

## **HOSPITAL QUALITY MANAGEMENT IN HEALTH SERVICES PUBLIC IN BRAZIL**

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### **SUMMARY**

The final objective of this work is to show hospital quality management in public health services in Brazil. Understanding quality is diagnosed in an evaluation system, at different levels of health, a constant challenge carried out by the manager. Between the 1980s and 1990s, quality passed through the media, transforming companies, with a vision of the need for sustainability. Professionals suffer many different influences, which contribute to changes on a professional and personal level, which requires an active, participatory and transformative stance, causing it to directly affect relationships with organizations and the way in which they are carried out. The problematization of the work is to show what hospital quality management is like in public health services in Brazil? The work was carried out with the type of research being exploratory in nature, which has the nature of allowing the researcher to become familiar with the proposed topic, which is quality in health services. The approach to the work and the problem were carried out in a qualitative way, which collects data in a narrative form to be introduced in the context of the theme. At the end, evaluations were carried out to evaluate the quality of health services through bibliographical research in the LILACS, SCIELO and BIREME databases.

**Key words:**Quality. Management. Health Services. Public Hospital.

### **ABSTRACT**

The present work aims to show the management in hospital quality in public health services in Brazil. The understanding of quality is diagnosed in an evaluation system, at different health levels, a constant challenge performed by the manager. Between the 1980s and 1990s, quality went through means of communication, transforming companies, with a vision of need for sustainability. Professionals suffer many diverse influences, where they contribute to changes in the professional and personal level, which requires active, participative and transformative posture, causing it to directly affect relationships with organizations and how to do them. Is the problematization of work to show how is hospital quality management in public health services in Brazil? The work was carried out with the type of research is exploratory, which has the nature that allows the researcher to be familiar with the proposed theme of quality in health services. The approach of the work and the problem were carried out in a qualitative way, which collects narrative data to be introduced in the context of the theme. While at the end, evaluations were carried out where they evaluated the quality of health services through the survey of bibliographical research in lilacs, SCIELO and BIREME databases.

**Keywords:**Quality. Management. Health Services. Public Hospital.

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<sup>1</sup>INTEGRALIZE CORPORATION

## **1. INTRODUCTION**

The quality of a health service must be shaped from work experiences, where health practices are only carried out through human action, which is responsible for the organization of work.

According to Ansuji; Zenckner; Godoy (2015) understanding quality is diagnosed in an evaluation system, at different levels of health, a constant challenge carried out by the manager. Between the 1980s and 1990s, quality passed through the media, transforming companies, with a vision of the need for sustainability. Professionals suffer many different influences, which contribute to changes on a professional and personal level, which requires an active, participatory and transformative stance, causing it to directly affect relationships with organizations and the way in which they are carried out.

The problematization of the work is to show what hospital quality management is like in public health services in Brazil? The final objective of this work is to show hospital quality management in public health services in Brazil.

Feldman (2014) shows that "Health evaluation is based on evaluating the efficiency, effectiveness and effectiveness of structures, processes and results related to risk, access and satisfaction of citizens in relation to public health services in the search for resolvability and quality." The same number of patients with different conditions is randomly distributed to each of the providers, but always in a balanced way, so that one does not have more severe patients than the other at the beginning of the study.

The work was carried out with the type of research being exploratory in nature, which allows the researcher to become familiar with the proposed topic, which is quality in health services. The approach to the work and the problem were carried out in a qualitative way, which collects data in a narrative form to be introduced in the context of the theme. At the end, evaluations were carried out to evaluate the quality of health services through bibliographical research in the LILACS, SCIELO and BIREME databases.

The inclusion criteria used were: articles that answered the question of health system management, and the exclusion criteria were: editorials, literature review articles and articles that did not answer the question of health system management.

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According to Castellanos (2012), it shows that every service must be evaluated, analyzing the structures, processes and results of the services provided. Patient satisfaction with the care received must always be considered a result.

The structure is the entire physical part, including buildings, equipment, service provision, human and organizational resources. Processes are exactly how work is organized, documentation, protocols that are used, guidelines, routines and even how procedures are carried out (FADEL; FILHO, 2016).

Malik and Teles (2015) show that patients in some hospitals are better than others in terms of quality of care, this is also evident when comparing the revenue resulting from the provision of services between hospitals.

Unfortunately for the provider's patients, billing is not a concern, the provider will receive a greater monetary return, as it will perform more procedures and higher value procedures to restore the health of its clients such as aggravated dressings, amputation surgeries, etc. In this situation described above, he showed that to illustrate how the current condition of remuneration for health services rewards providers who perform more and more complex procedures without comparatively evaluating the results achieved from the patient's point of view (URDAN, 2015).

Many complaints made by patients, punctually addressed and costs or price lists are the subject of basic discussion between service contractors and contractors. Subject of discussion that does not contribute to improving the services provided (URDAN, 2015)

In this way Malik; Teles (2015) shows that the evaluation instrument began to include the results achieved in benefiting the health of patients through questionnaires. The SUS sends its customers letters showing whether the services provided were well attended to or not.

Family Health provides a lot of information about treatment results there carried out or treatments in public hospitals. Risk adjustment naturally leads to assessment being made for specific health conditions treated by each provider. In other words, which provider treats diabetes most efficiently? This health service provider may not be the same one who excels in treating patients with heart problems. (VUORI, 2015). For Mezomo (2016), quality control in healthcare aims to ensure that quality indicators adhere to defined standards and correct errors,

which quality derives from evaluation, seeks to implement improvement measures, and prevent potential problems.

In this way Porter; Teisberg (2017) shows that health quality control should focus on the relationships between process and results of healthcare provision, but should not ignore relevant aspects of the existing structure. And it can be constituted from the perspective of quality assurance, or continuous quality improvement.

According to Bonato (2017), it is an information system that evaluates the quality of hospital medical care, focusing on data analysis, measuring the adequacy of services with the standards registered in the environment. Thus, Castellanos (2012) shows that the CCOS – (Joint Health Organization Accreditation Commission), which was implemented in the USA, the place where this system is implemented is the APM.

Ansuji; Zenckner; Godoy (2015) says that ONA is a non-profit organization, being legal entities governed by private law, with collective interests and operating nationally. Thus, ANVISA (2014) shows that the objective of MBAH is to continuously and certified quality assess. Its mission is to promote the development of an accreditation process aimed at improving the quality of care in the country. And its vision is to make the Brazilian Accreditation System and the National Accreditation Organization by 2010, a national and international reference. We know, however, that in fact this occurred almost a decade later, on October 31, 2016, ONA achieved certification international ISQua and only on April 11, 2018 was accepted as a member of the ISQua International Accreditation Council. Rooney; Ostenberg (2015), reports that MCQ – Continuous quality improvement has five principles that are:

- Focus on processes and organizational system;
- Solve problems in statistical analysis;
- Working groups involving professionals with different responsibilities;
- Strengthening the organization's employee to identify the problem;
- Emphasis on the organization's customers and professionals.

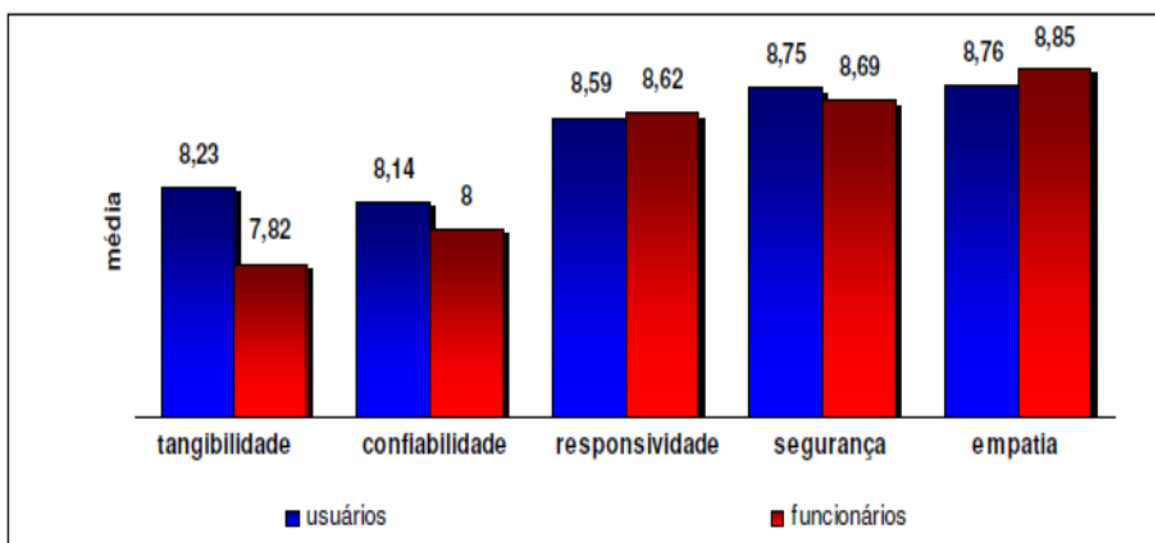
Tajra (2018) shows that quality control involves the random selection of products, cases or situations observed in the healthcare production system. And, thus, it allows the identification and analysis of problems that affect the entire system, at a feasible cost. Thus, Urdan (2015) shows that the concept of quality shows that there is a set of desirable attributes, there are seven pillars of quality, which are:

- Efficiency;

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- Effectiveness;
- Optimization;
- Acceptability;
- Legitimacy;
- Equity.

**Graphic 1:**The 5 dimensions of quality according to their importance in the health service system.



Source: LAS CASAS (2015)

In this way Ansuji; Zenckner; Godoy (2015) says that effectiveness serves as a parameter for considering how far the observed results differ from the expected results, they are divided into topics such as physical conditions of implementation, characteristics of the health professionals involved, degree of difficulty for the implementation population adherence, as shown in the table below.

**Figure 1:**Seven pillars of quality in the health service system.



**Source:**(ANSUJ; ZENCKNER; GODOY, 2015).

But quality has three dimensions, the technical one being the application and updating of knowledge, the interpersonal one referring to the relationship established between the service provider and the patient and the other being the environmental one, which refers to comfort and well-being. that must be offered to the customer.

## **FINAL CONSIDERATIONS**

The health service system in Brazil has three dimensions, the technical one being the application and updating of knowledge, the interpersonal one referring to the relationship established between the service provider and the patient and the other being the environmental one, which refers to the comfort and well-being that must be offered to the customer.

The provision of health services carried out by public authorities keeps the very existence of the service in focus, leaving its quality relegated to the background. In the last three years and up to the present day, it has been shown that “Quality in health services” and how the different Assessment Systems are practiced, what is the perception of the different social actors who participate in this process, at different levels of health action , it is a constant challenge to be carried out by the manager”, this challenge questioned by the author shows exactly what we go through today, where pleasing the customer is very complicated, but we must give the best care, caring and with quality.

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