

GOVERNANCE

GOVERNANCE RESILIENCE

The Governance standard and criteria meet the growing international demand for an improved governance function that promotes greater decision-making responsibility in health service organizations. Governance means the process of controlling the use of assets and resources to carry out the institution's mission or purpose. The role of Governance is the set of processes, customs, policies and regulations that impact the way a health care institution is directed, managed or controlled.

Accreditation Canada International recognizes five main roles in governance:

- Development of the institution's mission, vision and values;
- Collection and use of information;
- Development of the institution itself;
- Creation of relationships with stakeholders;
- Demonstration of responsibility.

All human history stems from what we have done and what we can do with adversity. We are operating in unknown waters. The new Coronavirus pandemic, declared on March 11, 2020 by the World Health Organization, presents a significant challenge for people and organizations around the world. Business interruption is likely to continue for months. It is fundamental and mandatory that we prepare to respond and finally emerge stronger in this "new normal", after all the society we lived in no longer exists.

To do this, companies need to structure sustainable responses not only today, but also in the challenging months ahead.

The great impact of the Governance Standard is the analysis of the organizational culture, labeling it again as collective mental habits that people maintain about the company, and often distant from aspects of reality.

The governance resilience lies in reformulating this situation, choosing a set of structured, applicable and more optimistic mental constructions: however bad that situation may be, we can correct it if we do not face each other.

The task of governance is to reprogram the organization's messages to its employees, patients and the community, bringing accurate information, reorienting the attention of leaders, and thus making them second nature and part of the culture.

Perhaps this is a unique opportunity to reposition the organization to focus on people, the patient and not just the economic and financial result.

The objective is to strengthen the capacity of governance for decision making, the ability to lead in any adversity, and to lead others to do the same. The objective cannot be understood as a rock immune to the threats of adversity. Instead, be 1% more resilient tomorrow than you were today.

Resilience is a challenge and a personal act. A moment of resilience is when we face adversity and say: “no, not today. Nothing will stop my momentum or reduce my potential to make the most of this opportunity”.

Unfortunately, for many leaders besieged by constant changes, increasing ambiguity and intensifying the complexity of the health scenario, this is understood as adversity, the center of the business.

The good news is that resilience, the way you respond to life's challenges, is a skill that can be developed through intentional observation and practice. So,

if you are ready to change the script and take control of your internal dialogue, you can implement strategies to respond more powerfully to any adversity.

There are several structures to help you understand the nature of adversity and your response to it. Among the most attractive models is the Adversity Quotient, developed by Paul G. Stoltz, which is supported by decades of research, and in its model it measures its resilience according to the strength of its CORE (control, property, reach, resistance).

- Control is the extent to which you believe you can influence what will happen next.
- Ownership is the likelihood that you will actually do something, however small, to improve the situation.
- Reach is the degree to which adversity will spread to other aspects of your life (work that affects the home or that affects work, for example).
- Resistance is the time that you realize that the situation will last.

Start by noting your response from the moment adversity arises. Work on each of the four dimensions, one by one, to ensure that you do not lose the ability to improve the situation. Convert adversities into benefits, create strategies where no one sees them.

You must win the inner game. Tim Gallwey, an expert in leadership and executive coaching, developed the concept of "internal play" where he recognized that performance was overwhelmingly influenced by the way people managed their minds at critical times.

All leaders play the internal game, a tug of war between constructive and destructive thoughts, attitudes and beliefs that subtly but powerfully shape their behavior and ultimately their performance. Adversity is one of the most dominant forces in this game, and an example is when your mindset produces noise, insecurity, limiting beliefs, lapses of focus and flashes of fear, it certainly

interferes with your conscious decision making. To play the internal game well you need to silence the noise and reduce interference to regain focus and restore the integrity of the internal dialogue, which leads to better actions.

The key to managing any crisis is preparation, without losing sight of other risks. COVID-19 is not the only threat on the horizon. The many other risks that exist, all of which are known to health organizations, are not mitigated by an epidemic. At the Crisis Center, we like to say that the response to it is measured in months, while the recovery in years.

Companies with well-prepared governance, who demonstrate greatness every day, gather ideas from everyone involved and make them feel part of the business, showing focus and resilience, always recover more quickly.

References

1. Instituto Brasileiro de Governança Corporativa - IBGC
2. Agência de Investigação de Saúde e Qualidade (2005). Padrões alterados de Cuidados em Eventos vítimas em massa. Preparado pela Health Systems Research Inc. Online em: <http://www.ahrq.gov/research/altstand/> Colégio Americano de Executivos de Saúde (2010).
3. Declaração de Política: Papel Executivos de saúde em matéria de preparação de emergência. Saúde Executivo, setembro / outubro de 2010.
4. Colégio Americano de Executivos de Saúde (2008). Declaração de Política: O Papel dos executivos de saúde para garantir a segurança do paciente e qualidade. Online em: <http://www.ache.org/policy/exec-ensure-patsafe.cfm>
5. Relatório Belmont (1979). O Relatório Belmont: Princípios éticos e diretrizes para a proteção dos seres humanos em pesquisa. Online em: <http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html>.
6. Canadian Standards Association (2008). Z1600-08: Gerenciamento de Emergência e Programas de Continuidade de Negócios.
7. Decker, W.W., Stead, L.G. (2008). Aplicação de Lean Thinking em Saúde: o papel das emergência a nível mundial. International Journal of Emergency Medicine, 1 (3): 161-162. Online em: <http://www.springerlink.com/content/7670gx771646u627/>
8. Federico, F., Bonacum, D. (2010). Fortalecimento do Núcleo: Quadros médios desempenham um papel vital na melhoria da segurança. Saúde Executivo, Jan / Fev 2010 e on-line em:
9. Groves, Kevin S. (2011). Práticas de gestão: como organizações de saúde criam valor em uma economia. Saúde Management Review Care. julho/setembro.
10. Hofmann, P.B. (2008). Questões Éticas e Planejamento para desastre. Saúde Executivo, Jan / Fev 2008. Institute for Healthcare Improvement

- (2005). Indo Lean em Saúde. IHI Inovação Série papel branco. Cambridge, MA: Institute for Healthcare Improvement, 2005. Online em: <http://www.ihi.org/IHI/Results/WhitePapers/GoingLeaninHealthCare.htm>
11. Institute for Healthcare Improvement (2003). Otimizar o fluxo de pacientes: pacientes movem-se suavemente através de configurações de cuidados intensivos. Inovação Série Livro Branco. Cambridge, MA: Instituto de Aperfeiçoamento Healthcare. Online em: <http://www.ihi.org/IHI/Topics/Flow/PatientFlow/>
 12. Lean Enterprise Institute. Online em: <http://www.lean.org/>
 13. May, E. L. (2004). Otimizar o fluxo de pacientes: Melhorar o rendimento do paciente e do método de forma eficiente e de elevada qualidade. Saúde Executivo, Nov / Dez 2004.
 14. Martin L. A., Nelson E.C., Lloyd R.C., Nolan T.W. (2007). IHI Inovação Série papel branco. Cambridge, Massachusetts: Instituto de Aperfeiçoamento Healthcare. Online em: <http://www.ihi.org/IHI/Results/WhitePapers/WholeSystemMeasuresWhitePaper.htm>
 15. Nelson, W.A., Donnellan (2009). Uma Cultura executivo-Driven Ética. Saúde Executivo, Nov / Dez 2009. Worklife Qualidade / Qualidade colaborativo Health Care. Medir para o Sucesso. Online em: <http://www.qwqhc.ca/take-action-measure.aspx>.
 16. Reinertsen JL, Bisognano M, MD Pugh. (2008). Liderança sete pontos de alavancagem para nível de
 17. Organização Aperfeiçoamento em Saúde (segunda edição). IHI Inovação Série papel branco. Cambridge, MA: Instituto de Aperfeiçoamento Healthcare. Online em: <http://www.ihi.org/IHI/Results/WhitePapers/SevenLeadershipLeveragePointsWhitePaper.htm>
 18. Reinertsen JL, Gosfield AG, Rupp W, Whittington JW. (2007). Envolver médicos no Programa de Qualidade Compartilhada.

19. IHI Inovação Série papel branco. Cambridge, MA: Instituto de Aperfeiçoamento Healthcare. Online em: <http://www.ihl.org/IHI/Results/WhitePapers/EngagingPhysiciansWhitePaper.htm>
20. The Ward Produtiva: Liberar tempo para cuidar. Online em: http://www.institute.nhs.uk/quality_and_value/productivity_series/productive_ward.html
21. Sherman, J. (2006). Contratação de pessoal médico: Rumo a um objetivo comum. Saúde Executivo, Mar / Abr 2006.
22. Seis Sigma. Online em: <http://www.sixsigmaonline.org/index.html>
23. Wiskow, C. et al. (2010). Como criar um ambiente atrativo e de suporte de trabalho para profissionais de saúde (Policy Brief 15).
24. Organização Mundial da Saúde (2010). Locais de trabalho saudáveis: um quadro global e modelo: revisão da literatura e práticas. Online: http://www.who.int/occupational_health/healthy_workplaces/en/index.html
25. Organização Mundial da Saúde (2010). Locais de trabalho saudáveis: um modelo para a ação para os empregadores, trabalhadores, políticos e profissionais. Online: http://www.who.int/occupational_health/healthy_workplaces/en/index.html