

**100: REFORSUS: AN EFFORT TO IMPROVE THE QUALITY OF HOSPITAL CARE IN BRAZIL.  
CASE STUDY OF 6 HOSPITALS**

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**Objective:**

This abstract shows different strategies used and different results achieved by a "Quality Team" (QT) in answering the general TOR from REFORSUS in these six public hospitals.

**Methods:**

In 1999 a World Bank-funded project, named REFORSUS, commenced in Brazil. It involved several projects, aiming to improve the quality of health services. One such project was named "Managerial Modernization in Large Hospitals". Quality was one of the seven areas from the TOR. A consortium between Fundação Getúlio Vargas (an academic institution) and EPOS (a consulting firm) won the bid for 6 hospitals, starting in 2000. The consulting work was scheduled to take 24 months. Those hospitals were divided into two groups, one in the Northeast (NE-1, NE-2, NE-3) and the other one in the South (S-1, S-2, S-3), with 3 hospitals each. Hospitals were quite different, ranging from a hospital that was projected to start up in June 2001 to a regional reference university hospital.

The first strategy was to determine the actual needs and interests of the hospitals. A questionnaire was designed, in order to find out about the hospitals' quality related activities, the staff's opinion, and what was expected from the project. Then visits were made to the sites, in order to establish who would take part in the local groups and to set up a relationship and possible strategies. Finally, the work was started.

**Results:**

In the NE1 hospital where the activities were scheduled to start in June 2001, the idea was to have a movement towards accreditation from the beginning, using the Brazilian Accreditation Manual. A general training on quality was provided to most of the staff. Managers are interested in the subject, but implementation is still to be seen. In NE-2, an old hospital with a new emergency unit, the main results were the actual team building (acknowledged by the manager) and a problem analysis effort regarding the emergency unit. NE-3, an old State reference hospital, accepted to be evaluated using the Brazilian Accreditation Manual criteria. They are seriously determined to be granted accreditation by the end of 2002. S-1 was in the midst of another consulting process and did not really expect this one. Traditional quality issues could possibly be suitable to this hospital. As a result most of the personnel were trained in PDCA and developed local projects employing the proposed methodology. S-2, a hospital that resulted from the merger between a Cardiology Institute and a General Hospital, with a previous experience in quality, resisted most attempts and finally decided to set the goal of being accredited in 2002. S-3, a university hospital, was already preparing itself for the accreditation process before the consulting efforts started. As a result this process improved their use of indicators and got the employees to work on PDCA projects in different areas.

**Conclusion:**

In order to help to implement quality initiatives as external advisers, it is important that the external adviser is accepted by the organization leaders and acknowledged as someone who can really help. An external adviser is not likely to succeed if local teams are not working and the adviser's job is not recognized by organization leaders. Different hospitals respond differently to similar projects. Hospitals with previous quality experiences (implemented by previous managers) are not always ready for quality experiences. There are successful ways for a country to deal with consulting terms of reference defined by international funding agencies, but efforts must be made.