Title:

Clinical governance in primary health care units - - An opinion article about statistics on health

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Abstract:

The primary health care reorganization in Portugal has begun in 2005 and has brought many different methods, all of them to accomplish best goals in the health care and with bigger efficiency. Those methods included the creation of a decentralized network of multiprofessional teams, like Family Health units, in Portuguese known as "unidades de saúde familiar" (USF) and also the creation of proximity management with the Groupings of Health Centers, known as "Agrupamentos de Centros de Saúde" (ACeS). Other methods were introducing a new management model and the development of people-centered and health-oriented clinical governance and results.

Clinical governance was thus introduced into the new organization of primary health care in Portugal as a process of quality improvement, defining itself as the process through which "healthcare organizations are responsible for continuously improving the quality of their services and ensuring high standards of care by creating an environment that stimulates excellence in clinical care". Its main objective is to obtain results in terms of effectiveness with equity, assisting helping to build care processes and health intervention. Its cycle starts by characterizing a problem, defining results to be achieved, setting levels for those requirements, defining strategies and means of accomplishing it, executing the process, monitoring and controlling, and finally assessing at the end of each step whether the objectives have been met.

This process should be operationalized by all health unit professionals, identifying needs, priorities and objectives, which should be monitored through selected indicators and establishing individual and team strategies and good practices, implementing corrective measures when necessary.

In the USF, these indicators are currently organized under a multidimensional matrix of indicators that measure the activity of the units in five broad areas: health care performance, services, organizational quality, professional training and scientific activity. Its operationalization is subsequently used for the evaluation of the overall performance index of the USF, according to the new contractual model of 2017. In effect, in that year, the primary health care contracting process underwent an important strategic reformulation with respect to previous years, starting with a new conceptual model that removes the focus from the negotiation of established indicators goals, for the pursuit of results in health in a context of good practices and management of integrated pathways in health, as well as in the performance of organizations, considering their different areas and dimensions. The process is transversal integrating Regional Health Administrations, in Portuguese "Administração Regional de Saúde" (ARS), ACeS and Functional Units, known in Portuguese as Unidades Funcionais (UF). In the new conceptual model, instead of negotiating indicators and their goals, the objective is to monitor and evaluate

them continuously, focusing on the evolutionary path of the observation unit, making the main use of the indicator the demonstration of its evolution.

The needs in the population then define the objectives and metrics, according to the Local Health Plan, known as “Plano Local de Saúde” (PLS), and will also be used to evaluate the results. In order for everything to be achievable, a robust information system and good quality of clinical records and coding are required. In this way, it can be said that clinical governance focuses on the continuous improvement of the health level of its population and / or groups of its population and this improvement is only possible to identify the variables most affected in our sample, extrapolating to the total population and evaluating the results of our interventions in the community.

As a summary, we can then conclude that there are three essential pillars in clinical governance:

- Focus on the health and well-being of people, which explains that the principal of this operation is the users, their needs and the special groups and only then the organization and the processes.
- Involvement of all at all levels, which shows that all health professionals are autonomous, have a role and role in all decisions, still making users and the community responsible.
- Guidance for results / "gains" in health, through individual evaluation, teams and functional units, developing a process evaluation.

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