CASE REPORT ARTICLE

STRATEGIES FOR THE DEPLOYMENT OF SYSTEMATIZATION OF NURSING CARE IN A UNIVERSITY HOSPITAL

ESTRATEGIAS PARA LA IMPLANTACIÓN DE LA SISTEMATIZACIÓN DE LA ATENCIÓN DE ENFERMERÍA EN UN HOSPITAL UNIVERSITARIO

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ABSTRACT

Objective: to report on the implementation experience of a care model of nursing in a university hospital. Method: descriptive study, experience narrative type, of an intervention project in which methodological strategies and of deployment have been implemented. For the training of nursing staff, a project workshops and studies on the Theory of Basic Human Need were done. Practical-theoretical revisions were made with the attendants about the techniques of anamnesis and physical examination, elaboration of diagnoses, prescription and nursing developments. Results: four steps of the nursing process were deployed: history, diagnosis, prescription and nursing developments. The use of the care model remains a challenge for the nursing staff in the institution, the transformation of the process of this work in the units. Conclusion: there was satisfactory adhesion of team members resulting in greater autonomy and personal and professional satisfaction of nurses and nursing technicians involved. Descriptors: Nursing Processes; Nursing Theory; Classification; Nursing Care; Education in Nursing.

RESUMO

Objetivo: relatar a experiência de implementação de um modelo assistencial de enfermagem em um hospital universitário. Método: estudo descriptivo, tipo relato de experiência, de um projeto de intervenção no qual estratégias metodológicas e de implantação foram operacionalizadas. Para a capacitação da equipe de enfermagem, foram realizadas oficinas de divulgação do projeto e estudos sobre a Teoria das Necessidades Humanas Básicas. Foram feitas revisões teórico-práticas com os enfermeiros sobre as técnicas de anamnese e de exame físico, elaboração de diagnósticos, prescrição e evolução de enfermagem. Resultados: foram implantadas quatro etapas do processo de enfermagem: histórico, diagnóstico, prescrição e evolução de enfermagem. A utilização do modelo assistencial continua sendo um desafio para a equipe de enfermagem na instituição, pela transformação do processo de trabalho desta nas unidades. Conclusão: observou-se adesão satisfatória dos membros da equipe resultando em maior autonomia e satisfação pessoal e profissional por parte dos enfermeiros e técnicos de enfermagem envolvidos. Descritores: Processos de Enfermagem; Teoria de Enfermagem; Classificação; Cuidados de Enfermagem; Educação em Enfermagem.

RESUMEN

Objetivo: relatar la experiencia de implementación de un modelo asistencial de enfermería en un hospital universitario. Método: estudio descriptivo, tipo relato de experiencia, de un proyecto de intervención en el cual estrategias metodológicas y de implantación fueron implementadas. Para la capacitación del equipo de enfermería, fueron realizados talleres de divulgación del proyecto y estudios sobre la Teoría de las Necessidades Humanas Básicas. Fueron hechas revisiones teórico-prácticas con los enfermeros sobre las técnicas de anamnesis y de exámenes físicos, elaboración de diagnósticos, prescripción y evolución de enfermería. Resultados: fueron implantadas cuatro etapas del proceso de enfermería: histórico, diagnóstico, prescripción y evolución de enfermería. La utilización del modelo asistencial continúa siendo un desafío para el equipo de enfermería en la institución, por la transformación del proceso de trabajo de esta en las unidades. Conclusión: se observó adhesión satisfactoria de los miembros del equipo resultando en mayor autonomía y satisfacción personal y profesional por parte de los enfermeros y técnicos de enfermería envueltos. Descriptores: Procesos de Enfermería; Teoría de Enfermería; Clasificación; Cuidados de Enfermería; Educación en Enfermería.

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INTRODUCTION

The history of the organization of nursing care dates back from the beginning of its praxis with the publications of Florence Nightingale, in 1859. However, only in the decades of 60 and 70 of the last century, with the production of nursing theories have emerged research focusing on the development of nursing care methodologies.  

Ida Orlando, in 1961 used for the first time the expression “nursing process” to explain the nursing care. Steps in this process have been associated with the stages of the scientific method, such as: data collection, formulating hypotheses (diagnosis), planning, interventions and evaluation.  

Studies on methodology of care has advanced with the development of standardized nursing languages. These include classifications in nursing who wish to collaborate on standardization of this, in order to portray the skill sets and resources used by nurses under world and treat especially to describe the problems that require unique nursing interventions. The Federal Council of Nursing Care (FECON) considers that the systematization of nursing care “uses method and strategy of scientific work for the identification of the health/disease situations, subsidizing nursing assistance actions that can contribute to the promotion, prevention, recovery and rehabilitation of the health of the individual, family and community.” And yet, that is a proper practice, applicable in all the scenarios of care and that its relevance rests in the qualification of nursing care. In this vision, established the implementation of Systematization of Nursing Care (SAE) in all medical institutions in Brazil, by means of resolutions 2002/272 and 358/09. 

It is noted also that, in other countries, has been trying to ensure with management policies of health services, the application of a model of nursing care based on scientific method, among them Peru, Holland, Switzerland, Italy and Japan. In Spain, the health model is very advanced in all levels of attention, with the deployment of electronic medical records in all health institutions of the national territory. Nursing uses in its job, classifications in the development of computerized nursing diagnostic, intervention steps and results of nursing. 

Through the legal assumptions countersigned, Brazil's health institutions are in the process of deploying a care model of nursing, and others have already consolidated their model a few years ago. The Clinical Hospital of Porto Alegre is one of the examples, with the deployment of the nursing process for about 25 years. In that hospital, currently is used in assistance practice the electronic medical. The University Hospital of the University of São Paulo also has implemented a model of care for more than 25 years and, since 2004, the step of nursing diagnosis was included. The Hospital Sarah Kubitschek, since its foundation, develops nursing care in this conception. More recently can cite several other institutions that are including in their policies for the implementation of a management model of nursing care.

The Clinical Hospital of UFMG was founded in 1928 and integrated into the University in 1950. In the Decade of 90 of the last century, the institution underwent a reflection about its role in the area of teaching, research and extension, with the active participation of the whole community, in particular nursing. The result of this process was the transformation of CH in the Special Unit at UFMG and the adoption of managerial model based on production units, currently referred to as Functional Units. It is a reference institution for tertiary and quaternary care of Unify Health System of Minas Gerais with the operational capacity of 505 beds and has service to patients who require high-complexity procedures such as bone marrow transplants, liver, lung, heart and pancreas.

To respond to these great demands, nursing in parallel has been organized to ensure a differentiated position in the institutional organization chart, constituting an organ that is responsible for the nursing care provided in CH. For this task, include with 231 nurses, 899 technicians and 286 nursing assistants. Since 2009, the institution is investing in the accreditation process by the models of Joint Commission International (JCI) and the National Organization of Accreditation (NOA) and, therefore, developing their care model. In this scenario, called the development of a systematic assistance model, based on evidence, humanized, which was a standard in all areas of care of the institution.

Managers of Vice Technical Direction of Nursing (VTDN) predicted in its project work plans that anticipated the resolutions of the FECON. However, only in 2004 and 2005 was given an advance on the path of implementation of SNC. In partnership with the Nursing School of the Federal University of Minas Gerais (EEUFMG), were 11 nurses qualified as specialists in SNC. This group of nurses, supported by teachers at the school,
drew up a project that was a proposal for implementation of SNC.\textsuperscript{21} Making a context analysis, the authors of the pre project identified as partners: the direction of the VTDN, the EEUFMG, the COREN-MG, ABEN-MG, the direction of CH, CH nursing professionals, managers of Functional Units, Municipal and State Secretariats of Health and the Health Ministry. Opponents would be some professionals in the field of nursing and CH medical and support services. Pointed out the following factors: receptivity of nurses to the proposal, the EEUFMG interest in contributing in the implementation of a care model of nursing, management of some functional units, the institutional accreditation process in progress, among others. And yet, the process factors: lack of knowledge about SNC, staff deficit, nursing resistance to change, workload, management model in transition, lack of permanent education, infrastructure deficiency, internal regulations of nursing with blurring the lines of responsibility, among others.

In this perspective, the pre project predicted that “the CH UFMG could be a state reference in the provision of systematic nursing care” and that the mission of the group of experts was: “to contribute to the implementation of the SNC in the institution”. Another fundamental contribution of the group of postgraduate students in SNC was the selection of nursing theory. It was composed of representatives of the various patient populations served in the CH UFMG. In the construction of knowledge about nursing theories it was observed that the Basic Human Needs (BHN) of Wanda de Aguiar Horta\textsuperscript{22} was broad, flexible, nationally contextualized and applicable to any scenario of care. With these criteria, this was selected and officially as institutional option.

Aiming at the construction of a care model of nursing, the VTDN, in February 2008, assigned a nurse to coordinate the process. The beginning of the activities that guided the experiences described here was marked by the development of a specific intervention project.\textsuperscript{21} The overall objective of the project was to deploy a system of nursing care for the care of adult patients of CH/UFMG based on theory of BHN Wanda de Aguiar Horta and the specific objectives were to form the working team composed of nurses of CH/UFMG and teachers of EEUFMG; elaborate a work plan; build an instrument of health data collection based on chosen theory; develop, test and validate the registration of the instruments too many steps of the nursing process (NP); identify need for updating and training of nurses to use a methodology of caution; deploy the four steps of the NP; evaluate the assistance system in the current context of the worker process of nurses; adjust the current worker process in order to facilitate the implementation of SNC.

**OBJECTIVE**

- To report the experience of implementation of a care model of nursing in a university hospital.

**METHODOLOGICAL COURSE**

Descriptive study, like case studies, of an intervention project, in which methodological strategies and deployment were implemented in a university hospital in Belo Horizonte/MG.

Initially, was selected a unit to be a pilot in the deployment, the transplants for being relatively small, with 17 beds, have in its staff eight nurses and shelter care to patients of high complexity. The target population of the project was the nursing staff in the sector, composed of: nurses, technicians and nursing assistants.

The beginning of activities “in loco” were on August 4, 2008. It was opted for the application of the theory of BHN and the use of the classification of NANDA International.\textsuperscript{24-26}

Were deployed four steps of the nursing process (NP): history (anamnesis and physical examination), diagnosis, prescription and nursing development. The knowledge of the publication of the group of nurses of the University Hospital of the University of São Paulo: (UH USP): “Nursing Diagnoses in Clinical Practice”\textsuperscript{14} was the reason to know “in situ”, the assistance model of an institution of national reference.

The layout of forms of diagnosis, prescription of nursing and some deployment strategies were inspired in the mold of that institution, with permission of the authors to ensure the formal and legal and official character of this intervention project, this had its record in Central Extension (CENEX) of CH.

**CASE STUDIES**

- Deployment strategies

The main strategies used for the execution of the project involved some steps. Initially, a working group was formed consisting of nurses of CH and teachers of EE UFMG, reference in teaching and research on Systematization of Nursing Care. The project was included in the activities of the supervised internship of
students from 9th period of EE UFMG and of academic scholars. The following workshops were held awareness of nursing staff, using audiovisual resources, exposure through dialogue about the project and about the theory of nursing, on all shifts of work. In addition, were promoted training courses for nurses, with content essential for application of the methodology of care, such as: revision of the anamnesis techniques and physical examination, clinical reasoning and develop nursing diagnoses, prescription and nursing developments.

Tested and validated instruments have been developed for health data collection, in accordance with the assumptions of the theory of BHN; the diagnostics registry and a third for the prescription of nursing record. All instruments were forwarded to the Printed Commission of the hospital for the format and process formalization by the patient records.

As differential of the implementation, was scheduled a face-to-face advisement activity named to the nursing staff, at the beginning of the SNC, in each sector. This advisement was organized through scale, in rotation system, between the coordinator of the project, a volunteer nurse, who later was hired by the hospital and started working overtime in this activity and teachers of EE UFMG.

As support to the advisement activity were engaged scholars, EEUFMG’s Nursing academics, with extracurricular paid stage. They had weekly 20 hours, were located in the Units, in the afternoon and evening shifts, since the school activities are in the morning; and remained there for about 90 days. The presence of this team in the sectors made possible the identification of risks to the methodology for the sector, which were sent to VTDN, with suggestions of possible responses to them. Therefore, the SNC was implemented, evaluated and expanded to other units progressively.

It should be noted that the costs of this intervention project was subsidized by the units involved and partners, i.e. the CH and the EEUFMG.

RESULTS AND DISCUSSION

The deployment began in the pilot unit, the Transplants, in August 2008 and in August 2010. The entire main building of CH, where are concentrated the inpatient beds, with the exception of ophthalmology and otolaryngology, which run in separate annexes. The schedule of activities, predicted a period of 30 days to deploy the nursing process in each ward of hospitalization, which has on average 28 beds, with two nurses in the morning, two in the afternoon and one in the evening. There are three groups of workers in this shift. Some more complex units has its unique nursing coordinator, in the managerial function; being this one, the eighth nurse.

The planning of the expansion of the project was done prioritizing the interests of nursing coordinators of each area of care and in accordance with the guidelines of the VTDN. After the adult health, expanded into the health of the child and later for women's health; were also considered propaedeutic and therapeutic support sectors as the Dialysis Centre and the Surgical Center. The SCN model in this sector have an own format and is named: Systematization of Peri-operative Nursing Care (SPNC), as advocated by the Brazilian Society of Nurses from the Surgical Center (BSNSC).

In this sector, with the presence of the partnership of EEUFMG, by means of an extension project of a teacher, with experience of care, teaching and research of nursing in the surgical room and care methodologies. The deployment period was established by observation and monitoring the coordination, in which, during the first 15 days was deployed and within two following weeks, consolidation occurred and assimilation of the methodology for the sector team. Around the 30th day, it was the first evaluation meeting. The presence of teachers and students of the 9th period of nursing school was a difference in motivation and support to nurses and nursing technicians of each unit, where the SNC was being deployed. They supported both the nurses in the development of the nursing process, and encouraged the technicians in the realization and checking the prescribed care. Other contributions from school that stood out were the participation in the team’s awareness regarding the design, dissemination of selected theory; development, improvement of printed and evaluation.

The strategy of hiring of the scholars has been invaluable; once there was an exchange of experiences between the theory and practice of methodology care, among students, nurses and mid-level professionals. This exchange of experiences had strengthened the implementation in each sector. There was also the inclusion of some volunteers trainees, of the EEUFMG and others who were Nursing Technicians, nursing graduates in private colleges in the metropolitan region of Belo Horizonte, with interest in participating in the implementation
Studies performed on the Theory of Wanda de Aguiar Horta, with the entire nursing staff, as second activity “in loco” used the same resources mentioned and named “Workshop” 2. Were conducted 82 workshops 1 and 2 all over the Hospital, frequently documented of 525 nurses and technicians. And yet, held 21 courses for nurses, with content essential to the implementation of a care model of nursing, such as: Review of the Techniques of Anamnesis and Physical Examination, with the presence of 279 participants; Clinical Reasoning and Nursing Diagnoses, with 184 participants; Prescription and Evolution of Nursing, with 189 participants. In addition to these courses planned for the project, were given lessons on the SNC, in six courses promoted in partnership with VTDN and Dean of Human Resources (PROCAP), frequently documented of 357 nurses and nursing technicians. For the training activities of nurses, were involved seven assistance nurses CH and seven teachers of EE UFMG.26

Face-to-face advisement to nurses, in each work shift, made all the difference in the success of the deployment of the SNC in the CH/UFMG, according to statements from own colleagues. Have not been formally documented; however, upon the scales inferred a total of approximately 1080 hours of face-to-face advisement, during the two years of activities carried out by the group. The presence of colleagues with greater mastery of the topic enabled remove doubts on completion of nursing process in actual situation; once the training only in the classroom, it wouldn’t be enough. This motivated and facilitated accession significantly from colleagues. For project coordination, face-to-face assistance was also very important to identify and plan for risks to the project.26

♦ Risks to SAE implementation and solutions

The main risks identified and solutions implemented during the deployment project can be thus described:

a) Overload of the nurse with administrative tasks. Making reflections with peers about their work context, reinforcing the importance of concentrating on core activities and delegate what is not its function. Tried to make them aware to a change in attitude with respect to the various administrative tasks absorbed along the institutional history, which took them to the focus of the profession, which is to patient care.

b) Under-utilization of the potential of the technician, nursing assistant and secretary. In this occasion, it was suggested the optimization of human resources in activities
related to the management of care, such as: patient exams forwarding, contact with sectors of support and/or telephone service.

c) Lack of adhesion of members of the nursing staff, with various claims, including resistance to change in the work process. Conducted broad dissemination of the institutional design and theory studies chosen, with record attendance of all nursing professionals tried to make them aware of the principles of the theory of basic human needs, reflecting on how distanced from the application of some of them in our everyday practice.

d) Nurses’ Inexperience in applying the methodology even after training in teaching environment. Performed the technical assistance undertaken in each work shift, during the first two weeks of deployment.

e) Overload of the coordinator on present follow-up. Nursing scholars were selected, for an internship paid training with specific extracurricular in the methodology of assistance, which were located by 90 days, on average in the sectors in which the SNC was being deployed.

At the beginning of the activities “in loco”, the VTDN sent to the nurses of the unit/sector “General Guidelines” for the operation in new assistencial model. It contained the start date and predict the date of assessment, general guidelines enforcing changes in functions of nursing staff and suggestion of scale of nurses x beds, that should be reevaluated and remade as the local dynamics.

The evaluation was performed on the 30th day of activities “in loco”, using specific roadmap. This activity included the participation of lecturers who had accompanied the activities in that particular unit, the coordinator of the project and at least one member of the VTDN. Were also invited nurses that are inserted into related projects of the institution, such as: member of the Technical Instructions of Work, Auditing, Humanization and Management for Quality. In this way the SNC Project was implemented, monitored and evaluated in 18 units/sectors of CH UFMG, in twenty-four months.

For the guarantee of continuity of use of the SNC in the institution, devised a subproject called “Consolidation of nursing care model of CH UFMG”. This is being implemented in the Inpatient Units since the second half of 2010, parallel to the initial activities in the outpatient sector.27


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FINAL REMARKS

The experience of proposition and implementation of SNC in the institution has been a source of great satisfaction to the extent that they managed to involve the entire team and give greater visibility to the work of nursing in all units of the hospital. It should be noted that the appropriateness of nursing human resources in Units is a condition “sine qua non” for the effective deployment of SNC.28 The continuity of the use of a methodology of assistance with daily updates of the diagnoses, prescription and the evolution of nursing in the single chart of the patient is sustained by the daily presence of nurses, in each Unit.

The fact the nurse delegate some administrative functions to the secretaries and mid-level staff of nursing, allowed the same dedicate time to patients about their responsibility. This is a cultural change in an institution that is still in process.

It should be noted it is essential to maintain permanent training activities, constant consultants “in loco”, in addition to including the Introductory Training Program, the care model of nursing, for technicians and nurses newly admitted. This strategy will ensure the continuity of the use of this technology of caring in nursing. In addition, the social transformation in the process of nursing work was the perceived differential for coordinating the project.

Autonomy and personal and professional satisfaction of nurses, technicians and nursing assistants who were involved in accountability for care was perceptions about the expectation implied, in implementing a system of nursing care that is the qualification of the assistance and, in particular, of nursing records.

The multidisciplinary team has shown to be accompanying the methodology, through unit nurse search to discussion of results recorded in medical records. This practice denotes the recognition of these professionals in the work developed, enabling a breakthrough in action-disciplinary assistance to patients involved, enabling effective dialogue between these, in search of better results and generating satisfaction in nursing staff.

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