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CERTIFICATION FOR ASSISTED INFUSION THERAPY SERVICE DISTINCTION: PERCEPTION OF IMPACTS AND IMPROVEMENTS

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Abstract: Does a health service with accreditation certification still have opportunities for improvements in its quality processes? This is a constant question for health managers. Therefore, the objective of this work was to raise the impacts and improvements perceived from the certification by Distinction of Assisted Infusion Therapy Services. After the consolidation cycle of this certification at the Center for Dispensing High-Cost Medicines at the Rheumatology Outpatient Clinic of Hospital das Clínicas de São Paulo, a structured interview was conducted with the person in charge of the service to understand which improvements in processes are attributed to the certification program, benefiting an institution that already has full accreditation. Among the main impacts is the standardization of processes with the management of assisted therapy indicators, which brought opportunities to identify robust cycles of improvement. Because it is a distinction, whose look is very specific, there was an improvement in the transition of information, strengthening barriers to care risks, promoting greater planning and continuity of care due to the effectiveness of communication and improving the engagement of professionals. Access management actions are related to the reduction of patient absenteeism, better use of resources, greater adaptation to protocols and regularity in the use of medicines, increasing the safety of the medication chain and sustainability in the use of these inputs. Currently, the greatest strength of the service is the added value in the pharmacy sector, with great accuracy in providing treatment to the patient. With a focus on generating value and competitive advantage, certification programs based on services or protocols are an important tool to fill gaps in services, while raising the level of maturity in the organization's quality and safety management.

Keywords: Certification by distinction; Assisted therapy; Continuous Improvement; Drug chain.

INTRODUCTION

Quality is a concept that, within healthcare, is applied to a totality of characteristics of the processes and products that constitute a healthcare organization¹. For more complex health services, located in large centers, a differentiation strategy is the certification of their quality through a validated methodology, allowing an exempt institution to endorse that the effort to model the processes brought assistance results to the organization.

However, a major doubt of accredited institutions about the maturity of the quality and patient safety process is: what can be done after reaching this high level of performance in their services?

To answer this question, there are certifications by distinction, in which a microsystem or a protocol can be certified in order to bring a more focused look and more specific results than those generated by accreditations, whose vision of the organization is more systemic.

In medicine, assisted infusion therapy consists of administering drugs invasively, directly into non-physiological access routes created momentarily, such as intravenous (directly into a vein) and subcutaneous (in the tissue under the skin). In rheumatology, this modality of therapy becomes very present, as the first-line treatment in patients who are intolerant or who do not respond to non-steroidal anti-inflammatory drugs can be therapy with immunobiologics. Biological drugs are currently widely used to treat various rheumatic diseases, although they are not risk-free – like any drug treatment – and adverse effects may arise during infusion, in addition to an increased risk of opportunistic infections and hypersensitivity reactions².

It is worth mentioning that this therapeutic technique does not apply only to rheumatology. There is a large increase in investments in the oncology area, which align the development of new diagnostic methods with the best options for medications and therapies. With the increase of these technologies, there is a consequent increase in expenses in the financing of onco-hematological treatments for health organizations, with the need to create a strategy to reduce costs and maintain the quality of care in infusion therapy centers, in search of sustainability and financial stability³.

The Certification Program for Assisted Infusion Therapy Services assesses the performance of centers of this type of therapy considering the services to which they are associated, the efficiency in the use of resources, the effectiveness in the application of guidelines and the monitoring of clinical outcomes in search of greater clinical effectiveness, in order to improve the quality and care provided.

The benefits to the organization are demonstrating a systematic approach to individualized care planning, coupled with a commitment to performance improvement through data collection and analysis along with certification program indicators, which are based on national consensus standards and international.

To be a multidisciplinary area of action, certification by distinction also has the aggregating role of putting all the different disciplines involved in a mechanism that promotes better communication between the parties, so that they can be closely integrated and so that patient-centered care is a real and natural action. Pharmacists play an important role in this routine, as pharmaceutical assistance involves specialized components (high-cost medications), requiring management that involves not only access to

medications, but also access to other health care and services, and which articulate actions to minimize the waste of inputs⁴.

Medications are the main protagonists in infusion therapy because, in addition to being widely used, they are one of the most common sources of errors and adverse events. Responsibility is shared: the preparation and administration of intravenous medications is the responsibility of the nursing team, while pharmacists are considered effective in reducing medication errors and adverse events, reducing the causes of these events after technical evaluation of prescriptions, interventions in pharmacotherapy and support for treatment monitoring⁵.

Considering the interdisciplinary aspects, the risk to the patient and the high cost of this treatment modality, this work aimed to identify the impacts and improvements perceived after the Certification by Distinction of Assisted Infusion Therapy Services.

METHOD

For the writing of this experience report, a structured interview, containing four reflective and discursive questions, was carried out with the person in charge of the assisted infusion therapy service at the Rheumatology Outpatient Clinic of the Hospital das Clínicas of ``Faculdade de Medicina da Universidade de São Paulo`` (HC- FMUSP) after the consolidation cycle of the Certification for Distinction in Assisted Infusion Therapy Services at the institution – which already has Full Accreditation. The objective was to understand which improvements in processes are attributed to the certification program by distinction.

The Center for Dispensing High-Cost Medications (CEDMAC) is a strategic public service, as it receives all the demand from the Rheumatology Outpatient Clinic of HC-FMUSP. It has an adequate infrastructure

to enable patient care, training residents and carrying out research related to immunobiologics and autoimmune diseases of the connective tissue. It has eight infusion beds, three doctors' offices, two nursing offices, a room for discussing cases and reception, serving an average of 1,200 patients per month.

RESULTS AND DISCUSSION

The person in charge of the assisted infusion therapy service at the Rheumatology Outpatient Clinic of HC-FMUSP responded descriptively and in writing to the four questions in the questionnaire. Subsequently, he and the researcher met to explore the information contained in the form, comparing it with the ongoing projects of the certification cycle.

The first question asked what would have been the major change generated in the institution's processes with the implementation of the Distinction in Assisted Infusion Therapy Services.

The answer, in line with the argument in the introduction to this article, was that even

having the ONA 2 certification before the distinction, the focus of the certification on assisted infusion therapy with the collaboration of the Brazilian Society of Rheumatology brought us a more specific view on the specific processes, and I believe that the biggest impacts of the certification were the standardization of the processes and management by indicators, which greatly contributes to knowledge about the operation and highlights opportunities for improvement at each cycle.

It is worth highlighting here the relevance of understanding the context from a less systemic perspective to identify, even more, the constructions towards the excellence of the service.

In the second question, it was questioned how much communication is perceived as

an assistance tool in the transition of care. According to the interviewee, communication

not only is it perceived, but it is also understood as a care planning step. This step is fundamental for the safety of care and for the results achieved, because the more we develop effective communication here at the service, the greater our perception of greater robustness in all barriers to reduce the risk of errors in the care process, in addition to bringing visibility of the result of the care processes, helping in the greater engagement of the entire team.

In this topic, it is very evident that a more assertive communication favors patient safety, minimizing possible errors because more professionals are directly involved with the patient. In addition, the transition of information is better worked on, in an official and forceful manner, so that clinical decision-making is always based on the well-being of the patient and his health condition.

Access management is a very important factor for understanding services with a costlier financial profile, as their absence demands loss of specialized hourly time and budgetary impact inputs. When asked if there was a change in this stage of the process, in the third question on the form, the person responsible for the service stated that

throughout the process we noticed some improvements in access management, two of which had the greatest impact: the reduction in patient absenteeism, providing greater efficiency in the use of the available agenda; and greater adaptation to the care protocol, generating greater regularity in the use of medications.

Having mastery over the installed capacity and operationalized capacity of the service makes it possible to optimize financial resources with less waste, either by reducing the disposal of unused medications, or by preventing a trained professional from being available for a service that will not occur. By

understanding that he is co-responsible for his treatment, the patient tends to adhere better to therapy.

The fourth and last question dealt with the relevance of the drug chain as a way of adding value to the system by promoting quality and patient safety. Several points could be highlighted in this answer, as it was

the sector with the greatest evolution in our service from the distinction, going through a restructuring that today constitutes the main strength we have. Currently, we have a high degree of predictability of treatment availability through a weekly control of available stock and expected demand, providing a very accurate view of the service coverage time for each medication and, consequently, the planning of actions in times of possible disruption of supply, in addition to the opportunity to choose treatments that are more likely to maintain continuity.

For this reason, the recognition of the context of action, the place of operation and the organizational culture is relevant for certification, as:

it may seem simple for a private service, but for a public service that has no control over the purchase of medicines, this vision and planning were fundamental for us to face the challenges that came with the [covid-19] pandemic in the best possible way, with several supply interruptions affecting several drugs. Treatment safety was also greatly impacted by the refinement of identification processes and barriers to avoid medication changes; strengthening reporting of adverse reactions and therapeutic failures.

The integrity and safety of the medication chain, with actions that made barriers to events more effective, are certainly directly related to the way in which the service was organized based on a new communication policy.

Finally, a great emphasis was placed on the culture of institutional quality, represented by

the

maturity of the culture of notifying non-conformities in the processes, aiming at their improvement and detaching it from a personal punitive image that ended up being the standard of perception of employees previously.

In this speech, it is possible to verify that, even with full-level accreditation, there was still, within the scope of the processes, a view much more of accountability in the face of failures than of process improvement. A more focused look at the specific service within the institution was essential for major revolutions to occur and to generate continuity in the pursuit of excellence, from a different perspective, and greater clarity at some stages of this workflow.

CONCLUSION

Among the main impacts of certification by distinction, it is worth highlighting the standardization of processes, with the management of assisted therapy indicators, which opened opportunities to identify robust cycles of improvement. Because it is a distinction, with a very specific look, there was an improvement in the transition of information, strengthening barriers to care risks, promoting greater planning and providing continuity of care due to the effectiveness in communication and engagement of professionals. There was also a decrease in patient absenteeism, related to access management actions, which improved the use of resources with greater adequacy to protocols and more regular use of medications. All of this meant more safety in the drug chain and sustainability in the use of these inputs. Currently, the greatest strength of the service is the added value that exists in the pharmacy sector, with great accuracy in the availability of treatment to patients.

Quality is a race with no finish line, which is

why there are always opportunities to improve the processes of accredited institutions. With a focus on value creation and competitive advantage, certification programs based on services or protocols are an important tool to fill gaps in services, while raising the level of maturity in quality and safety management of organizations.

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