanatorium within the prescribed period, The approver can deprive the sanatorium closing order. In case the operators or the implementers are lack of the crucial characteristics, the official has power to order revocation of the license.

The investigation performed to the 2 type of sanatoriums shall be reported to the Provincial physician, the director of Division of Medical Registration, Ministry of Public Health, and the inspected sanatoriums.

#### **Part 4 Desired Characteristics of Officials**

##### **Desired characteristics**

The Thai Dictionary (Rachbanditayastan) B.E. 2542 (2546: 253) signifies the definition of desired characteristics as the quality or moral of a person which the officials should have.

Matee Pirantanun (2536: 12) indicated that the leaders' characteristics and hopes should be composed of the good vision, creative thinking, fast and brave in decision making, power in body, mind and thought, high-level moral, persuading and controlling capabilities the people having the discipline.

Chanida Buranabut (2538: 11) defined the ideal leaders' desired characteristics that the leaders should have the composition of good vision, high capability, honesty, and bravery to make the decision. In addition, the leaders have to keep the words and have to be the excellent model.

Kiengsak Jaroenwongsak (2539: 147) concluded the leaders' desired characteristics in the next decade is the person who concerns the others' thought, good vision and moral and ethical behaviors and have ability to lead the team.

The literature reviewed about desired characteristics depicted definitions given in four parts which are personalities, capabilities, morals and relationships.

### **Desired characteristics: Personalities**

Pramol Rungsri (2539: 6) defined the desired characteristics as following behaviors – healthy, polite, brave to make the decision, confident and opened for the other thoughts, similar to definition given by Sripen Choungtaisong (2540: 6): the personality means the outside-general characteristics expressed by the behavior and mentality. In addition, Samai Pliendeh 2537: 24-25) defined the leaders' desired characteristics as the status of compounding into an individual by body, emotion, interesting, capability and relationships.

☉ The conclusion of personality of desired characteristics should be composed of fine manner, good vision, good behavior, good health and accurate decision.

### **Desired characteristics: Capabilities**

The Thai Dictionary (Rachbanditayastan) B.E.2542 (2546: 232) gives the definition of capability as the achievement made by managing one thing.

Sripen Choungtaisong's (2540: 37) defined the capability in the next decade of representatives who generates the outcome that should comprise capability in working, expertise and willing to serve the population.

Sutum Limpatanakulchai and Pinan Singkittaya (Interview: 2546) said that the officials should have the academic knowledge such as the knowledge regarding laws. In addition, sanatorium operators, sanatorium implementers and Physician (Interview: 2546) said that the officials should be knowledgeable and expert in laws and be able to clarify the workers' objectives.

Consequently, the desired characteristics of officials concerning capabilities should be composed of the expression of the behaviors in using theory and the principles to apply and blend in order to achieve goals and be accepted from the others; such as having the knowledge and understanding involved health security laws and other related knowledge, applying the situation to match their works including having the overall public health knowledge.

#### **Desired characteristics: Morals**

The Office of the Basic Commission, Thai National Education (2536: 19) defines the desired characteristics about ethical and moral issues as the individual's ethic that influencing the good faith beliefs and expressing the behavior as the society's desired characteristics.

Chalong Mapreda (2537: 35) mentioned that desired characteristics should be a person who has faith moral and the excellent performance. The administrator's practices should emphasis on public interest.

Sanatorium operators, sanatorium implementers and physician (Interview: 2546) said that inspection of officials should be advisory direction rather than coercive health care units.

Thus, desired characteristics regarding moral should be composed of the good ethics, honest working, free feeling and no power using for own bargaining and benefit, and follow the rules and the regulations.

#### **Desired characteristics: Relationships**

Somporn Suthusanee (2538: 3) indicated that the relationship is the connection between people in order to bring the likeliness, cooperation in the activities for the achievement and a good life. Similarly, Sripen Choungtaisong (2540: 6); signified the relationships of representatives in the next decade is the

performance expressed to have good relation among people, colleagues and others. The relationships of the cooperation is how people or team or organization work together in order to achieve their objectives and goals in time.

Sanatorium operators, sanatorium implementers, and physicians (Interview: 2546) gave opinions that the officials should admit to opinions and recommendations of the inspected persons. The Administration guideline of good government (Good governance and Conscript Royal Decree B.E 2546: section 8) indicates that the civil service is to preserve the population's benefits in the effectiveness, value-added, reduce the inefficient way to comfort the population, and then their needs are fulfilled at last.

The researcher had concluded the desired characteristics of officials regarding relationships dimension on the concepts of each scholar above. It is one of behaviors that create the friendly relation with others, enhance the accepting of the other thoughts, and capacitate in creating the relation with other persons.

### **Related Researches**

There was no precise research of the officials' desired characteristics. However, a research on Amphur public health groups and district public health administrators appointed as the official under the public health centres Act, B.E.2541 was concerned. In addition, a study of Charnchai Kongrod (2543: 77-79) on "The District Public Health Administrators of Pisanulok province in the next decade" indicated that accurate decision, ability to apply the situation into their works, good cooperating with other organization, controlling and achieving the targets and having the overall public health knowledge, having the public health experience over 10 years, practice's just rules strickness, opening his/her mind for others' thought, good relationships and enthusiasm of teamwork. All of the mentioned characteristics are similar to the characteristics of standard district public health administrators (Division of officer/ office of the Permanent Secretary to the Ministry of Public Health: 2546) which are capable to manage, creative for adjusting the policy and work plan, capable

to understand the government's work policy and politics, economics and social problems, capable to communicate/cooperate and expertise in work. Besides, the objectives of good government (Good governance and Conscript Royal Decree B.E 2546: section6) indicates that the civil service is to preserve the population' benefit in the effectiveness, value-added, reduce the unrelated/ inefficient process to comfort the population and fulfill their needs.



## **CHAPTER 3**

### **MATERIALS AND METHODS**

The research methodology of this study is discussed in six aspects as follows :

#### **1. The Research Design**

The design of this study is the survey research. The data was gathered from National Health Security Board, Standard and Quality Control Board, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Provincial Physicians in March – June, 2001. The questionnaires were used for the data collection.

#### **2. The Population**

The population of this study were 146 persons. There are National Health Security Board (30), Standard and Quality Control Board (35), Authority of Bureau of Legal Affair/ National Health Security Office (6) and Head of Provincial Physicians (75) .

#### **3. The Research Instrument**

The researcher used the questionnaires and interviewed pharmacists who work at provincial public health office (Mr.Sutum Limpathanakulchai and Mr.Pinan Singkittiya), Sanatorium operators, Sanatorium implementers and physicians for guide to constructed the questionnaires.

In the parts of interview for guide to constructed the questionnaires, there were guide of interview as follows:

1. Kinds of the sanatorium examination
2. Objectives of the sanatorium examination
3. Conscripts and methods of the sanatorium examination
4. Desired characteristics of officials

In the parts of the questionnaires, the instrument for data collection in this study was the questionnaires, which were constructed by the researcher and which were based on perspectives, theories and literatures related to the research objectives. The questionnaires were divided into 3 parts (see appendix B for more details)

**Parts 1 :** Demographic variables were asked about the respondents' personal data, for example ; age, sex, education status and current position. The questions were open and close ended.

**Parts 2 :** Operationalized variables were constructed in order to test population's perception. The questions were created to measure National Health Security Board, Standard and Quality Control Board, Authority of Bureau of Legal Affair/National Health Security Office and Head of Provincial Physicians's perception, compose of the details of the health care unit and network of health care units examination with the quality and standard of National Health Security ACT, B.E. 2545. The questions were close ended and divided into 5 levels as follows:

Score	Item
5	Strongly Agree
4	Agree
3	Uncertain
2	Disagree
1	Strongly Disagree

Then, the scores of the questionnaires assessed the values of officials' practices in terms of 3 level; i.e. low, moderate and high. The scores were calculated by the highest score minus the lowest score and divide by number of levels.

Average Score	Level of Perception
1.00 - 2.33	Low
2.34 - 3.66	Moderate
3.67 - 5.00	High

**Parts 3** : Operationalized variables were constructed in order to test population's perception. The questions were created to measure National Health Security Board, Standard and Quality Control Board , Authority of Bureau of Legal Affair/National Health Security Office and Head of Provincial Physicians' perception, compose of the details of desired characteristics of officials. The questions were close ended and divided into 5 levels as follows:

Score	Item
5	The most desired characteristics
4	Desired characteristics
3	Average desired characteristics
2	Less desired characteristics
1	The least desired characteristics

Then, the scores of the questionnaires assessed the values of officials' practices in terms of 3 level; i.e. low, moderate and high. The scores were calculated by the highest score minus the lowest score and divide by number of levels.

Average Score	Level of Perception
1.00 - 2.33	Low
2.34 - 3.66	Moderate
3.67 - 5.00	High

## 4. Quality of Instrument

### 4.1 Content Validity

The first draft questions of questionnaires were constructed by the researcher. Then, three experts (see appendix A) consulted to assess and clarify their contents.

### 4.2 Reliability

The questionnaires were assessed and improved, the researcher tried out with 35 samples, there are National Health Security Board(6), Standard and Quality Control Board(7), Authority of Bureau of Legal Affair/ National Health Security Office(6) and Head of Provincial Physicians(16). Then, they were tested for reliability based on Cronbach's Coefficiency. The criteria of alpha value that more than 0.70 was accepted. The result of this test is follows :

- Reliability of desired officials' practices was 0.81
- Reliability of desired characteristics of officials was 0.91

## 5. Data Collection

For related organizations: Nation Health Security Office and provincial public health office. The researcher collected questionnaires with each National Health Security Board, Standard and Quality Control Board, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Provincial Physicians to answer the mail questionnaires for 3 rounds. In the first round, it took 15 days for received. In the second round, the researcher sent the new questionnaires and telephoned to the one who did not answer it in the first round. In the third round, the researcher by self communicated the one who did not answer it in the second round.

The data were collected during in March, 31 2004 – June, 11 2004. The questionnaires were sent back 108 copies (73.97 %). There were the National Health Security Board (21 copies), Standard and Quality Control Board(26 copies), Authority

of Bureau of Legal Affair/ National Health Security Office (6 copies) and Head of Provincial Physicians (55 copies).

## **6. Statistical analysis**

### **6.1 Descriptive Statistics**

The data was analyzed in items of descriptive statistics : percentage in order to explain demographic data, perceptions of desired practices and characteristics of officials.

### **6.2 Inferential Statistics**

The data was analyzed in items of inferential statistics in order to test the compare mean among perceptions of National Health Security Board, Standard and QualityControl Board, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Provincial Physicians. Kruskal Wallis Test was employed for significant test at  $\alpha = 0.05$

## CHAPTER 4

### RESULTS

The purpose of this research was to specify desired practices characteristics of officials according to National Health Security Act, B.E. 2545 (A.D. 2002) in perceptions of National Health Security Board, Standard and Quality Control Board, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Provincial Physician. The researcher had analyzed data from returned questionnaires and then presented results in 5 parts as follows:

**Part 1** Demographic data of the population

**Part 2** Officials' practices according to National Health Security Act, B.E. 2545 in such perception of National Health Security Board, Standard and Quality Control Board, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Provincial Physician.

**Part 3** Desired Characteristics of officials according to National Health Security act, B.E. 2545 in such perception of National Health Security Board, Standard and Quality Control Board, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Provincial Physician.

**Part 4** Comparison among the perceptions of National Health Security Board, Standard and Quality Control Broad, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Provincial Physician about the officials' practices according to National Health Security Act, B.E. 2545.

**Part 5** Comparison among perceptions of National Health Security Board, Standard and Quality Control Board, Authority of Bureau of Legal Affair/ National Health Security Office and Head of Provincial Physician about desired characteristics of officials according to National Health Security Act, B.E. 2545.

## Part 1 Demographic data

Results on demographic data such as sex, age and educational level are presented respectively.

**Sex:** It was found that the majority of respondents in each group were male or in a range of 65-90 %. Only in a group of the Authority of Bureau of Legal Affair/ National Health Security Office(LNH), male and female were found at the same amount.

**Age:** More than half of respondents (61-68%) were aged between 40 – 49 years. However, the age less than 40 years and 40-49 years were at equal amount (50%) in a group of the Authority of Bureau of Legal Affair/ National Health Security Office(LNH).

**Educational level:** More than half of respondents in groups of National Health Security Board (NHSB), and Standard and Quality Control Board (SQCB) received bachelor degree (57 – 66%). A group of the Authority of Bureau of Legal Affair/ National Health Security Office (LNH) showed the same percent of bachelor degree and master degree (50%). Master degree (52.7%) was more than bachelor degree (43.6%) in a group of Head of Provincial Physician (HPP). Details are shown in Table 1.

**Table 1** Percentage of NHSB , SQCB , LNH and HPP by demographic data

Demographic Data	Population				Total
	NHSB	SQCB	LNH	HPP	
<b>Number of respondents (n)</b>	21	26	6	55	108
<b>Sex</b>					
Male	81	65.4	50.0	89.1	79.6
Female	19	34.6	50.0	10.9	20.4

**Table 1 (cont.)**

Demographic Data	Population				Total
	NHSB	SQCB	LNH	HPP	
<b>Age</b>					
Lower 40 years old	4.8	7.7	50.0	1.8	6.5
40-49 years old	61.9	61.5	50.0	67.3	63.9
50-59 years old	28.6	23.1	0.0	30.9	26.9
60 years old up	4.8	7.7	0.0	0.0	2.8
<b>Education</b>					
Bachelor Degree	57.1	65.4	50.0	43.6	51.9
Master Degree	23.8	30.8	50.0	52.7	41.7
Doctorate Degree	19.0	3.8	0.0	3.6	6.5

## Part 2 Officials' practices

### 2.1 Officials' Practices according to National Health Security Act, B.E. 2545 in such perception of NHSB, SQCB, LNH and HPP as follows:

With the reasons that planning could be the guidelines for practices and evaluation, most respondents (83-96%) believed that preplan for investigation the health care units or networks of health care units, was necessary. They supported that good administration should comprise cooperation in all levels. Moreover, the framework should be set periodically (such as monthly) so that all units could process efficient work and investigative control. It signified that a responsible person would be part of investigative process by themselves; the readiness of data, information and document for examination and precise qualification as indicated. On the other hand, some respondents, thinking that preplan was unnecessary, gave the ideas that all health care unit should have standard and quality ready all the time so that the investigator could see the real pictures of all units and its networks in many aspects such as environment, personnel, instruments, drugs and medical supply including their performances.

Results on a group of officials who have to be informed in advance if the plan for health care service examination is showed that more than half (80-83%) of respondents in a group of National Health Security Board (NHSB), Standard and Quality Control Board (SQCB), and Authority of Bureau of Legal Affair/ National Health Security Office (LNH) agreed to inform the health care unit evaluation plan ahead of time to Secretary General of National Health Security Office and Head of Provincial physicians. All of them (100%) thought that the health care units and their networks, received the inspection, should be notified earlier. The rest of respondents in other group (57-87%) agreed that such health care units that would be examined should be told ahead.

For the results of health care unit evaluation, most respondents (72-90%) gave the point of view that the first three groups to be informed were Secretary General of National Health Security Office, Head of Provincial physician and those inspected health care units.

The number of inspection should be one per year suggested by the respondents in a group of Standard and Quality Control Board (SQCB), Authority of Bureau of Legal Affair/ National Health Security Office (LNH), and Head of Provincial physician (HPP) (61 – 66%). Whereas more than half of the National Health Security Board (NHSB) agreed that the investigation on health care unit should be twice a year.

Concerning the objectives for inspection the health care units and its networks, the majority of respondents (71 – 87%) agreed that the objective should be “To control the standard and quality of health care units and their networks according to the spirit of law”. Follow by 11 – 24% of them thought that the objectives should be “To plan for developing standard and quality of Public health service”, “To evaluate the health care units and their networks for another contact with National Health Security Office”, “To develop health care units willingly”, “To secure people for good health service”, “To find out essential evidence for any complaints” and

“To suggest the guideline for improving the National Health Security system”.

The view point about the request for cooperation from the inquiry officials (policemen) during the process of health care unit investigation, it was revealed that most respondents (90 – 100%) thought that it was unnecessary because the appointed officials had already performed duties for the execution of this Act. In addition, the investigation was conducted to control and develop standard and quality, not to find the fault of health care units and their networks. As a result, the cooperation should be request from the police after any faults had been inspected. The officials according to the National Health Security Act, B.E. 2545 should be trained to inquire the case as stated in the Penal code of Thailand. On the other hand, the rest of respondents confirmed that it was necessary to request such cooperation from the police for the officials' safety during an investigation and if the offense had been found, the police could prosecute such case immediately.

Most respondents (90 – 100%) thought that there was no need to apply for a court warrant during an investigation on health care units and their networks since the officials, according to the National Health Security Act, B.E.2545, had adequate power to examine each unit. This type of investigation was to check the work performance and not to prosecute those health care units. It involved specifically with ministerial regulation and procedure of the National Health Security Office. The officials also need to show their identification cards in conducting each investigation.

Focusing on the suitable time to investigate health care units and networks of health care units according to this Act, the respondents in the group of National Health Security Board (NHSB) and the Authority of Bureau of Legal Affair/ National Health Security Office (LNH) agreed that work time was the most appropriate (47–66%). The official time was the most proper for investigation in the viewpoint of the Standard and Security Control Board(SQCB) and Head of Provincial physicians(HPP) (49 – 65%). Furthermore, the studied population's opinions indicated that anytime would be suitable if such health care unit requested for an enrollment at the National Health Security Office. Such a health care unit should be informed in advance. The

investigation should be conducted during working so that the officials could evaluate the real situation.

The request cooperation from inquiry officials in case that an investigation was caused from any complaints or any suspect regarding an offence, it was revealed that more than half of respondents (57–73%) in the groups of the National Health Security Board (NHSB), the Standard and Quality Control Board (SQCB), and the Head of Provincial physician(HPP) disagreed with this topic. These groups of respondents supported that the Investigation Board should be appointed to ascertain the fact or establish the guilt. If the guilt was proved, the case would be prosecuted by the police and the officials had a power to penalize the dissidents. Moreover, the Board at Aumpur and provincial level had already ascertained the facts and informed the supervisors of the Ministry of Public health for further coordination and management. Only the officials in the Authority of Bureau of legal affair/ National Health Security Office group(LNH) (83.3% of respondents in this group) thought that it was necessary to request for such cooperation so that officials and witnesses would be save. Since the guilty could be concern with civil law, criminal law, professional law or officials' infringe law, the inquiry officials could be prosecuted.

More than half of respondents (66–76%) in a group of the National Health Security Board (NHSB) and the Standard and Quality Control Board (SQCB) gave the opinions that it was not necessary to apply for warrant of search in case any complaint was lodged or any suspect of guilty was occurred. Since the officials had powers according to this Act, more process in practice would influence negative impact. For example, they may not be willing to participate in the project. Only 83.3% of respondents in a group of Authority of Bureau of legal affair/ National Health Security Office (LNH) agreed on this topic because the warrant of court could be the preliminary protection for the officials especially at night time of inspection.

In case that the complaints or the suspects of faulty evidence were taken, the officials in Authority of Bureau of Legal Affair/ National Health Security Office (LNH) group gave significance to the police's cooperation and application for a

warrant of court during the investigation on health care units and their networks. Whereas, the other groups perceived the inspection as a useful tool for protecting consumer, it may be the thoughts concerning the penalties were only warning, fine or canceling a contract with National Health Security Office.

The respondents (36 – 83%) thought that the work time was most suitable for investigating the health care units and their networks if the complaint was lodged or the suspect of guilty was informed. Only the small number of respondents (11-38%) indicated that it depended on condition of those problems at such period of time. Details are shown in Table 2.

**Table 2** Percentage of perception of NHSB, SQCB, LNH and HPP about practices of officials according to National Health Security act B.E. 2545

Statements	Perceptions concerning officials' practices			
	NHSB	SQCB	LNH	HPP
<b>Number of respondents (n)</b>	21	26	6	55
Officials should have preplan for investigation the health care units and their networks.				
- Necessary	90.5	92.3	83.3	96.4
- Unnecessary	9.5	7.7	16.7	3.6
The personnel groups to whom are informed in case of any plans, regarding investigation on health care units and networks of health care units, are conducted.				
- Secretary General of National Health Security Office	81.0	80.8	83.3	32.7
- National Health Security Board	38.1	46.2	0.0	25.5

**Table 2 (cont.)**

Statements	Perceptions concerning officials' practices			
	NHSB	SQCB	LNH	HPP
- Standard and Quality Control Board	42.9	46.2	0.0	45.5
- Head of Provincial Physician	81.0	80.8	83.3	76.4
- Health care units and their networks	57.1	61.5	100.0	87.3
- Provincial Public Relation	14.3	0.0	0.0	5.5
- Others (Sub-Provincial National Health Security Board and Sub-Provincial Standard and Quality Control Board.)	4.8	11.5	0.0	7.3
The report on the results of health care unit evaluation				
- Secretary General of National Health Security Office	90.5	88.5	83.3	72.7
- National Health Security Board	61.9	57.7	16.7	43.6
- Standard and Quality Control Board	66.7	61.5	33.3	65.5
- Head of Provincial Physician	90.5	80.8	83.3	83.6
- Health care units and their networks	81.0	84.6	83.3	83.6
- Provincial Public Relation	9.5	3.8	0.0	5.5
- Others (Sub-Provincial National Health Security Board and Sub-Provincial Standard and Quality Control Board.)	0.0	7.7	0.0	5.5

**Table 2 (cont.)**

Statements	Perceptions concerning officials' practices			
	NHSB	SQCB	LNH	HPP
The number of investigation on health care units and their networks per year.				
- Once	38.1	65.4	66.7	61.8
- Twice	61.9	34.6	33.3	38.2
Objectives of investigations.				
- To sustain standard and quality of the health care units and their networks on willing the spirit of law.	71.4	84.6	83.3	87.3
- To proceed the case.	4.8	3.8	0.0	0.0
- Others	23.8	11.5	16.7	12.7
The request for inquiry official's cooperation during an investigation on health care units and their networks in order to meet the standard and quality according to National Health Security Office Act, B.E.2545				
- Necessary	9.5	3.8	0.0	0.0
- Unnecessary	90.5	96.2	100.0	100.0
An application for warrant of court , in case that the investigation on health care units and their networks is conducted to control the Standard and quality due to the National Health Security Act, B.E. 2545				
- Necessary	90.5	100.0	100.0	100.0
- Unnecessary	9.5	0.0	0.0	0.0

**Table 2 (cont.)**

Statements	Perceptions concerning officials' practices			
	NHSB	SQCB	LNH	HPP
The suitable time for performing investigation on health care units and their networks to maintain standard and quality due to the National Health Security Act, B.E. 2545				
- Working time *	47.6	34.6	66.7	32.7
- Official time **	42.9	65.4	33.3	49.1
- The time between sunrise and sunset	4.8	0.0	0.0	0.0
- Others	4.8	0.0	0.0	18.2
A request for inquiry officials' cooperation during the investigation on health care units and their networks in case any complaints and the suspect of guilty are occurred.				
- Necessary	42.9	26.9	83.3	41.8
- Unnecessary	57.1	73.1	16.7	58.2
A request for warrant of court to inspect the health care units and their networks in case any complaints and the suspect of guilty are occurred.				
- Necessary	33.3	23.1	83.3	21.8
- Unnecessary	66.7	76.9	16.7	78.2

\* signifies the time (00:00 a.m.– 12:00 p.m.) that the health care units and their networks provide the services.

\*\* defines time from 08:00 a.m. to 04:00 p.m.

**Table 2 (cont.)**

Statements	Perceptions concerning officials' practices			
	NHSB	SQCB	LNH	HPP
The suitable time for performing investigation on health care units and their networks in case any complaints and the suspect of guilty are occurred.				
- Work time	47.6	42.3	83.3	36.4
- Official time	14.3	26.9	16.7	25.5
- The time between sunrise and sunset	0.0	19.2	0.0	1.8
- Others	38.1	11.5	0.0	36.4

**2.2 The officials' practices about health care unit investigation according to the National Health Security Act, B.E. 2545 in the viewpoints of NHSB, SQCB, LNH, and HPP are detailed as follows:**

#### **Location and Population**

Most respondents (57 – 78%) in the groups of National Health Security Board (NHSB), Standard and Quality Control Board (SQCB), and Head of Provincial Physician (HPP) agreed on these topics of investigation the ratio of population per a health care unit and the convenience on line of communication to the health care unit location. The suitable number of people per health care unit will affect the standard and quality of services. About a half or respondents in LNH had a moderate level of perception on this topic. They viewed that health care units and their networks had to pass the criteria after their enrollments to National Health Security Office and then it would influenced the increase of number of people receiving the health services in general. Besides, the immigration would have an effect on the population number (if more than 10,000 persons would decrease its standard and quality of cure and cares). Therefore, every service given by health care units and their networks should be emphasized to cover in all aspects with standard and quality, according to this Act.

### **Buildings and environment**

About 76 – 100% of respondents in all 4 groups hold a high level of agreement that the investigation need to be conducted on these topics. The indicators were as follows: “the health care unit buildings had to be in good conditions and good maintenance both inside and outside. The area had to be clean and well ventilated not humid. The advertisement board with true statements and the no-smoking sign should be indicated. Besides, there should be the opinion box, the board showing the procedures of services, the signs indicated directions, the notices about line of communication during the emergency situation and having enough lights in each room. The treatment room and counseling room should be clean and have privacy. The infectious waste must be separated from normal garbage and the suitable disposal of waste must be provided. The appropriate tools for extinguishing fire were in good condition, easily seen, and ready for use at anytime.

### **Tools, instruments, drugs and medical supplies**

More than half of respondents (71-89%) in National Health Security Board (NHSB), Standard and Quality Control Board(SQCB) and Head of Provincial Physician (HPP) highly agreed that tools, instruments, drugs and medical supplies as prescribed in the criteria were needed. The temperature of rooms for keeping drugs and vaccines must be controlled. The expired drugs must be separated and the necessary drugs according to the National Drug List must be provided. Whereas the HPP moderately agreed with this topic (50%) because some of respondent thought that the expired should not be kept, but correctly exchange back. The drugs should be provided due to the clients’ needs because some patients could pay extra money for the drugs outside the National Drug List. They had other recommendations about the warning of drug use especially the drug with contraindications, the method of stocking drugs especially dangerous medicines and disinfectant and the drug for external use, oral pills and injection medicine should be distinguished as well as, the sterile system need to be managed. The data base system about tools, instruments, drugs and medical supplies should be set up to indicate the name of each drug for patients’ convenience.

### **The services of health care units and their networks**

Results showed that most respondents in all 4 groups (90-100%) had an agreement at a high level on these topics. There were integration procedures among treatment, health promotion, preventive medicine and rehabilitation. The services concerning prevention and health promotion such as antenatal and postnatal cares, caring for newborn wellbeing, family planning and follow up and home visit were provided. Moreover, the primary care and advanced health services in a community, the standard forensic medicine, transferring system, and data transfer system via network and outside communication for health counseling were also set up. The responsible team had to know the person and place of the registered person. The others topics such as having public relation department and updating family folders and mapping were recommended.

### **The details about health care workers in those health care units and their networks cost of treatment, service expense and patient's rights.**

The majority of respondents in 4 groups (85 – 100%) had a high level of agreements on these topics, namely each health care units had lists of medical personnel and indicated responsibilities for continuing physical/social care and treatment, the patient's rights and cost of treatment had been obviously notified and collected as a data base in computers. Moreover, there were the statements to inform about where to get essential data and where to suggest for more information. For example, the training and seminar to enhance the knowledge of the health care workers in health care units and their networks. Each personnel had quality to complete their work according to standard and quality indicators and the inner control system had to be set.

The other recommendations were suggested by the respondents following topics of reports concerning evidences of clients and others documents concerning the services.

1. Recording the number of people who receive health services daily.
2. Providing the out patient department card (OPD card) and completely record the data.

3. Reporting as indicated by National Health Security Office and submit to National Health Security Office.

4. Providing the enrollment book concerning the names of health care units and their networks for the inspectors as shown in Table 3 and 4.

**Table 3** Percentage of respondents in NHSB, SQCB, LNH, and HPP on their perceptions concerning the officials' practices on health care units and their networks investigations according to National Health Security Act B.E. 2545

<b>Examination Data</b>	<b>Population in this study</b>			
	<b>NHSB</b>	<b>SQCB</b>	<b>LNH</b>	<b>HPP</b>
<b>Number of respondents (n)</b>	21	26	6	55
<b>Location and Population.</b>				
Low	19.0	7.7	33.3	7.3
Moderate	23.8	30.8	50.0	14.5
High	57.1	61.5	16.7	78.2
<b>Buildings and environment.</b>				
Low	4.8	3.8	0.0	1.8
Moderate	19.0	11.5	0.0	3.6
High	76.2	84.6	100.0	94.5
<b>Tools, instruments, drugs and medical supplies.</b>				
Low	4.8	3.8	0.0	1.8
Moderate	23.8	7.7	50.0	9.1
High	71.4	88.5	50.0	89.1
<b>The services of health care units and their networks.</b>				
Low	0.0	0.0	0.0	0.0
Moderate	10.0	0.0	0.0	0.0
High	90.0	100.0	100.0	100.0

**Table 3 (cont.)**

Examination Data	Population in this study			
	NHSB	SQCB	LNH	HPP
<b>The details about health care workers in those health care units and their networks cost of treatment, service expense and patient's rights.</b>				
Low	4.8	0.0	0.0	1.8
Moderate	9.5	3.8	0.0	1.8
High	85.7	96.2	100.0	96.4

**Table 4** Recommendations of respondents.

Recommendations	Number
<b>Location and people</b>	
1. It was unnecessary to investigate on this topic because health care units and their networks had to pass the criteria after their enrollments to National Health Security Office and then it would influenced the increase of number of people receiving the health services in general. Besides, the immigration would have an effect on the population number (if more than 10,000 persons would decrease its standard and quality of cure and cares). Therefore, every service given by health care units and their networks should be emphasized to cover in all aspects with standard and quality, according to this Act.	28
<b>Buildings and environment.</b>	
1. Having the opinion box.	32
2. Having the board showing the procedures of services.	28
3. Having the signs indicated directions.	25

**Table 4 (cont.)**

<b>Recommendations</b>	<b>Number</b>
4. Having the notices about line of communication during the emergency situation.	8
5. Having enough lights in each room.	5
6. The treatment room and counseling room should be clean and have privacy.	5
7. The infectious waste must be separated from normal garbage and the suitable disposal of waste must be provided.	5
8. The appropriate tools for extinguishing fire were in good condition, easily seen, and ready for use at any time.	4
<b>Tools, instruments, drugs and medical supplies.</b>	
1. Having the warning of drug use especially the drug with contraindications	8
2. The sterile system need to be managed.	7
3. Having the method of stocking drugs especially dangerous medicines and disinfectant and the drug for external use, oral pills and injection medicine should be distinguished as well as.	7
4. The data base system about tools, instruments, drugs and medical supplies.	3
5. Set up to indicate the name of each drug for patients' convenience.	1
<b>The services of health care units and their networks.</b>	
1. Having public relation department.	26
2. Updating family folders and mapping were recommended.	17

**Table 4 (cont.)**

Recommendations	Number
<b>The details about health care workers in those health care units and their networks cost of treatment, service expense and patient's rights.</b>	
1. The training and seminar to enhance the knowledge of the health care workers in health care units and their networks.	25
2. Each personnel had quality to complete their work according to standard and quality indicators.	22
3. The audit and control system had to be set.	4
<b>The readiness for report and evidence of clients and other documents concerning health care service.</b>	
1. Recording the number of people who receive health services daily.	6
2. Providing the OPD card for each patient and record the data completely.	6
3. Reporting the forms indicated by National Health Security Office.	6
4. Providing the enrollment book with the name lists of health care units and their networks for the investigators so that they can indicate the investigation results.	6

### **Part 3 Desired Characteristics of officials**

The desired characteristics of officials in the perceptions of NHSB, SQCB, LNH and HPP are detailed as follows:

**Personalities:** The respondents in all four groups. The percentages of them were 66 – 100 highly agreed that the officials according to this Act needed to have meticulous, aware and intellectual personalities including the correct decision making and wide vision. In addition, the respondents had recommended other personalities of

officials: high patience because they had to face many changes and obstacles, understanding human nature, having an EQ and reliable characters. The appointed officials should be selected from quality because it will provide the good outcome, the standard and quality of the health care units and their networks and the equity of service assess of population according to section 5 of this Act.

**Capabilities:** It was found that 60 – 69% of respondents in National Health Security Board(NHSB), Standard and Quality Control Board(SQCB) and Head of Provincial Physician(HPP) highly agreed that the officials according to this Act had to know and understand regulations, procedures and notifications regarding National Health Security including the content of this Act. Moreover, the officials were knowledgeable in inspections and were to clearly answer the questions of health care workers, clients and other people. Their knowledges had to cover the holistic public health so that the officials could control and monitor their works until accomplishing the goals. The officials had to be able to perform good coordination between their own units and the others. The capabilities to apply their works to fit each situation were also important as well as to reduce the work process in order to rapidly reach its goal correctly. The knowledge and understanding about Sanatorium Act, B.E. 2541, Medical professional Act, B.E. 2542, other knowledge regarding the powers and duties of officials in many Acts and join the training to be inquiry officials according to the Penal Code of Thailand. In addition, they had to have knowledge on Constitutional law of Thailand B.E. 2540, Penal Code, Administrative Procedure B.E.2539, the Civil and Commercial Code, the Criminal procedure code, Administrative Court Foundation and Administrative Procedure Act, B.E.2542, including the Civil and Commercial Procedure Code. The others recommendations about the capabilities to correctly evaluate health care units and their networks and the character of enthusiastic person to be knowledgeable and being a good negotiator and experiencing in health security not less than 2 years. All of respondents (100%) in Authority of Bureau of Legal Affair/National Health Security Office had a moderate level of agreement on desired characteristics about this topic, but they emphasized more about legal knowledge and capabilities.

**Morals:** In 4 groups of respondents, most of them (95 – 100%) had a high level of agreement on ethical issue. That means the desired characteristics of officials should consist of good ethics and moral. With honesty and dependence without any control of the other persons, the officials need to perform their works by using the prescribed regulation. The impolite manner during the investigation should not be conducted. The others' recommendations about the morals of officials: the juristic use of law and the equity during each investigation were needed.

**Human relationships:** Most of respondents in 4 groups (95 – 100%) had an agreement at a high level concerning this topic. The officials according to this Act should promote the team work and open their mind to the new ideas, suggestions, and satisfactions of health care workers, clients and general people including good human relationships. The others' recommendations were caring about the other dignity and honors, courtesy. Details are presented in Table 5 and Table 6.

**Table 5** Percentage of perceptions of NHSB, SQCB, LNH and HPP about desired characteristics of officials according to National Health Security Act, B.E. 2545.

Desired characteristics	Population in this study			
	NHSB	SQCB	LNH	HPP
<b>Number of respondents (n)</b>	21	26	6	55
<b>Personalities</b>				
Low	0.0	0.0	0.0	0.0
Moderate	10.0	0.0	3.3	7.7
High	90.0	100.0	66.7	92.3
<b>Capabilities</b>				
Low	0.0	0.0	0.0	0.0
Moderate	40.0	30.8	100.0	38.2
High	60.0	69.2	0.0	61.8
<b>Morals</b>				
Low	0.0	0.0	0.0	0.0
Moderate	4.8	0.0	0.0	1.8
High	95.2	100.0	100.0	98.2

**Table 5** (cont.)

Desired characteristics	Population in this study			
	NHSB	SQCB	LNH	HPP
<b>Human relationships</b>				
Low	0.0	0.0	0.0	0.0
Moderate	0.0	0.0	16.7	1.8
High	100.0	100.0	83.3	98.2

**Table 6** Recommendations of respondents.

Recommendations	Number
<b>Personalities</b>	
1. Being high patience to manage diversity changes and obstacles.	28
2. Understanding human nature.	25
3. Having an Emotion Quotien. (E.Q.)	21
4. Having the reliable characters.	10
5. Selecting qualification to provide the good outcome, the standard and quality of the health care units and their networks and the equity of service assess of population according to section 5 of this Act.	9
<b>Capabilities</b>	
1. Evaluating correct in health care units and their networks.	20
2. Being the enthusiastic and knowledgeable characteristics.	18
3. Being a good negotiator.	14
4. Experiencing in health security not less than 2 years.	10
<b>Morals</b>	
1. Using on the juristic law.	15
2. Investigating on equity	21
<b>Human relationships</b>	
1. Being politely.	12
2. Caring about the other dignity, honors, courtesy	18

#### **Part 4 Comparison among the perceptions on officials' practices.**

The data on perceptions of respondents in National Health Security Board (NHSB), Standard and Quality Control Board (SQCB), Authority of Bureau of Legal Affair/ National Health Security Office (LNH), and Head of Provincial Physician (HPP) about the officials' practices according to National Health Security Act, B.E. 2545 were compared as the followings.

The test of difference among perceptions of respondents in all four groups on officials' practices concerning location and population, buildings and environment, tools and instruments, drugs and medical supplies, and the services of health care units and their networks showed that there were not significant ( $P = 0.025, 0.027, 0.002$  and  $0.049$  respectively). The respondents in National Health Security Board (NHSB), Standard and Quality Control Board (SQCB), and Head of Provincial Physician (HPP) had average agreement (42 – 64%), except in Authority of Bureau of Legal Affair/ National Health Security Office (LNH) had a low level of agreement (27 – 49%). The inspections on the quality of personnel working in health care units and their networks, cost of treatment, service expense, and patients' rights indicated that perceptions of respondents were not significantly different in all four groups ( $P = 0.194$ ) and their perceptions were 40 – 60% as details shown in Table 7.

**Table 7** Comparison among the perceptions of NHSB, SQCB, LNH and HPP about officials’ practices according to National Health Security Act, B.E. 2545 by Kruskal-Wallis Test

Examination data	NHSB	SQCB	LNH	HPP	Df	$\chi^2$
	mean	mean	mean	mean		
	rank	rank	rank	rank		
1. Location and Population.	48.62	51.38	28.25	61.08	3	9.376*
2. Buildings and environment.	46.93	45.25	27.67	64.69	3	15.279*
3. Tools, instruments, drugs and medical supplies.	48.45	48.06	38.00	61.65	3	7.852*
4. The services of health care units and their networks.	48.69	52.25	40.25	59.34	3	4.712
5. The details about health care workers in those health care units and their networks cost of treatment, service expense and patients’ rights.						

**Part 5 Comparison among perceptions of respondents on desired characteristics of officials.**

The data on perceptions of respondents in National Health Security Board (NHSB), Standard and Quality Control Board (SQCB), Authority of Bureau of Legal Affair/ National Health Security Office (LNH), and Head of Provincial Physician (HPP) on desired characteristics of officials were compared as the followings.

From the test of differences among perceptions of those four groups on the questions about desired characteristics of officials concerning personalities,

capabilities and human relationships, showed that there were not significant ( $P = 0.134, 0.061, 0.119$  and  $0.556$  respectively.) The subjects in all four groups had average agreements nearly at the same range 27 – 65%. Details are presented in Table 8.

**Table 8** Comparison among the perceptions of NHSB, SQCB, LNH and HPP on desired characteristics of officials according to National Health Security Act, B.E. 2545 by Krukul-Wallis Test

Desired characteristics	NHSB	SQCB	LNH	HPP	Df	$\chi^2$
	mean rank	mean rank	mean rank	mean rank		
1. Personalities	49.43	63.58	34.08	54.37	3	5.573*
2. Capabilities	50.45	63.65	25.58	54.76	3	7.353*
3. Morals	42.98	64.25	50.50	54.73	3	5.860*
4. Human relationships	49.02	59.06	45.92	55.37	3	2.081*

## CHAPTER 5

### DISCUSSIONS

The results of study on desired practice and characteristics of officials according to the National Health Security Act, B.E. 2545 are presented as follows:

#### **The desired practices and characteristics of officials according to National Health Security Act, B.E. 2545**

Most of respondents showed their point of views that the objectives of investigation on health care units and their networks was “To control the standard and quality of health care units and their networks according to the spirit of law will”. The health care units and their networks should be investigated once a year as well as the advanced plan for investigation should be made and inform in advance to 3 organizations: health care units and their networks, Secretary General of National Health Security Office and Provincial physicians. After that the reports of each investigation must be sent to those 3 organizations mentioned above. The investigation was conducted in order to control standard and quality of those health care unit. It was not necessary to request for inquiry officials’ cooperation and warrant of court. The most suitable time/ working time for investigation was 24 hours, it may result from the supporting ideas that the officials had enough powers to examine the standard and quality of health care units and their networks owing to the National Health Security Act, B.E. 2545. It was conformable to the interviews of Suthum Limtanakulchai and Pinun Singkittiya (B.E. 2546: interview) that the advanced plan regarding annual sanatorium investigation for surveillance was indicated and informed in advance to the involved persons: Head of Provincial physician and the director of Medical Professional Division to the sanatorium operators. The investigation performed to control standard and quality due to the Sanatorium Act,

B.E.2541 and to protect consumers should be conducted one time/ sanatorium without any request for inquiry officials' cooperation and court warrant. This practice was aimed to examine documents; general characteristic of each sanatorium, type and number of tools, instruments, drugs and medical supplies, the waste disposals techniques *per se*. In addition, these results conformed to the interview, performed to sanatorium operators, sanatorium executers, medical professional persons (B.E.2546: interview). The interviewees mentioned that the officials would investigate their sanatoriums once a year during the work time. The officials would notify the time of investigation in advance which was conformable to the section 46(2) of Sanatorium Act, B.E. 2541. Furthermore, the Administrative procedure (according to the Standard and Goodgovernment Royal Decree: B.E.2546 section9 paragraph1) stated that, the government sectors must make a advanced plan before performing and mission so that this plan was used as a guideline for evaluation. In case the complaints was lodged and any illegal was suspected in such health care units and their networks, more than half of respondents in the National Health Security Board, standard and Quality Control Board and Head of Provincial Physician disagreed neither to request for inquiry officials' cooperation nor to apply for the warrant of court. The "Working time" was most suitable for investigations. It may be possible that the studied population agreed that the officials had the duties and power according to this Act. However, it was contrast to the study of Suthum Limtanakulchai and Pinun Singkittiya (B.E. 2546: interview). Their study stated that the investigation requested by the complaints or the suspicious of illegal evidence should be conducted in cooperation with inquiry officials and had to apply for the warrant of court in such territorial area in order to protect themselves. The methods of investigations should depend upon cause of guilty.

### **The investigation on health care units and their networks according to standard and quality of National Health Security Act, B.E. 2545**

**Location and Population:** The results showed that more than half of respondents in National Health Security Board, Standard and Quality Control Board

and Head of Provincial Physician highly agreed on this topic of investigation, whereas the respondents in Authority of Bureau of Legal affair/ National Health Security Office had a moderate level of agreement. There were significant differences among the perceptions of respondents ( $P = 0.025$ ). It may result from some respondents who did not agree to examine health care units and their networks in this topic. They thought that such units had already passed the criteria before enrollment to National Health Security Office. After an enrollment the number of population may be increased from immigrations. As a result, the number of population per health care unit would exceed the standard criteria or more than 10,000 persons/ 1 health care unit. The emphasis on standard and quality services covering in all aspects according to this Act was essential.

**Buildings and environment:** Most respondents showed their perceptions that it was necessary to investigate about this topic. The analysis indicated that there were significant differences among perceptions of those respondents ( $P = 0.027$ ). This may occurred because some respondents thought that this topic of investigation should be the responsibility of officials according to Public health Act, B.E. 2535. In contrast to Division of Medical Registration, The Ministry of Public Health about the sanatorium investigation, it revealed that the investigation topics should be (1) conditions of buildings, (2) the building maintenance, (3) specific area for care and treatments, clean area both inside and outside, (4) good ventilation, (5) furnishing vacuum if the building was air conditioned, (6) private treatment room, (7) the billboard with true statements without any exaggerated words which led to misinterpretation. Smoking- signs were needed. (Division of Medical Registration, The Ministry of Public Health: B.E.2546)

**Tools, instruments, drugs and medical supplies:** Most respondents in National Health Security Board, standard and Quality Control Board and Head of Provincial Physician agreed on this topic. The perceptions among these respondent were significantly different ( $P=0.002$ ). This result may be caused from the ideas that expired drugs had to be exchanged back correctly and it was no need to control and have only drugs in the National drug list. Drugs should be arranged due to the needs

and necessity of patients. It was conformable to the sanatorium investigation procedure of the Division of Medical Registration, The Ministry of Public Health. The investigation of tools, instruments, drugs and medical supplies in each sanatorium had included the suitable number of tools and instruments, essential drugs and medical supplies as indicated in Ministerial regulation, appropriate sterile system, good referring system to any vicinity area in case of emergency. ( Division of Medical Registration, The Ministry of Public Health: B.E.2546) Similarly, the physicians, sanatorium operators and executors, (B.E.2546: interview), mentioned that the officials would examine tools and instruments including drugs and medical supplies in each health care unit concerning the topics of cleanliness, maintenance, and infectious control *per se*.

**The services of health care units and their networks:** The majority of respondents agreed on this topic. The test for differences among perceptions of respondents showed that there were significant differences ( $P=0.049$ ). It may cause from the perceptions on home visit, primary rehabilitation, the advance services in a community, the complete standard of forensic medicine. It conformed to the sanatorium investigation procedure of Division of Medical Registration, The Ministry of Public Health. The investigation procedures included correct location of sanatorium due to its license, openly displayed operational license and performance license. The sanatorium operational licenses need to be renewed every two years. The evidence of fee payment must be obviously illustrated at the entrance of each sanatorium. The register book must be provided for the officials to record during an investigation. The business operation must be precise according to the obtained license.

**The details of personnel cost of treatment, and patients' rights in health care units and their networks:** Most respondents agreed on this topic. There were not different significantly ( $P = 0.194$ ) among respondents in four groups. It may result from the respondents' perceived this investigation topic as the database. Likewise, the sanatorium investigation procedure of Division of Medical Registration, The Ministry of Public Health indicated the details on this topic such as name of

sanatoriums, professional workers, cost of treatment, service expense and patient's rights. (Division of Medical Registration, The Ministry of Public Health: B.E.2546) The procedures of inspection could be the pictures, the issue number of license, the openly displayed cost of treatment, the informed statement about where to request data about cost of treatment, and openly displayed patient's rights. It was conformable to the physicians, sanatorium operators and executors (2546: interview) revealed that the officials examined the characteristics of name board of each sanatorium, licenses, name of health care workers, date and working time, listing books, OPD cards, the openly displayed cost of treatment and patient's rights. Likewise, the reduction in working process (is stated in the Standard and Good government Royal Decree, B.E. 2546: section 26) that the civil service practice must have written procedures and work instruction including the period of time to succeed each work. These procedures must be openly notified at the governmental business establishment including the information network system so that people can access such information.

### **Desired Characteristics of Officials**

**Desired characteristics: Personalities:** Most respondents (66-100%) highly agreed on this topic. There were not significantly different among their perceptions ( $P= 0.134$ ). The studied population may believe that personality was the inner and outer behavior influenced by genetics and environment. Therefore, the manner and performance would depend on time and situation. It conformed to the study of Chanchai Kongrod (B.E.2542: 78) presented that the desired characteristics of the District Public Health Administrators of Pisanulok province in the next decade concerning knowledge and capabilities in the next decade. His study results showed that personalities of Public health officer in Pisanulok included having a wide vision and courage to make decision, having trustworthy character and steadfast person. Samai Peandech (B.E. 2537: 24-25) defines the desired personality of the executive as the human condition, composed of shape, emotion, interest, talent skills and interpersonal relationship.

**Desired Characteristics: Capability:** Most respondents (60-69%) in National Health Security Board, standard and Quality Control Board and Head of Provincial Physician had an agreement on this topic at a high level. There were not significantly different among their perceptions ( $P=0.061$ ). It may be because the respondents thought that knowledge and capability about their present work were the factors influencing working skills of officials and leading to the success of working results. It was conformable to the study of Chanchai Kongrod (B.E.2542: 78) presented that the desired characteristics of the District Public Health Administrators of Pisanulok province in the next decade concerning knowledge and capability in the next decade included applying knowledge to situation, well coordinating within and among units, being a good monitor and controller to reach the organizational goal, having standpoint for public, and obtaining knowledge that covers Public health work. Likely, the standard indicators for the executive public health officer revealed that the capability of executive included managerial ability, initiative ability to improve policy and plan, understanding government policy regarding politics and socio-economics, being a good communicator and coordinator, and working proficiently. (Division of officer, office of the Permanent Secretary to the Ministry of Public Health: B.E.2546) Suthum Limtanakulchai and Pinun Singkittiya (B.E. 2546: interview) indicated that desired characteristic of officials about knowledge and capability according to Sanatorium Act, B.E. 2541 were academic knowledge on the investigation topics, knowledge about the involved law, Act, regulations, procedures, and rules. They had to know about the Penal Code, Criminal Procedure Code, and Constitution of Thailand B.E.2540. Similarly, the doctors, sanatorium operators and executors, (B.E. 2546: interview), mentioned that desired characteristic of officials about knowledge and capability according to Sanatorium Act, B.E. 2541 included knowledge and skill about regulations. As a result, the investigation officials could clearly answer the questions of sanatorium operators, and doctors.

**Desired characteristic: Morals:** Most respondents in all 4 groups (95-100%) highly agreed on this topic. The test among their perception on this topic were not significantly different ( $P=0.061$ ). It may occur because the studied population thought that the desired characteristics concerning ethical and moral issues was the

behavior influenced by good consciousness and accepted by involved persons. It was conformable to the study of Chanchai Kongrod (B.E. 2542: 79) indicted the ethical characteristics of the District Public Health Administrators of Pisanulok province in the next decade which were honesty, fairness, incorruption, and good governance. Likewise, the sanatorium operators, and doctors (B.E. 2546: interview) pointed out that desired characteristics of officials regarding ethics according to Sanatorium Act, B.E. 2541 were the good manner during an investigation such as giving advice instead of rigidly forcing with regulations.

**Desired characteristic: Human Relationships:** Most respondents (95-100%) highly agreed with this topic. There were not significantly different among the perception of respondents ( $P = 0.556$ ). It may be because the studied population thought that characters of human relationships could be expressed by having social interaction and forming the good relationships among the involved persons. It was conformable to the study of Chanchai Kongrod (B.E. 2542: 79) showed that the human relationship of the District Public Health Administrators of Pisanulok province in the next decade could be supporting teamwork, excellent human relationship. Similarly, the interview performed to sanatorium operators and doctors revealed that the desired characteristics of officials according to Sanatorium Act, B.E. were accepting the others' opinion and recommendations of sanatorium operators and doctors. The guideline Administration for the benefits of population (B.E. 2546: interview) indicated that any mission that would have an effects on population must require the people's opinions or must give an explanation to make them concerned about public benefits from such mission. Moreover, the officials must listen to people's perception and satisfaction of overall societies, so that they can improve their work.(Good governance and Conscript Royal Decree, B.E. 2546: section 8)

## CHAPTER 6

### CONCLUSION

This study was the survey research. The objectives of the study is to explain desired practices and characteristics of officials according to National Health Security Act, B.E.2545 in perceptions of National Health Security Board (21), Standard and Quality Control Board (26), Authority of Bureau of Legal Affair/National Health Security Office (6) and Head of Provincial Physician (55) and to compare desired practices and characteristics of officials in such perceptions of population among 4 groups. The research instrument was divided into 3 parts. There are demographic item, officials' practices about standard and quality of health care unit and networks of health care units under this Act and desired characteristics of officials.

#### **Summary of the Findings**

##### **Officials' Practices**

Most respondents (71-87%) thought that the objectives for inspecting health care units and their networks were to control standard and quality of health care units and their networks according to will of the spirit of law. Each unit should be inspected or investigated once a year. It was crucial to plan for each inspection and to inform the advanced plan to health care units and its networks, Secretary General of National Health Security Office, Head of Provincial physicians. After finishing each investigation, the reports need to be sent to health care units and their networks, Secretary General of National Health Security Office, Head of Provincial physicians. There was no need to request for any cooperation from the inquiry officials or any warrant of court. The investigation was purpose to control and monitor standard and quality of the units. About 36-83% of them thought that the Working time was the most appropriate for performing an investigation. In case the complaints was lodged

or the illegal evidence were suspected, more than half of respondents (57-73%) of National Health Security Board, Standard and Quality Control Board and Head of Provincial physicians gave perceptions that it was not necessary to ask for any cooperation from inquiry officials and about 66-76% of respondents mentioned that there was no need to apply for any warrant of court during the investigation.

**The officials' practices concerning the investigation for controlling standard and quality in all aspects as prescribed in this Act, the respondents showed their perceptions as follows:**

**Location and Population:** Some of respondents (28 persons) showed their perceptions that it was necessary to investigate on this topic because health care units and their networks need to pass this standard before enrolling to the National Health Security Office. After an enrollment, the number of people in each unit's responsibility would increase naturally and then exceed the criteria (10,000 persons/unit) because of immigrations. Thus, the standard and quality in all aspects must be emphasized to health care units and their networks.

**Building and Environment:** Most of respondents (76-100%) thought that buildings and environment of each health care unit and their networks had to be inspected concerning these topics the buildings must not be deteriorated and had a good maintenance, in/outside clean area with proper arrangement, good ventilation and having vacuums if it was air- conditioned. The billboard should have the true statements without any exaggerated words which led to misinterpretation. Non-Smoking- signs were needed.

**Tools, instruments, drugs and medical supplies:** Most respondents (71-99%) thought that there should be tools, instruments, drugs and medical supplies according to the indicated criteria. Drugs and vaccines should be kept in a temperature-controlled refrigerator. Expired drugs had to be exchanged back correctly and it was no need to control and have only drugs in the National drug list. Drugs should be arranged due to the needs and necessity of patients.

**The services of health care units and their networks:** The majority of respondents (90-100%) agreed that the officials should investigate the integrations among treatment, health promotion, preventive medicine and rehabilitation of each health care unit and their networks. For example, antenatal and postnatal care, newborn wellbeing, family planning, including the follow up system and home visit should be provided. Health care service and their networks should have the rehabilitation and advanced health service in a community, standard forensic medicine, the system for transferring patients and their data, information service system (intranet and internet), the communication system for data exchange and counseling, and the responsible team who know the details of each patients especially “who they are and where they live”.

**The details of personnel cost of treatment, and patients’ rights in health care units and their networks:** Most respondents (85-100%) thought that the investigators on health care units and their networks had to consider this topic. The details of investigations include name tag of physicians, nurses or public health personnel or the responsible people who takes care of physical and social health. Moreover, the patients’ rights declaration, the announcement board about cost of treatment, and the arrangement of files or computer for data collection were needed. Furthermore, the notification concerning data-request information, suitable number and type of health personnel for each health care unit, including inner-control system, were necessary. The health personnel should have the standard capabilities as stated in criteria and they should be trained to be knowledgeable in order to complete their works successfully.

Some of respondents (6 persons) were suggested by the respondents as follows: on the topics of reports concerning evidences of clients and others documents concerning the services.

1. Recording the number of people who receives health services daily.
2. Providing the OPD card for each patient and record the data completely.
3. Reporting as the forms indicated by National Health Security Office.

4. Providing the enrollment book with the name lists of health care units and their networks for the investigators so that they can indicate the investigation results.

### **Desired Characteristics of Officials**

**Desired characteristics: Personalities:** Most respondents (66-100%) thought that the officials according to this Act should be careful, noticeable, and intelligent with their works. As well as they had to make a correct decision and have a wide vision.

**Desired Characteristics: Capabilities:** Most respondents (60-69%) gave perceptions that the officials according to this Act should know and understand laws, regulations, procedures and notifications regarding National Health Security. They should be knowledgeable in National Health security Act, B.E. 2545, and the educational contents for investigation so that they could clearly answer the questions of health care workers, patients, and population. Besides, the officials need to have knowledge covering holistic of public health, they must be able to control and monitor all works to reach the set goals. The good coordination in both their own units and others, capabilities to put work into practice in each situation and to reduce the work process for the purpose of correct and rapid services, were crucial. As well as the knowledge and understanding about Sanatorium Act, B.E. 2541, Medical Professional Act, B.E. 2542, Constitution of Thailand B.E.2540, Penal Code, Civil and Commercial Code, Criminal procedure code of Thailand, Civil and Commercial procedure code of Thailand, Administration Procedure Act, B.E. 2539, Administrative Court Foundation and Administrative Procedure Act, B.E.2542, were needed. Lastly, the officials should work concerning other Acts, and should be trained to be inquiry officials due to the Penal code of Thailand.

**Desired characteristics: Morals:** Most respondents (95-100%) perceived that desired characteristics of officials according to this Act should practice their works with good ethics and moral, without any control of the others, and performed

their works persisted in regulations and procedures. They must not use their powers/ illegality to bargaining for their own benefits and they should not blame the health care workers with any impolite-mannered.

**Desired characteristics: Human Relationships:** Most respondents (95-100%) show their perceptions concerning this topic that the officials should promote the team worker and listen to other views, recommendations, including the satisfactions of health care workers, clients, and their cousin and general people.

### **Recommendations of the study**

The desired characteristics of the officials should be indicated so that the officials would work correctly in their positions to reach the good outcomes. The outcomes is health care units and their networks provides health care services with good standard and quality in all aspects, and the population shall equally access effective and efficient health services response to section 5 of this Act.

### **Recommendations for further researches**

To study about desired practice and characteristic of official according to National Health Security Act, B.E.2545 as follows:

1. The others study, for the example in-depth interview, focus group and Delphi techniques.
2. To evaluate officials' practices according to National Health Security Act, B.E. 2545.
3. The infraction of officials from practices according to National Health Security Act, B.E.2545.

## BIBLIOGRAPHY

- กองการเจ้าหน้าที่ สำนักงานปลัดกระทรวงสาธารณสุข. (2545). มาตรฐานการกำหนดตำแหน่ง  
สายงานบริหารงานสาธารณสุข. นนทบุรี: สำนักงานปลัดกระทรวงสาธารณสุข.
- กองการประกอบโรคศิลปะ สำนักงานปลัดกระทรวงสาธารณสุข. (2541). พระราชบัญญัติ  
สถานพยาบาล พ.ศ. 2541. กรุงเทพมหานคร: โรงพิมพ์สำนักเลขาธิการคณะรัฐมนตรี.  
\_\_\_\_\_. (2546). แนวทางการตรวจมาตรฐานคลินิกเวชกรรมและคลินิกเวชกรรมเฉพาะทาง.  
กรุงเทพมหานคร: โรงพิมพ์รับส่งสินค้าและพัสดุภัณฑ์.
- \_\_\_\_\_. (2546). แนวทางการตรวจมาตรฐานคลินิกทันตกรรมและคลินิกทันตกรรมเฉพาะทาง.  
กรุงเทพมหานคร: โรงพิมพ์รับส่งสินค้าและพัสดุภัณฑ์.
- \_\_\_\_\_. (2546). แนวทางการตรวจมาตรฐานคลินิกการพยาบาลและการผดุงครรภ์.  
กรุงเทพมหานคร: โรงพิมพ์รับส่งสินค้าและพัสดุภัณฑ์.
- \_\_\_\_\_. (2546). แนวทางการตรวจมาตรฐานคลินิกกายภาพบำบัด. กรุงเทพมหานคร: โรงพิมพ์รับ  
ส่งสินค้าและพัสดุภัณฑ์.
- เกรียงศักดิ์ เจริญวงศ์ศักดิ์. (2539). อนาคตผู้นำไทยในสองทศวรรษหน้า. ขวัญเรือน ฉบับที่ 585  
(ปีที่หลังมีนาคม 2539), หน้า 147.
- ฉลอง มาปริดา. (2537). คุณธรรมสำหรับผู้บริหาร. พิมพ์ครั้งที่ 1. กรุงเทพมหานคร: โอ เอส  
พรินติ้ง.
- ชนิดา บุรณบุตร. (2538). “ผู้นำ” กรุงเทพธุรกิจ. ประจำวันที่ 28 มิถุนายน 2538 หน้า 11.
- ชาญชัย คงรอด. (2543). คุณลักษณะผู้นำของสาธารณสุขอำเภอที่พึงประสงค์ในจังหวัดพิษณุโลก  
ในทศวรรษหน้า. วิทยานิพนธ์ปริญญาวิทยาศาสตรมหาบัณฑิต, สาขาบริหารสาธารณสุข  
บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.
- ธีรพล อรุณะกสิกร และคณะ (2540). รัฐธรรมนูญแห่งราชอาณาจักรไทย พุทธศักราช 2540.  
กรุงเทพมหานคร: สำนักพิมพ์วิญญูชน.
- ประมวล เรื่องศรี. (2539). คุณลักษณะที่เป็นจริงและที่พึงประสงค์ของผู้อำนวยการการประถม  
ศึกษาจังหวัดในทศวรรษของหัวหน้าการประถมศึกษาอำเภอ. กรุงเทพมหานคร: สำนัก  
งานการประถมศึกษาแห่งชาติ.
- พระราชบัญญัติหลักประกันสุขภาพแห่งชาติ พ.ศ. 2545. ราชกิจจานุเบกษา เล่ม 119 ตอนที่ 116 ก  
(18 พฤศจิกายน 2545)

พระราชกฤษฎีกาว่าด้วยหลักเกณฑ์และวิธีการบริหารกิจการบ้านเมืองที่ดี พ.ศ.2546.

พิชัย นิลทองคำ. (2543). ประมวลกฎหมายวิธีพิจารณาความแพ่ง วิธีพิจารณาความอาญา.

กรุงเทพมหานคร: อทตยา.

เพชรน้อย สิงห์ช่างชัย, ทศนี้อย์ นะแส และศิริพร ชัมภลิจิต. (2530). วิจัยทางการแพทย์บาทหลัก การและกระบวนการ. (พิมพ์ครั้งที่ 3). สงขลา: เทมการพิมพ์.

เมธี ปิรันธนานนท์. (2536). ภาวะผู้นำกับสวัสดิศึกษา. กรุงเทพมหานคร: สถาบันเทคโนโลยี พระจอมเกล้าเจ้าคุณทหารลาดกระบัง.

ราชบัณฑิตสถาน. (2546). พจนานุกรมฉบับราชบัณฑิตยสถาน พ.ศ. 2542. (พิมพ์ครั้งที่ 1).

กรุงเทพมหานคร: นานมีบุ๊คส์พับลิเคชั่น.

วชิระ สิงห์เคนทร์. (2540). สถิติเพื่อการวิจัยเชิงสำรวจ. เอกสารประกอบการบรรยายวิชา ระเบียบวิธีการวิจัย. อัดสำเนา.

ศรีเพ็ญ ช่วงไรสง. (2540). คุณลักษณะที่พึงประสงค์ของสมาชิกสภาผู้แทนราษฎรในทศวรรษ หน้า. วิทยานิพนธ์ปริญญาการศึกษาศาสตรมหาบัณฑิต, สาขาวิชาการวัดผลการศึกษา. บัณฑิตวิทยาลัย มหาวิทยาลัยมหาสารคาม.

สมพงษ์ เกษมสิน. (2526). การบริหารงานบุคคลแผนใหม่. กรุงเทพมหานคร: โรงพิมพ์ไทยวัฒนาพานิช.

สมาคมอนามัยแห่งประเทศไทย. (2546). ปฏิทินสาธารณสุข พ.ศ. 2546. กรุงเทพมหานคร: ห้างหุ้นส่วนสหประชาพาณิชย์.

สมัย เปลียนเดช. (2537: 24-25). “ความแหลมคมของนักบริหารสมัยใหม่”. ประชาศึกษา 24-28(44): 10 กรกฎาคม.

สุวิมล สายสุวรรณ. (2542). บทบาทพนักงานเจ้าหน้าที่. นนทบุรี: สำนักงานคณะกรรมการอาหารและยากระทรวงสาธารณสุข.

สำนักงานหลักประกันสุขภาพแห่งชาติ. (2545). ระเบียบ ประกาศที่ใช้ในโครงการสร้างหลักประกันสุขภาพ. นนทบุรี: ฝ่ายกฎหมายและระเบียบ สำนักงานหลักประกันสุขภาพแห่งชาติ.

\_\_\_\_\_. (2546). ข้อมูลสถานพยาบาล: ค้นหาข้อมูลสถานพยาบาลในโครงการ 30 บาท

[Online]. Available: [http://www.nhso.go.th/cgi.bin/Hospitalmain/searchHmain.asp?](http://www.nhso.go.th/cgi.bin/Hospitalmain/searchHmain.asp?tmpHcode=&tmpHName=&selProvince=All&submit1=%A4%E9%B9%CB%D2)

tmpHcode=&tmpHName=&selProvince=All&submit1=%A4%E9%B9%CB%D2 [30

ตุลาคม 2546]



## RESEARCH INSTRUMENT EXPERTS

1. Mr. Kiatisak Chirasottikul Bureau of Public Relations and Informations, National Health Security Office
2. Mr. Thanet Beauyam Division of Medical Registration, The Ministry of Public Health
3. Mr. Sathian Changsiricharoen Division of Medical Registration, The Ministry of Public Health



## Questionnaire

### Desired practices and characteristics of officials according to National Health Security Act, B.E.2545

**Instructions:** This questionnaire was divided into 3 parts which are;

**Part 1** Demographic data

**Part 2** Officials' practices according to National Health Security Act, B.E.2545

**Part 3** Desired characteristics of officials according to National Health Security Act, B.E.2545

---

#### **Part I** Demographic Data

**Instructions;** Please fill in the blank and mark X where you think it is the most match your qualification.

1. Age .....years
2. Sex ( ) Male ( ) Female
3. Educational qualification (Please indicate all degrees equivalent bachelor and over)
  - ( ) Bachelor degree: Field of study.....
  - ( ) Master degree: Field of study.....
  - ( ) Doctorate: Field of study.....
  - ( ) Others, please indicate.....
4. Current position.....
5. What is your position in structure of National Health Security Organization?
  - ( ) National Health Security Board
  - ( ) Standard and Quality Control Board
  - ( ) Authority of Bureau of Legal Affair/ National Health Security Office
  - ( ) Head of Provincial Physician

**Part 2** The officials' practices according to the National Health Security Act, B.E. 2545.

**Instruction:** Please mark X, where it mostly matches your agreements.

1. Should the officials make a plan in advance for an investigation on health care units and their networks that enrolled to National Health Security Office? ( If it's unnecessary, please continue to number 3 )

( ) Necessary, Please give reasons.....

( ) Unnecessary, Please give reasons.....

2. If it's necessary to make a plan for investigation in advance, to whom should be informed? (You can answer more than 1 choice)

( ) Secretary of National Health Security Office

( ) National Health Security Board

( ) Standard and Quality Control Board

( ) Head of Provincial Physician

( ) Health care units and networks of health care units

( ) Provincial Public Relation

( ) Others, please indicate.....

3. After finishing investigation on health care units and their networks, to whom should be informed? (You can answer more than 1 choice)

( ) Secretary General of National Health Security Office

( ) National Health Security Board

( ) Standard and Quality Control Board

( ) Head of Provincial Physician

( ) Health care units and networks of health care units

( ) Provincial Public Relation

( ) Others, please indicate.....

4. How many times should the health care unit be investigated per year?, Please indicate.....

5. Objectives for health care unit investigation.?

- To control the standard and quality of health care units and networks of health care unit according to will of the spirit of law
- To prosecute the case
- Others, please indicate.....

6. Is it necessary to ask for inquiry officials' cooperation during the investigation health care units and their networks to control standard and quality according to the National Health Security Act, B.E.2545.?

- Necessary, please indicate.....
- Unnecessary, please indicate.....

7. Due to number 6, Is the warrant of court needed.?

- Necessary, please indicate.....
- Unnecessary, please indicate.....

8. Due to number 6, what time is appropriate for an investigation.? (Please indicate)

.....

9. In case, the investigation caused by complaints or any suspect of illegal evidence, Is it necessary to request for inquiry officials' cooperation during an investigation.?

- Necessary, please indicate.....
- Unnecessary, please indicate.....

10. According to number 9, Is the warrant of court needed?

- Necessary, please indicate.....
- Unnecessary, please indicate.....

11. According to number 9, what time is suitable for investigation? (Please indicate)

.....

12. Which items should be concerned during an investigation on health care units and their networks?

**Location and Population;** Should the officials investigate these following topics.?

12.1 The ratio of population per one standard health care unit

- Strongly agree       Agree       Uncertainty
- Disagree       Strongly disagree

Please state reasons.....  
.....

12.2 Location of the units has a good line of communication as prescribed by its standard.

- Strongly agree       Agree       Uncertainty
- Disagree       Strongly disagree

Please state reasons.....  
.....

**Buildings and Environment**

12.3 Buildings are in good condition and has good maintenance

- Strongly agree       Agree       Uncertainty
- Disagree       Strongly disagree

Please state reasons.....  
.....

12.4 Area both inside and outside is clean.

- Strongly agree       Agree       Uncertainty
- Disagree       Strongly disagree

Please state reasons.....  
.....

12.5 Good ventilation, If it is air- condition, the vacuum is needed.

Strongly agree       Agree       Uncertainty

Disagree       Strongly disagree

Please state reasons.....

.....

12.6 The advertising statement of the units (If it has) must be no false and no exaggerated statements that can lead to misunderstanding.

Strongly agree       Agree       Uncertainty

Disagree       Strongly disagree

Please state reasons.....

.....

12.7 Have a Nonsmoking- sign

Strongly agree       Agree       Uncertainty

Disagree       Strongly disagree

Please state reasons.....

.....

12.8 Others, please indicate.....

**Tools, Instruments, Drugs and Medical supplies**

12.9 There are tools, instruments, drugs and medical supplies, adequate according to the criteria.

Strongly agree       Agree       Uncertainty

Disagree       Strongly disagree

Please state reasons.....

.....

12.10 Drugs and vaccines are kept in the temperature- controlled refrigerators.

- Strongly agree       Agree       Uncertainty
- Disagree       Strongly disagree

Please state reasons.....

.....

12.11 Expired drugs are separated.

- Strongly agree       Agree       Uncertainty
- Disagree       Strongly disagree

Please state reasons.....

.....

12.13 There is a list of drug according to the National Drug List

- Strongly agree       Agree       Uncertainty
- Disagree       Strongly disagree

Please state reasons.....

.....

12.14 Others, please indicate.....

**The services of health care units and their networks**

12.15 There is communication system which can be requested for counseling from the health care units and their networks.

- Strongly agree       Agree       Uncertainty
- Disagree       Strongly disagree

Please state reasons.....

.....

12.16 There is a team responsible for indicating “who is a client or patient? And where is such a client live?”

- Strongly agree
- Agree
- Uncertainty
- Disagree
- Strongly disagree

Please state reasons.....

.....

12.17 Others, please indicate.....

**The details about health care workers in health care units and their networks, cost of treatment, health care service expense, and patient’s right.**

12.18 There are the name tags of doctors, nurses, public health officials, and the name tags of responsible persons who follow up with physical/ social health.

- Strongly agree
- Agree
- Uncertainty
- Disagree
- Strongly disagree

Please state reasons.....

.....

12.19 The patient’s rights is openly and conspicuously displayed

- Strongly agree
- Agree
- Uncertainty
- Disagree
- Strongly disagree

Please state reasons.....

.....

12.20 The cost of treatment is openly and conspicuously displayed and saved in the files or computers.

- Strongly agree
- Agree
- Uncertainty
- Disagree
- Strongly disagree

Please state reasons.....

.....

12.21 There are statements to show about where to ask for data and information?

- Strongly agree       Agree       Uncertainty  
 Disagree       Strongly disagree

Please state reasons.....

.....

12.22 Others, please indicate.....



**Part 3** The desired characteristics according to the National Health Security Act, B.E. 2545.

**Instructions:** Please fill score in the bank with the number according to your perception.

Score	Your perception
5	The most desired characteristics
4	Desired characteristics
3	Average desired characteristics
2	Less desired characteristics
1	The least desired characteristics

**The desired characteristics of officials are as follows:**

**Personalities**

..... Careful, thoughtful, and intelligent

..... Wide visions

..... Dare to make decision

Other recommendations.....  
 .....  
 .....

**capabilities**

..... National Health security Act, B.E.2545

.....Laws, regulations, procedures, notifications concerning health security.

..... Sanatorium Act, B.E.2541

..... Medical Professional Act, B.E. 2542

..... Civil and Commercial Code of Thailand

..... Penal Code of Thailand

..... Criminal procedure Code of Thailand

..... Civil procedure Code of Thailand

- ..... Administrative Court Set and Administrative Procedure Act, B.E.2542
- ..... Administration Procedure Act, B.E. 2539
- ..... Constitution of Thailand 2540
- ..... Academic knowledge about the topics of investigation
- .....Have knowledge that covers holistic public health work
- .....Being trained to be inquiry official according to Penal Code of Thailand
- ..... Experience working as an official in any Acts.
- .....Clearly answer the questions of health care workers, clients, and general people
- ..... Easily apply work to real situation
- ..... Well coordinate both within their units and others
- ..... Control and monitor work to achieve the set of goal and target
- .....Reduce the work process to initiate the rapid and correct work
- ..... Fluently apply the involved laws.

Other recommendations.....  
 .....  
 .....

**Morals**

- ..... Do not blame health care workers with strong words and rude manner.
- .....Working with good ethics and morals
- .....Working with honesty, free without anybody influence
- ..... No bargaining for own benefits with the involved persons.
- ..... Strict to law, regulations, disciplines during work, not their own thoughts.

Other recommendations.....  
 .....  
 .....

**Human relationships**

.....Accept and listen to the others' opinions, recommendations and satisfaction from clients, cousin and general population.

.....Good human relationship

.....Support to work as a team

Other recommendations.....

.....

.....



## BIOGRAPHY

<b>NAME</b>	Miss Wimolwan Kaeowijit
<b>DATE OF BIRTH</b>	August 20, 1969
<b>PLACE OF BIRTH</b>	Chumphon, Thailand
<b>INSTITUTION ATTENDED</b>	Nakhonsithammarat Nursing College, 1988-1990 Certificate in Nursing and Midwifery Sukhothai Thammathirat Open University, 1992-1996 Bachelor of Public Health Prince of Songkla University, 1996-1998 Bachelor of Nursing Mahidol University, 2002-2004 Master of science (Public Health) Major in Medical and Public Health Law Administration
<b>POSITION&amp;OFFICE</b>	1999-Present, Paknumchumphon Hospital Position: Registered Nurse 5