Short Article ISSN 2767-5416

Journal of Medical Clinical Case Reports

Accreditation in Hospital Health Based on the Competence Profile of Institutional Quality Management

Rivanha Soares Pinto Saraiva

Clinical pathologist biomedicine, Master of Science in Healthcare Management, Postgraduate in Hospital Management, Postgraduate clinical analysis and microbiology, Postgraduate teaching in higher education

***Corresponding author**

Rivanha Soares Pinto Saraiva
Clinical pathologist biomedicine,
Master of Science in Healthcare Management,
Postgraduate in Hospital Management,
Postgraduate clinical analysis and microbiology,
Postgraduate teaching in Higher Education
Email : riva.biomed@gamil.com

Submitted : 13 Dec 2023 ; Published : 7 Mar 2024

Citation: Rivanha S. P. Saraiva (2024). Accreditation in Hospital Health Based on the Competence Profile of Institutional Quality Management. J Medical Case Repo, 6(1):1-4. DOI : https://doi.org/10.47485/2767-5416.1063

Abstract

Health accreditation is based on ensuring the level of quality in care, structural and process care, thus defining the reflection of the performance of a continuous improvement of population health services. The present context aims to highlight the responsibilities regarding management conduct within the accreditation scenario, with an analytical and reflective view of the established information. The basis was based on scientific productions related to the theme with an active and retrospective search of the last ten years, the databases that permeate the composition are concise and coherent, using the discourse of the authors to construct the proposal. In general, caution was expressed regarding operational health services related to continuous accreditation and the qualification of the demand for assistance and strategic clinical performance, the health system being a complex enabled to the growing population adaptation with tools of breadth and integration of care, with potential for quality efficiency to reach its executions.

Keywords: Health accreditation, Evidence management, Hospital research.

Introduction

Balance in health requires security for society where there is the construction of significant advances and possible processes for implementing an institutional system of public health policies.

The health system aimed at accreditation must establish its competencies and responsibilities in conceptual and logistical technological innovation, with a discursive management exercise that emphasizes priorities such as participatory mediation with regard to social control and care vulnerability.

Small municipalities (MPP), that is, those with a population of less than 20 thousand inhabitants, despite representing around 70% of the country's municipalities, are the most vulnerable entity. Most of these municipalities have limited conditions, both in health service offerings and in the management capacity to respond to the public policies assigned to them with the decentralization process, little autonomy for managing municipal budgets, less tax collection capacity and consequently lower resource allocation. (Pinafo et al., 2020, p.1620)

According to Schiesari (2014, p.4230), at the end of the 90s, few hospitals or health professionals knew what hospital accreditation, certification by ISO standards, national quality award or even systems for monitoring the performance of health services in Brazil were. . Today, years later the scenario has changed! We are certainly not facing what some imagined or dreamed of, but there are facts that deserve to be highlighted: different models of hospital accreditation coexist in our country – National Accreditation Organization (ONA), Joint Commission International (JCI), Canadian Accreditation, National Integrated Accreditation for Healthcare Organizations (NIAHO); several hospitals are accredited; a growing number of healthcare services are now certified by ISO 9001, 14000, 31000 and OHSAS 18001 standards; The good management practices recommended by the National Quality Award and management schools are known and sometimes used.

The organization of management instruments in co-participation with spheres of power gives the health system relevance to its objectives and continuous quality development. In general, the analysis highlights a reflection on the care of data processing and the strategic control of accredited management.

This article is methodologically based on exploratory and retrospective research in publications relating to health accreditation, evidence management, hospital research, guided by logical operators "AND" and "OR" and with an active search in Cape journals, such as: Scientific Eletronic Library and Medical Literature Analysis and Retrieval System Online. The selection aimed to analyze scientific productions in the 2010 - 2020 cycles. Using coherence and relevance to the topic as the main eligibility for inclusion and exclusion criteria, the productions used were reviewed for the proposed textual elaboration.

Development

Accreditation is a scenario portrayed by organizational processes focusing on quality of care and care. Establish institutional links in operational cooperation enabling the institution to retain its work with recognition. Operational use and distribution are important measures in the construction, contribution and retribution of services provided to the population based on the experiences of the health management team.

Corroborating this understanding, the author Azevedo et al. (2018, p.3) describes that this understanding points to the process of coordinating care in the hospital, with these being autonomous centers of workers with irreducible capabilities. The main points in the management of health services, in the organization and qualification of assistance, highlighted: (I) the focus on the analysis of the daily and procedural aspects of health services; (II) tensioning or questioning the limits of the biomedical paradigm for understanding health/disease processes and intervention on them; (III) concern with the comprehensiveness of care and an "enlarged" or "expanded" conception of care and the actions necessary to produce it; (IV) the concern with the centrality of intersubjective processes both in the production of care and in the way of managing it.

In this context, we can consider that management cycles occur in a political-institutional scenario, in which the problem of organization and management of the health system is extremely dynamic, taking into account the decentralization-municipalization process, but also due to the change in the correlation of forces that are configured in the Intersector Commissions, Health Councils and representative bodies of managers, namely: National Council of State Secretariats (CONASS) and Council of Municipal Health Secretariats (CONASEMS). (Carvalho et al., 2020, p.212).

It is worth highlighting that managers have to formulate and implement strategies of differentiated quality to conduct management processes in a complex context, characterized by both the expansion of service offerings, the expansion and diversification of policies and programs, the persistence of significant regional disparities, the ability to coordination and planning. (Carvalho et al., 2020, p.213).

Excellence linked to hospitals intensifies initiatives to adopt clinical guidelines and protocols, hospital accreditation, definition of standards and greater safety for patients, among other measures whose purpose is to qualify care. [...] in the last decade the problem of agreement shows the important challenge in a scenario in which the presence of conflicts and the main fragmentation of qualification processes [...]. (Azevedo et al., 2017, p.1992).

Quality Management and Accreditation

Hospital accreditation emerged in the United States, its origins are related to an initiative by the American College of Surgeons, which in 1924 created the Hospital Standardization Program. The objective was to establish a set of standards to guarantee the quality of patient care. In 1950, the number of evaluations already exceeded more than three thousand hospitals (Mendes et al., 2015, p.637).

The implementation of Quality Management in hospitals requires the commitment of senior management regarding the changes necessary for such an initiative, as constant efforts are necessary to incorporate the concepts of seeking continuous improvement throughout the team and at hierarchical levels. (Alástico et al., 2013, p.816).

In Brazil, Accreditation is voluntary and coordinated by ONA (National Accreditation Organization), a non-governmental organization that seeks to grant the certificate of Accreditation, classifying hospitals into three levels, according to compliance with standards in the Brazilian Accreditation Manual. The classification levels are increasing and involve Structure
Level 1: Accredited, Processes
Level 2: Full Accreditation and
Results - Level 3: Accreditation for Excellence. (ORGANIZATION, 2010).

Brazilian accreditation is incipient (in 2012, 2.4% of Brazilian hospitals were accredited), there was a lack of guidance, hospitals had to be interested in obtaining accreditation, especially smaller ones. (ORGANIZATION, 2011).

From the 1980s onwards, accreditation programs expanded to other countries. Initially, in English-speaking countries (Canada and Australia) and Europe. In the following decade, to countries in Latin America and Asia. In the Brazilian case, accreditation effectively began in the late eighties, under the influence of the Pan American Health Organization (PAHO), which established a series of standards for hospital services in Latin America (Mendes et al., 2015, p.638).

Health Organizations and Accreditation

In the 1950s, the American accreditation program was delegated to the Joint Commission on Accreditation of Hospitals, later named the Joint Commission, a private organization. In the following decade, as most American hospitals had already met minimum quality standards, the Joint Commission raised the bar. In 1970, he published the Accreditation Manual for Hospital, containing optimal quality standards and also considering processes and results of assistance in evaluations (Mendes et al., 2015, p.637) In paragraph Quiroz explains:

O Patient Safety Model National System for Certification of Health Care Establishments (SiNaCEAM), which includes an interdisciplinary system approach under a culture of quality and patient safety, minimizing the occurrence of adverse and sentinel events, based on the analysis for the decision making. The Patient Safety Model has 5 chapters: I. Improvement of quality and patient safety, II. Basic patient safety actions, III. Critical systems for patient safety, IV. Patient-centered care and V. Organization management. (Quiroz-Flores, 2020, p. 145)

The author's description is translated here: The Patient Safety System Model National Certification of Medical Assistance Establishments (SiNaCEAM), comprises an interdisciplinary system approach under a culture of quality and patient safety, minimizing the occurrence of adverse events and sentinel, based on analysis for decision making. The Patient Safety model has five chapters: I. Improving quality and patient safety, II. Basic actions patient safety, III. Critical systems for patient safety, IV. Patient-focused care and V. Organization management.

Corroborating the context, Galván-García paraphrases. "Since its introduction in 1951 by the Joint Commission on Accreditation of Hospitals (JCAHO), accreditation has become an evaluation practice in health systems, currently present in more than 100 countries." (Galván-García, 2019, p.203). In translation, the author emphasizes accreditation when he describes that: Since its introduction in 1951 by the Joint Commission on Hospital Accreditation (JCAHO), accreditation has become an evaluation practice in healthcare systems, currently present in more than 100 countries.

Management in the health sector is no longer a distinctive characteristic but a necessary characteristic for the functioning and survival of organizations, culminating in the search for better performance both in the administrative sphere and in the organization of sectors. The evaluation of this performance considers multi-criteria in the hospital setting, encompassing a perception of complexity. (Longaray et al., 2020, p.4328).

Silva et al., (2019, p.1136) emphasizes that hospital registration and information and the processes of tools and data such as: checking errors, reports, interface and training, access and password security, helps to authenticate the process accreditation.

However, Azevedo et al., (2017, p.1996) considers that the set of forms/protocols represents an initiative to qualify care, seeking to induce adequate monitoring of the patient. Such management tools also play a role in the safety and protection of professionals and patients.

Final Considerations

Assessing the accreditation scenario, there are several factors combined with the ability to use instruments such as a care database. The documentation is quality inspection and transparency protocols regarding demand, even in the case of emergency resolution.

The context provided a view of competence with regard to administrative responsibility in health as a whole, an example is the Unified Health System (SUS), which is the main Brazilian care system, which is considered highly complex with regard to management, providing decentralizing functions to the care network, operational and planned coping, which for health accreditation offers an adaptation of the panorama of its services. It is therefore concluded that qualification for hospital/health accreditation is unquestionable, regardless of the health care units involved in the process.

References

1. Alástico, G. P., & Toledo, J. C. (2013). Hospital Accreditation: proposed roadmap for implementation. *Management & Production, 20*(4), 815-831. https://dx.doi.org/10.1590/S0104-530X2013005000011
2. Azevedo, C. da S., M. L., Sá, M. de C., G., V., M., G., & C., M. (2018). Between protocols and subjects: quality of hospital care in a hematology service. *Public Health Notebooks, 34*(6), e00043817. https://doi.org/10.1590/0102-331x00043817
3. Azevedo, C. da S., Sá, M. de C., C., M., M., G. C., M., L., & G., V. (2017). Rationalization and Construction of Meaning in Care Management: an experience of change in a SUS hospital. *Science & Public Health, 22*(6), 19912002. https://dx.doi.org/10.1590/1413-81232017226.13312016
4. Carvalho, A. L. B. de, O., A. L. M., C., M. G. O. de, & M., N. M. da S. (2020). Nurse managers in the Unified Health System: profile and perspectives with emphasis on the 2017-2020 Management Cycle. *Science & Public Health, 25*(1), 211-222. https://dx.doi.org/10.1590/1413-81232020251.29312019
5. Galván-García, Á. F., V. R., J. de J., S. D., M. S., S. V., A. L., R. N., C. M., & P. V., O. (2019). Certification of medical care establishments in Mexico: analysis of incentives for their continuity. *Public Health of Mexico, 61*(4), 524-531. https://doi.org/10.21149/9946
6. Galván-García, Á. F., V. R., J. de J., S. V., A. L., P. V., O., R. B., E., & S. D., M. S. (2018). Review of the results of the certification audit in Mexican hospitals from 2009 to 2012. *Public Health of Mexico, 60*(2), 202-211. https://doi.org/10.21149/8421
7. Longaray, A. A., & C., T. M. (2020). Performance evaluation of the use of information technology in health: systematic review of the literature on the topic. *Science & Public Health, 25*(11), 4327-4338. https://dx.doi.org/10.1590/1413812320202511.26342018
8. Mendes, G. H. de S., & M., T. B. de S. (2015). Hospital accreditation as an improvement strategy: impacts on six accredited hospitals. *Management & Production, 22*(3), 636648. https://doi.org/10.1590/0104-530X1226-14
9. NATIONAL ACCREDITATION ORGANIZATION - ONA. 67% of States have services accredited by the SBA/ ONA. Brasília: ONA, 2011. Available at: https://www.ona.org.br/Noticia/83/67-dos-Estados-possuem-ServicosAcreditados-pelo-SBA-ONA.

10. NATIONAL ACCREDITATION ORGANIZATION - ONA. Manual for organizations providing health services. 6. ed. *Brasília*: ONA, 2010. 203
11. Pinafo, E., N., E. de F. P. de A., C., B. G., M., F. de F., D., C. M., & S., C. R. (2020). SUS management problems and strategies: the vulnerability of small municipalities. *Science & Public Health, 25*(5), 1619-1628. https://doi.org/10.1590/1413-81232020255.34332019
12. Quiroz-Flores, C. P.. (2020). Management of Medical Equipment within the System National Health: A Revision. *Mexican journal of biomedical engineering, 41*(1), 141-150. https://doi.org/10.17488/rmib.41.1.11
13. Schiesari, L. M. C. (2014). External evaluation of hospital organizations in Brazil: can we do it differently?. *Science & Public Health, 19*(10), 42294234. DOI : https://dx.doi.org/10.1590/1413-812320141910.21642013
14. Silva, A. B., G., A. C. C. M., S., S. R. F., V., E. T. R. C., & F., I. G. de A. (2019). Electronic health record in a highly complex hospital: a report on the implementation process from a telehealth perspective. *Science & Public Health, 24*(3), 1133-1142. https://dx.doi.org/10.1590/1413-81232018243.05982017.