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Development of the first stage of health accreditation in an oncological IPS in Bogotá

MBA Ever Ángel Fuentes[1], Diana Marcela Gómez Hernández[2], María Daniela Torres Torres[3]

[1](*Industrial Engineering Program, Engineering Faculty, Libre's University, Colombia)*
[2](*Industrial Engineering Program, Engineering Faculty, Libre's University, Colombia)*
[3](*Industrial Engineering Program, Engineering Faculty, Libre's University, Colombia)*

ABSTRACT: *Health accreditation is a recognition granted by the Ministry of Health of Colombia for those institutions that respond to the highest quality standards, this process is voluntary and therefore any health entity in the country can apply to the great benefits it entails at national and international level, therefore the oncological IPS object of the present study has made the decision to satisfy these quality guidelines. That said, in order to carry out this process, a diagnosis was said in motion that allowed determining the current situation of the institution against the standards, where a strong need for intervention was found in all areas of the IPS, consequently, a prioritization was carried out that gave the strategic management group the highest demand for intervention, which is why a work plan is generated, with the uncertainty as to whether outsourcing or performing this activity internally is more appropriate. A risk matrix was developed which ultimately determined that the best way was for the entity to take over strategic planning with its own resources. Finally, a series of guidelines were proposed to enable the plan to be implemented in a simple and effective manner.*

KEYWORDS - *Accreditation, diagnosis, health, oncology, plan, quality.*

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I. INTRODUCTION

"Cancer is a disease that represents one of the most important problems in terms of public health in Colombia, according to researches, the number of patients and deceased people by this cause has been increasing in recent years; about 96 people die every day in Colombia from cancer"[1]; which is why it is essential that there be entities whose efforts are aimed at reducing the impact of this disease, providing a humanized oncological service with the best possible quality; some of the tools that enable the scope and validation of such are contemplated in the specifications granted by the Colombian government through the SOGCS.

In Colombia, with the resolution 1011 of 2006, the Sistema Obligatorio de Garantía de Calidad en Salud (SOGCS) was established as the main means of certifying a humanized and quality care for the patient in health service providers, is based on four main axes which correspond to: the unique system of habilitation, the audit for the improvement of the quality of health care, the Single Accreditation System (SUA) and the Quality Information System, all this is currently provided in Decree 780 of 2016. [2][3]

Currently, the oncology institution has the unique system of habilitation, that is to say, this guarantees the minimum standards of care to the user, a component that was decreed mandatory for any health service provider, in view of the above and the quality cycle to which any of these entities is exposed; the presidency, the board of directors and steering committee of the entity considered that their processes are ready to start the accreditation process and therefore access a higher level of quality.

Unlike the previous system, obtaining recognition of the Single Accreditation System (SUA) is a voluntary process, in order to obtain such recognition the institution must demonstrate compliance with higher quality standards, always oriented under the principles of confidentiality, efficiency and graduality, likewise it must ensure the follow-up, compliance and continuous improvement of the seven (7) axes of the accreditation: attention focused on the user, safe management, humanization of care, risk management, technology management, permanent cultural transformation and social responsibility. [4]

According to the document issued by ICONTEC and the Ministry of Health and Social Protection, "process for accreditation in health. Critical route", two stages are defined for the accreditation cycle; the first corresponds to the stage of preparation or self-evaluation and improvement and the second stage refers to the application for accreditation. [5]

The present study developed a section of the first phase as follows: self-assessment against standards, management of improvement plans, self-assessment report and improvement decisions [6]; highlighting thus that only the self-assessment process was carried out in a holistic way, for the other items, a prioritization process was developed, which responded to the need for the establishment of the strategic direction plan in the organization.

II. METHODOLOGY

To carry out the first phase of health accreditation, different activities are needed to meet the quality objectives required. Initially, a diagnosis was performed at the institution, which was carried out through a structured self-assessment process using a matrix that facilitated not only establishing the current situation as an entity, but also allowed to qualify the degree of compliance with the requirements and standards proposed for the accreditation in health of the Colombian government, contemplated in the manual of accreditation in ambulatory and hospital health of Colombia version 3.1.

The rating was carried out in partnership with the leaders of each of the areas and was given using the rubric proposed in resolution 2082 of 2014, which establishes three categories of evaluation corresponding to: approach, implementation and results; each category has a subgroup of variables that are rated from 1 to 5 according to their performance, an example can be shown in Table 1.

Table 1. Evaluation criteria. Approach

VARIABLE	1	2	3	4	5
APPROACH					
Systemic approach: Disciplined enforcement exercise that covers all processes and the content of the standard; that gives an overview of the institution; that contemplates a PDCA cycle	The approach is sporadic, not present in all services or processes, not systemic and not related to strategic direction	Beginning a systemic approach for the basic purposes of the standard and beginning to be present in some services or processes. The approach and processes through which it is deployed are documented	The approach is systemic, achievable to reach the purposes of the standard to be evaluated in key processes	The systemic approach has a good degree of integration that meets all the purposes of the standard in most processes. Related to strategic direction	The approach is explicit and applied in an organized manner in all processes, meets the different criteria of the standard and is related to strategic direction
...					

Source: Resolution 2082 of 2014 - MINISTRY OF HEALTH AND SOCIAL PROTECTION

Once this information is collected and according to the results, it was established a prioritization of processes or areas according to their impact on the acquisition of accreditation, through a matrix that evaluates the need for intervention according to their diagnostic rating, the internal domain of the company over the process (non-outsourcing) and the urgency of intervention or improvement.

After this, a second prioritization was made within the selected area, under the criteria presented in Table 2, in order to establish the first improvement action to be carried out.

Table 2. Prioritization criteria by standard

RISK	CRITERIA	VOLUME	CRITERIA	COST	CRITERIA
Poses no risk to users, employees or the institution	1	The procedure that has the opportunity to improve runs only a few times a year	1	The opportunity for improvement is non-expensive for the institution (image, not quality, demands)	1
Represents a minimum risk for users, employees or the institution	3	The procedure that has the opportunity to improve runs several times a month	3	The opportunity for improvement brings significant costs for the institution (image, not quality, demands)	3
Represents a high risk for users, workers or institution	5	The procedure that has the opportunity to improve runs many times a day	5	The opportunity for improvement is very expensive for the institution (image, not quality, demands)	5

Source: The authors. 2021

Once this process was completed, specialized proposals for improvement actions were generated for the critical point previously identified, in order to comply with the standards of the selected group; finally, a

matrix of comparative impact was made between carrying out the proposed improvement action subcontracted or internally and with own resources, thus evidencing the best alternative. [7]

That being said, this impact matrix was developed under the variables of probability and severity in the primary risk and residual risk scenario, that is, after the application of controls, using the diagram for the assessment and generation of heat maps (Figure 1), which as mentioned by Rodríguez, Piñeiro and Llano is a tool that allows quantifying the probability of an event and measuring its potential damage in a graphical and synthesized way. [8]

Figure 1. Heat Map

PROBABILITY / SEVERITY	UNLIKELY	REMOTE	POSSIBLE	LIKELY	VERY LIKELY
INSIGNIFICANT	1	2	3	4	5
LOW	2	4	6	8	10
RELEVANT	3	6	9	12	15
SEVERE	4	8	12	16	20
CRITICAL	5	10	15	20	25

Source: The authors. 2021

III. RESULTS

Once the diagnosis is done, a percentage of compliance with the standards in each group is determined, this allows to evaluate compliance with the quality requirements of the institution and which of them are in a more advanced position. Graph 1 shows the scores obtained in each of the standard groups.

Graph 1. IPS performance by standard group

Source: The authors. 2021

Continuing the investigative process, prioritization was carried out by groups that gave as the first objective the direction standards and with the second round it was determined that the first action plan to improve compliance with these was the creation and implementation of a strategic direction plan under the guidelines established by the Colombian government.

Once it was established that in order to comply with the criteria included in the prioritized group of standards, a strategic management plan must be structured in the organization, the answer was given to the question of whether this process should be outsourced or instead carried out internally, because of this, it was decided that the best course of action against this dilemma is to make a comparative risk matrix between the two alternatives.

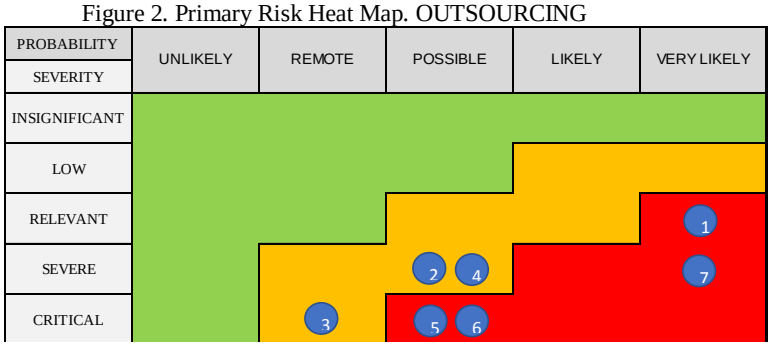
The first alternative that was evaluated was the outsourcing of the process in which two scenarios are established corresponding to the primary risk and the residual risk, that is to say, the one that corresponds after the internal control. The risks assessed are as follows:

1. The strategic plan does not cover all aspects necessary to ensure compliance with accreditation standards
2. Detachment or lack of interest of the institution in terms of implementation
3. Threat to the security and confidentiality of the IPS internal information
4. Communication problems with the service provider, which may result in the strategic plan not being aligned according to the needs and information of the institution

5. Recruitment of an unqualified entity for the proper development of the strategic plan
6. Poor implementation of the strategic plan can damage the institution's image of patients and their families
7. Extra costs by the institution in a process that can be performed internally

When assessing the risks mentioned, according to their cause, impact, probability and severity, the heat map observed in figure 2 was obtained.

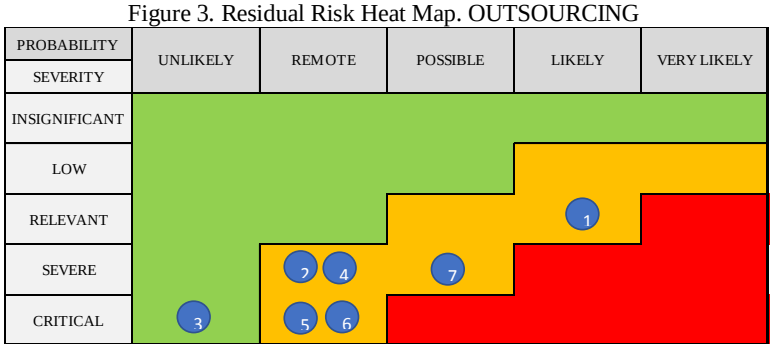
Figure 2. Primary Risk Heat Map. OUTSOURCING



Source: The authors. 2021

Then, each of them is assigned a respective internal control that allows to decrease their degree of probability, in figure 3 the evaluation of residual risks of outsourcing is observed.

Figure 3. Residual Risk Heat Map. OUTSOURCING



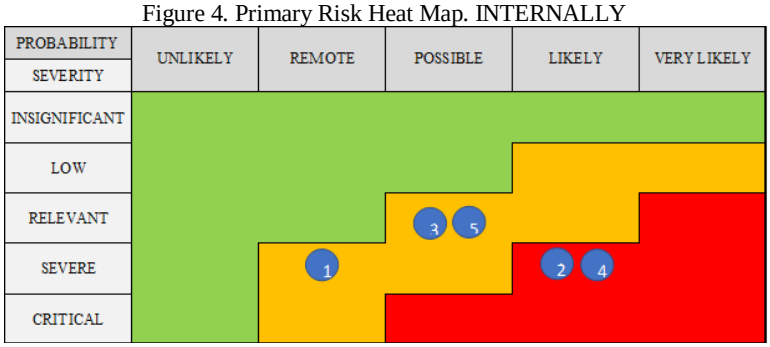
Source: The authors. 2021

The same process is carried out to evaluate the impact of the establishment of the strategic plan of the institution internally. The risks assessed are as follows:

1. Lack of qualified and/or trained personnel to carry out strategic planning activity
2. Lack of time by IPS members for strategic planning development
3. Lack of specialization of staff in charge of the process
4. Waste of internal resources due to bad implementation
5. Damage to image and reputation by not fully implementing the Plan

When evaluating the risks mentioned, according to their cause, impact, probability and severity, figure 4 was obtained.

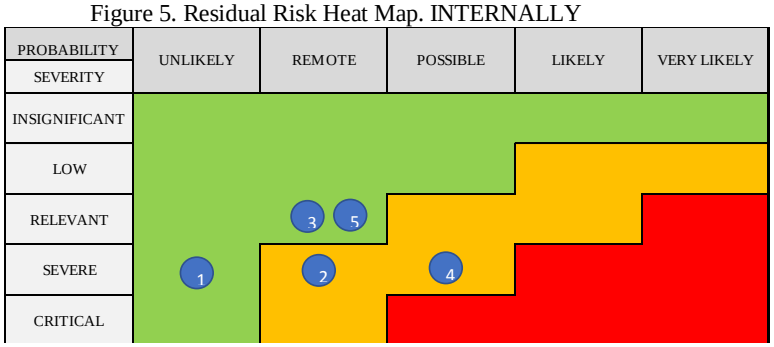
Figure 4. Primary Risk Heat Map. INTERNALLY



Source: The authors. 2021

Afterwards, each of them is assigned a respective internal control that allows to reduce their degree of probability, in figure 5 the evaluation of residual risks of the internal process is observed.

Figure 5. Residual Risk Heat Map. INTERNALLY



Source: The authors. 2021

IV. DISCUSSION

Although accreditation represents great benefits for any health entity, because it allows the increase in the commitment of the entire organization to quality, mainly with regard to its management, strategic planning, the use of data on user complacency, employee engagement and improvements in institutional standing [9]; few institutions in the health sector are accredited, as of May 2020 only fifty-one (51) hold this recognition, entities whose specialty is oncology and the control of its impact do not have this accreditation. [10]

Having said that, according to the research of Rodríguez and Aznaten, it is determined that the factors with the highest incidence concerning the decision to accredit corresponds to: economic factors (Required investment and return on investment), human factors, legal factors (Numerous standards and ignorance of regulations), organizational factors (Competitiveness, strategy, leadership, level of complexity, trained personnel, political will and time) and recognition factors (Prestige and highly secure procedures). [11]

According to Guerra and Martin, certification 9001 and health accreditation are useful tools that generate trust in the patient and society regarding the health system, while guaranteeing a cycle of continuous improvement in the country's health services, however, as discussed throughout the above research, a question mark arises as to the functionality, similarities and differences between these two tools, this is how Guerra and Marín establish that ISO 9001 certification is under a focus on processes, products, services and/or people risk management oriented, while health accreditation is mainly related to the scope of the maximum quality standards and conformity assessment, oriented mainly in the improvement of healthcare services and always taking the patient as the main axis.

It becomes clear that although both processes have differences, it is preferable to apply one of the two models than to have none, this because both pursue the same objective in terms of improving the quality of service provision thus contributing to the satisfaction of stakeholders and ultimately offering greater credibility. [12]

In another study, Shaw, Groene, Mora and Sunol, although they concluded that having either of the two external evaluations represents a competitive advantage and has a great impact on the quality offered compared to those institutions that do not have any; they established that between the two, accreditation generates a greater impact especially on administration, patient safety and clinical practice, always taking into account that this has different contents and standards for the needs of each country. [13]

Finally, according to the evidence during the exercise, the authors of this research consider that the quality standards of accreditation reach deeper and more specific levels according to the medical care offered, this due to the personalized approach that has the manual of accreditation in ambulatory and hospital health of Colombia version 3.1. therefore, while it is important to have either of the two quality awards, accreditation is the most comprehensive process.

V. CONCLUSIONS

Evaluating the results of the exercise, the real capacity of the IPS to achieve the accreditation granted by the Colombian Ministry of Health is questioned. While it is clear from the review of the diagnosis that in most aspects a move towards the quality initiative has begun, it is not yet close to an acceptable threshold in any of the categories or groups, since after the evaluation of the 160 standards, the institution in final compliance average obtained a value of 1.81 on a scale of 1 to 5; on the basis of the above, the institution must continue to be evaluated annually so that within three years, its succeeds in correcting deficiencies and achieves accreditation.

Now, with regard to the prioritization carried out, where the first objective is selected as the direction group, the lack of support and management of the standards set out above becomes visible, however, the tactical decision was taken to establish as a critical variable strategic planning, not only to respond to the needs of this group, but because this process is one of the pillars that directly impacts aspects holistically, areas and activities of IPS.

To respond to this basic need in the organization different documents were developed that will allow the IPS to plan, implement and follow up on an adequate strategic planning, these constituted: A guiding procedure, an instructional action plan or work plan and a strategic planning workshop in group and individual format. As evidenced in the risk analysis, it is relevant and more appropriate to carry out this process internally, it constitutes a lower risk and greater probability of success that will mark the guide for the following years of the IPS.

Although the focus of this research was towards the goal mentioned above, it is clear that improvements must be implemented in each and every group. During the assessment of the diagnosis, it became clear that many of the standards apply to more than one group, hence, improving these aspects holistically in the institution will allow a great advance towards accreditation, however, it takes a lot of internal work to reach this recognition.

Finally, it was evidenced that throughout the study different engineering tools were used that provided a broader and stronger vision for decision making that directly affect the scope of accreditation thus providing a solid basis for the scope of the success of this process.

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