REVISTA | MAGAZINE

IPH

INSTITUTO DE PESQUISAS HOSPITALARES ARQUITETO JARBAS KARMAN

Anais do
38º Congresso
Brasileiro de Administração
Hospitalar e
Gestão em Saúde
e do
VIII Congresso Latino
Americano
de Administradores
de Saúde

SAÚDE INTEGRAL

Planejar
para
Atender

REVISTA IPH - EDIÇÃO Nº 12 - OUTUBRO DE 2015

12

Revista IPH

Edição Nº12

Segundo Semestre de 2015

ISSN 2358-3630 *digital*
ISSN 1519-14-51 *impresso*

Endereço para correspondência

IPH - Instituto de Pesquisas Hospitalares Arquiteto Jarbas Karman
Rua Ministro Gastão Mesquita, 354 – Perdizes
CEP.: 05012-010
São Paulo, SP

Tel. (11) 3868-4830

E-mail: *revista@iph.org.br*
Endereço eletrônico: *www.iph.org.br/revista*

English Version

ENGLISH VERSION

The 12th edition of IPH Magazine brings an overview of the discussion during the four days in which took place the 38th Brazilian Congress of Hospital Administration and Health Management and the 8th Latin-American Congress of Health Managers (38º Congresso Brasileiro de Administração Hospitalar e Gestão em Saúde and the VII Congresso Latino-Americano de Administradores de Saúde).

This edition aims to provide a written record of the discussions concerning health administration in 2015. What each specialist presented as proposal? Which are the problems faced by the current hospital administration? Which solutions were presented? Problems that endure, solutions that are renewed with new theories and methodologies. This issue draws a panorama of the 19 lectures, 29 panels, 100 lecturers, 48 members of scientific commission, 1.500 attendees and the 6 congresses that took place at Expo Center Norte, in São Paulo, Brazil, between May 19 and 22, 2015. The IPH staff undertook a series of short interviews with planners and coordinators of each congress, some attendees and international guests.

Our reader will have access to the photographic record, the interviews and the summary of each presentation that took place during these days through our Electronic Annals that are available at IPH's portal: www.iph.org.br. Just click on the name of the lecture or lecturer to have access to what was presented, it will allow you quick access to the main content covered by the specialists in 2015.

We hope this edition may serve as a research tool to all those working with Latin-American health issues. We are aware of the vast amount of information; nonetheless, this is the only way to approach the complex reality of health administration.

We would like to remind you that IPH Magazine maintains its policy of full disclosure towards reflection. We wish to carry on the discussions we bring up here in future editions of the magazine. Here is our invitation for a knowledgeable conversation, so necessary in order to reach solutions.

Interviews

38th Brazilian Congress of Hospital Administration and Health Management

8th Latin-American Congress of Health Managers

Interview with Scientific Coordinator of the Congress for Cost and Financial Management

Sérgio Lopez Bento

IPH - Which were the main issues debated during the Congress for Cost and Financial Management?

Sérgio Lopez Bento - The Congress for Cost and Financial Management was held during an unfortunate economic situation, with negative growth of the GDP, high inflation, devalued currency and skyrocketing interest rates. This unfavorable scenario affects negatively all the connections along the health chain, causing health service resources to plummet and, at the same time, the increase of its costs. We discussed the consequences of this scenario for the area, what must be done to lessen its effects and how to improve our hospital's level of efficiency having Information Technology at our side. We also approached the impact of the legislation that allowed foreigner capital into our hospitals and how Brazilian hospitals must prepare to face this new challenge. As we often do in our Congress, we presented some successful cases concerning the adoption of indexes as a management tool. We also had two specialists presenting two tools to support the management of the clinic body, about which hospitals are beginning to show interest: DRG and Payment for Performance. Finally, we brought two panels concerning the Unimed System that plays an important role at the Brazilian supplementary health: the first one was presented by one of the creators of the movement of having its own resources, analyzing its results and challenges. The second one presented a successful experience of a new model of management in a medical cooperative in the countryside of São Paulo.

IPH - Which of the aforementioned topics you consider the most relevant for the context we are living now?

Sérgio Lopez Bento - Considering the economic scenario, I believe that right now the most relevant issue is for hospital managers to understand this situation, assess its impact for their organizations and plan which actions must be taken in order to seek out indoors resources through the improvement of efficiency and productivity in every area of the hospital: assistance, support and management. A thorough reexamination of processes combined with computerization and automation is also part of the project that aims at generating resources through internal savings that can be obtained by eradicating do-over and wastes. There is another issue worth mentioning concerning supplementary health: changing the relationship between service providers and health insurance companies.

A relationship surrounded by intense conflict that should change into a model that considers both activities complementary, aiming at best serving clients/patients. I'm certain that an agreement will be fundamental to maintain the sustainability of the industry.

IPH - How do you see the financial management of hospitals within the new and difficult economic moment of Brazil?

Sérgio Lopez Bento - Even though the last years have seen an effort to make the financial area of hospitals more professional by hiring professionals from other areas of expertise, we have noticed in our national consultancy that this effort is still uneven, since small and medium size hospitals still have an almost amateur style of management. To give you an example: most Brazilian hospitals are unaware of the costs concerning their operations and procedures, since they haven't set an investigation and cost management systems. And this is basic information to manage any entrepreneurial activity. How can I establish my prices if I don't know how much my services and products cost? How to decide which services or specialties the hospital must prioritize if I don't know their outcomes? Therefore, the effort towards management improvement must be even more prioritized in this unfavorable economic moment that the country is going through with little perspective of improvement in the medium term.

Interview with Scientific Coordinator of the Engineering, Architecture and Logistics Congress

Antônio José Rodrigues Pereira

IPH - What did you expect from the Congress and the discussions held there? How do you see the current situation concerning hospital engineering?

Antônio José Rodrigues - During the Congress, the Hospital Congress and the Hospital Fair I could notice that there was a group of attendees that are eager for information. Brazil's political and economic scenario forces us to try to see things like engineer Salim's brilliant and well given lecture on hydric resources. Where is it written that we must have a culture change within society? We have to think of offer as well as demand. How can we as citizens, as well as managers in architecture, engineering and hospital administrators, accomplish anything further being offered the same? This is going to be the great dilemma over the next couple of years. How can I accomplish more with the same?

I wish that after this Congress we should be able to spread information, information should not be a privilege of one or two people. And I believe that the Congress and the Brazilian Federation for Hospital Administrators (Federação Brasileira de Administradores Hospitalares) long for that. It is possible to spread information with some speakers where in fact lecturers and attendees merge into one with one goal: share information. By sharing information, we grow; and this is the goal of this Congress: even out information for everyone in order to make decisions.

Interview with Santiago Venegas from Red de Clínicas Regionales - Santiago - Chile

Red de Clínicas Regionales - Santiago - Chile

IPH - I would like to know how you sir, coming from Chile, see this Congress and the health situation in Brazil. What is your overall opinion of the discussions that happened here?

Santiago Venegas - I'm lucky to have known the Hospitalar for 10 years. I come here almost every year as a lecturer to discuss different issues concerning health management. Both the Federation and the Hospitalar show great development every year. The greatness as well as the size of Hospitalar are impressive and it is very satisfying to be a part of the Brazilian Federation for Hospital Administrators (Federação Brasileira de Administradores Hospitalares) and the Congress. It was a very well organized Congress that raised relevant matters concerning the current hospital management situation and the issues that most interest managers. We have similar problems in Chile. In Brazil, the magnitude is different. We have about 300 hospitals, public and private, here, some people say there are 5.500 hospitals, and others say 7.000. So, we learn a lot by attending the Congress and the Hospitalar every year with the Federation.

IPH - What are your thoughts on this last lecture we have attended? The discussion was about changing paradigms, changing the hospital's focus to primary care; and how governments are more concerned with building hospitals and with specialties and forget about primary care, family health and children's health. How do you see this matter in Chile as a way to alleviate hospitals that are overburdened with demands?

Santiago Venegas - I think it is very relevant, very important, to define the right focus towards patients' ongoing care model. In Chile, 70% of our demands in health services are for low complexity primary care; 23% are for medium complexity cases and only 5 to 8% are high complexity cases. Therefore, the hospitals as a whole must focus mainly on primary care. Now, here is something I have learned over the years: a hospital cannot support itself if it is not part of a network. A high-complexity hospital must be permanently connected with unities that provide medium and low-complexity care. This is of key importance for the success of the hospital and for the development and acquisition of knowledge and assistance flow.

Interview with Scientific Coordinator of the People Management and Leadership Congress

Cláudio Collantonio

IPH - Which were the main discussions proposed by the People Management and Leadership Congress for 2015?

Cláudio Collantonio - The People Management and Leadership Congress have two matters of approach. First of all, there is a difficulty that the health industry has as a whole. We are facing a big problem that we call “workforce blackout”, which is poor academic education that leads to a struggle for the same professional by several institutions. This happens mainly in the South and Southeast of Brazil. That?s why we brought two lecturers from these regions to tell us how they are dealing with this situation. What we have found out at these lectures were three very distinct courses of action: the search for alternate workforce - for an example the case of Haitians who are arriving at Brazil; give academic education at their own location - it is better to educate than trying to get this professional in the market; and, finally, the third solution presented to us was to implement in the institution a collective of multidisciplinary professionals to cover different work shifts.

Moreover, I talked about preparing leaderships. We proposed to see the leader as a member of the team, for that reason, we have approached self-manageable teams. The leader, besides excelling at his tasks, needs to take charge of interpersonal relationship, this is now a key point, and this balanced relationship is what grants the leader better assertiveness. We brought lecturers who were able to first focus on this goal and then evaluate it. Hence, one of our options of lecture was to talk about the tools that make professional assessment so we could understand how tools like PPA, DISC, MBTI and Insights work in the internal mapping of institutions.

The entire Scientific Commission of this Congress tried to cover these two factors. Since this Commission is composed by professionals who have to face these difficulties or these “complaints” of not having a focused leader in the team, this was our purpose.

IPH - What advice would you give to those starting University or who have recently graduated or even to a professional trying a better position in the job market? Since there is a demand for workforce, how could he relocate? Where should he invest to glimpse the possibility of a position?

Cláudio Collantonio - Nowadays I would say that there was a migration in the 90's for this new model that we practice now. There was a time when the name of the academic institution was relevant, now I wouldn?t say it matters that much. But it is very important to have the practice combined with theoretical knowledge, when the professional is able to establish a connection between both he comes to the job market more prepared. The first entrance for the health job market is the trainee programs. Almost every major health institution have developed trainee programs for the nursing team, intern programs for doctors and other practices like physiotherapist and occupational therapists. So the main entrance is acquiring knowledge through trainee and intern programs during graduation, since this experience is already taken into consideration when hiring. I think this is the path to take.

Interview with Scientific Coordinator of the Health Management Congress

Gonzalo Vecina Neto

IPH - Health processes are supported by administrative processes. Which are the strategies to get the medical staff involved in the administrative processes?

Gonzalo Vecina - This the million-dollar question. How to integrate the doctor into the management process and how to integrate the doctor into the care process, the caring for healing issue we were discussing. It is clear that the doctor is a unique professional in this process, since, among all professionals, he is the one who gives the diagnosis and the treatment, which makes him unique. On the other hand, especially at private hospitals where you have an open clinic board, this difficulty is even more important. In public and private hospitals with a closed clinical body there is a set of rules that you can adopt. And I also see that in private hospitals working with open clinic body in closed unities. Often in closed unities, such as the ICU, you work with a closed clinic body hired, hence the doctor integration with the team, there is less difficulties, or even, it is easier. Considering the different levels of difficulties to integrate the doctor to the team, we have seen this idea that was mentioned here: patient-driven care with different levels of deepness. As our Osvaldo* used to say, taking things to the patient instead of the patients to the things, with limitations obviously, it is something to pursue. The same must happen with the team, which means, we have to think that for a better care to heal we must rethink the work division in health services. Our work is over segmented. In a way that, today, we have the guy that pushes the gurney, the guy that takes the patient out of the gurney, the guy that puts the patient on the gurney; it is a crazy division of work. So the nurses are responsible for maintaining the daily life, the physiotherapist is responsible for breathing physiotherapy. Then the patient is overwhelmed with activities and his treatment is aggrieved. You focus only on the healing, but taking care is as important. In some hospitals in Europe and the United States, the idea is to focus on the patient, so the professional rethinks his or her place of work. The professional closer to the patient is the one to undertake the care he or she needs at the time. This idea demands a reorganization of the work process, a schedule of work process and the creation of new work agreements inside the admission unit. It is also possible to take this idea to primary care, which means, with distinct process of treatment. It is a different way of treatment, but in fact, it demands a pact among the professionals in the team. And the doctor must be a part of this pact. This is much easier with a team composed by professionals within several areas of expertise, the doctor must be incorporated. This is the type of care management that we should spread in the team and the doctor has to believe in this project; it is feasible, but not easy.

*Osvaldo Artaza Barrios - Organización Panamericana de la Salud - México.

Testimony from Scientific Coordinator of the Hospital Hotel Congress

Teresinha Covas Lisboa

The core theme of the congresses is “Whole Health” and the Hospital Hotel Congress tried to accomplish this goal. The themes are focused on planning to serve, on the patient-driven service considering the administrative viewpoint, analyzing the physical space and the hospitality towards humanization. We had the opportunity to get to know the International viewpoint of hotel hospital, as well as in Innovation and Expansion of Hospitals in Brazil. It was of extreme importance to hear the experiences of international and national renowned professionals.

The matter is oriented at the core theme, “Whole Health”, in which the administrative, technical and human viewpoints will be considered in all lectures.

The Hotel Hospital model is under implementation in public hospitals and is going to be adapted to the reality of each region. We already have trained staff ready to take over this field, from management to operations.

This concern is emphasized by the participation of employees and third-party companies in congresses and courses relating to the filed. As well as by SUS’ caring attitude towards its patients. The HumanizaSus program allows such behaviour.

“The National Humanization Policy (Política Nacional de Humanização) exists since 2003 to put into effect SUS’ principles in the daily practices concerning management and care, improving public health in Brazil and encouraging sympathetic exchanges among managers, workers and users” (Ministry of Health).

Interview with Scientific Coordinator of Patient's Quality and Safety Congress

Antônio Carlos Onofre de Lira

IPH - We would like you to give us a general panorama. What were your expectations for the congress, what did you discuss in your lecture and what was your overall expectation for this event in 2015.

Antônio Lira - BWell, starting with the latter, I think the Hospitalar 2015 reinforces the importance of health services. I believe that the Congress and the Fair reflect, even more, not only the importance but also the growth of the area in our country and the influence our country has on fraternal countries, above all here in South America and Portuguese-speaking countries. Therefore, I believe that this is a very interesting context for us attending this fair for some years now.

About the Congress, I'm the scientific coordinator and chairman of the Patient's Quality and Safety Congress. I'm one of the front-line executives of this Congress, this challenge, for the second year in a row. This year's Congress, in a way, complements last year's, when our focus were more on discussing the improvement in patient's safety worldwide, draw attention to the international goals concerning patient's health, which is a commitment of the World Health Organization within this logic of the reinforcement and launching of the National Program for Patient's Safety in 2013 to which we belong. I represent Hospital Sírio Libanês, Sociedade Beneficente de Senhoras do Hospital Sírio Libanês, I'm the hospital technical superintendent and for me it is an honor to be among the front-line executives of this Congress.

This year we are ratifying a commitment to transparency, especially regarding full disclosure of data, the discussion of each institution's data. We are supporting this cause, supporting that institutions should be even more transparent to the patient and society in general. I believe this is a very important time for the Congress, we emphasize the matter regarding patient's safety but now trying not just to duplicate the international goals, but also to show how much the matter of safety in the daily routine of the institution can be portrayed. So we had a conversation in a very interesting panel about safety that is a way of measuring how much safety is part of the institution's course of action.

We also had a broader approach concerning the matter of drug tracking that is always an important issue related to the patient's quality and safety. Since drug-related mistakes in general are the most common adverse events that happen. So I think this was a very important lecture. We reinforced the importance of Whole Health,

trying to leave the hospital ambience and, like in every chain of patient care, safety can be present and how safety becomes an element and one of the pillars sustaining the wholeness of patient care.

Finally, we had the lecture given by our Colombian friend about accreditation in his country that gave a general panorama concerning patient's safety in the country and in Latin America. Besides, there was a specific panel about safety within the hospital environment focusing more on the infrastructure of processes and computerization. There was a warning concerning the latter, discussing how an attempt of improvement in safety can sometimes bring risky elements that we must be aware of. Generally speaking, this was a panorama of the Congress and I believe that the Fair was quite powerful and interesting for everybody.

Interview with Chairman of FBAH

Valdesir Galvan

IPH - What are FBAH plans for 2015 and 2016? How do you see the discussions in the Congress' agenda? We know there are some serious matters regarding Brazilian health, financing, burdensome private health care systems, the economic crisis that is affecting everyone, not only health services. Being a health manager and the chairman of the Federation, how do you see the current situation in Brazil? What about the Latin-American partners? I believe the dialogue with them is certainly advantageous. How do you see the search for health solutions?

Valdesir Galvan - This Congress' main focus of discussion is the economic crisis the country is going through. So we focus so much on the crisis that we forget the great opportunity for the Health System. If you consider financing, the Public Health System in Brazil has been in crisis for quite some time. It is underfinanced and has been facing all these difficulties. That is why I see a great opportunity to get out of our comfort zone, since we are discussing this, and do things differently. If we don't change the way we do things, we are going to suffer the crisis more intensively. So we must look for other ways to manage, review processes, review models. Nowadays, I think Brazil needs to review its payment model in both public and private health services. I believe there should be a better partnership between private and public, a deeper integration. I think that the partnership between public and private health can contribute considerably to the public health system and, especially, to the payment model, the latter is not satisfactory for anyone. It is neither good for those paying it nor for those receiving through it, therefore, it is out of control.

In the private system we have recently learned about the orthosis and prosthesis mafia, which is something that has always been there, at times in cardiology, others in orthopedic, and others in oncology. Since we have always had to face this situation, I think it is time to discuss the payment model. For a long time, hospitals have focused their gains on materials and medicines, forgetting about hotel services in hospitals. This was due to the fact that health insurance companies did not recognize that kind of work, hospitals' infrastructure didn't use to generate a lot of money, so hospitals have found their way with materials and medicines.

From the public health point of view, under-financing is pretty clear. The SUS model, its prices, is due to fail because it is unfeasible nowadays. I don't know any institution that can survive on SUS, they cannot support themselves because the institutions are paid 30% of the costs. So if a procedure costs one hundred reais, SUS pays the institution only thirty reais back. This means the institution has to find a way to cover the remaining seventy reais to cover the cost. From the financing point of view, I think this is the big issue that the health system has to deal

with right now to discuss this model. We also have the matter of access, not everybody has access to the proper health system. We see this on the media; there are queues, difficulties in scheduling appointments due to the lack of doctors. That is why I believe this is the time to review this model. In fact, the Federation has attended the Congress to discuss these models and the current situation. We, managers, have the responsibility to find a way out of this situation or at least to try to find a more comfortable situation.

Interview with Chairman of the 38th Congress

Paulo Roberto Segatelli Camara

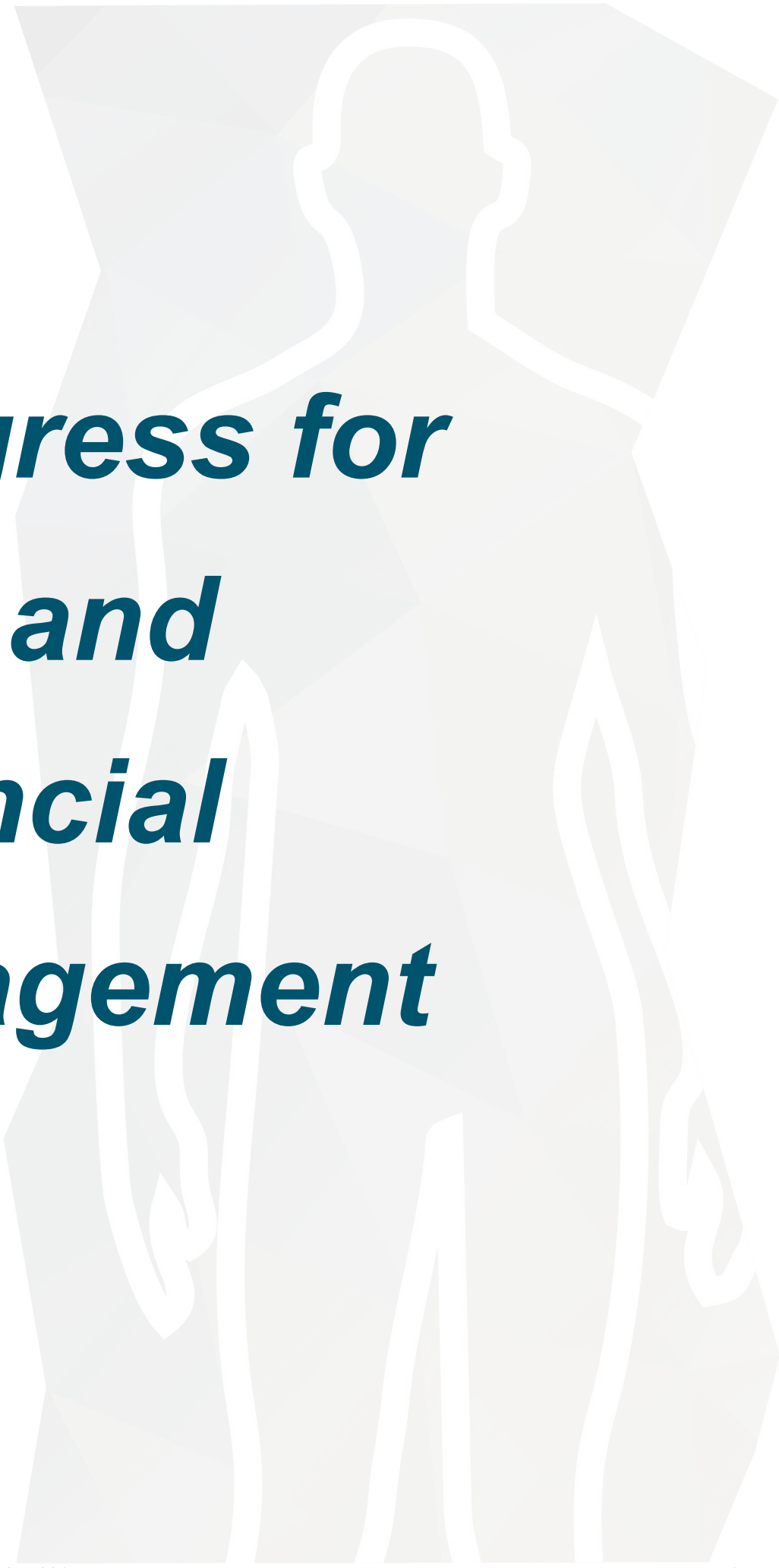
IPH - As part of the 38th Congress of Hospital Administration and Health Management (38º Congresso Brasileiro de Administração Hospitalar e Gestão em Saúde), IPH interviews Mr. Paulo Câmara, chairman of the Congress, on his ideas regarding the event and the proposals from the Brazilian Federation of Hospital Managers (Federação Brasileira de Administradores Hospitalares).

Paulo Câmara - First of all, I would like to thank the Instituto de Pesquisas Hospitalares Arquiteto Jarbas Karman that has always given us the honor to receive them in several events organized by the Federation, our partnership goes way back. In the name of the board, I state our gratitude in receiving such an important entity that has always represented what we are today, which is the professionalism in health management in this country. IPH has always thought about that and we give this project continuation within the Federation by encouraging thorough health professionalization in all the areas of management, architecture, administration, medical, nursing. This year's theme, which in my point of view is very interesting, is Whole Health.

Thinking health as a whole goes way beyond thinking health inside hospitals. We are proposing reflections regarding the environment, water treatment, cautious use of goods, recycling the water that is so scarce to us - especially here in the city of São Paulo - pollution, means of transportation, means through which the Brazilian population moves around. Nowadays employees from health institutions, and others as well, waste two to three hours in traffic, which is harmful to someone's health. Encouraging better eating habits, more appropriate, means we are thinking of Whole Health, a broader concept for the population. We believe that the only way to solve the problems in the health system is to think health is this broader sense. With proper water treatment, sewage treatment. If we don't do this, we won't be healthy and it will be very hard to bear the costs of treatments if we don't start preventions in the beginning. That is why we are thinking about Whole Health. So we start at Whole Health: Planning to Serve. Planning. In our point of view we have to improve a lot health planning in Brazil, we have to make better use of our resources; we seldom see a health institution working within a network. In my point of view, nowadays, each health entity works independently; it does not have any connections with other health institutions. And for the health system to work in Brazil and in other countries as well, we must think of networking, all the health system connected, and referring patients to one another so we can best serve our population.

Nowadays, for instance, it is common for a person to look for treatment in one health institution and later

she cannot continue her treatment because this network does not exist and the whole work is jeopardized. As a consequence, this person will not have her treatment concluded, which means, her rehabilitation, diagnosis. She only has access to the first appointment, most of the times she mistakenly goes to the emergency unity for not having access to health unities. This is why we think of planning prior to serving, because we think that our population is being underserved. Nowadays, our population must stay years in line for a hernia surgery. We see overpopulated maternities, mothers giving birth in ambulances, reception desks. So I think we must better think and plan the health system in order to be able to serve the Brazilian population that in my opinion is still severely poorly served in almost every region of our country - even though we have already improved a lot. I travel a lot, I know many places, many health unities, public and private ones, UPAS, UBS, and I see that the difficulties are present in almost every state in Brazil.



Congress for Cost and Financial Management

Congress for Cost and Financial Management

Scientific Coordination

Sérgio Lopez Bento
Planisa - Planejamento e Organização de Instituições de Saúde

Vice coordinator

Antônio Sérgio Vulpe Fausto
FBAH - Federação Brasileira de Administradores Hospitalares

Members

Adilson Bretherick
Hospital das Clínicas da Faculdade de Medicina da USP

Carlos Alberto Marsal
Hospital Sírio-Libanês

João Luis Romitelli
Planisa - Planejamento e Organização de Instituições de Saúde

Lucas de Lima Neto
Pétria Investimentos

Marcelo Tadeu Carnielo
Planisa - Planejamento e Organização de Instituições de Saúde

Summaries of the Congress for Cost and Financial Management

Summary: Implementation of disallowance indexes, control and reduction

Alline J. Cezarini
Hospital Santa Catarina

Kelly Cristina Salles Mattos
Hospital Santa Catarina

The lecture “Implementation of disallowance indexes, control and reduction” focused on showing how the Hospital Santa Catarina handled the implementation of indexes to control and reduce disallowances. The strategy of approach consists of: adopting a software that enables online follow-up of indexes, meeting with health insurance companies for negotiations, monthly meetings with everyone involved to discuss the indexes, creating new plans of action for each disallowance item, creating a Registration Centre, ongoing review of registrations and tables, reviewing processes trainings for collaborators. The results presented showed that: the initial and final disallowance were reduced, it took lesser time to present resources, negotiations were faster and with trustworthy data, unpaid resources were controlled and charged and old disallowances were recovered (older than three years).

Summary: Perspectives for Hospitals Acting upon Public and Private Health in an Adverse Economic Scenario

Antônio José Rodrigues Pereira
Hospital das Clínicas da Faculdade de Medicina da USP

The panel “Perspectives for Hospitals Acting upon Public and Private Health in an Adverse Economic Scenario” showed how the Hospital das Clínicas de São Paulo is facing the current challenging and adverse economic scenario through a more efficient management. The administration board has developed strategies with the hospital’s different departments in order to cut costs and make hospital services more efficient. Therefore, the contracts of services undergo ongoing evaluation and monitoring; the contracts of equipment maintenance were unified, bidding processes were improved; among other measurements of great impact for the hospital’s economy and efficiency. This range of strategies belongs to the implementation of a new model of management established in 2011 and is due to be fully in service in 2018.

Summary: Unimed System's Own Resources Movement: Results and Challenges in the search for Cheaper Costs and Better Aid Quality

Rodolfo P. Machado de Araujo
Unimed do Brasil - São Paulo/SP

The lecture "Unimed System's Own Resources Movement: Results and Challenges in the search for Cheaper Costs and Better Aid Quality" shows the current panorama of Unimed cooperative in Brazil. Considering its increasing market share, the Unimed system has been working on the verticalization of its management process. It is a challenge that means to assure resource generation for the cooperative, cost reductions, quality and commitment with ongoing improvement. The main issues that arise are: the adjustment to different and singular realities and the proper size of resources, preserving the autonomy of each part, strengthening the brand and gathering value to the hospital. The future holds the need for each part within the system to stand out by quality, looking for standards compatible with the best hospitals of nowadays and outperforming them, also assuring compatible cost and quality and developing institutional planning in the medium and long run.

Summary: Fee for Performance as a Tool to Support the Clinical Body and Aid Cost Management

César Luiz Lacerda Abicalaffe
2IM -Impacto Inteligência Médica - Curitiba/PR

The lecture "Fee for Performance as a Tool to Support the Clinical Body and Aid Cost Management" aimed at clarifying the fee for performance, including the fee for quality, the fee for value and risk share. The development of fee for performance model includes the definition of a patient-driven focus, the organization of a defined model and developing indexes, creating benchmarks, adjusting the risk and disclosing development. Such implementation was very efficient to control claims, it answers to the main accrediting agencies and it led to a significant improvement in the quality of services, besides being an efficient tool for clinical governance.

Summary: DRG and P4P: Supporting Tools to the Management of the Clinical Body and the Cost of Assistance

Renato Camargo Couto
IAG - Instituto de Acreditação e Gestão em Saúde - Belo Horizonte/MG

The lecture "DRG and P4P: Supporting Tools to the Management of the Clinical Body and the Cost of Assistance" aimed at presenting the DRG - Diagnosis Related Groups ? as a methodology to categorize patients submitted in hospitals according to the complexity of assistance and to show its implementation in a Brazilian hospital. DRG is a combination of main diagnosis, comorbidities, age, surgery procedures. Each DRG is "product of assistance", clinical or surgical, which uses an even amount of resources. The DRG has shown to be effective to raise hospital productivity in about 20%.

Summary: How Should Hospitals Be Prepared to Handle the Entrance of Foreigner Investment? (1)

Yussif Ali Mere Junior
SINDHOSP- Sindicato dos Hospitais do Estado de São Paulo / SP

The lecture “How Should Hospitals Be Prepared to Handle the Entrance of Foreigner Investment?” aimed at putting into context the entrance of Foreigner investment, considering the Law, the Brazilian context, the ideologies, the market asymmetries, the challenges and the opportunities that come as a consequence, such as: quality and accreditation, accuracy of resources and proper regulation by the government in order to transform Brazil in an attractive market.

Summary: How Should Hospitals Be Prepared to Handle the Entrance of Foreigner Investment? (2)

Marcos Boscolo
KPMG Brasil - São Paulo/SP

The lecture “How Should Hospitals Be Prepared to Handle the Entrance of Foreigner Investment?” proposed four steps to handle the matter of capital investment: (1) establish positioning, (2) face it, (3) team up and (4) be different. Therefore, some actions were proposed: establishing positioning; investing in the qualification of the workforce (managers and clinical body); investing in systems that generate opportune and trustworthy information; investing in corporative governance; investing in financial management (search for profits, reducing costs and expenses, new products, alliances, patrimonial management, among others); creating a strategic plan in the short, medium and long run aiming at the positioning of the entity; rectify matters concerning taxes, labor rights, finances etc.; having audited financial statements (it is obligatory for big companies) and going after external help for specialized consultancies.

Summary: TICs’ role in the Search for Efficiency and Better Information in Hospitals?An IT viewpoint

Klaiton Luis Ferreti Simão
Hospital São Camilo de São Paulo/SP

The lecture “TICs’ role in the Search for Efficiency and Better Information in Hospitals ? An IT viewpoint” showed the COBIT methodology as a tool of governance, the structure within the Information Technology department, the corporative SLA (Master Plan) and the diagram of business supporting tools.

Summary: The role of information technology and communication to increase efficiency and improve the quality of information in hospitals - the financial area viewpoint

Carlos Alberto Marsal
Hospital Sírio-Libanês - São Paulo / SP

The lecture “The role of information technology and communication to increase efficiency and improve the

quality of information in hospitals" showed how Hospital Sírio-Libanês has designed and established the efficiency project in the nursing department. The first issue to consider is the organizational identity and its main dimensions. Then, they draw a map of the institution including the work of the financial Department as strategic, grasping the concepts of productivity and efficiency. After diagnosing the focus of inefficiency and some drawbacks that prevent the optimization of productivity and efficiency, an efficiency project in the nursing department was developed. One of the key issues is how to choose the partner that will assess the possibilities of improvement in nursing following a thorough analysis of its services and unities. After choosing the partner, they successfully executed the pilot project, which had a return on investment of seven times the investment.

Summary: The Experience behind Setting up a New Management Model in a Cooperative of Medical Services

Tiago Pechutti Medeiros
Unimed São Carlos /SP

The lecture "The Experience behind Setting up a New Management Model in a Cooperative of Medical Services" presented the case of Unimed São Carlos' structure of cooperative. The main challenges faced were: transparency; communication; creation of the new organizational culture; the plan behind choosing professionals; ability in gathering managers; professionals' performances follow-up; planning structure changes etc. They had positive results, especially concerning the increase of credibility, the plummeting of conflicts, more partners satisfied, better results concerning proper negotiations, among others.

Summary: How can Hospitals and Health Insurance Companies Build a Positive Agenda aiming at Sustainable Supplementary Health in an Unfavorable Economic Environment?

Hospitais
Clébio Campos Garcia
Hospital Sírio-Libanês - São Paulo / SP

Operadoras
Paulo Santini Gabriel
Grupo São Francisco - Ribeirão Preto / SP

A Visão da ANS
José Carlos de Souza Abrahão
ANS - Agência Nacional de Saúde Suplementar - Rio de Janeiro/RJ

The panel "How can Hospitals and Health Insurance Companies Build a Positive Agenda aiming at Sustainable Supplementary Health in an Unfavorable Economic Environment?" discussed the sustainability issue within the supplementary health considering the economic feasibility of the resource austerity and the reformulation of the aid model; considering that the focus of this discussion has its core in the relationship between partners, which means, stronger partnerships. In this context, some considerations were presented, such as: to discover each patient?s real

needs, to undertake custom-made negotiations, to develop products with the help of the patient, to make the system feasible, to save resources, more than rethinking the payment model, we must think of a new model to provide aid.

Engineering, Architecture and Logistics Congress

Engineering, Architecture and Logistics Congress

Scientific Coordination

Antônio José Rodrigues Pereira
Hospital das Clínicas da Faculdade de Medicina da USP

Vice coordinator

Salim Lamha Neto
MHA Engenharia

Members

Adhemar Dizioli Fernandes
ABDEH - Associação Brasileira para o Desenvolvimento do Edifício Hospitalar

Antônio Carlos Cascão
Hospital Sírio-Libanês

Daisy Figueira
Hospital das Clínicas da Faculdade de Medicina da USP

Marco Antônio Bego
Hospital das Clínicas da Faculdade de Medicina da USP

Rodrigo Almeida de Macedo
Hospital Sírio-Libanês

Summaries of the Engineering, Architecture and Logistics Congress

Summary of the Master Conference: Whole Health – Planning to Serve

Lecturer:

José de Filippi Junior
Secretaria Municipal de Saúde - São Paulo /SP

Moderator:

Antônio José Rodrigues Pereira
Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo/SP

The conference “Whole Health – Planning to Serve” showed us an up-to-date panorama concerning São Paulo’s public health system, presenting its characteristics and quality of its institutions. The lecture discoursed about the Unidades Básicas de Saúde (UBS), the Unidades de Pronto Atendimento (UPA), the Rede Hora Certa and the City Hospitals that are being implemented.

Panel: Water and Energetic Resources

Summary: Cultural Change

Américo de Oliveira Sampaio

The lecture “Cultural Change” presented the situation of the State of São Paulo’s water resources situation with a brief historic panorama that covered until nowadays. It approached issues concerning the Management of Supply – presenting the works in the medium and long run, as well as other alternatives Management of Demand – presenting programs focused on reducing water consumption collectively.

Summary: Engineering Contribution - HCFMUSP

Tulio Wertzner

The lecture “Engineering Contribution - HCFMUSP” presented two programs implemented at the HCFMUSP: PURA (Program for the Rational Use of Water) and PURE (Program for the Rational Use of Energy). The first one was implemented in 1996 and its goal was to encourage water conservation by reducing losses and rationalizing its use. The second program was implemented in 2005 aiming at promoting bigger energetic efficiency by making lamps, air-conditioning systems and the Contact Network more modern.

Panel: Hospital Supplies Chain

Summary: Logistic Operation Center in Hospitals

Thiago Sakamoto

The lecture “Logistic Operation Center in Hospitals” presented the system of logistic operations developed for the Hospital das Clínicas da Faculdade de Medicina da USP. This system is formed by an Operation Center that coordinates the Purchase Sector, the Distribution sector (the latter, located outside the HCFMUSP facilities) and inside distribution, fully synchronized with input purchase and distribution demands.

Summary: The Technical and Logistic Model of the Drug Advantage Program

Pierre Schindler

AThe lecture “The Technical and Logistic Model of the Drug Advantage program” presented the PBM (Drug Advantage Program) that combines patient support services with proprietary systems that control the drugs flow in the Point of Purchase, allowing actual tracking of the level of adherence to the treatment, designing, implementing and managing a series of custom-made programs.

Summary: Compliance in Trading Special Materials (OPME)

Neto Carloni

The lecture “Compliance in Trading Special Materials (OPME)” presented the Compliance system, which is the group of disciplines to put into force legal and regulatory rules, policies and guidelines established to the business and to the activities concerning the institution or the company, as well as, detect and treat any deviation or flaw that may occur.

Panel: Methodology and Technology of Hospital Projects

Summary: Tools for Integrated Planning – BIM System

Guilherme Augusto de Brito Neves

The lecture “Tools for Integrated Planning – BIM System” presents how the BIM platform (Building Information Model) was applied in developing the Project for the Hospital Águas Claras de Brasília. It portrayed the experience in developing synchronized processes enabled by the platform, its advantages and disadvantages, as well as the impact of time, effort and costs that the modernization of the system applies over a project chain.

Summary: Master Plan and Project

José Ferreira da Silva Ferreira

The lecture “Master Plan and Project” presented aspects concerning the development of a Hospital Master Plan, showing concepts, important considerations, main characteristics, development phases and different applications according to the hospital profile. It also presented two study cases: Hospital Regional de Altamira and Complexo Hospitalar Santa Casa de Misericórdia de Belém do Pará.

Summary: Case - Hospital Geral de Caraguatatuba

Daniel Hopf Fernandes

The lecture “Case - Hospital Geral de Caraguatatuba” presented the architectonic project developed for the aforementioned hospital complex. It also showed the development of the program of needs, the local situation, and the localization regarding its surroundings, the distribution of floors, the sectors, cuts and details.

Panel: Planning the Hospital Complex’s Project and Building in Chile and Portugal

Summary: Planning the Hospital Complex’s Project and Building in Chile

Santiago Venegas Díaz

The lecture “Planning the Hospital Complex’s Project and Building in Chile” presented, taking into consideration the Red Clínicas Regionales’ experience, the Hospital del Trabajador de la Asociación Chilena de Seguridad’s Master Plan process, disclosing the hospital’s infrastructure, process’ methodology, related context, the intended goals and the proposed physical intervention of the buildings, according to each phase.

Summary: Planning the Hospital Complex's Project and Building in Portugal

Carlos Antonio Gonçalves Tomás

The lecture "Planning the Hospital Complex's Project and Building in Portugal" presented the Novo Hospital de Braga, the Hospital Beatriz Angelo, the Hospital Vila Franca de Xira and the Hospital da Luz, showing important aspects of each hospital complex, such as novelties in the functional program, in the organization of flows and new tendencies in projects.

Panel: Undergoing the Construction and the Building's Operation

Summary: Undergoing the Construction – Managing Operations

Antônio Carlos Cascão

In the presentation "Managing Operations", the lecturer briefly introduced the Hospital Sírio-Libanês and approached the theme through the following topics: Project and Budgets, Planning and Construction. In Project and Budgets, he discussed aspects regarding the Executive Project (Functional Program, Estimate Budget, Site Premises, Details, Specification and Compatibility) and the Budget – both Physical and Financial. In Planning and Construction, he discussed aspects of the actions to Mitigate Management Detours (Change of Scope, Quality, Environmental, Safety, Physical and Financial Control, Commissioning), Risk Management and Financial Physical Planning.

Summary: Commissioning Buildings and Systems of Buildings – Situation and Expectations

Marcos Antônio Neves

In the lecture "Commissioning Buildings and Systems of Buildings – Situation and Expectations", the lecturer presented the definitions of Commissioning, Commissioning of Buildings and Sustainability applied to Construction. He displayed the Project Structure, following ASHARE's orientations, which states that Commissioning is an important phase since the pre-project, and the panorama of the service mentioned in Brazil prior to and after the certification of LEED sustainable constructions. He discussed when the Commissioning should be hired and the issues that may compromise the service.

Summary: Operational Tools and Costs

Marcos Maran

In the lecture "Operational Tools and Costs", the lecturer presented how the Buildings' Cycle of Life and its systems are stipulated through the processes of construction (between 3 and 5 years), period of use (operation,

maintenance and renewal) and deactivation (estimated between 25 and 75 years or more); the Cost of Buildings' Cycle of Life and its Systems, through a derivative formula of some variants; the percentage regarding each phase within 30 years; the economic impact of inappropriate investments; building costs against operation costs and management aspects of physical assets. Moreover, He discussed strategies for building maintenance, such as Corrective Maintenance, Preventive Maintenance and Predictive Maintenance, showing the economic impact that each strategy has over the building's useful life.

People Management & Leadership Congress

People Management & Leadership Congress

Scientific Coordination

Fabrício Rosso
Fator RH

Vice coordinator

Claudio Collantonio
AACD - Associação de Assistência à Criança Deficiente

Members

Andreza Aparecida Miranda dos Santos
Instituto de Psiquiatria do Hospital das Clínicas da Faculdade de Medicina da USP

Cláudia Aparecida Nogueira Palmuti
Fator RH

Daniela Teles
Fator RH

Elisabeth Alves
Fator RH

Fábio Patrus Mundim Pena
Hospital Sírio-Libanês

Luiz Vieira de Carvalho
SPDM - Complexo Hospitalar Perfeito Edivaldo Orsi

Maria de Lourdes Neves F. A. da Costa
GRAACC - Grupo de Apoio ao Adolescente e a Criança com Câncer

Summary of People Management & Leadership Congress

Summary: Planning HR to Serve the Workforce Blackout in the Health System

Ivana Lucia Correa Pimentel de Siqueira

The lecture “Planning HR to Serve the Workforce Blackout in the Health System” brought Hospital Sírio-Libanês’ experiences concerning its strategies to enhance resources aiming at an efficient planning and control of its employees board, assuring allocation of resources according to its needs. The lecturer also explained how the institution makes use of professionals to give support to non-technical activities and how they put together a reference-team for specialized care. Moreover, Hospital Sírio-Libanês invests in education through intern programs.

Summary: Planning HR to Serve the Workforce Blackout in the Health System

Marcelo Jorge Sonneborn

The lecture “Planning HR to Serve the Workforce Blackout in the Health System” brought the experience of the Mãe de Deus’ Health System when facing HR planning issues to fulfill the organization’s strategies. Considering the HR current phase – known as “responsible for encouraging business” and having as goals: indentifying tendencies in business, gathering intellectual capital to the business, applying competencies and talents to the business; establishing those responsible for encouraging success within HR management and serving as the base for new business – the plan for Managing Human Capital was divided into operational and strategic. As a consequence, we saw the creation of: programs to educate professionals according to the SSMD strategic needs; development programs to develop and identify professionals for key-positions and the tracking of existent professionals ready to take over new positions and challenges as part of the bank of talents. All these actions have shown positive outcomes.

Summary: Mapping Leaders (1)

Adriana Rabello Fellipelli

The lecture “Mapping Leaders” displayed the “Myers-Briggs Type Indicator” structured tools to identify: how I get my energy (Motivation), how I get information (Perception), how I organize information (Judgment), how I plan (Life Style). The types and leaderships are classified according to “behaviors” depending on the type previously determined. Finally, the lecture also presented the “Emotional Quotient Inventory 2.0” that is a model for emotional and social behaviors.

Summary: HR Tools to Map Leaders (2)

Peter L. Harazim

In the lecture “HR Tools to Map Leaders”, Peter presented the Hicon model for mapping competencies. The competencies regarding a position and the person’s competencies are mapped. When considering the position, the knowledege is mapped by job description and formal demands; habilities and behaviors are mapped with tools. For people’s competencies, the knowledge is mapped with straightforward information and tests; abilities are mapped through 360° and assessment; behaviors, with instruments.

Summary: HR Tools to Map Leaders (3)

Flávia Pires Barbosa Lima

This lecture presented the “Insights Learning & Development” tool, an approach whose steps are: understand myself, understand others and act. This is an approach that take into consideration people, teams and organizations based on Jung typology. It is structured within a system of colors for each insight, resulting in a wheel with eight types that generate, by combinations, 72 types. This tool generates a report that uses friendly and attracting language. The basic module presents: personal style, interaction with other people, decision making, strength and weakness, value for the team, communication, blind spots, opposite type and suggestions for development. It allows individual, group and organization works with varied resources. There is the possibility of using it to measure personal efficiency, to build teams, efficient leaderships and sales team.

Summary: Case: “The 150 Best Places to Work” – The Strategies to Keep Employees’ Satisfaction with Leaderships Beyond 80%

Deidiney Santanna Peçanha

The Hospital Unimed Sul Capixaba’s case, “The 150 Best Places to Work”, showed which strategies were used to keep more than 80% of employees satisfied with their leaders. Among them, there are: improvement in communication; first hiring process first Young Leaders program; succession process with coaching sessions,

ongoing training and development, and only then there is the external hiring process. Moreover, there is the Unimed Nurse Management program; the Leader Development program; management for competency model, implemented in 2005 with a map of competencies for all the positions, it is the base to investigate the needs for training, for the hiring process based on competence and the performance evaluation – individual and/or group development plan. Finally, the payment policy is approached with an annual salary research in order to keep an up-to-date and competitive wage table according to the market.

Summary: Successful Case – How Elektro got elected the Best Place to Work by Guia 150 Melhores da Revista Exame with more than 90% of Employees Satisfaction?

Fabricia Lani de Abreu

The lecture “How Elektro got elected the Best Place to Work by Guia 150 Melhores da Revista Exame with more than 90% of Employees Satisfaction” tried to show the management strategies adopted by the company. The competitive uniqueness to reach sustainable results was developed over three specific points: people above all, organization environment and being the protagonist. The management philosophy is based on three fundaments: believing, practicing, improving and sharing. To undertake the change, the strategy was to begin with leadership: having the right people in the right place, with transparent and regular communication, establishing clear and bilateral goals, taking care of and recognizing everyone’s uniqueness and reinforcing the positive features, and, finally, thinking of a bigger purpose as social contribution.

Health Management Congress

Health Management Congress

Scientific Coordination

Gonzalo Vecina Neto
Hospital Sírio-Libanês

Vice coordinator

Sérgio Fernando Rodrigues Zanetta
Hospital Sírio-Libanês

Members

Eduardo Luiz de Brito Neves
MHA Engenharia

José Carlos de Souza Abrahão
ANS - Agência Nacional de Saúde Suplementar

José Cleber do Nascimento Costa
ANS - Agência Nacional de Saúde Suplementar

Luiz Eduardo Loureiro Bettarello
Beneficência Portuguesa de São Paulo

Ronaldo Pasquarelli
Hospital Ipiranga

Waldomiro Monforte Pazin
Hosppital das Clínicas da Faculdade de Medicina da USP

Summaries from the Health Management Congress

Panel: The Situation in the Americas

Summary: Reshaping Health – Progress and Perspective 2015

César E. Chanamé Zapata

The presentation “Reshaping Health – Progress and Perspective 2015” discussed Peru’s health policy. The country’s main political goal is to promote social inclusion and, therefore, a renovation in the health system was proposed to make health coverage universal. It is proposed: broadening the number of people served, improving health services, defending the rights of patients, strengthening collective health, strengthening management and financing. One of the main focuses is the inversion of the infrastructure and hospital equipment, emphasizing the intermediary level, which means, provincial hospitals and strategic health centers.

Summary: Whole Health: The Situation in the Americas (1)

Osvaldo Artaza Barrios

The presentation “Whole Health: The Situation in the Americas” brought a reflection from the current reality of the disintegration of the health approach in the search for a strategy that enables access and universal health coverage, aiming at providing more equal access to a greater range of a better quality health services, focusing on people and communities, strengthening management and governance, increasing and improving financing, enhancing equity, efficiency and abolishing pocket expenses and strengthening attention among departments to approach health social determining factors, which are required to integrate.

Summary: Whole Health: The Situation in the Americas (2)

Jorge M. Reboredo

The presentation “Whole Health: The Situation in the Americas” discussed the concept of whole health, which embraces: prevention of diseases, healthy food habits, exercises, quality of the environment, growth and development. Health is understood as a complete state of physical, mental and social well-being, and not only the absence of affections and diseases. Healthcare must provide primary health assistance, emphasizing the importance of the doctor-patient relationship.

Summary: The Completeness of Care and Integration in the Health System – Public-Private Relationship (1)

Renilson Rehem de Souza

The lecture “The Completeness of Care and Integration in the Health System – Public-Private Relationship” discussed the challenges faced to reach the completeness of the health system. Understanding the issue of completeness under the ethical, legal and accessibility points of view, considering the decentralization in implementing the public system, considering that building regional systems are fundamental to make the completeness of care feasible. The proper qualification of the public authorities to well manage and control in a coherent way the partnerships is another issue considered to be of extreme importance to help solve such complex matter.

Summary: The Completeness of Care and Integration in the Health System – Public-Private Relationship (2)

Sérgio Fernando Rodrigues Zanetta

From a reflection over the contemporary scenario of the Brazilian health system, SUS, and the private system, the lecture “The Completeness of Care and Integration in the Health System – Public-Private Relationship” reflected over the amount invested in comparison with other countries. It also shed some light on the amounts addressed regionally in Brazil. It was also discussed how hospitals are structured in Brazil and its values. Finally, some instructions were presented in order to handle the matter, among them: functional integration, financial integration, integration of the physical system and abolishing iniquities.

Summary: The Entrance of Foreigner Investment to Finance Health Service Supply and the Market in Brazil (1)

José Cechin

The presentation “The Entrance of Foreigner Investment to Finance Health Service Supply and the Market in

Brazil" discussed based on the Brazilian Law Number 13.097/15 some issues regarding this topic. Considering the increasing globalization, capital flow and workforce, the increase of tourism – including among doctors – the entrance of foreigner investment in health services is part of this system. Considering that there are few supporting studies and scarce empiric evaluations of the consequence of the IED, it was shown how it was developed in India and what is possible to translate into the Brazilian case. It was pointed out the need for more research, more data and more debates in the area.

Summary: The Entrance of Foreigner Investment to Finance Health Service Supply and the Market in Brazil (2)

Alceu Alves da Silva

AThe presentation "The Entrance of Foreigner Investment to Finance Health Service Supply and the Market in Brazil" discussed the legislation of the area and presented a study undertaken in Brazil that addressed questions to 25 leaderships in the health area. Through the opinion from important personalities in the health segment, this study aimed at clarifying which are the market impacts brought by the Law 13.097, which is the possible interest and behavior behind international investors, Brazilian health institutions and the advantages and disadvantages to the care performance. The overall opinion was favorable to the entrance of foreigner investment to finance health service supply in Brazil.

Summary: The Intervention of the Law in the Health System (1)

Lenir Santos

The lecture "The Intervention of the Law in the Health System" discussed the reasons why the public appeals to the judicial system. The broaden causes are: low financing, inappropriate education of SUS' professionals, insufficient public management and normative voids. The lecture also presented actions to improve legal appeals and to decrease its number, among which: SUS-focused professional training, technologic innovation, appoint contractual competencies, proper regulation to address the public health.

Summary: The Intervention of the Law in the Health System (2)

João Baptista Galhardo Junior

The presentation "The Intervention of the Law in the Health System" reflected the matter of how to make the relationship between citizens/consumers and SUS/health companies more harmonious to reduce legal appeals, considering two systems: public health and supplementary health. Among many possible solutions, there are: RN 343/13 – a mediation tool that aims at the consensual solution of conflicts regarding the provision of healthcare between insurance companies and providers; and the recommendation to the Legal System's institutions: support companies that enable free technical support to the Courthouses, formed by doctors and pharmacists pointed by the State Executive Committees, to help judges in their judgment of value when evaluating the clinical issues presented

by both parts, considering the regional uniqueness.

Summary: Technologic Incorporation – Accurate Medicine (1)

José Eduardo Krieger

The lecture "Technologic Incorporation – Accurate Medicine" presented the applications concerning the genomics. Therefore, the following themes were presented and discussed: risk anticipation, new therapeutic targets, understanding biologic mechanisms, pharmacogenetics and tracking.

Summary: Technologic Incorporation – Accurate Medicine (2)

Ruy Geraldo Bevilácqua

The lecture "Technologic Incorporation – Accurate Medicine" discussed the matter of new Technologies incorporated into health treatments in relation to its values. Considering two categories of innovation – development and rupture, there are new medical technologies incorporated over the last decades. The value relationships within the health system are thoughtful, especially when concerning quantification.

Summary: Managing the Care: The Experience behind the Sociedade Beneficente de Senhoras Hospital Sírio-Libanês

Antônio Carlos Onofre de Lira

The lecture "Managing the Care: The Experience behind the Sociedade Beneficente de Senhoras Hospital Sírio-Libanês" presented the matter of the clinical management based on the Hospital Sírio-Libanês' experience. The social determinants of health and disease were presented as cultural context adding to the demographic transition, the changes in disease distribution and to the specific conditions of living in a contemporary world, making this context even more complex. The main challenge purposed was to improve health and the service provided to its users; to that end, the notion of clinical governance applied to HSL was discussed. HSL's assistance management is patient-driven, assuring quality and safety with multiple actions that guarantee good communication between the parts involved and mobilization.

Summary: Managing the Care in the Institutions and the Net of Services

Ana Elisa A.C de Siqueira

The lecture "Managing the Care in the Institutions and the Net of Services" discussed the issue of sustainability in the health system having as background the demographic and epidemiologic transition of the Brazilian population over the next fifteen years. Therefore, it was proposed an approach regarding the course of life with emphasis on

active aging, maintaining independence and preventing incapacities. The lecturer also pointed out the main problems concerning our health system, among them: the focus is on healing the disease and not on taking care of the health, fragmentation of healthcare, the system-financing model, among others. Therefore, considering an integrated model showing the experience of VIVA, integrated model. After two years of implementation, there was a reduction of 38% in admission costs, the average of permanence in the hospital was 50%, lower than the group that didn't suffer any intervention, the number of doctor appointments is significantly high, confirming the strategy of establishing a relationship with the assistant doctor, and it was observed a difference of 11,2% between IPCA e VCMH.

Hospital Hotel Congress

Hospital Hotel Congress

Scientific Coordination

Terezinha Covas Lisboa
FBAH - Federação Brasileira de Administradores Hospitalares

Vice coordinator

Marcelo Boeger
Sociedade Latino Americana de Hotelaria Hospitalar

Members

Marcia Cristina Brandão da Silva
MHA Engenharia

Maria Helena Peraccini
Sociedade Brasileira de Hotelaria Hospitalar

Maria Lúcia Pontes Capelo Vides
Hospital Prof. Edmundo Vasconcelos

Marina Muto
Hospital Sírio-Libanês

Summaries of the Hospital Hotel Congress

Summary: Planning to Serve

Marcelo Boeger

Excelling at serving the health client does not happen by chance. It demands from the managers a planning in several fields. A key aspect: to gather a team (this means to choose the right size to fulfill the aimed efficiency and to choose which competencies to develop in the people who are delivering the service). Still, it will be fundamental to align their processes with other independent areas and monitor their results with indicators. The result of this planning will surely be felt both in the performance of the teams and in the quality of the service.

Summary: Sustainable Hospital Buildings (1)

Maria Elisa Vasconcelos Germano

Luiz Henrique Correa Ferreira

1- Water management for non-drinkable use

In this presentation, the engineer Maria Elisa brought to the public proposals to teach us how to reuse the water of a building. With few slides, she spoke briefly about the existent legislation and how the water, that used to be wasted, today can be reused. She also talked about ways to storage and take care of this water.

2- Sustainability

In this part of the panel, Inovatech brought to the public information of how sustainability applied to a building can reduce the cost of the daily use of the enterprise. They presented the case of a hospital where they showed information about applied material and feedback.

Summary: Sustainable Hospital Buildings (2)

Antônio Tadeu Fernandes

Every hospital goes through refurbishments and constructions. These activities present risk of infections and may cause damages to the electric, water, sewage and ventilation systems. Therefore, they need a multiprofessional planning commission to decrease the risks to the institution and the patients. In this lecture we discussed the risk and the measures that must be taken to prevent and control.

Summary: The “Amicão” Project

Maria Cristina Lacerda

The “Amicão” Project approaches the use of animals in the hospital environment. This method was introduced in 1997 in Brazil by the veterinarian and psychologist Dra. Hannelore Zucks and it is called zoo therapy or therapy assisted by animals. It is mainly used for children, the elderly and with patients with mental illness. The therapy with dogs does not promise cure, however it promotes physical and mental benefits, such as better motor capacity, better immunologic system, improvement of the depression symptoms; it decreases anxiety and blood pressure, enhances socialization and self-esteem.

GOALS:
- To provide to patients and children a experience that is different from the strict hospital environment;
- To encourage motor activity in children and the elderly;
- To reduce anxiety and stress among patients and family members;
- To enhance socialization among patients, family members and health professionals;
- Release the tension from the work team.

Summary: “Amigos do Nariz Vermelho” Project

Gilberto Rizzo Junior

The “Amigos do Nariz Vermelho” Project was implemented in 2006 at Hospital das Clinicas da Faculdade de Medicina da Universidade de São Paulo and aims at taking the art of clowns to the hospital environment. It is a playful way to distract patients, their companions and employees while waiting for assistance. Professional actors and clowns that use improvisation as an important artistic tool to enhance interaction between patients and the hospital form the group. The project tries to improve the environment and take some joy to patients waiting for ambulatory assistance, in the ER, in chemotherapy, for a transplant and other spaces.

Summary: The New Clients and the Challenges of Hospital Hotel

Ivana Lúcia Correa Pimentel de Siqueira

The hospital hotel of this century has many challenges to work on due to the economic scenario and a change in the population characteristics and lifestyle. Therefore, we must align the need of patients, companions and professionals to this new paradigm. The construction and implementation of a Hospital Hotel Model connected to the Strategic Plan that considers the efficiency in processes, richer professional activities and sustainability has become an important theme regarding the institution positioning in the market. The proposal of nowadays is to have the best quality with sustainability.

Patient's Quality and Safety Congress

Patient's Quality and Safety Congress

Scientific Coordination

Antônio Carlos Onofre de Lira
Hospital Sírio-Libanês

Vice coordinator

Solange Amora Aliandro
FBAH - Federação Brasileira de Administradores Hospitalares

Members

Eduardo Silva de Oliveira
MHA Engenharia

Fabio Leite Gastal
Hospital Mãe de Deus

Haino Burmester
Secretaria Estadual de Saúde

Laura Schiesari
ANAHP - Associação Nacional de Hospitais Privados

Marisa Riscalla Madi
Instituto de Radiologia do Hospital das Clínicas da Faculdade de Medicina da USP

Sandra Cristine da Silva
Hospital Sírio-Libanês

Vera Lúcia Borrasca
Hospital Sírio-Libanês

Waldomiro José Federighi
Conselho Regional de Administração de São Paulo

Summary of the Patient's Quality and Safety Congress

Summary: A Panorama for the Safe Use of Medicines

Mario Borges

The lecture "A Panorama for the Safe Use of Medicines" presented a panorama showing adverse events and mistakes concerning medicines in the USA and Brazil. Among the main factors, there are mistaken prescription, mistaken administration and ambulatory mistakes. Therefore, we have massive unnecessary expenses – billions of reais – fewer beds available; human suffering; jeopardize the reputation of an institution; social cost and judicial problems. The critical points regarding the medication system are lack of information about medicines and patients; communication problem in the staff; similar labels, packages and name of medicines. A systemic approach and a just culture contribute consistently to the prevention of mistaken medication.

Summary: The Story of an Experience regarding the Safe Use of Medicines

Debora Cecilia Mantovani Faustino

The lecture "The Story of an Experience regarding the Safe Use of Medicines" presented the Hospital Sírio-Libanês' experience and the safety of its pharmacy in order to answer how to maintain the quality and safety of the patient in this context. The pharmacy activities embrace: technical support; technical qualification of suppliers; selection of products; receiving products; identifying products; storage; distribution; preparation of injectable medicines; display; clinical pharmacy; monitoring and continuous education. Among the solutions undertaken by the HSL there are tracking medicines, extensive checking of medicine administration, pharmacy surveillance and technologic surveillance, among others.

Summary: Safety in Anesthetic Procedures

Enis Donizeti Silva

The lecture “Safety in Anesthetic Procedures” presented the experience of the Hospital Sírio-Libanês’ Safety Anesthesia Program, which lists ten steps towards the Indicators for the Safety Anesthesia Program. The lecturer also showed how the Rapid Response Team (Time de Resposta Rápida - TRRs) was implemented, including the training and criteria to triggering it. After 19 months of the implementation of the Rapid Response Teams, 67 lives were saved. It is important to stress the need of a technical training for the anesthesiologist using anesthesia simulation assuring better learning.

Summary: Safety in Auto Events

Mario Lúcio A. Baptista Filho

The lecture “Safety in Auto Events” presented the healthcare structure set up for auto events in Brazil. The medical strategy has three phases that aim at reducing the period between the trauma and the treatment, giving support and not adding injuries to the already existent ones. The medical staff embraces Chief Doctor, Assistant to the Chief Doctor, Supervisor Doctor of the Track, specialty staff of the racetrack’s medical center and the rearguard specialty staff (Hospital Bandeirantes e Hospital Leforte). The lecturer also presented the racetrack’s and reference hospitals’ structures. The structure set up guarantees the chance of survival of those injured in the track.

Summary: Patient Safety - How Do I Do It?

Marco Aurélio Vitorino Cunha

AThe lecture “Patient Safety – How Do I Do It?” presented Hospital Estadual de Diadema’s experience regarding the establishment of a culture towards safety. The lecturer presented the strategies adopted by the institution to evaluate the different perceptions concerning safety in the various hierarchic levels of the hospital. Such evaluation is undertaken through an AHRQ tool and aims at leading actions to solve weak points and understand the strong ones. As a result, they saw a 16% improvement in non-punishable response to the mistake and a 13.5% in relation to internal transferences and shift changes.

Summary: A Culture towards Safety (1)

Elenara Ribas

The lecture “A Culture towards Safety” presented the Hospital Mãe de Deus’ experience on the theme. They developed a work to create an organization highly reliable based on evidences of low quality studies, terminology problems, few negative studies and multiple-action programs (bundle). Therefore, the culture towards safety aims at defining the leadership structure and systems; identifying and minimizing risks and dangers; evaluate the culture

and encourage teamwork. The goal was to identify and mitigate risks and dangers; to analyze generic risks and the efforts towards specific risks; to structure a follow-up system that unveils the safety problems and to create indicators. The challenges we face today show that the current methods are still highly dependent on surveillance and hard work and that the focus on the outcome tends to create an over exaggerated feeling of reliance, causing an unreal sensation of safety.

Summary: A Culture towards Safety (2)

Paulo Henrique de Oliveira

The presentation concerning the Culture towards Safety at the Rede São Camilo showed the research undertaken. Their goals were to survey the perception of patient safety for the entire staff; to make the team recognize the importance of a safe management to assist the patient; to establish/strengthen the culture towards safety via actions of improvement and safety; to encourage the discussion of concepts related to the patient safety and prevent recurrences. Finally, to integrate the concept of a Just Culture to the movement. The method used was based on the AHRQ model brought by Fiocruz (2013). The twelve dimensions evaluated were presented, as well as the external comparative from the years 2011, 2012, 2013 and 2014. Among the actions of improvement, we highlight staff size adjustment, review of the pharmacy service and the effective management of risks and feedback of actions, encouragement of participative management, communication actions, among many others.

Summary: Transparency and Contact with Patient's Safety – the Patient's viewpoint

Rosângela Silva Santos

The presentation "Transparency and Contact with Patient's Safety – the Patient's viewpoint" discussed the matter of safety concerning different health treatments from the point of view of the patient. Anvisa, through a legal disposition, assures good practices for health services, guaranteeing the public's participation enabling mobilization and education actions towards health. The active participation of the patient when treating chronic-degenerative diseases is fundamental for his or her better quality of life. Therefore, it is necessary to pay more attention to an approach that is based on an educational and awareness process.

Summary: Transparency and Contact with Patient's Safety – the Health Professional Viewpoint

Dario Birolini

The lecture "Transparency and Contact with Patient's Safety – the Health Professional's viewpoint" reflected critically about our present culture and how the contemporary lifestyle affects the patient-doctor relationship. Considering the current patient's profile – wrong eating habits, sedentary life, alcoholism, smoking habits, use of drugs, competitive social life, exhausting professional life and damaged family life – there are consequences, such as obesity, shortening, sore joints, physical limitations, aggressiveness and isolation. Besides, there is the influence of the innovation & technology over the doctor's performance, the role of the pharmaceutical industry,

the poor university education programs and the disease mongering. The current culture leads us to a defensive medicine, which is based on excessive exams to look for an accurate diagnosis elaborated by specialists. The lecturer suggested actions that lead to the recovery of the doctor-patient relationship that aims at treating the person and not his or her symptoms.

Summary: Transparency and Contact with Patient's Safety – the Health Institution's Viewpoint

Antônio Carlos Onofre de Lira

The presentation "Transparency and Contact with Patient's Safety – the Health Institution's viewpoint" used social determiners of health and disease and referential milestones to present the Hospital Sírio-Libanês' experience. The communication and mobilization happen with the alignment of managing forums with the following structure: executive committee, broaden committee, meeting with managers and departments. The mobilization of the clinical board is built after the participation in commissions. The communication tools are institutional magazines, campaigns, bimonthly reports, intranet, electronic report, Doctor's Webpage, Patient's Webpage. Another important tool is the development assessment undertaken with the entire clinical board that receives an annual letter to evaluate the performance. The meeting to discuss adverse events is monthly and open to professionals outside the institution, its goal is to point out and encourage actions of improvement based on what has happened. The institutional performance is assessed within the group of better medical practices – ANAPH – comparing the hospital's performance with the performance from the other intitutions.

Summary: Integrality and Patient's Safety (1)

Luciana Yumi Ue

The lecture "Integrality and Patient's Safety" presented the Ministry of Health's program regarding their plan to develop a national program of quality. The National Program for Patient's Safety embraces the core for the patient's safety and the patient's safety plan for health services. The lecturer discussed the current legislation and the support material that the Ministry makes available to help the EAS improving the quality of service and to help them adjusting to the patient's safety rules.

Summary: Integrality and Patient's Safety (2)

Luiz Fernando Sampaio Rolim

The lecture "Integrality and Patient's Safety: the Unimed's experience in BH" presented the experience of a health cooperative. Considering the Model of Health Attention, the patient's safety is understood as a performance that handles risk management constantly. The management of key-factors to integrate segmented systems is possible due to the reinforcement of APS systemic principles, clinical integration and management; increase of hospital services productivity with technological knowledge; information systems efficiency and the relocation of financial incentives, with payments surpassing procedures. The Patient's Safety Plan leads to the Construction of

strategies to minimize risks. The strategies are: promoting health, preventing diseases, managing diseases and managing chronic cases. The quality of care and the patient's safety can be improved with health promotion groups, lectures and group therapy. With the Modelo Unimed Pleno, ER appointments went from 34% to 19% with expressive improvement in service.

Summary: Safety Management within a Net

Fabio Leite Gastal

The lecture "safety Management within a Net" displayed the experience of Mãe de Deus' health system regarding safety management. The main challenges of an operation undertaken within a net is to work with Management System, Information System and People Management. The integration embraces the Financing System, the Entrepreneurial Management System, the Clinical Information System and the specialized systems. After establishing the risk management nucleus/patient's safety nucleus, protocols are created to decide the processes to be implemented in each hospital / health service unity and, afterwards, the corporative protocols are defined. Two outside audits (SSMD and accreditation), an inside audit and educative processes (SSMD) are responsible for the follow up, assuring the unity of the system.

Summary: Architectonic Safety

Fábio Oliveira Bitencourt Filho

The lecture "Architectonic Safety" presented the matter of hospital safety beyond the medical approach, considering patient's safety as the coordinated efforts to avoid damages caused by health procedures that the patients undergo. Therefore, with approaches and considerations over the evolution of the environment, safety, quality and the dimension of human comfort, the contemporary hospital architecture is looking for solutions to make sure patients and professionals are safe.

Summary: Safety against Fire

Marcos Kahn

The lecture "Safety against Fire" unveiled the serious reality of how unprepared the buildings that provide health services are to act in the case of a fire. Considering the historical scenario for real risks of fire in EAS, the contradictory legislative context and the specific Brazilian reality, the lecturer presented possible actions to minimize the risks, including specific resources and publications to attend the health industry. The idea is that safety against fire is not a matter of firefighters, VISA or SESMT, but a corporative strategic business matter.

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