Implementation and implantation of the...



IMPLEMENTATION AND IMPLANTATION OF THE SYSTEMATIZATION OF **NURSING ASSISTANCE**

IMPLEMENTAÇÃO E IMPLANTAÇÃO DA SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM IMPLEMENTACIÓN E IMPLANTACIÓN DE LA SISTEMATIZACIÓN DE LA ASISTENCIA DE ENFERMERÍA

Isabele Gouveia Muniz de Alencar¹, Vanicleide Sá Nunes,²Audimar de Sousa Alves³, Sâmia Letícia Ribeiro Lima⁴, Giselle Karine Muniz de Melo⁵, Maria América Filgueiras dos Santos⁶

ABSTRACT

Objective: to report the experience of the creation of a commission for the implementation of the Nursing Assistance Systematization. Method: descriptive study, of related experience type, conducted in November 2017. The commission was appointed by the Nursing Division with the purpose of implanting the NAS in the institution and the Nursing prescription software. The committee developed its internal regiment and promoted training to its nurses to train them regarding the use of the tool, steps of the NAS and awareness to carry it out. Results: as a result, the service implanted the NAS in all inpatient units. Conclusion: the institution of the commission exhibited a recent scenario in the field of knowledge about the practice of the Nursing process and that there are gaps in the literature on the creation and activities of comissions or committees to advise the implementation and management of the NAS. From this perspective, this report may contribute as a reference for studies on NAS management in health services. *Descriptors*: Nursing Process; Strategic Planning; Comission on Professional and Hospital Activities; Professional Staff Committees; Pratice Management; Health Services.

Objetivo: relatar a experiência da criação de uma comissão para a implantação da Sistematização da Assistência de Enfermagem. Método: estudo descritivo, tipo relato de experiência, realizado em novembro de 2017. A comissão foi designada pela Divisão de Enfermagem com a finalidade de implantar a SAE na instituição e o software para a prescrição de Enfermagem. A comissão desenvolveu seu regimento interno e promoveu treinamentos aos seus enfermeiros para capacitá-los quanto ao uso da ferramenta, etapas da SAE e sensibilização para realizá-la. Resultados: como resultado obtido, o serviço implantou a SAE em todas as unidades de internamento. Conclusão: a instituição da comissão exibiu cenário recente no campo de conhecimento sobre a prática do processo de Enfermagem e que existem lacunas na literatura sobre a criação e atividades de comissões ou comitês para o assessoramento da implantação e a gestão da SAE. Nessa perspectiva, este relato poderá contribuir como referência para estudos sobre gestão da SAE nos serviços de saúde. *Descritores*: Processo de Enfermagem; Planejamento Estratégico; Comissão para Atividades Profissionais e Hospitalares; Comitê de Profissionais; Gerenciamento de Prática Profissional; Serviços de Saúde.

RESUMEN

Objetivo: relatar la experiencia de la creación de una comisión para la implantación de la Sistematización de la Asistencia de Enfermería. Método: estudio descriptivo, tipo relato de experiencia, realizado en noviembre de 2017. La comisión fue designada por la División de Enfermería con la finalidad de implantar la SAE en la institución e implantar el software para la prescripción de Enfermería. La comisión desarrolló su reglamento interno y promovió entrenamientos a sus enfermeros para capacitarlos en cuanto al uso de la herramienta, etapas de la SAE y sensibilización para realizarla. Resultados: como resultado obtenido, el servicio implantó la SAE en todas las unidades de internamiento. *Conclusión*: la institución de la comisión exhibió escenario reciente en el campo de conocimiento sobre la práctica del proceso de Enfermería y que existen brechas en la literatura sobre la creación y actividades de comisiones o comités para el asesoramiento de la implantación y la gestión de la SAE. En esta perspectiva, este relato podría contribuir como referencia para estudios sobre gestión de la SAE en los servicios de salud. *Descriptores*: Processo de Enfermería; Planificación Estratégica; Comisión sobre Actividades Profesionales y Hospitalarias; Comités de Profesionales; Gestión de la Práctica Profesional; Servicios de Salud.

¹Master Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazil. E-mail: <u>isabele.muniz@ebserh.gov.br</u> ORCID Id: <u>https://orcid.org/0000-0001-9626-3830</u>; ²Specialist, Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazil. E-mail: <u>vanicleide.nunes@ebserh.gov.br</u> ORCID Id: <u>https://orcid.org/0000-0002-4136-9010</u>; ³Master, Federal University of the São Francisco Valley / UNIVASF. Petrolina (PE), Brazil. E-mail: audimar.sa@gmail.com ORCID Id: http://orcid.org/0000-0002-7269-0982; 4Specialist, Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazil. E-mail: samia.lima@ebserh.gov.br ORCID Id: https://orcid.org/0000-0002-7804-3938; 5Specialist, Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazil. E-mail: https://orcid.org/0000-0002-0643-8658; sopocialist, Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazil. E-mail: https://orcid.org/0000-0002-0643-8658; sopocialist, Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazil. E-mail: specialist, Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazil. E-mail: specialist, Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazil. E-mail: specialist, Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazil. E-mail: specialist, Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazil. E-mail: specialist, Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazilian Company of Hospital Services / EBSERH. Petrolina (PE), Brazilian Company of Hospital Servi maria.america@ebserh.gov.br ORCID Id: https://orcid.org/0000-0001-8688-9274

Alencar IGM de, Alves AS.

INTRODUCTION

The Nursing Assistance Systematization (NAS) has the character of organizing the professional work and makes the operationalization of the Nursing process possible. However, it is incipient in the care practice of some services, being more present in the ideal scenario. In this perspective, the Brazilian Hospital Services Company (EBSERH), in developing the software called Management Application for University Hospitals (MAUH), made available the Nursing Prescription module. ²

This module contemplates the theoretical reference of Basic Human Needs Theory, by Wanda de Aguiar Horta, and the Taxonomy of the North American Nurse Diagnosis Association International (NANDA-I). The Theory of Basic Human Needs and Orem's Self-Care Theory were raised as conceptual frameworks preferred by nurses to support NAS in a study performed in a hospital in Southern Brazil.³

It should be emphasized that the NANDA-I Taxonomy has applicability in different areas of health care and types of assistance contributing significantly to the quality of Nursing care.⁴

The study of the implementation and management of NAS, mediated by Information and Communication Technologies (ICTs) with computers, tablets and smartphones, presented weaknesses in praxis regarding the lack of proximity of nursing professionals with such technological devices.⁵ Another difficulty for the implementation of NAS under study⁶ refers to the absence of adoption of a theoretical framework to guide the practice, absence of patients hospitalized in the service and absence of a specific instrument. In this perspective, it is recommended that the strategic planning of health institutions contemplate aspects related to the difficulties of implantation and management of NAS by the Nursing professionals of the service.

The problem in the involvement of nurses in strategic planning in health services was addressed in a study that sought to align Nursing care with the strategic initiatives of a Health System. The shared decision-making framework was instrumental in achieving the goals and success in planning results.⁷

The need to establish the Active Nursing Prescription module at the University Hospital of the São Francisco Valley (HU-UNIVASF) culminated in the creation of the Commission for Implementation and Implementation of Nursing Care (COIISAE). Its mission is to recruit and train the entire Nursing corps of

Implementation and implantation of the...

the institution for the use of the tool and the consolidation of NAS in the hospital environment.

OBJECTIVE

• To report the experience of the creation of a commission to implement the Systematization of Nursing Care.

METHOD

This is a descriptive study, carried out by members of the NAS Implementation and Implementation Committee of the Hospital Universitário do Vale do São Francisco (HU-UNIVASF), located in the city of Petrolina, PE, Brazil. The report was developed in November 2017.

HU-UNIVASF is managed by EBSERH since February 1st, 2015. The service is a reference for emergency and emergency care, with emphasis on orthopedic-trauma, general surgery, buco-maxilo, medical clinic, nephrology, dermatology and plastic surgery.⁸

In assuming the management of the service, the Division of Nursing verified that the NAS was not performed in the service. The existing documents contemplated only the evolutions of Nursing, characterizing the other stages of the process. Another problem verified was the inexperience of the Nursing professionals who assumed the service, since they were, for the most part, newly trained professionals who did not have the necessary practice to perform NAS.

On the other hand, the headquarters of EBSERH, in Brasília, offers the software called "Nursing Prescription" to be implanted in its branches. This program includes the following functionalities: elaboration of the Nursing diagnosis through the specific reference and taxonomy, as well as the elaboration of the Nursing prescription through the selection and availability of pre-established care.

Due to the problems of implementing, implementing and computerizing the NAS stages, the Nursing Division and the Superintendence of the service instituted COIISAE in 2016 through a subsidiary order and constituted by a multiprofessional team.

To compose the commission, six nurses were appointed (one of the nurses is the head of the Nursing Division) and an Information Technology professional. The committee developed its by-laws addressing members' definition, purpose, composition and organization, functioning, competency and responsibilities. Monthly meetings were held throughout the year 2016 to adjust the committee's actions.

Alencar IGM de, Alves AS.

The committee's strategic planning, training for the Nursing professionals of the service and historical Nursing were formulated to contemplate the different diagnostic profiles of the users of the service. Presentations were made about the NAS and the flow of elaboration of nursing diagnoses and prescription through the application. It was necessary to train all the nurses of the service regarding the use of the computer and the tool "Nursing Prescription".

All demands related to the NAS of the service are forwarded to the comission.

RESULTS

♦ Definition and purposes of COIISAE

Initially, members sought to define the purpose of the commission and establish its purpose. In this process, COIISAE was defined as a multiprofessional team, made up of nurses and professionals from the Process Management and Information Technology Sector (SGPTI), who will advise the Nursing Division on the implementation, implementation, computerization and management of the HUS- UNIVASF.

The initial needs of implementation and implementation of the NAS in the service resulted in the consensus among the members that the purposes should contemplate: the definition of goals; the implantation of NAS in the units of the institution, according to the goals; the training of the Nursing coordinators of the hospital units; the monitoring of the implantation, in real time, by nurses and nursing technicians / auxiliaries of the institution; the definition of quality indicators in order to verify the implantation, as well as the impact in the improvement of Nursing care and the accomplishment of researches related to the subject.

With the definition and purposes outlined, the in-service training was started, initially contemplating the nurses. The training took place through lectures and in locu with the demonstration of the steps of the NAS and the "Prescription of Nursing" program. The objectives were to train nurses to use the tool, train them in the flow of NAS stages and sensitize them to the need to perform them.

The indicator initially evaluated was the accomplishment of Nursing prescriptions by inpatient sector, which was accompanied by an application installed in the Android System of the members' smartphones. In July 2016, it reached the goal of 100% of hospitalized users with Nursing prescription.

♦ Composition and organization of the committee

Implementation and implantation of the...

It was understood that the composition of the commission needs to be standardized and, therefore, contemplated in the regiment of the same. The last regiment, prepared in 2016, provided, in its composition, born members (designated by the Division of Nursing) and invited (professionals invited by the members born).

Such composition has demonstrated to meet the institutional objectives of implementation and implementation of the NAS, as well as the operational objectives, since the autonomy of the members born in inviting other professionals of the service promotes the equal opportunity of contributions.

◆ Operation

The commission's operation is carried out through monthly appointments among its members. It was also defined that extraordinary sessions may be called by any member respecting the minimum period of 72 hours for receiving the appointment.

Meetings are recorded in minutes with respective date, time, schedules, decisions and referrals. These documents are archived in folders and stored by the Division of Nursing.

It is recommended that the agenda of the meeting be prepared in advance for the knowledge of all committee members. When the subject to be appreciated demands specific knowledge and the members of the committee judge the need for a better scientific basis, the support and institutional partnerships of professionals with expertise in the subject are requested.

The proposal to build meeting guidelines allowed speed in the conduct of meetings and in the resolutions of the demands to be fulfilled by the members regarding the management of the NAS in the service.

It should be noted that the agenda of committee meetings was compromised in 2017 due to the accumulation of functions of some members to other activities in the hospital.

♦ Competence and responsibilities of members

Considering the importance of all the subjects of the commission, general competences were established for all the members. In this perspective, they were listed as competences: to plan, together with the Nursing Division, NAS implantation in all service units considering all its stages (history, Nursing diagnosis, Nursing evolution, Nursing prescription and results evaluation); to elaborate an instrument for the collection of the Nursing history and to update the existing

Alencar IGM de, Alves AS.

Nursing evolution model; participate in events, workshops and training on the subject; promote and execute training and discussions of specific cases with the entire Nursing staff of the service; participate in meetings with the nurses of the units submitted to the implantation of the NAS; comply with the respective regiment; prepare and submit updates to the regiment each year and propose suggestions for improving the commission.

The history and evolution of Nursing were updated, however, the financial constraint, experienced between 2016 and 2017 by the institution, did not contribute to the availability of the new forms for the Nursing team.

As to the responsibilities of the members, it was agreed that they would be: to attend all meetings; to justify, in advance, the need for meeting schedules and other work processes involving COIISAE; to assist the nurses of the units that present problems in the monitoring of NAS implantation; build and set up an NAS research group; publish studies; comply with the regulations and organize day, night and weekend stopovers in order to cover any difficulties that may arise during the implementation of the NAS in the service.

In case the sector coordinator presented any difficulties with the team to carry out the NAS, a member of the commission was called to attend the meeting of the sector and resolve doubts.

Diurnal and nocturnal scales were also performed to meet the difficulties of some professionals regarding the performance of NAS and use of the software.

DISCUSSION

This report demonstrated the strategic initiative of a service to establish a commission for NAS implementation, deployment, computerization and management. The committee was responsible for planning and directing effective actions for the NAS management and management of the service.

After the creation of the commission and the training, HU-UNIVASF consolidated the implementation of all NAS steps in the service.

The experiences of COIISAE, as a strategic initiative of HU-UNIVASF, were presented at a scientific event⁹⁻¹⁰. It is also emphasized that the commission, together with the permanent education of the hospital, instituted the presentation of case studies by nurses in the "Nursing Week", which occurs annually. These

Implementation and implantation of the...

initiatives seek to promote a culture of planning for NAS management in health services.

The report also shows that the implementation of the NAS in a service presupposes the planning and the involvement of the management and nurses of the assistance aiming at the realization of a feasible Nursing process to fulfill planning goals.

CONCLUSION

The implementation of COIISAE enabled the service to be in line with the specific attributions of nurses in order to systematize Nursing care. It also enabled Nursing professionals to be trained and sensitized regarding the implementation of NAS.

From this perspective, it is possible to observe that the constitution of committees such as COIISAE shows a recent scenario in the field of knowledge about the practice of the Nursing process. Initiatives that seek this trajectory can contribute to the implementation and management of NAS in health services, as well as to promote nurses as managers of their own care.

The gaps in the literature on the creation and activities of comissions or committees to advise on the implementation and management of NAS were also highlighted, a fact that undermined the discussion of this report in the light of scientific studies.

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Submission: 2017/11/21 Accepted: 2018/03/10 Publishing: 2018/04/01 Corresponding Address

Isabele Gouveia Muniz de Alencar Rua Capitão Abdon Nunes, 862

Bairro Tirol

CEP: 59014-540 - Natal (RN). Brazil

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