

## Background

Khu Khan Hospital, located in Sisaket Province, is a 130-bed community healthcare facility staffed by 420 dedicated professionals, providing essential care and support to over 400 people living with HIV (PLWH). In 2018, Khu Khan Hospital became one of 48 hospitals in the first group to implement the Stigma and Discrimination Quality Improvement (QIS+D) initiative in Thailand. Its commitment to excellence was recognized in 2019 when it received Disease-Specific Certification (DSC) for HIV/STI care from the Hospital Accreditation Institute<sup>1</sup>. As a role model for other healthcare institutions, the hospital continues to expand its stigma reduction activities through active community engagement, culturally sensitive services tailored to its population, and the introduction of a self-stigma reduction program. The hospital's quality improvement (QI) initiative began with identifying pressing challenges based on data from healthcare worker (HCW) surveys, which measured fears of HIV in client surveys reporting experiences of discrimination. These challenges, targeted for improvement, were linked to organizational processes and policies, including gaps in communication and misaligned service protocols, in addition to notable underlying staff bias.

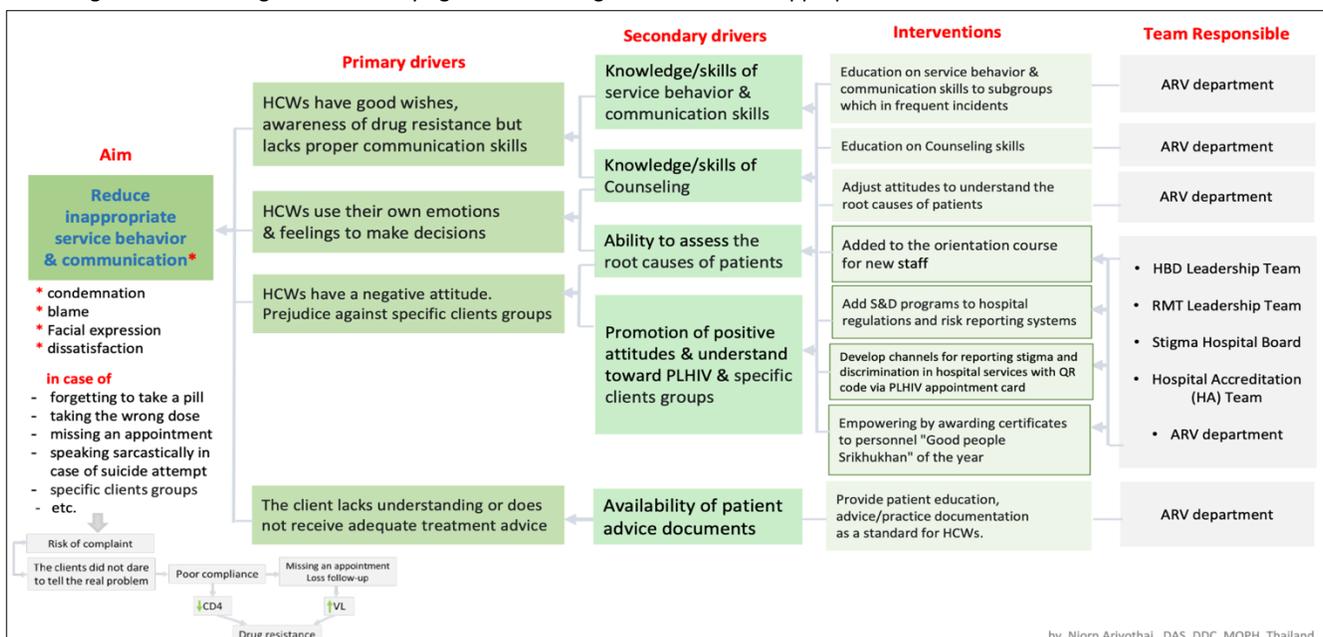
## Quality Improvement and Implementation Steps

A comprehensive training initiative rooted in the Thai Ministry of Public Health's (MOPH) Stigma and Discrimination (S+D) Reduction curriculum served as the foundation for the hospital's QI efforts. The curriculum included workshops focused on enhancing communication skills, improving patient interactions, and strengthening counseling techniques based on the National "3x4" Stigma Framework and adapted to meet the hospital's specific needs. Training modules were integrated into the orientation process for new staff, ensuring a continuous spread of knowledge over time. Healthcare workers also participated in regular refresher sessions covering updated policies and best practices related to stigma-free care. These efforts were supported by the MOPH Department of Disease Control and other stakeholders, including NGOs promoting health and patient rights. This sustained learning approach provides a critical foundation upon which QI was implemented.

Through root cause analysis using a driver diagram, the hospital identified primary and secondary drivers contributing to stigma and inappropriate service behavior, as illustrated in Figure 1. The primary drivers included healthcare workers' lack of communication skills, decision-making processes, and negative attitudes toward specific patient groups.

To address these drivers, targeted interventions **for providers** on communication skills, service behavior, and counseling techniques were prioritized for specific subgroups of staff where reported issues had occurred, led by the Health Education and Health Promotion Team with guidance from the Antiretroviral Therapy (ARV) department. The integration of S+D training into the orientation courses for **new employees** was led primarily by the Human Resources Department, which coordinated with the QI team to design content aligned with hospital care guidelines and policies. Additionally, the Health Education and Health Promotion Team provided expertise and resources on HIV/AIDS-related stigma, while supervisors of specialized services ensured **practical application** to the care of vulnerable patients. **Ongoing education** aims to adjust staff attitudes to better understand the root causes of the problems identified through measurement and causal analysis.

Figure 1. Driver Diagram for Identifying and Addressing Root Causes of Inappropriate Service Behavior and Communication



<sup>1</sup> <https://www.ha.or.th/EN/Hospitals/Certificate%20status/Details/114#>

## Quality Improvement and Implementation Steps (cont'd)

**Policy changes** formalized S+D programs within hospital regulations, with **reporting systems** updated to include channels for reporting both incidents of stigma and broader patient service experiences. **Anonymous feedback reporting** was enabled using the QR code on the PLWH appointment cards and was systematically analyzed to identify areas for real-time improvements. These interventions reflect an **organization-wide approach** to stigma reduction involving numerous teams and departments within the hospital. Beyond changes to their system through improved processes, Khu Khan Hospital recognized the central role of **community engagement** in their response. Hospital leadership empowered local leaders through specialized training programs to extend stigma reduction efforts beyond the facility. The **"Good People Srikhukhan" recognition program** further motivated staff by acknowledging positive examples of stigma-free care and promoting sustainable behavior change. **Patient education materials** were standardized to address gaps in treatment understanding, ensuring that clients received clear, consistent advice from healthcare workers. **Ongoing performance measurement** was embedded throughout the process to assess and adapt interventions. The results of these interventions are illustrated in Figure 2 and Figure 3. Pre- and post-intervention data highlighted notable improvements. Among all 368 healthcare workers, a significant reduction was observed in the fear of contracting HIV, negative attitudes toward PLWH, and overprotective behaviors, reflecting greater confidence and understanding following the targeted training initiatives. Reports of discomfort when working with PLWH showed a notable decline, suggesting a positive shift toward stigma-free care practices. However, observed discrimination remained relatively stable with a slight increase, indicating a continued need for a deeper dive to identify targeted interventions to address this issue more effectively. On the patient side, 212 out of the total 358 patients were surveyed, and results indicated patients' experiences of stigma within healthcare facilities were eliminated, and self-stigma that previously led to avoidance of hospital visits was reduced substantially. Issues such as unauthorized disclosure of HIV status and discrimination related to reproductive health were fully resolved, highlighting the effectiveness of improved processes, education, and confidentiality measures. These trends demonstrate that sustained efforts addressing both staff attitudes and patient empowerment can create an inclusive and supportive care environment.

Figure 2. Healthcare Provider S+D Measures (pre- and post-Intervention)

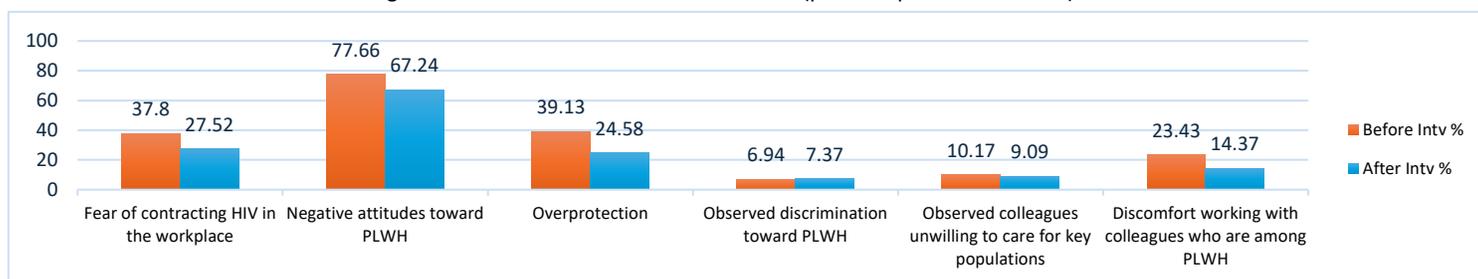
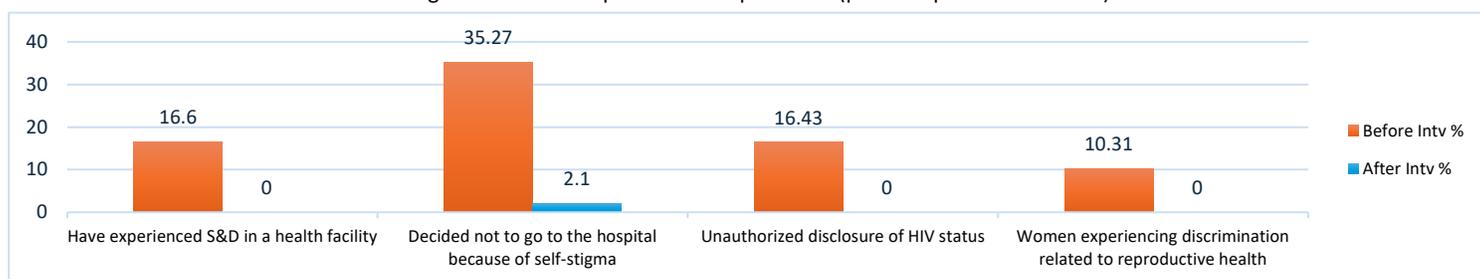


Figure 3. Patient-Reported S+D Experiences (pre- and post-intervention)



## Lessons Learned

- Multiple-level engagement:** Successful action to reduce stigma requires targeting multiple levels of the organizational system and the community, including healthcare workers, hospital policies, and those who are affected by HIV. Khu Khan Hospital has engaged all stakeholders to build a supportive and inclusive environment for PLWH.
- Data-driven adaptation:** Regularly collecting and analyzing data on staff and patient experiences helped measure progress, identify gaps, and adjust interventions to ensure they remained effective and relevant.
- Understand the root causes:** Root cause analysis revealed specific behaviors and communication gaps among staff and informed the tailoring of training content which resulted in significantly reduced negative interactions.
- Ongoing training:** One-time training is insufficient for long-term change. Khu Khan Hospital ensured continuous training on communication skills and stigma reduction, integrating it into new staff orientation and regular refreshers for staff to sustain improvements.
- Recognition motivates positive change:** Recognizing and rewarding positive behavior through programs like the "Good People Srikhukhan" Award encouraged staff to uphold stigma-free care practices and contributed to a positive culture.
- Community involvement enhances impact:** Partnering with local leaders and volunteers expanded stigma reduction efforts beyond the hospital, reducing stigma within the broader community and improving acceptance of PLWH.
- Integrate into routine practice:** Embedding stigma reduction into hospital policies, reporting systems, and patient education materials ensured that it has become a sustainable part of daily operations and long-term quality management in the hospital.