

# IMPLEMENTATION OF QUALITY INDICATORS IN HOSPITAL PSYCHOLOGY

## IMPLEMENTAÇÃO DE INDICADORES DE QUALIDADE EM PSICOLOGIA HOSPITALAR

## IMPLEMENTACIÓN DE INDICADORES DE CALIDAD EN PSICOLOGÍA HOSPITALARIA

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### ABSTRACT

This article aims to describe the process of implementing quality indicators in Hospital Psychology based on an Improvement Project. A historical series study was carried out in conjunction with quality tools to identify the problem, risks and barriers related to consultations requested in an inappropriate manner for Psychology. 40 consultations were collected per month, from March to August 2023, and the analysis framework was the “Fact-Cause-Action” methodology. The Project promoted the creation of a “Priority Matrix for Psychological Care”, an instrument that collaborated with management, assistance and health education. Two indicators were implemented, one for adherence and one for results, referring to the effectiveness of interconsultations and the response time of Psychology according to priority. An improvement in the quality and safety of the service at the institution was noticed, contributing to excellent health care.

**Keywords:** *Health Status Indicator; Total Quality Management; Medical Psychology.*

Este artigo objetiva descrever o processo de implementação de indicadores de qualidade em Psicologia Hospitalar a partir de um Projeto de Melhoria. Foi realizado um estudo de série histórica em conjunto com ferramentas da qualidade para a identificação do problema, dos riscos e das barreiras relacionadas às interconsultas solicitadas de maneira inadequada para a Psicologia. Foram coletadas 40 interconsultas por mês, de março a agosto de 2023, e o referencial de análise foi a metodologia “Fato-Causa-Ação”. O Projeto impulsionou a criação de uma “Matriz de Prioridade para o Atendimento Psicológico”, instrumento que colaborou com a gestão, a assistência e a educação em saúde. Foram implementados dois indicadores, um de adesão e um de resultado, referentes à efetividade das interconsultas e ao tempo de resposta da Psicologia conforme a prioridade. Foi percebida a melhoria da qualidade e da segurança do serviço na instituição, contribuindo para um atendimento de excelência em saúde.

**Descritores:** *Indicador de Saúde; Gestão da Qualidade em Saúde; Psicologia Hospitalar.*

### RESUMEN

Este artículo tiene como objetivo describir el proceso de implementación de indicadores de calidad en Psicología Hospitalaria a partir de un Proyecto de Mejora. Se realizó un estudio de serie histórica en conjunto con herramientas de calidad para identificar la problemática, riesgos y barreras relacionadas con las consultas solicitadas de manera inadecuada para Psicología. Se recogieron 40 consultas por mes, de marzo a agosto de 2023, y el marco de análisis fue la metodología “Hecho-Causa-Acción”. El Proyecto impulsó la creación de una “Matriz de Prioridades de Atención Psicológica”, instrumento que colaboró con la gestión, asistencia y educación en salud. Se implementaron dos indicadores, uno de adherencia y otro de resultados, referidos a la efectividad de las interconsultas y al tiempo de respuesta de Psicología según prioridad. Se notó una mejora en la calidad y seguridad del servicio en la institución, contribuyendo a una excelente atención en salud.

**Descriptorios:** *Indicador de Salud; Gestión de la Calidad en Salud; Psicología Hospitalaria.*

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## INTRODUCTION

Hospital Psychology, recognized and regulated as a specialty by the Federal Council of Psychology (CFP) in 2000, has as its main attribution the evaluation and monitoring of patients who are or will be submitted to some medical procedure in secondary or tertiary care health institutions, aiming at the promotion and recovery of the physical and mental health of the person served. The work of the hospital psychologist focuses on the doctor/patient, patient/family, patient/patient relationships and the patient's relationship with illness, hospitalization and other emotional demands that may arise from this process<sup>1</sup>.

The performance of the Psychology service of the Dr. Waldemar Alcântara General Hospital (HGWA), located in Fortaleza, in the state of Ceará, takes place primarily from the request for interconsultation in the Electronic Patient Record (EHR), which can be performed by the doctor or nurse of the care unit. This model is the most feasible for Psychology to be present in all care units, but it also presents challenges.

Among these challenges, there is a weakness in the training of the care team in the identification of psychological demands, as well as in the way of requesting consultation, compromising the organizational capacity of psychologists for faster care to patients and/or families with more urgent demands. However, the Psychology team did not have strategies, until then, to deal with these difficulties.

Psychology faces many challenges when it enters the health area, especially in the hospital area, because it is, in general, an area marked by the hegemony of the biomedical model, while Psychology proposes another logic of knowledge and practices, marked primarily by subjectivity. In addition, undergraduate courses do not include management training in their curriculum, thus limiting knowledge of topics and tools that are essential for the development of health services<sup>2</sup>.

The model of the Improvement Project, implemented by the Center for Patient Management and Safety (NUGESP) and the HGWA Board in 2023, in this sense, provided the theoretical-practical knowledge necessary to work on the challenges presented above. The objective of this article, therefore, is to describe the process of implementation of quality indicators in Hospital Psychology based on an Improvement Project.

## METHODS

At the beginning of the Improvement Project, with the use of tools such as *Ishikawa* and *Bow Tie*, the institution's psychologists identified that the main weakness of the sector referred to the inadequately requested consultations and, therefore, the opportunity for improvement would be to ensure the effectiveness of the consultations requested from Psychology at HGWA. It is, therefore, an analytical intervention study, in which it was necessary to analyze the possible variables surrounding the inadequacy of the consultations and propose actions to improve them.

To this end, a historical series study was initially carried out to identify the most requested psychological demands at HGWA, between October and December 2022. According to Antunes and Cardoso<sup>3</sup>, the analysis of the historical or temporal series seeks to acquire knowledge from the most recent behavior of data, as well as to predict results

and identify factors that may interfere with its outcome. The quality tools used in this phase also helped to identify the main risks related to the problem listed, as well as the safety barriers that could be implemented and managed in order to improve the sector and the institution<sup>4</sup>.

Based on this, a second stage of data collection was carried out, which took place between March and August 2023. At this stage, only the interconsultations requested in the EHR were included, with the exception of requests for death care, which usually occur through the institutional branch of Psychology. Requests for care due to active search, spontaneous demand and/or psychological follow-up were excluded.

The items listed for this data collection were: 1) request with specification of demand; 2) request with adequate demand for Psychology; and 3) request 72 hours before the outcome. Samples were collected from 40 consultations/month in a population of 120 consultations/month. The EHR was used for data collection, in the tab of interconsultations requested to Psychology, and the management was carried out in a Drive Spreadsheet shared between Psychology, NUGESP and the General Management.

The analysis framework used was the "Fact-Cause-Action" (FCA) methodology. It is a high-performance management tool that aims to identify and solve problems in order to achieve improvements. The "Fact" consists of the report of the situation itself; the "Cause" is understood as the fragility that led to the problem; and "Action", finally, refers to the strategy that will be adopted to seek to minimize or solve the situation. One of the benefits of this methodology is the achievement of continuous and sustainable improvements for the services that implement it<sup>5</sup>.

This study remained in line with the General Data Protection Law (LGPD) throughout its execution, in order to preserve the fundamental rights of freedom and privacy of the people served<sup>6</sup>. It was also approved by the Research Ethics Committee of the Institute of Health and Hospital Management (CEP/ISGH), with opinion number No. 6,620,306.

## RESULTS

The first action plan of the Improvement Project was the construction of a mapping of the problem identified by the team, in order to clarify the main weaknesses and opportunities for change. After this moment, a Guiding Diagram was built to order the planning of actions. In Psychology, the Guiding Diagram involved three primary drivers: 1) Creation of a "Priority Matrix for Psychological Care"; 2) Training of the care team on the performance of Hospital Psychology; and 3) Monitoring of the interconsultations requested from Psychology.

Based on the historical series initially carried out, between the months of October and December 2022, and the identification of the most common requests to Psychology, we proceeded, at that time, to define the degree of priority of the request, considering the urgency of the request, given the hospital reality, and the profile of the patients served. This stratification enabled the construction of a Priority Matrix for Psychological Care in the HGWA (Chart 1).

**Chart 1 - Priority Matrix for Psychological Care at the Dr. Waldemar Alcântara General Hospital (HGWA)**

<b>PRIORITY GRADE</b>	<b>TYPE OF REQUEST</b>
<b>DISCHARGE</b>	Reception of death in difficult situations
	Patients admitted for attempted suicide or who are at moderate or high risk for suicide during hospitalization
	Patients in end-of-life care
<b>MODERATE</b>	Patients in palliative care and who present emotional demand related to illness or hospitalization
	Patients with a history of mental disorder and who present emotional demand related to illness or hospitalization
	Patients with a history of having suffered violence and who present emotional demands related to illness or hospitalization
	Patients who have received or will receive difficult news communication during hospitalization
	Patients who, after receiving all the necessary information about the clinical picture and treatment, have difficulty adhering to treatment
<b>LOW</b>	Patients in a long-term hospital stay and who present emotional demand related to illness or hospitalization
	Patients who have a depressed or anxious mood that is reactive to illness or hospitalization
	Visiting children (3 to 12 years old) in closed units (ICUs and ECUs) / Extended visit in the ICU (adult).

**Source:** Prepared by the authors.

Then, the teams were trained on the Priority Matrix, with general guidance on how, when and to whom to request interconsultation with Psychology. This training took place monthly in the multiprofessional meetings of the sectors in which it operates. Finally, the Psychology monitoring spreadsheet was improved, with the support of NUGESP, for the management of data such as the type of request, the priority of the request and the need or not for psychological follow-up during hospitalization.

At the beginning of the project's actions, Psychology managed only the indicator of adherence to the collection items, i.e., the degree of compliance of the requested consultations with regard to: 1) request with specification of demand; 2) request with adequate demand for Psychology; and 3) request 72 hours before the outcome. This indicator sought to identify the effectiveness rate of the consultations requested from Psychology.

As the project progressed, the need to include the outcome indicator was identified, in order to answer the following question: how much does achieving the effectiveness of the consultations requested from Psychology actually contribute to the results of the sector? From then on, the effectiveness of Psychology's response time to requests with high priority was listed as an outcome indicator (Chart 1). It was agreed with the Board of Directors that there would be a maximum time of 24 working hours from the request in the PEP, as the institution's psychologists work with the workload from Monday to Friday.

In the six months analyzed, from March to August 2023, Psychology responded to 100% of the requests with high priority on time, that is, in less than 24 working hours, with the exception of one request, due to the removal of one of the team's psychologists at the time. The rate of adherence to the items of the collection, on the other hand, fluctuated, with a median of around 75%, and the weaknesses identified were worked on month by month with the care teams using the *Plan-Do-Study-Act* (PDSA) tool.

In all months, most of the requests with high priority were related to patients in end-of-life care. The requests related to the reception of deaths in difficult situations and to patients at risk of in-hospital suicide showed oscillations over the months analyzed. It was observed that the Medical Clinic was the sector that most requested psychological care with a high priority level.

The data collection item with the highest rate of non-adherence was the request 72 hours before the outcome. It should be noted that this item was included because it is considered that most of the outcomes in the HGWA are scheduled and/or predicted, justifying the possibility of requesting psychological care in advance. Adherence to the request items with demand specification and request with demand appropriate to Psychology was similar throughout the six months of data collection. It was identified that the Pediatric Clinic was the sector that most requested non-compliant psychological care.

To conclude, the monitoring of the indicators allowed us to identify a trend of growth in requests with high and moderate priority, initially in the minority, and a decrease in requests with low priority. In this sense, it is considered that the main impact of the Psychology Improvement Project at HGWA was the dissemination in the institution of those demands that require psychological care more urgently during hospitalization, thus reaching the field of good health practices with regard to access to care and patient-centered care<sup>7</sup>.

## DISCUSSION

The Improvement Project model implemented at HGWA in 2023 was a milestone for the Psychology service, with significant impacts on management, care, and teaching. Making use of indicators in Psychology, as previously mentioned, is a great challenge, given the subjectivity of symptoms and the difficulty of quantifying them<sup>2</sup>. However, this factor cannot be a *paralyzer*; on the contrary, it needs to be an *engine* to think about the possibilities of managing psychological practices in order to ensure quality care.

It is noteworthy that the term "quality" in healthcare is understood as a set of attributes that includes professional excellence, efficient use of resources, minimal risk to

the patient, and user satisfaction<sup>8</sup>:1029. To this end, it is essential to use quality tools, with a view to defining, measuring, analyzing, and proposing changes that improve work processes. One of these tools is health indicators, which are used to monitor and evaluate the goals and/or performance of a service, contributing to planning, management and decision-making<sup>8</sup>.

According to Kernkraut, Silva and Gibello<sup>4</sup>, the central focus for the creation and implementation of indicators in Hospital Psychology is, in the first place, the knowledge of the reality of the institution, the profile of patients and how that indicator will contribute to the quality of the service. In this path, it is also essential to consider, in addition to the benefits, the limits of the indicators in the face of the real demands of those who activate the service. It is necessary to be careful that the flows of care do not hinder care practices, but are transformed by them, when necessary, in order to adequately meet the needs of the population<sup>9</sup>.

In this sense, the Priority Matrix presented here (Chart 1) meets the institutional reality and the profile of patients cared for at the HGWA, but not necessarily the reality of other patients, services and/or institutions. Thus, the content of the Priority Matrix should not be replicated indiscriminately, but rather its creation and implementation process should be appropriated, starting with an in-depth knowledge of the reality in which each psychologist is inserted, so that resources consistent with the needs of the people served can be built.

Two fundamental criteria were considered to define the degree of priority of each type of request, as shown in Chart 1, namely: 1) urgency in case of death or risk of death in the hospital environment; and 2) the psychological impact in case of impossibility of psychological care during hospitalization. This means that there are mental health demands present in the hospital environment that can - or rather, should - also be accepted by other health professionals, and not necessarily by the psychologist. Professionals specialized in mental health are recommended in more severe cases, after assessing the patient's emotional risk<sup>10</sup>.

According to Weintraub<sup>10</sup>, risk stratification in mental health is based on the identification of the risk to life and the degree of suffering of the patient and/or family. It is understood that each patient has his or her own uniqueness and that it is not necessarily the case that those who present an anxious or depressed mood that are reactive to illness or hospitalization have less or less important suffering than those who have demands related to palliative care. However, this stratification helps, in general, in the systematization, optimization and organization of care by psychologists, as well as in communication with the multidisciplinary team.

It should be noted that this entire process was carried out based on shared management, which considers the needs of the team in the daily work, reflecting jointly on the strategies to cope with care difficulties<sup>11</sup>. In this sense, there was an attitude of cooperation and collaboration between the Psychology service, the other multidisciplinary teams, the NUGESP and the Board of Directors in the definition of processes that increased the technical-care and managerial quality of the service.

Finally, it can be seen that the Improvement Project was an important resource for continuing education in health, given the appropriation of the medical and



multidisciplinary team regarding the practices of Hospital Psychology at the HGWA. This knowledge implies a more active and assertive participation of Psychology in the care of hospitalized patients and their families, contributing directly to the comprehensiveness of care and user satisfaction.

## CONCLUSION

The results achieved with the Improvement Project demonstrated the possibility of using tools and quality indicators in the area of Hospital Psychology. The scope of the Project was more comprehensive than expected, especially with the training of the care team regarding the demands that are appropriate to Psychology and with the facilitation of the planning of the psychologists for faster care for patients who present more urgent demands in the hospital environment, based on the fundamental principle of equity.

Among the limitations of the study, we highlight the scarce theoretical framework related to management in Hospital Psychology, as well as the applicability of quality tools in this field. The support of NUGESP and the HGWA Board of Directors were fundamental for the construction of a pathway to the Psychology sector. It is, in this sense, an article of an innovative nature, which can instrumentalize other services of Hospital Psychology in the process of construction and implementation of indicators consistent with psychological practices and with the needs of the people served.

In short, it is necessary to stimulate the knowledge and continuous reflection of psychologists and psychology students for management processes, which are insufficient in academic training, while, on the other hand, they are increasingly necessary in clinical-care practice. The field of health, in particular, is advancing daily in the search for the quality of its services and it is not up to Psychology to exempt itself from this responsibility. Finally, it should be noted that this knowledge should not be of exclusive interest to the manager, but to all professionals who need, in some way, to organize, plan and systematize their practices with a view to providing excellent service to the user.

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