

139: BRAZILIAN ACCREDITATION HANDBOOK: AN ASSESSMENT OF JUDGMENT CRITERIA

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Introduction:

Brazilian Ministry of Health sponsored a managerial modernization project in several Brazilian public hospitals. Many consulting firms were hired after a bidding process. Each of those was responsible for a group of hospitals, in different regions. Managerial modernization involved Strategic Planning, Organization Design, MIS, Finance, Human Resources, Supplies and Quality Programs. In one consulting firm, responsible for 7 hospitals, the strategy used for the Quality Programs was to apply the Brazilian Accreditation Handbook (BAH). The BAH is designed with three complexity levels: level 1 aims to ensure security in the health care delivery process; level 2 aims process standardization; level 3 looks at managerial excellence. The 7 hospitals with which this firm worked were far below Level 1. The general idea behind overall accreditation processes in health is to assess compliance/non-compliance with the standards. The BAH judgment criteria, though, are defined by major and minor non-conformities. This model is traditionally used with the ISO certification. When the consultants realized this apparent incoherence, they started to analyze actual processes and data.

Objective:

Verify whether the BAH judgment criteria are coherent with the complexity levels proposed by the instrument and whether the evaluation methodology is sufficient for an objective assessment of the quality of the hospital.

Methods:

During the consulting process, the accreditation handbook was applied to the hospitals. The multidisciplinary groups involved in this process in each hospital discussed the accreditation methodology and identified its strengths and weaknesses. The consulting group tried to understand the non-conformities encountered discussing the relevance of the Level 1 standards and the logic behind them, allegedly the safety in the health care delivery process.

Results:

Findings of the multidisciplinary groups showed that methodology suggestions within the handbook were not able to ensure uniformity of the evaluation process. This leaves the process vulnerable to subjective interpretations. Judgment criteria based upon major and minor non-conformities is not really applicable to Level 1, where practically all the standards are fundamental for patient and worker safety in the health care delivery process.

Conclusions:

The design of an evaluator's guide seems an alternative to reduce subjectivity of the whole process. Putting together criteria from different methodologies does not create a new evaluation methodology. It was noticed that it may confuse judgment, especially if standards, methods and criteria are not clearly established.