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CASE REPORT ARTICLE

IMPLEMENTATION OF THE PATIENT SAFETY CORE IN A HEALTH SERVICE

IMPLANTAÇÃO DO NÚCLEO DE SEGURANÇA DO PACIENTE EM UM SERVIÇO DE SAÚDE

IMPLANTACIÓN DE BASE DE SEGURIDAD DEL PACIENTE EN UN SERVICIO DE SALUD

Kely Cristina Carneiro de Azevedo[1], Adriana Marques Pereira de Melo Alves[2], Zirleide Carlos Félix[3], Ana Cláudia Gomes Viana[4]

ABSTRACT

Objective: to describe the implementation of the Patient Safety Center in a health service. ***Method:*** a descriptive study, a type of experience report, based on nurses' experience in the implementation of the program in a public maternity hospital in the city of João Pessoa (PB), Brazil. ***Result:*** the Ministry of Health has, as its first goal to implement the correct identification of the patient and, followed by the goal regarding safety in the prescription, use and administration of medicines. In these aspects, we advance. As progress, the identification bracelet was implanted at the patient's admission, as well as red labels on the high-vigilance drugs and we intensified the orientation of double checking. ***Conclusion:*** the construction of the plan of action is in accordance with the needs arising from our reality and that new goals and strategies will be defined to promote safer patient care. ***Descriptors:*** Patient Safety; Quality of Health Care; Organizational Culture.

RESUMO

Objetivo: descrever a implantação do Núcleo de Segurança do Paciente em um serviço de saúde. ***Método:*** estudo descritivo, tipo relato de experiência, realizado a partir da vivência de enfermeiros diante da implantação do programa numa maternidade pública do município de João Pessoa (PB), Brasil. ***Resultado:*** o Ministério da Saúde tem, como primeira meta a ser implantada, a correta identificação do paciente e, seguida da meta referente à segurança na prescrição, o uso e a administração de medicamentos. Nesses aspectos, avançou-se. Como progresso, houve a implantação da pulseira de identificação no ato da admissão do paciente como, também, etiquetas vermelhas nos medicamentos de alta vigilância e intensificou-se a orientação da dupla checagem. ***Conclusão:*** a construção do plano de ação está de acordo com as necessidades advindas de nossa realidade e que novas metas e estratégias serão definidas para promover uma atenção mais segura ao paciente. ***Descritores*:** Segurança do Paciente; Qualidade da Assistência à Saúde; Cultura Organizacional.

RESUMEN

Objetivo: describir la implantación de la base de seguridad del paciente en un servicio de salud. ***Método:*** estudio descriptivo, de tipo estudio de caso, llevado a cabo a partir de la experiencia de enfermeros mediante la aplicación del programa en una maternidad pública del municipio de João Pessoa (PB), Brasil. ***Resultado:*** el Ministerio de Salud tiene como primer objetivo la correcta identificación del paciente y seguida de la meta relativa a la seguridad en la prescripción, el uso y administración de medicamentos, en estos aspectos, nos movemos. Como progreso, huve la implantación de la pulsera de identificación en el acto de la admisión del paciente, así como etiquetas rojas de medicamentos de alta vigilancia y se intensificó la doble verificación. ***Conclusión:*** la construcción del plan de acción está de acuerdo a las necesidades de nuestra realidad y que los nuevos objetivos y estrategias se establecen para promover una atención más segura para el paciente. ***Descriptores:*** Seguridad del Paciente; Calidad de la Atención de la Salud; La Cultura Organizacional.

[1,4]Nurses, Specialists in Work Nursing, Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. E-mails: kely_azevedo@hotmail.com; anacviana@hotmail.com; [2,3]Nurses, Masters in Nursing, Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. E-mails: ffadriana@ig.com.br; zirleidefelix@hotmail.com

INTRODUCTION

In Brazil, since the 1990s, there has been an increase in the number of lawsuits against health professionals and organizations. This was due to concerns about increased regulation and care regulation that defines the accountability of those involved in the "failure" of some patient safety procedure. According to a survey conducted in 2008, by the Superior Court of Justice (SCJ), the number of lawsuits filed as a result of adverse events increased 200% in six years.[1]

Faced with the fragility of Brazil's health system, associated with the patient's lack of patient care, the Ministry of Health, in partnership with ANVISA in April 2013, prioritized this issue in the agenda of the public system and the country's private system, From Administrative Order No. 529/2013, which establishes the National Patient Safety Program (NPSP), with a particular aim to prevent, monitor and reduce the incidence of Adverse Events (AE) in the care provided, promoting improvements related to patient safety. The quality of health services in the country.[2]

The Ordinance involves promoting and supporting the implementation of initiatives aimed at patient safety through the Patient Safety Nucleus (PSN) of the health services, whose main tasks, according to DRC No. 36, are to elaborate, implement, disseminate and keep up-to-date the Patient Safety Location Plan, monitoring actions, implementing patient safety protocols and conducting monitoring of its indicators, also, actively participating in the incident reporting system of the National Sanitary Surveillance System and Patient Safety Culture research, where it is mandatory for hospitals and health services, in addition to implanting it, to report monthly adverse events associated with health care.[3]

The lack of structuring of the PSN constitutes a sanitary infraction, under the terms of Law No. 6.437, of August 20, 1977, without prejudice to the applicable civil, administrative and penal liability, and also the elaboration of the Patient Safety Plan, which will serve as a roadmap for professionals to establish actions to promote the safety and quality of work processes in health services.[4]

It is in this scenario that patient safety becomes an attribute of quality of health care as important as effectiveness. This is because adverse events involve considerable social and economic costs, and may imply irreversible damages to patients and their families, constituting a serious public health problem.[5]

Regarding the health team, studies show that, among health professionals, the nursing staff is the category most susceptible to adverse events, since it performs several invasive interventions, perhaps because they remain an extended time with the patient. Associated with these factors, there are also individual, environmental, structural failures and unsuccessful processes that, together, contribute to the decrease of patient safety.[6]

In order to demonstrate that the commitment of health professionals contributes to the construction of safe delivery and childbirth care, since these professionals are responsible for the efficient assistance to the woman, the newborn and the family, it is worth emphasizing that the horizontality of the nursing staff's watch/care establishes a closer relationship with mothers and newborns.

The emergence and implementation of the National Patient Safety Program emerged from the concern with harm to the patient during the provision of health services. In view of the above, the present objective is to describe the implementation of the Patient Safety Center in a health service.

METHOD

A descriptive, experience-based study with health professionals who participated in the implementation of the Patient Safety Nucleus (PSN) at a health service in the city of João Pessoa, Brazil. With the implementation of the PSN, the look has become directed towards the provision of a safe assistance to the mother and the child.

On April 1, 2013, the NPSP was established, which provided some protocols for public consultation. In August of the same year, ANVISA published an edict directed to the Sentinel Network, for the selection of hospitals that wanted to serve as reference and support to the implantation, of the Patient Safety Nucleus.

To that end, the hospitals that applied should meet certain requirements established in the selection criteria, such as: being part of the Sentinel Network and having implemented at least three of the six protocols launched. These requirements were contemplated, given that we already worked with the Hand Hygiene, protocol and the pressure ulcer prevention protocol, in addition to effectively having the Vigilance Drug Plan, in conjunction with the PSN Ordinance. Therefore, we became part of the 53 national hospitals that were considered as a reference for the implementation of the PSN, whose purpose is to promote actions aimed at improving safety

through the Patient Safety Plan, establishing strategies and risk management.

As recommended by the ANVISA Guidelines, the top management of the hospital is who appoints the participants to the Patient Safety Nucleus. As we have been complying for some time with the hand hygiene protocol which shows that these are considered the main routes of dissemination of infections related to health care; The hospital's senior management decided to appoint the Hospital Infection Control Commission as the official representative of the fight against health-care-related infections.

The six protocols by the Ministry of Health, were made available, in public consultation between April and May 2013, which are instruments developed with the purpose of assisting decisions about health care appropriate to the specific clinical conditions and that have potential of great impact in the safety of the patient, since they can facilitate the dissemination of effective practices in reducing errors.[7,8] In our hospital, the disclosure of the six protocols (Hand Sanitization Protocol, Fall Prevention, Patient Identification, Safe Surgery, Ulcer Pressure and Safety Protocol on the prescription, use, and administration of drugs) occurred collectively with the participation of all involved and designated members of the Patient Safety Nucleus. The strategy used was the division of all personnel into teams, where each one enjoyed a protocol. Then there was the moment of socialization of each team with the group.

Following, the Patient Safety Program was presented to managers, clinicians, health professionals and users. The didactic material used consisted of videos of the current Minister of Health (Alexandre Padilha) and cubes containing the names of each protocol. Lectures took place in the auditorium with an explanation in loco in the sectors of maternity, and was still applied in auditory (internal radio), adapting the protocols to our reality.

In this improvement logic, we have adapted the adverse event notification forms used for monitoring, planning and improvement measures, and it is still a great challenge to encourage a culture of safety to the individual who notifies, so that the individual does not feel frightened. That always has a proactive communication.

RESULT

In order to promote patient safety and provide safer and more skilled care, the Patient Safety Nucleus (PSN) comes as a mosaic every day being built and, at the same time, adapting the patient's safety plan , given that it is still in the process of being consolidated.

As a step forward, there is a fulfillment of goals that were once idealized. For example, we can cite the first goal established by the Ministry of Health, the correct identification of the patient that we were able to implant, in the act of patient admission, through the use of bracelets with three identifications, as suggested by the Patient Identification Protocol, which requires at least, two qualifying elements, forming a strategy for the promotion of a safe care practice. It has been found that such a practice, has indeed, incurred in reducing errors.

Another goal that has been constantly discussed is that of safety in the prescription, use and administration of drugs. In the face of mistakes made, such as, not identifying the patient's name in the prescription or the registration of incomplete and even illegible names, among others, it was thought, as an initiative for a possible solution, the inclusion of the rest of some sectors in which there is still no digitalized or electronic prescription, with the possibility of direct communication with the pharmacy. Another thoughtful and effective measure was to attract attention to high vigilance drugs, where red labels have been used as a protective barrier to resolve these errors. Another measure adopted was the intensification of double checking of medications, both at the time of receipt of the medication and during the administration of the same. It should be noted, that despite efforts and guidelines for double checking, this action is not yet a routine practice among professionals involved in the security process.

DISCUSSION

The study has shown that, although the action plan is still incipient, advances are notorious in promoting the quality and safety of a patient's full and effective health care.

Therefore, it is verified that a correct identification of the patient is the principle of safety and that the failures referring to medicines are configured in a chain of errors that needs to be broken from the end of the process until the arrival at the final destination, that is the administration. Inadequate communication is the main cause of errors made among the various health professionals.

In view of the above, it is essential to mention that we are in the process of creating the action plan, according to the needs arising from our reality, and that new goals and

strategies will be defined to promote a health care free of damage and safer for the patient.

In order to build a safer patient care, it is necessary to have the commitment of all health professionals, besides the management and even the user. In order to corroborate the effectiveness of the implementation and implementation of the NPSP, the cooperation of the numerous components involved is imperative to overcome the challenges and to promote the appropriate security measures.

CONCLUSION

The creation of a safety culture so that the care is effective from the point of view of the professionals that compose the nursing body is weakened since the process of professional formation, being therefore necessary to insert a permanent education.

In this sense, it is worth emphasizing that creating preventive actions to mitigate adverse events, promoting actions for risk management, articulating intersectoral communication, and sharing the patient safety plan are important tools in the process of safe care.

Notwithstanding the initiatives adopted and public policies aimed at promoting safe, harmless and adverse health care to patients, we still encounter many obstacles that are attributed, to the lack of management planning regarding insufficient financial resources to implement the plan of action. Reflecting this logic, we know that this financial problem, that affects our entire national territory; comes as bias in the form of barriers that leave us astonished and less pragmatic, therefore, for a safe care practice to the patient, we must not only implant these protocols but also articulate continuous vigilance regarding the practice of these actions.

REFERENCES

1. Cavalieris S. Programa de responsabilidade civil. 7th. ed. São Paulo: atlas; 2007.

2. Ministério da Saúde (BR). Portaria nº 529, de 1º de abril de 2013: institui o Programa Nacional de Segurança do Paciente (PNSP) [Internet]. Brasília: Ministério da Saúde; 2013 [cited 2014 May 5]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt0529_01_04_2013.html.

3. Brasil. Agência Nacional de Vigilância Sanitária. Resolução n° 36, de 25 de julho de 2013: ações para segurança do paciente em serviços de saúde. Brasília: Anvisa; 2013.

4. Brasil. Ministério da Saúde. Lei n° 6.437, de 20 de agosto de 1997. Configura infrações a legislação sanitária federal, estabelece as sanções respectivas, e dá outras providências. Diário Oficial da União. Brasília [Internet].1977 [cited 2014 Apr 13]. Available from: www.camara.leg.br/sileg/integras/520839.pdf

5. Brown C, Hofer T, Johal A, Thomson R, Nicholl J, Franklin BD et al. An epistemology of patient safety research: a framework for study design and interpretation. Part 1. Conceptualizing and developing interventions. QualSaf Health Care [Internet]. 2008 [cited 2009 Dec 5];17(3):158-62. Available from: www.ncbi.nlm.nih.gov/pubmed/18519620

6. Nunes FDO, Barros LAA, Azevedo RM, Paiva SS de. Segurança do paciente: como a enfermagem vem contribuindo para a questão? Rev pesqui cuid fundam (Online) [Internet]. 2014 [cited 2015 Apr 10];6(2)841-47. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/3007/pdf_1297.

7. Brasil. Ministério da Saúde. Portaria nº 1.377 de 9 de julho de 2013. Aprova os Protocolos de Segurança do Paciente. Diário Oficial da União, 25 set 2013.

8. Brasil. Agência Nacional de Vigilância Sanitária Implantação do Núcleo de Segurança do Paciente em Serviços de Saúde – Série Segurança do Paciente e Qualidade em Serviços de Saúde/Agência Nacional de Vigilância Sanitária– Brasília: Anvisa; 2014.

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Corresponding Address

Kely Cristina Carneiro de Azevedo
Cidade Universitária, s/n-
Bairro Castelo Branco
CEP 58051-900 – João Pessoa (PB), Brazil