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**QUALITY IMPROVEMENT MODEL FOR COMMUNITY
HOSPITALS HEALTH EDUCATION PROGRAMME
IN CHANTABURI PROVINCE**

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With compliments
of

บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล

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Rapid changes in society, economics, culture and environment affect the quality of human life. There are many diseases and health problems which are arising from the past, ranging from communicable diseases caused by poverty to non-communicable diseases caused by non-preventative behavior. The system and organizations have to adjust by themselves to survive. The health education process is important in facilitating behavioral change. As a result, this researcher was interested in studying a quality improvement model for health education in community hospitals in Chantaburi Province, using AIC and Benchmarking techniques. Pilot areas were five community hospitals in Chantaburi Province— Pongnamron Hospital, Kitchakod Hospital, Lamsingh Hospital, Tamai Hospital and Songpinong Hospital. The duration of the research was March 2000 – January 2002. The initiated experimental tools were focus group discussion guidelines, best practice survey questionnaires, questionnaires for service providers, self-assessments for service providers, and questionnaires for diabetic patients. Analysis was done by using pair t-test statistics and Pearson's Product Moment Correlation Coefficient.

The research results showed that the study derived an effective and systematic model for quality improvement in the community hospitals' health education program in Chantaburi Province. The model consisted of sequentially integrated tools and activities, including self-assessment, AIC techniques, benchmarking processes, a competency development, planning of the diabetic education program, implementation of an action plan and evaluation of the diabetic education program, as planned. After applying the model, changes in knowledge, attitude, health education practice, and satisfaction with practice were measured and results indicated that the average score of knowledge, attitude, health education practice and satisfaction with practice of service providers before and after the experiment had increased, with statistical significance ($p < 0.05$). Changes were also found in diabetic patients in knowledge, attitude, self-care practices and satisfaction before and after the experiment, with statistical significance ($p < 0.05$). The exercise had a negative relationship with HbA_{1c}, with statistical significance ($p < 0.05$), whereas, there was no significant difference in other practices. The level of HbA_{1c} appeared lower than before the experiment, with a statistical significance, but there was no difference in BMI. It was also suggested that the AIC technique and benchmarking process could be used as important tools in quality improvement for health education work in the hospital, with the comment and support of the administrator and the team work of service providers.

