



An evaluation and diagnosis method proposed for hospital management*

Proposta de metodologia de avaliação e diagnóstico de gestão hospitalar

Propuesta de metodología de evaluación y diagnóstico de gestión hospitalaria

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ABSTRACT

Hospital management should ensure that the hospital's mission is carried out, directed to both business and health care, often optimizing limited financial resources in order to provide the population with quality care. The purpose of this study was to propose a method for the evaluation and diagnosis of hospital management based on the Gaucho Productivity and Quality Program and the Brazilian Program of Hospital Accreditation. This descriptive and bibliographic research enabled to elaborate a criteria arrangement between the two programs in order to verify convergent and divergent aspects. This analysis revealed that both programs present compatible and complementary criteria.

Keywords: Quality management; Accreditation; Health services evaluation

RESUMO

Compete à gestão hospitalar atender a missão do hospital, voltada tanto ao negócio quanto à assistência à saúde, otimizando muitas vezes os escassos recursos financeiros a fim de oferecer assistência com qualidade à população. O objetivo deste trabalho foi propor uma metodologia de avaliação e diagnóstico da gestão hospitalar com base no Programa Gaúcho da Qualidade e Produtividade e no Programa Brasileiro de Acreditação Hospitalar. Este estudo caracteriza-se por ser uma pesquisa descritiva, bibliográfica, que permitiu elaborar um alinhamento de critérios entre os dois programas com o intuito de verificar pontos convergentes e divergentes. Essa análise propiciou concluir que ambos os programas apresentam critérios compatíveis e complementares.

Descritores: Gestão de qualidade; Acreditação; Avaliação de serviços de saúde

RESUMEN

Es de competencia de la gestión hospitalaria atender la misión del hospital, volcada tanto al negocio como a la asistencia a la salud, optimizando muchas veces los escasos recursos financieros a fin de ofrecer asistencia con calidad a la población. El objetivo de este trabajo fue proponer una metodología de evaluación y diagnóstico de la gestión hospitalaria con base en el Programa Gaucho de la Calidad y Productividad y en el Programa Brasileño de Acreditación Hospitalaria. Este estudio se caracteriza por ser una investigación descriptiva, bibliográfica, que permitió elaborar una línea de criterios entre los dos programas con la intención de verificar puntos convergentes y divergentes. Ese análisis propició la conclusión de que ambos programas presentan criterios compatibles y complementarios.

Descriptores: Gestión de calidad; Acreditación; Evaluación de servicios de salud

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INTRODUCTION

It is observed, through history, that there is a great difficulty to see the hospital as a business, due to the specificity of its clientele. This occurs due to the origin of hospitals, which were first seen as shelters for sick and injured people, philanthropic institutions, and agencies providing help to the poor. At the same time, they were characterized as religious organizations, which evolved through the years, but kept its humanitarian character⁽¹⁾.

Nowadays, hospital organizations have a complex service system. Therefore, the professionals' fields of action are intrinsically linked by their physical structure and service processes as well⁽²⁾. Furthermore, the society is now more aware of their rights, which means that individuals demand more quality in the health service they receive⁽³⁾. As a consequence, health care quality in the hospital has become a technical and social need. In 2001, the Health Ministry officially established the National Accreditation Organization, as the institution responsible for implementing and disseminating the Brazilian Program of Hospital Accreditation – BPHA, which had already been consolidated in Europe. This program has the purpose to improve hospital care quality, promoting the development and implementation of a permanent process of evaluation and certification of health care services. This allows for the continuous improvement of care, with a view to ensure an effective service in every health care organization across the country⁽⁴⁻⁵⁾.

Besides the BPHA, specific to the health area, many hospitals seek other certifications, among which the Gaúcho Productivity and Quality Program (GPQP) stands out due to its system of evaluation and diagnosis, with general applicability. This system can be used by organizations of any size and field of business, which allows hospitals to compare their results with that of other companies⁽⁶⁾.

Therefore, the common expression “the patient is the hospital's *raison d'être*” actually makes sense, at least to those interested in an administrative practice founded on continuous improvement in quality⁽⁷⁾. Hence, the purpose of this study was to propose an integrated method for the evaluation and diagnosis of hospital management, using the criteria of the GPQP and BPHA.

THEORETICAL FRAMEWORK

The first law about quality in health care appeared about 200 b.C., written by the Emperor of Babylon, the Hammurabi Code, of which essence was “*do no harm to anyone*”. Following to the same perspective, there was the famous Hippocrates oath, dated back to 400 b.C., which states “*primum non nocere*” (first do no harm)⁽⁸⁻⁹⁾.

For much time, the prevailing concept was that the

physician was the only party responsible for quality care. This perception changed with the work of the English nurse Florence Nightingale, who was interested in issues related to management. She worked in the Crimea War, in 1854, when she introduced some innovative measures, like ventilation and using disinfectants. This improved the environment of patient care in battlefields and drastically reduced the death rates in hospitals⁽¹⁰⁾.

In this sense, evaluating and guaranteeing quality consists of inspecting the institution's structure and processes and measuring the results⁽¹¹⁻¹²⁾. The fact that health organizations use indicators to a great extent has triggered many actions toward improving patient care, thus evidencing the improvement of the institution's processes and results⁽¹³⁾.

Currently, the production of quality products and services, in terms of economic, safety, and performance aspects, is as a strategy for the company's survival⁽⁶⁾. In this context, the Gaúcho Productivity and Quality Program (GPQP) was established in 1992 with the aim to encourage, articulate, and promote actions with a view to make State services and products competitive through the improvement of quality and productivity. In 1998, the Brazilian Program for Hospital Accreditation (BPHA) was created through medical corporation initiatives, and was later disseminated throughout the world. Its purpose is to improve the precarious environments and deficient physical structures of health service organizations, which affect clinical practice. Both consist of continuing education programs to improve and enhance organization management through evaluation and inspection^(4,8).

The evaluation instrument permits to diagnose the stage of managerial development, and, thus, can be used as a management tool to plan actions toward improvements. The GPQP is characterized as a program of general applicability. Therefore, its evaluation system can be used by any organization, of any sort and size, public or private, for-profit or not, regardless of the management stage. The BPHA, on the other hand, presents evaluation items specific for the health area. These programs permit to evaluate the managerial system and its performance in relation to the best practices adopted by high performance organizations⁽⁶⁾.

In the system of evaluation, the leaders are responsible for conducting the process of change, with clear strategies, values, and goals, focused on the client and with social responsibility. Furthermore, decisions should be made based on data. Therefore, there is a need to qualify individuals and to control the processes, inducing a result-driven management system⁽⁶⁾.

In a general sense, the perspective of a client that is hospitalized is to obtain diagnosis and receive appropriate treatment. In summary, they expect a brief and problem-free hospitalization⁽¹⁰⁾. Due to the technical complexity,

the client needs the capacity to evaluate the quality of medical care⁽⁷⁾. The client is able to assess only the administrative process; the service they receive during their hospitalization. The quality of the service guarantees the client's satisfaction in behavioral terms as well as regarding their attitude, that is, the client would be willing to pay more for the quality and would remain loyal to the service⁽¹¹⁾.

The emphasis of the evaluation is focused on the processes of the organization. The BPHA initially evaluated the physical structures with a view to guarantee the minimal conditions needed to deliver medical-hospital service that assure safety to both clients and professionals⁽¹⁴⁾.

The evaluation manuals of the BPHA and GPQP consist of eight criteria in line with the National Quality Award. Each manual is structured by a standard with a growing level of complexity. In the GPQP, the evaluation generates a score, which ranges from 250 to the excellence level, 1000 points. In the BPHA, the organization is also audited at three levels of complexity. However, the result of the evaluation is "Accredited" or "Non-accredited".

METHODS

This research consists of a descriptive bibliographic study, of an applied nature⁽¹⁵⁻¹⁶⁾. Several stages were followed in order to elaborate the methodological model proposed in this study.

First, a bibliographic review about quality management was performed, with emphasis on the GPWP and the BPHA, with a view to understand the evaluation methodologies and interpret the criteria of each program.

Next, the compatibility between the requirements was analyzed. To do this, four charts were designed, consisting of the criteria and aspects required by the GPQP assessment system, and the corresponding BPHA criteria was inserted.

A comparative analysis was performed between the GPQP and BPHA criteria, verifying the converging and diverging aspects to detect the compatibility of the requirements. Later, an evaluation and diagnosis method for hospital management was designed, integrating GPQP and BPHA criteria in a complementary way.

RESULTS

When performing the comparative analysis between the BPHA and GPQP evaluation manuals, it was verified that both consist of eight sections, with evaluation criteria in line with the National Quality Award. However, the BPHA has specific criteria for the health area.

In the BPHA, Section 1 - Leadership and Administration groups the components related to the system for the administration and strategic planning of the organization. This section includes the following criteria: 1. Leadership; 2. Strategies and Plans; 6. People; and 7. GPQP Processes.

Section 2. Professional Organization in the BPHA gathers the professionals responsible for the finalization processes. This section evaluates the technical responsibility according to the legislation, authorization, ability, and dimension of the staff depending on service needs. In the GPQP it is addressed in criterion 7. Processes; 4. Society; and 6. People. In terms of People, the GPQP inspects the method used by the organization to identify the needs for preparing the work force, an aspect that is not covered in the BPHA.

Section 3. Patient/client care, in the BPHA comprises all the units and services that are directly related to patient/client care. In the GPQP it is included in criterion 3. Clients. The transference, reference, and contra-reference, pharmaceutical and nutritional care are inserted in criterion 7. Processes.

Section 4. Diagnosis, groups all the components, activities, and services that are linked to the diagnosis processes performed by the organization. In the GPQP, this section is addressed in criterion 7. Processes, as support.

Section 5. Technical Support, in the BPHA, includes activities and services that are related with the organization's processes of technical support, which is part of criterion 7. Processes, of the GPQP. The item Patient/Client Information System referring to the processes related with managing patient/client information, including flow, recovery, storage, and tracking is present in criterion 5. Information and Knowledge in the GPQP. The items Medical-Hospital Equipment and Technology Management referring to the organization's management of its technology park throughout its life cycle, contemplates the planning, acquisition, receiving, acceptance test, training, operation, maintenance, and the deactivation of the medical-hospital equipment, and Prevention, Infection Control, and Adverse Events that define systematic and continuous actions that aim to prevent, control, reduce, or eliminate the risks inherent to the activities that may compromise health and the environment. These items are included in criteria 4. Society and 7. GPQP Processes. The item Occupational Health and Safety inherent to the actions aiming to prevent occupational accidents and promote occupational health is included in criterion 6. People of the GPQP. The item Procedure and Authorization, referring to the process of separating blood products at the Blood Bank, using physical methods, and guaranteeing sterility and the biological characteristics of

the final products. Authorization is characterized by the process that guarantees that only products that are appropriately tested and processed become available for human use. The item Laboratory Support Process refers to the process of articulating with other organization for referring, transferring and receiving the material collected for analysis and transmission of the result (report). In the GPQP, these subsections are addressed in criterion 7. Processes. The item Technical Support to Clients, referring to the institutional activity aiming at client support, which is present in criterion 3. Clients in the BPHA.

Section 6. Supply and Logistic Support refers to processes of Laundry; Processing Materials and Sterilization; Quality of water; Material and Supplies; Storage and Transportation; Hygiene; Safety Management (internal and external clients); and Residue Management. In the GPQP, these subsections are addressed in criteria 7. Processes and 4. Society.

Section 7. Infra-Structure regarding components associated with the management and maintenance of the organization's infrastructure. This section is partially addressed in the GPQP. The items Physical Projects Management and Facility Maintenance Management are in criterion 4. Society and Management of the physical-functional structure, in criterion 3. Clients in the GPQP.

Section 8 – Teaching and Research, in the BPHA is divided into Continuing Education, Teaching and Research. The Subsection Continuing Education is in criterion 6. People of the GPQP. The Subsections Teaching and Research are not addressed in the GPQP.

When the criteria were analyzed and compared, it was observed that they are similar programs, that can be complementary to each other, and therefore there is compatibility of the requirements.

The BPHA evaluation system is structured by sectors. Thus, it analyzes every hospital environment, repeating the evaluation criteria. This makes it rather confusing, tiring, and long. In the GPQP evaluation system, the approach is structured by processes, which appears to make the system simpler to understand. The BPHA is a program specific for the health area, which emphasizes on the quality of patient/client care. From this perspective, the guiding principle for Level 1 is safety, i.e., it basically evaluates the structure of the organization and the compliance with the legislation. At Level 2, in addition to safety, the organization is analyzed regarding its processes, focusing on its management, systemic interaction, result measurement and evaluation, continuing education and training program toward process improvement. At Level 3, in addition to safety and process organization, some results are analyzed. The analysis addresses performance indicators, the comparison with pertinent referential, evidence, and

tendencies for the indicators, innovations, and improvements implemented after the critical analysis. Therefore, it is in line with criterion 8. GPQP Results.

The BPHA has a specific section to evaluate Teaching and Research, which is not addressed in the GPQP. However, it has an important contribution in the appreciation of the management of intellectual capital, which, in turn, is not included in the BPHA evaluation system.

From this perspective, it is worth emphasizing that the BPHA evaluation system follows standards that were designed based on the existence of three levels of complexity, using the principle “all or nothing”. Therefore, the standard should be fully completed for the hospital to be certified at any level, from the most simple to the most complex. As to using scores in the GPQP, creating an expectation and motivating the team could be relevant. At the same time, the organization can participate in the award system, which also serves as an incentive to work, besides contributing as a marketing element for the organization.

Therefore, the method used to evaluate and diagnose hospital management should be integrated. This way it would keep the format of the GPQP evaluation manual and its scoring system. For each GPQP criterion, the corresponding BPHA criterion is included. Hence, the result of the evaluation process will be a score, which works as an indicator of the organization's performance level. This is different from the BPHA evaluation system, which result is simply “Accredited” or “Non-accredited”. In addition, the team begins to be sensitized and the excellence culture is developed more gently, while the structure and physical area, as well as licenses for certification according to BPHA requirements.

The proposed evaluation and diagnosis method permits to evaluate the organization according to GPQP and BPHA criteria simultaneously, thus it is possible to sensitize the team and develop the excellence culture to implement a quality program in health organizations.

CONCLUSION

The hospital management evaluation and diagnosis method designed based on the GPQP and BPHA criteria, proposed in this study, are used by health services that seek a differential through the quality certification.

This method permits to evaluate the organization considering particularities of these institutions, as well as requirements of the department of sanitary surveillance. The organization will also be able to participate in categories of GPQP awards while adjusting its processes for the certification. The scoring system can motivate the team toward sensitization, and thus, it facilitated the process of Hospital Accreditation.

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