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# Strategic *Démarche* in a mother and child hospital unit

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## ABSTRACT

**OBJECTIVE:** The strategic *démarche* approach questions the dissociation between the strategic direction and the operational level of an institution, in search of a continuous and flexible planning of projects. The objective of the study is to describe the application of this approach in the evaluation of a hospital unit.

**METHODOLOGICAL PROCEDURES:** This approach was adapted to and applied at a mother and child unit of a public state hospital in the municipality of Serra, Espírito Santo State, Brazil. Hospital management analysis was conducted with the indirect involvement of institutional agents, who acted as key informants from April to July, 2006. Besides the meetings with key informants, data was also collected from the following sources for the year 2005: Inpatient records from the obstetric center, maternity and nursery wards, statistical report of the perinatal outcomes from the mother and child unit; records from the ambulatory care unit for breastfeeding.

**RESULTS:** The most valued segments were: The Neonatal Intensive Care Unit, The Obstetric Surgery Center, and The Obstetric Center. The Program of Humanized Care for the Mother and Newborn was also highly valued. The main weaknesses pointed out were the low level of articulation with the network (partnership with municipal network); the lack of hospital beds and technological investment necessary for responding adequately to the demand; excessive professional rotation due to temporary assignments and the deficient implementation of the humanization policies, compromising the strategic success factors of the segments.

**CONCLUSIONS:** The results indicate the method's potential for discussing the hospital mission and performing analysis of hospital management, pointing out strategies for improving the quality and competitiveness of the segments and for greater integration and insertion in the service network.

**DESCRIPTORS:** Maternal-Child Health Services. Health Management. Health Personnel Management. Quality Management. Hospital Planning. Strategic Planning.

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## INTRODUCTION

The growing specialization of knowledge in health, the concentration of activities and technologies, the reduction of resources that strains equity in the public services and the need for permanent education as central to professional competence require evaluation and strategic planning of public hospitals. The changes in the paradigms of medicine, of the public services and of professional health education, particularly medical education, lead to a crises in the identity of hospital organizations that weakens individuals' bonds to the organization.<sup>3</sup>

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A model of negotiated management should explore synergies and partnerships and create sites for collective reflection and distribution of responsibilities. The strategic *démarche* approach strives to articulate rationality in attending to the populations' necessities with the broad participation of actors. It privileges change and learning as intrinsic phenomena that have a permanent character within the organization (Artmann & Rivera<sup>1</sup> 2003).

This approach seeks to define the hospitals' mission, having as a reference the demographic/organizational and epidemiological context of the hospital organization. It is based on the adaptation of Porter's<sup>5</sup> (1982) business approach to the health services' public sector. The strategic *démarche* is based on elements of micro economy, of the field of strategy and policy and the area of organizational development and, furthermore, it involves a cultural analysis of the institution. In addition, it proposes to redesign the institutional mission and seeks to attain the insertion of the hospital, in a coordinated manner, within the network of health services (Artmann & Rivera<sup>1</sup> 2003).

The method was originally designed for regional hospitals, considering the French health system in a context of contention of public resources. In Brazil, it has been applied in some experiences of hospital management and insertion of hospitals in the network as can be verified in Artmann & Rivera<sup>1</sup> 2003; Artmann<sup>2</sup> 2002; Rivera<sup>6</sup> 2003, as well as other documents by Lopes 1997;<sup>a</sup> Souza 1997;<sup>b</sup> Favacho 2001;<sup>c</sup> and Artmann 2002.<sup>d</sup>

The potential of the method must be stressed, particularly for hospital units that, due to their strategic location, should attend to a regional demand. The state hospital chosen as the site of this study has this characteristic.

The rate of annual growth of the municipality where this hospital is located is estimated in 3.5% (Ministry of Health 2007).<sup>e</sup> Due to the high migratory flux, the municipality's population rate is above the national rate 1.9 (Ministry of Health 2007),<sup>f</sup> resulting in an inordinate growth of the region and serious social problems articulated to health problems. These, in turn, interfere in the services network, which does not have the capacity to include all citizens. Within this context, this hospital, the only public institution in the municipality which is a reference for medium and high complexity

care, becomes overloaded. The peculiarity of having been built as a temporary solution and of having had its useful life extended, in a region characterized by high, inordinate population growth, indicates the necessity of a study to evaluate its organization and management.

### Strategic approach

Cremadez and Grateau are responsible for idealizing the Strategic *Démarche* approach.

The theoretical premises of the strategic *démarche* consider the main characteristics of a professional organization, constituted as a conglomerate of highly specialized independent units in which work is coordinated by mutual adjustment and the techno structure has a low capacity of interfering in operational processes. Coordination is processual and organized according to results and management of the several service chiefs is carried out by the direction through indirect management (Mintzberg<sup>4</sup> 2003). Therefore, the decision making practice of these organizations frequently does not possess a perspective takes into consideration the organization as a whole. Strategic management proposes to undo this dissociation between the strategic direction and the services at the end of the line in search of a coherent set of projects. Transparency, sharing information, reconstructing the different domains of activities exploring potential synergies, constructing a pedagogy of evaluation, introducing the rationale of opportunity costs and captivation of additional resources by means of projects are the instruments with which it intends to create a network of solidarity (Artmann & Rivera<sup>1</sup> 2003).

The main objectives of the strategic *démarche* are: 1) to promote a link in a bond between strategic management and the centers of assistance; 2) define the mission of the hospital according to criteria of opportunities; 3) transform the hospital in a *locus* of supply of integrated services which have as their principal efficacy and efficiency; 4) make it possible to create a collective project by means of actor-services; and 5) promote a process of progressive cultural transformation (Rivera<sup>6</sup> 1997).

The objective of this study was to describe the differentiated application of the strategic *démarche* approach, utilized as a method of management analysis and as a form of evaluation of a hospital unit.

<sup>a</sup> Lopes CMB. 'Démarche' estratégica: uma metodologia a ser proposta para a gestão hospitalar brasileira [master's dissertation]. Rio de Janeiro: Escola Nacional de Saúde Pública da Fiocruz; 1997.

<sup>b</sup> Souza RMP. A démarche estratégica: uma abordagem teórico-metodológica [master's dissertation]. Rio de Janeiro: Escola Nacional de Saúde Pública da Fiocruz; 1997.

<sup>c</sup> Favacho JCP. Gestão estratégica da maternidade da Fundação Santa Casa de Misericórdia do Pará: a Démarche Stratégique em questão [master's dissertation]. Rio de Janeiro: Escola Nacional de Saúde Pública da Fiocruz; 2001.

<sup>d</sup> Artmann E. Démarche estratégica (gestão estratégica hospitalar): um enfoque que busca a mudança através da comunicação e solidariedade em rede [doctoral thesis]. Campinas: Faculdade de Ciências Médicas da Universidade Estadual de Campinas; 2002.

<sup>e</sup> Ministério da Saúde. Departamento de Informática do Sistema único de Saúde. Caderno de Informações de Saúde – informações gerais. Município: Serra- ES. Brasília; 2007 [cited 2007 Jun 22]. Available from: [http://tabnet.datasus.gov.br/tabdata/cadernos/ES/ES\\_Serra\\_Geral.xls](http://tabnet.datasus.gov.br/tabdata/cadernos/ES/ES_Serra_Geral.xls)

<sup>f</sup> Ministério da Saúde. Departamento de Informática do Sistema único de Saúde. Caderno de Informações de Saúde – informações gerais. Unidade da Federação: Espírito Santo - ES. Brasília; 2007 [cited 2007 Jun 22] Available from: [http://tabnet.datasus.gov.br/tabdata/cadernos/ES/ES\\_Espirito\\_Santo\\_GeralUF.xls](http://tabnet.datasus.gov.br/tabdata/cadernos/ES/ES_Espirito_Santo_GeralUF.xls)

## METHODOLOGICAL PROCEDURES

The target hospital was built in 1983 and inaugurated in 1988 in the municipality of Serra, Southeastern Brazil. It was composed of modular systems and the prevision made at the time was that it would function for ten years. It is both a general and a specialties hospital and it has 271 beds registered in the Unified Health System. (SUS – Ministério da Saúde<sup>a</sup> 2007). It attends patients from the entire State; however 90% of the demand is from the municipality itself. It is a reference for urgencies and emergencies, high complexity burns in adults and high risk pregnancies. The hospital also has an outpatient service that attends specialties, a breastfeeding ambulatory and, among other services, one that follows up pathological newborns, among other services.

Having received the title “Baby Friendly Hospital”, in 2001 it was indicated to be included in the National Program for Humanization of the Hospital in 2001. Since 2003, with the change in the directives concerning humanization, it was included in the National Policy of Humanization.

The major adaptation was the use of this approach to analyze hospital management, with the indirect involvement of seven participants considered institutional agents. The latter were constituted by physicians and nurses among others and acted as key –informants during the period from April to July 2006, considering the phases described below:

**Analysis of what exists:** corresponds to the initial medical and administrative diagnosis, besides including a list of partners, competitors and the design of the network of care.<sup>1</sup> The administrative diagnosis focuses on information concerning physical structure, human resources, demand profile, among others. The medical diagnosis comprehends the list of pathologies organized according to medical specialties and the technologies utilized by each specialty, in conformity with the complexity; the matrix of pathologies and technologies, and a list of the modalities of care.

The data necessary for analysis during this phase of the method were obtained by means of the letter of hospital services<sup>b</sup>, of the construction project for the new hospital,<sup>c</sup> that would substitute the old one and of the 2005 report on the perinatal outcomes of the mother and child unit of this institution.<sup>d</sup>

The bases for the regionalization of the state<sup>e</sup> were consulted so that it would be possible to undertake a survey of the competitors/collaborators in function of the technologies and modes of attention indicated by the segments analyzed. This survey made it possible to compare the hospital's capacity to attend to demands with the potential competitor.

The selection of the mother and child unit to apply the strategic *démarche* was based on the following criteria: 1) its macro-regional importance in attending high risk pregnancies; 2) the need for a more methodic analysis so as to direct the future institutional mission, which at that moment did not include this sector in its expansion plans; 3) previous insertion of one of the members of the research group in the mother and child unit of the hospital, making more information on this sector available.

**Segmentation:** definition of the main groups of homogeneous activities, generally defined by specialty considering the categories pathology, technology, modes of attention and population, that allow for a strategic, multicriteria analysis which is representative of the institution.

The choice of segments was based on the pre-existing structural organization of the mother and child unit. The segments were defined using the following criteria: mode of attention, population and, specially, technology.

**Analysis of the value of the segments:** refers to the interest or level of relative priority that the segments would have for the specialties, in function of a general policy and expresses itself through the interest in allocating resources to them.<sup>1</sup> Makes it possible to analyze and to organize each segment hierarchically, by pondering multiple criteria. This analysis allows for a prospective vision of how each segment would behave in relation to each criterion.

The criteria utilized in analyzing each segment, were: growth potential; intensity of competition; entrance obstacles; synergies (at the level of shared competences and infra-structure); internal motivation; possibilities of external partnerships; regional potential; local potential; research and education potential; contribution towards the political project of the hospital; contribution towards the external image of the hospital and capacity to attract external resources. The definition of the relative weight of these criteria was obtained by distributing 100 points

<sup>a</sup> Ministério da Saúde. Departamento de Informática do Sistema único de Saúde. Consulta Estabelecimento - Módulo Hospitalar – Leitos. Brasília; 2007 [cited 2007 Jun 22]. Available from: [http://cnes.datasus.gov.br/Mod\\_Hospitalar.asp?VCo\\_Unidade=3205002486199..](http://cnes.datasus.gov.br/Mod_Hospitalar.asp?VCo_Unidade=3205002486199..)

<sup>b</sup> Governo de Estado do Espírito Santo. Secretaria Estadual de Saúde. Instituto Estadual de Saúde Pública. Carta de Serviços do Hospital Dr. Dório Silva. Serra; 2004

<sup>c</sup> Governo de Estado do Espírito Santo. Secretaria Estadual de Saúde. Instituto Estadual de Saúde Pública. Projeto: Construção do Novo Hospital Dr. Dório Silva. Serra; 2005.

<sup>d</sup> Governo de Estado do Espírito Santo. Secretaria Estadual de Saúde. Instituto Estadual de Saúde Pública. Relatório 2005: Resultados perinatais da Unidade de trabalho materno infantil do Hospital Dr. Dório Silva, Serra; 2005.

<sup>e</sup> Governo de Estado do Espírito Santo. Secretaria Estadual de Saúde. Instituto Estadual de Saúde Pública. Plano Diretor de Regionalização do Estado do Espírito Santo. Vitória; 2003.

according to their relative importance to each segment. Afterwards, analysis was conducted and each segment was organized hierarchically, being attributed grades from 0 to 20 according to relative criteria, among which the current state and market perspectives were particularly stressed. The final value of each segment was obtained by a score which was the result of the product of the relative weights multiplied by the grades.

**Analysis of the competitive position:** this is evaluated considering the degree of control over key factors of success, that correspond to the advantages of positive situations that are necessary in order to guarantee success in an activity.<sup>1</sup> The key factors determine the hospital's capacity to obtain better results on each of its segments and activities, that is, to satisfy the demands of the service in both quantity and quality.<sup>3</sup>

The hospital's mission, the real demand for attention and supply of services from the network were taken into consideration in the analysis of factors. It must also be observed that the competitor/ collaborator, a university hospital, was located outside the micro-region, but inside the macro-region.

In order to determine the strategic competitive position between two institutions and compare their performance in relation to the key factors of the segments afterwards, it was necessary to seek key informants that worked in the maternity and obstetric center of both hospitals. The technical performance and the process of attending high risk pregnant women were evaluated.

The definition of the relative weight over the competitive position was obtained by distributing 100 points for the relative importance of key factors. Afterwards, grades ranging from 0 to 20 were attributed to each factor in accordance to their degree of real control. Finally, by means of consensus established between the research group and the hospital's professional staff, the relative position, of the hospital and its competitors, was determined, by comparing the scores – the result of multiplying the relative weight by the grade of each segment.

**Portfolio of activities:** constituted by the value, competitive position and volume of production of the segments. It makes it possible to determine priorities and design general strategies such as growth, maintenance or decrease in the activities or the creation of a segment. These strategies were detailed in the plan of action.

The portfolio is the instrument which allows one to visualize the performance of the institution being analyzed immediately and makes it possible to have an idea about how it is fairing as a whole and its comparative value with respect to its competitors.

Obtaining data on production with respect to each segment initially required the definition of indicators that

could represent them as such. Indicators were defined for production in 2005, the year before the period of analysis, by means of the books in which attention in the obstetric center and in the nursery were registered, as well as data concerning hospital invoices, and information registered by the professional responsible for data concerning production of the mother and child unit for the State Department of Health, as well as the agendas where consultations in the breastfeeding ambulatory were scheduled. However, information was dispersed and, sometimes incomplete in the registers, agendas and the patients' files, which made it necessary to estimate some of the data.

**Plan of action:** requires a continuous reappraisal geared towards increasing control of the Key Factors of Success, so as to improve the general strategic position.<sup>1</sup> In the analysis of key factors of success, the grades were attributed in two moments: initially by the research team and, afterwards, these were confronted with the grades attributes by the hospital's professional staff.

Therefore, the plan of action resumed itself to a strategic design, based on the portfolio.

This study was approved by the Ethics in Research Committee of the *Escola Nacional de Saúde Pública* [National School of Public Health]. After the research was approved by the institution where it was to be conducted and the Terms of Informed Consent were signed by the professionals who would participate, the method was applied, with some adaptations, based on the script by Artmann & Rivera<sup>1</sup> (2003).

## RESULTS OF THE EVALUATION

Once the maternal and child unit was chosen as the target of the study, strategic analysis selected the following segments according to the criteria mode of attention and population: obstetric center, maternity ward, program of humanized care to the mother and newborn. The segments selected were: obstetric surgical center, neonatal intensive care unit and intermediary care unit. These were selected due to their differentiation and to their technological concentration.

The segments were analyzed according to the criteria mentioned above and the weight attributed to each criterion corresponded to its relative importance in terms of performance and institutional priorities. Greatest weight was attributed to the possibilities of external partnerships due to the fact that the hospital was situated in an industrial pole, which made the entry of financial resources for projects in the field of mother and child health viable. The smallest weights were attributed to the criteria intensity of competition, due to the fact that this was the only public hospital of reference in the micro region for high risk pregnancies, and to the criteria contribution to the general political project of the

hospital, based on the fact that the expansion of the mother and child unit was not included, when the study took place, in the building project for the new hospital.

In the matrix of the analysis of the value of each segment (Table 1), by organizing them hierarchically, pondering the criteria and the relative notation, almost all the criteria of the segments neonatal intensive care unit and obstetric surgical center were valued. This result expresses the importance attributed to the technology and the need for the continuous investment in the development of advanced techniques in surgery, in technology for neonates and in the qualification of professionals attending high risk pregnant women and newborns. The value attributed to the intermediary unit and to the Program of Humanized Care to Mothers and Newborns was low. If it was considered a differentiated segment of the neonatal intensive care unit, this analysis would have a separation bias naturally expected due to the segmentation that was different than that proposed in the organogram. The importance of the insertion of a service of medium complexity in a hospital unit revealed the need to review the value attributed to this segment.

The hospital being studied is a regional reference for high risk maternal and infant care. All the other units of the municipal and micro-regional network detain a great responsibility for antenatal care and for following up the child afterwards as well as for low risk birth assistance. Therefore, it was decided that the university hospital of the State capital would be considered as competitor since the latter was a benchmark in specialized care, despite the fact that it was not a part of the micro-regional health network.

Tables 2 and 3 show the results of the comparison between the segments taken into consideration in the two hospitals, both in terms of what was valued and of the grades received for key factors of success identified in each of them.

Table 2 presents the segments identified by technological differentiation and indicates that the university hospital presented a better competitive position than the study hospital in the three segments, particularly in the obstetric surgical center, in which there was a less competitive position. Despite the fact that the neonatal intensive care unit of the study hospital presented a

**Table 1.** Value of the segments of a mother and child unit of a public state hospital, according to criteria and weight of the evaluation. Serra, Southeast Brazil, 2006.

Evaluation criteria	Weight (%)	Grade*					
		Obstetric Center	Obstetric Surgical Center	Maternity Ward	Neonatal Intensive Care Unit	Intermediary Unit	Program of Humanized Care for the Mother and Newborn
Possibilities of growth	8	10	16	10	16	8	15
Intensity of competition	4	15	18	15	18	7	10
Investment (Obstacles to entry)	10	15	18	12	18	8	12
Synergies (at the level of competence and shared infra-structures)	9	8	10	12	12	8	8
Internal motivation	10	14	17	12	17	14	12
Possibilities external partnership	12	15	16	15	16	7	8
Regional potential	10	16	18	16	18	3	3
Local potential	8	17	19	18	19	3	3
Teaching and research potential	8	8	5	8	3	3	10
Contribution towards the hospital's general political project	5	15	16	15	16	8	13
Contribution towards the external image	8	16	17	16	17	9	14
Capacity to attract external resources	8	12	13	10	16	14	7
Value of the Segment	100	13.41**	15.24**	13.19**	15.5**	7.70**	9.35**

\* Grade (0 – 20)

\*\* Score = (Weight x Grade)/100

**Table 2.** Competitive Position of the technological segments, in the mother and child unit of a public state hospital and of a university hospital, according to strategies of success. Serra, Southeast Brazil, 2006.

Strategic Factor of success	Weight %	Neonatal Intensive Care Unit			University Hospital	
		Grade / 20 (Team)	Grade / 20 (Hospital's Professional staff)	Score = (p x n) / 100	Grade / 20	Score = (p x n) / 100
Professional competence	30	18	18	5.40	18	5.40
Articulation with the network	10	7	7	0.70	7	0.70
Technology (diagnosis and therapeutics)	25	18	16	4.00	18	4.50
Beds	10	12	12	1.20	12	1.20
Functioning of the hospital infection committee	5	13	13	0.65	18	0.90
Interaction within the professional team	20	14	16	3.20	16	3.20
Segment score	100			15.15		15.9
		Obstetric Surgical Center			University Hospital	
Professional competence	50	17	14	7.00	16	8.00
Therapeutic Technology	30	18	5	1.50	18	5.40
ICU Beds	20	7	7	1.40	7	1.40
Segment score	100			9.90		14.80
		Intermediary Unit			University Hospital	
Professional competence	30	17	17	5.10	18	5.40
Technology (diagnosis and therapeutics)	20	18	18	3.60	18	3.60
Interaction within the professional team	25	15	15	3.75	16	4.00
Interaction professional team/ family	25	16	16	4.00	16	4.00
Segment score	100			16.45		17.00

ICU: Intensive Care Unit

lower competitive position than the university hospital, this difference was not very expressive. As to the intermediary unit, this difference was also not significant.

The decision to consider the university hospital as a competitor/partner implied in a problem in terms of comparison, for it presented a strong penchant for teaching and research. Consequently, it presented advantages in terms of technological complexities and specialization in human resources.

Analysis of the competitive position of the segments guided by the criteria mode of attention and population (Table 3) indicated a better competitive position in the segments obstetric center and maternity ward in the university hospital. The program of humanized care conferred a competitive advantage to the study hospital. Thus, even though it had lower level of technological concentration, this hospital could stimulate the use of light technologies that could contribute towards the valorization of the humanization of care, such as, hospital treatment and support, a room for collecting and stocking human milk, immunization of newborns and puerperal women. The fact that this was the only

hospital segment that was in a better relative position than its competitor/partner indicated the possibility of reinforcing humanization as a strategic factor of success in the different segments. This fact confers greater competitive advantage to the study institution, in an area such as maternal–infant care, in which humanization is a factor of differentiation.

Among the 33 key-factors of success identified, only eight presented small differences in the grades. This difference could be related to changes in the interval of time of the process of attributing grades. The surgical center, for example, suffered a reduction of physical space and equipments, as well as the substitution of professionals, leading to the attribution of lower grades.

The organization of information so as to permit comparisons, allows for rectifications, validations, acquisition of additional information and consensus that constitute a clearer view of the potentialities of each hospital in terms of its response to health demands/necessities.<sup>a</sup> Therefore, despite the possible bias in the view of the different actors that generally evaluate

<sup>a</sup> Artmann E. Démarche Stratégique (gestão estratégica hospitalar): um enfoque que busca a mudança através da comunicação e solidariedade em rede [master's dissertation]. Campinas: Faculdade de Ciências Médicas/Universidade Estadual de Campinas; 2002.

**Table 3.** Competitive position of all other segments, in the mother and child unit of a public state hospital and a university hospital according to strategic factors of success. Serra, Southeast Brazil, 2006.

Strategic Factor of Success	Weight (%)	Centro Obstétrico			Hospital Universitário	
		Grade/ 20 (Team)	Grade / 20 (Hospital Professional staff)	Score = (p x n) / 100	Grade/ 20	Score = (p x n) / 100
Professional competence	25	17	14	3.50	16	4.00
Humanization of care	20	12	12	2.40	15	3.00
Articulation with the network	20	7	7	1.40	7	1.40
Diagnostic technology	10	15	15	1.50	16	1.60
Rear guard beds	10	20	10	1.00	10	1.00
Availability of anesthetist	15	20	20	3.00	20	3.00
Segment score	100			12.80		14.00
		Maternity Ward			University Hospital	
Professional competence	25	15	10	2.50	16	4.00
Articulation with the network	13	13	13	1.69	13	1.69
Interaction within the professional team	25	12	16	4.00	16	4.00
Environment	20	7	7	1.40	12	2.40
Support person	17	4	4	0.68	16	2.72
Segment score	100			10.27		14.81
		Program of Humanized Care for the Mother and Newborn			University Hospital	
BFH Certification	12	16	16	1.92	0	0.00
Bond professional/patient	15	12	12	1.80	15	2.25
Presence of doulas	12	18	18	2.16	0	0.00
Open visit	8	2	2	0.16	20	1.60
Support person	10	5	5	0.50	20	2.00
Environment	10	10	10	1.00	14	1.40
Safe Motherhood routines	15	13	13	1.95	16	2.40
Kangaroo baby ward	10	15	15	1.50	0	0.00
Maternal breastfeeding collection room	8	15	15	1.20	13	1.04
Segment score	100			12.19		10.69

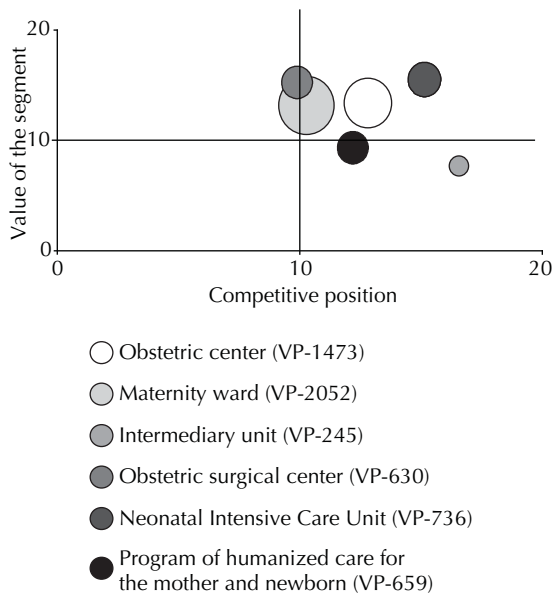
BFH: Baby Friendly Hospital

according to their position in the hospital, according to their own experiences and their professional specificity, the method indicates that, because it is based on well defined criteria, it presents a good potential to express the analysis of reality.

In order to construct the portfolio, it was consensus that the last notation should be taken into consideration, due to the up-dating of information.

The portfolio allows one to visualize immediately the performance presented by the institution being analyzed, for the point of departure for its construction is the value, the competitive position and the volume of production of the segments.

Analysis of the portfolio (Figure) indicated that the segments neonatal intensive care unit and intermediary unit are situated more to the right, reflecting a weak strategic risk, although the lowest value attained is evidently the intermediary unit. The segments obstetric center and program for the humanization of care, although they did not present great strategic risk, would need to improve their competitive position. The surgical obstetric center and the maternity ward, despite being relatively well valued, presented the need for a strong investment in order to improve their strategic position. The low competitiveness of the maternity ward associated to its high volume of production would indicate a large number of procedures of lower complexity that could be directed towards other unities in the network. As an effect of



**Figure.** Portfolio of the activities developed by segments at the mother and child unit of a public state hospital. Serra, Southeast Brazil, 2006.

this, this sector would win in terms of quality and competitiveness. The surgical center, that also presents less competitiveness, would need and should deserve more investments, both in terms of technology and in reinforcements as to professional competence.

## FINAL CONSIDERATIONS

The elaboration of a plan of action depends on the capacity of collective mobilization articulated to the commitment of local directors in increasing the control of the key factors of success, with the objective of improving the general strategic position of the organization within the health network.

The results of the strategic *démarche* as a method of analysis of hospital management indicated subsidies for restructuring and redirecting the institutional mission, in particular in the mother and child unit.

This study made it possible to establish a detailed description both of the internal hospital environment (segmentation, value of the segments, information system) and the external environment (regional network, competitors/partners), indicating paths for the construction of a plan of action.

The strategies utilized to improve the competitive position seek to increase the value for the beneficiary or involve less resources without diminishing the value of the service, as perceived by the beneficiary in terms of quality.<sup>2</sup>

The strategy of differentiation accentuates value,<sup>2</sup> therefore, the fact that humanization was the only segment in a better position in comparison to the competitor/partner leads to the consideration that investment in humanization of care would produce a dominant strategic advantage.

The competitive advantages of the study hospital with respect to the predominantly technological segments would be obtained by means of a technological increment, considering the concentration of equipment as a factor of scale economy, allied to costs strategy that reinforces the synergic potential. The control of operational costs of human resources would be attained with a greater investment in education and organization.

The scarcity of bed in the rear guard was evidenced as one of the critical points in obtaining strategic advantages. Besides the increase in rear guard beds, it is necessary, within a costs strategy, that the hospital institution maximizes its rate of occupancy, conferring privilege to specialized attention that are in conformity with its mission and the particularization of its structure. The articulation with the network, in an effective system of reference and counter-reference is fundamental to this strategy and to the quality of attention.

The implementation of a standardized, functional system of information is an activity of operational support that is necessary for the accomplishment of the principal activities of the institution investigated.

Considering the low value attained by the intermediary unit, it is necessary to discuss differentiation strategies for the segment, principally because of the tension exercised by critical patients on the health system, whether this be related to the process of accreditation of beds and units, or to its utilization attending to the real necessities of the population. This analysis enlarges the importance of reflection on the insertion, in a qualified and strategic manner, of the units of intermediary care in intensive care in the process of assisting the critical patient. Public consultation concerning the National Policy of Care to the Critical Patient is essential for this discussion.<sup>3</sup>

The definition of the institutional mission in focus as a specialties hospital or as a reference hospital for emergency care in the micro region is fundamental.

This study revealed itself as an interesting exercise due to the diversity of issues that emerged, whether these referred to the object of analysis or to the approach itself. The strategic *démarche* demands the articulation of actors involved in a collective project that considers the network of care integrating attention and management. The logic of implementation of this method, based on

<sup>3</sup> Ministério da Saúde. Consulta Pública n. 03, de 07 de Julho de 2005. Política Nacional de Atenção ao Paciente Crítico. Diário Oficial da União. 08 jul 2005 [cited 2008 Nov 25] Available from: <http://dtr2001.saude.gov.br/sas/PORTARIAS/Port2005/PT-03-CONS.htm>.



meetings of collegiates, is itself immersed in the objective of promoting a broad communication at the service of a cultural transformation.<sup>2,6,7</sup> This, in turn requires a historical time that presents variables such as greater political and administrative stability. In this study, it was not possible to analyze such a time framework, for it deals with a recent experience. However, the adaptation accomplished here presents some differentiating aspects. The first of these refers to the application of this method, having as its point of departure a key informant inserted in the study group, a strategy which is very differentiated in relation to the original proposal, in which the involvement and direct participation of the actors in the process of (re)defining the hospital's mission is indispensable. In order to diminish a possible bias, the research group, besides using data from the hospital files, interviewed key professionals from the staff who expressed their perceptions concerning the analysis of value of the segments and the competitive position, both of the study hospital and the competitor/partner hospital. Thus it was possible to confront their opinions with the evaluation made by the research team. The second aspect was the fact that the approach was applied in one unit instead of in the entire hospital. The flexibility which the method offers as an instrument of management made this type of adaptation possible.

The strategic *démarche* is an administrative tool that considers various dimensions of organizational and productivity analysis, allowing for the creation of channels of communication between the strategic direction and the operational level. It makes it possible to share the future of the organization with the different actors involved in the process of production, including them in the process of formulating policies, in the

work process and in the evaluation of the results of the organizational production.

The results of this study indicate the possibility of utilizing the strategic *démarche*, not only as a tool of hospital management, but also as an instrument in the diagnosis of the existing situation.

Its implementation should have as its outcome a plan of action so as to make the hospital more competitive and stimulate the definition of monitoring indicators and evaluation of activities. Competitiveness is understood as a possibility of sharing and solidarity within a network in search of resources that can satisfy the demands of the beneficiaries. Strategic management stresses the principle of complementarity among different hospitals and all other units in the network, emphasizing the concentration of efforts in "making what one knows how to do best". In the same manner, the term competitor is conceived as a factor of "benchmarking" in search of better existing practices within the network.

The results presented indicate the potential of the method for problematizing the mission and for the analysis of hospital management strategies to improve the quality and competitiveness of the segments and for the greater insertion and integration in the network of services.

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