



## TRANSFER BETWEEN HOSPITAL UNITS: IMPLICATIONS OF COMMUNICATION ON PEDIATRIC PATIENT SAFETY

### TRANSFERÊNCIA ENTRE UNIDADES HOSPITALARES: IMPLICAÇÕES DA COMUNICAÇÃO NA SEGURANÇA DO PACIENTE PEDIÁTRICO

### TRANSFERENCIA ENTRE UNIDADES HOSPITALES: IMPLICACIONES DE LA COMUNICACIÓN EN LA SEGURIDAD DEL PACIENTE PEDIÁTRICO

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#### ABSTRACT

**Objective:** to describe the communication process in the transference between pediatric emergency and hospitalization unit and its implications on pediatric patient safety. **Method:** qualitative, descriptive-exploratory study, with data collected in a University Hospital of Southern Brazil, from a semi-structured interview, with 13 professionals. The data were analyzed by the Content Analysis technique. **Results:** evidenced that the passage occurs in written form, verbal or both. Noises, inappropriate place, incomplete information and shifts, in which there is no nurse, are situations that can compromise the communication and the continuity of the Nursing assistance safe in the process of transfer between units. **Conclusion:** limitations of the study are linked to the fact that they deal with the reality of only one institution and, therefore, it is not possible to generalize the results. Thus, new research on the subject in different realities is necessary. **Descriptors:** Communication; Patient Safety; Pediatric Nursing; Hospitalized Child.

#### RESUMO

**Objetivo:** descrever o processo de comunicação na transferência entre emergência pediátrica e unidade de internação e suas implicações na segurança do paciente pediátrico. **Método:** estudo qualitativo, descritivo-exploratório, com os dados coletados em um Hospital Universitário do Sul do Brasil, a partir de entrevista semiestruturada, com 13 profissionais. Os dados foram analisados pela técnica de Análise de Conteúdo. **Resultados:** evidenciaram que a passagem se dá de forma escrita, verbal o ambas. Ruídos, local inapropriado, informações incompletas e turnos, em que não há enfermeiro, são situações que podem comprometer a comunicação e a continuidade da assistência de Enfermagem segura no processo de transferência entre unidades. **Conclusão:** limitações do estudo estão atreladas ao fato de tratarem da realidade de apenas uma instituição e, portanto, não ser possível a generalização dos resultados. Assim, fazem-se necessárias novas pesquisas sobre a temática em diferentes realidades. **Descritores:** Comunicação; Segurança do Paciente; Enfermagem Pediátrica; Criança Hospitalizada.

#### RESUMEN

**Objetivo:** describir el proceso de comunicación en la transferencia entre emergencia pediátrica y unidad de internación y sus implicaciones en la seguridad del paciente pediátrico. **Método:** estudio cualitativo, descriptivo-exploratorio, con los datos recogidos en un Hospital Universitario del Sur de Brasil, a partir de entrevista semiestructurada, con 13 profesionales. Los datos fueron analizados por la técnica de Análisis de Contenido. **Resultados:** evidenciaron que el pasaje se da de forma escrita verbal o ambas. Ruidos, lugar inapropiado, informaciones incompletas y turnos, en que no hay enfermero son situaciones que pueden comprometer la comunicación y la continuidad de la asistencia de Enfermería segura en el proceso de transferencia entre las unidades. **Conclusión:** limitaciones del estudio están vinculadas al hecho de tratar de la realidad de apenas una institución y, por lo tanto, no ser posible la generalización de los resultados. Así, se hacen necesarias nuevas investigaciones sobre la temática en diferentes realidades. **Descriptor:** Comunicación; Seguridad del Paciente; Enfermería Pediátrica; Niño Hospitalizado. del Paciente; Enfermería Pediátrica; Niño Hospitalizado.

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## INTRODUCTION

The concern with the safety and quality of services provided to children and adolescents, by health institutions, has been a focus of attention worldwide. The World Health Organization (WHO), in 2004, created the Global Patient Safety Alliance to facilitate the development of patient safety practices and policies in a number of countries and was launched, in 2007 by the *World Health Organization's Collaborating Center for Patient Safety Solutions, the Nine Patient Safety Solutions* program, with the aim of contributing to the reduction of avoidable human errors in health systems through the redesign of care processes. Among the aspects of action presented by the program, there is communication during the shift and care related to patient transfer, which covers the scope of this research.<sup>1-3</sup>

When contextualizing this problem, it is emphasized that the communication processes in the health services are complex and dynamic, especially in the hospital area. The high flow of information and the large number of professionals that integrate different teams, besides the great demand for activities, entail a constant need to update and exchange information among the teams, patients and their families. Without effective communication, there is difficulty in following the activities to be developed by nurses, with direct implications for continuity of care and patient safety, since it potentiates adverse events and corroborates with the occurrence of errors.<sup>4-5</sup>

The way that information exchanges between work shifts are structured, is considered critical for the occurrence of adverse events. Thus, shift tickets, rounds or shift exchange reports are highlighted as a continuity of patient care. It occurs among people, sectors and/or institutions and requires the sharing of information in a process involving transfer and acceptance responsibility of some aspects of patient care or a particular group of patients. The information transmitted must be judicious, both in relation to the completeness of the necessary and relevant content and in its accuracy.<sup>6</sup>

The quality of this information depends also on the ability of the person who transmits it, on the eligibility of an appropriate modality, on the time required to perform this activity, and on the engagement of the team in recording information that exposes the interferences with the patient. The transfer of the patient to another Unit depends on an

articulated teamwork, capable of creating and / or strengthening effective ways of transferring consistent information.<sup>7</sup>

It is understood that the consequences of failures in communication between hospital units and between teams can seriously compromise patient safety, causing a break in the continuity of the care and treatment offered. Patient transfer is inserted in this context, which encourages the use of appropriate communication as an essential tool to contribute to the safety of hospitalized pediatric patients. In view of the above and aware of the important role of the Nursing team in effective communication during the patient transfer process, this study aims to describe the communication process in the transference between the pediatric emergency and the hospitalization unit, and its safety implications of the pediatric patient.

## METHOD

A qualitative, descriptive-exploratory study carried out in the Pediatric Emergency of a Public Hospital in the southern region of Brazil. The research subjects were 13 professionals of the Nursing team, two nurses, six technicians and five Nursing assistants who work in the pediatric emergency of the institution researched. The inclusion criteria were: to be in the exercise of their duties during the period of data collection. The exclusion criteria were: professionals who were in the vacation period, removed by health leave or maternity leave in the period of data collection.

Data collection was performed from February to April 2015, using, as a collection source, the semi-structured interview, that was divided into two parts. The first part referred to the sociodemographic data of the participants and the second part, to five guiding questions that dealt with the communication as a tool of shift to shift the patient between the Units: the questioning of the importance of the shift from the shift in the transference of the patient to the continuity of the Nursing care and safety of the hospitalized child; the factors that interfere in this communication; the information that must be communicated for the transfer of the patient; and, finally, suggestions for improving communication from shift to shift for patient safety.

The interviews were recorded in audio, after the consent of the professionals of the Nursing team. In order to ensure the privacy and confidentiality of the participants, a nominal coding was used, replacing the names

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by the letters N, T and A, according to their professional categories, being, respectively, Nurses, Nursing Technicians and Nursing Assistants, followed by a numerical number to differentiate them.

The analysis of the data took place through the Thematic Analysis of Content of Bardin. This method is based on the discovery of the sense nuclei that compose a communication, whose presence or frequency means something to the analytical objective, being divided into three stages: pre-analysis; exploitation of the material or coding; and treatment of results, inference and interpretation.<sup>8-9</sup> Its operation was done with the assistance of the qualitative data analysis software *Archivfuer Technik, Lebenswelt und Alltagsprache. Text interpretation (ATLAS. Ti)*, versão 7.0, e *Computer Assisted Qualitative Data Analysis Software (CAQDAS)*, allowing the organization of a large amount of data, coding time and its analysis itself.

The research project was submitted to the Ethics Committee in Research with Human Beings of said institution, and was approved under opinion n° 2232.

## RESULTS

Two categories emerged, from the data: shift in the transference process of the patient and its interface with the communication and factors that interfere in the communication during the shift. With regard to the shift in the process of transferring the child between units and its interface with the communication, it was possible to verify that the staff performs the shift on the telephone, either, in writing, or both, so that one complements the other.

The shift change, by phone, was described by some participants as:

*The communication is done via telephone, Nursing technician or auxiliary to the nurse on duty at the unit. It is an objective shift, quick and sometimes not effectively, or some internal problem. (T2)*

*[...] one makes the report, the other takes, we pass, one passes the call over the phone, with the complement of the Nursing report. (T4)*

In the process of transfer of the patient between units, it was verified that the professional who passes the information is the nurse, when the nurse is present in the unit. In his absence, this responsibility is transferred to the Nursing technician or to the Nursing assistant, as it is possible to perceive in the following testimony:

*Depending on the shift, because we do not fully count for 24 hours with a nurse, when*

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*we have a nurse we ask the nurse to evaluate the whole patient and he passes the shift, but at the end of the week and at night we do not have it, nurse that performs this function. Some things I think may have some problem, but it's because we do not have much written routine, it's something that has been coming for years, which is why people know more or less in common sense. (T5)*

With regard to the factors that interfere in communication during the shift, the noises are the main ones. In the testimony below, it is possible to perceive how much this hinders the process of communication during this activity:

*If there is noise, for example, people around talking, here at the emergency door, we spend the phone call there in the post, then sometimes there is a child being medicated, there is a mother knocking on the door, one employee talking to another. So sometimes we have these noises around us that can hurt. When it is with employees we ask to be silent, but there are things that are external that we can not, like not knocking on the door, asking the doctor to speak lower, these things. (T2)*

The identification data of the child, the pathology, the clinical status of the patient, the history of the current illness, the emotional state and even financial status of the patient and accompanying family members are important information reported by the study participants and must be present during the study. shift between the units, in order to ensure continuity of care and safety of the pediatric patient.

*I think there is information that is basic, but I think every case is a case. Full child's name, the child's age, the child's pathology, signs and symptoms that the child has been presenting, what medication was taken down here, whether that child was transferred from another institution or was a child who was already here with us, if the child vomited, if he did not vomit, if he had diarrhea, if he did not have diarrhea. And sometimes there is additional information such as the emotional structure of that mother who is there, financial structure, because sometimes we need to ask that up there be referred to psychologist, social worker, nutritionist. So we need all this and sometimes these extra things are more important than even the child's own pathology. (N1)*

In addition to identifying the patient, it is also justified, from the perspective of safe care, the identification of risks, such as, for example, allergies and falls.

*It is passed all the diagnosis of the child, everything that was done here in the emergency room, the venipuncture, if*

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*everything was done, serum, the amount, everything is in the report of Nursing that we do. (T1)*

*Information type medication that the child has already received, procedures that have already been done, if it has already been collected examination. Both in the passage as it has to be written. If it has been collected, if you already had x-rays, where the child comes from, how long you have the history of the disease of the day, if there is a social problem, you have to communicate also if you have any problems with the father, with the mother accompanying the child. (A2)*

Another aspect identified in this study refers to the difficulties encountered in transferring the patient to the pediatric hospitalization unit:

*They complicate to get up there [Pediatric Internment Unit], sometimes we have to beg to pass the patient. For you to have an idea on the last shift, the child stayed here from eight until eleven o'clock waiting, that the cleaning girl had not gotten there to clean the bed so he could not go up and he was here. (T4)*

The pediatric emergency Nursing professionals, participants of this study, also highlighted the relevant suggestions that would help in effective communication during the shift on duty between these teams and units. Among these, were highlighted:

*I think the shift should be in a place that is always calm, without external interference, that when you talk on the phone, both those who are down here, like those upstairs, are in a place where they have no other noises. communication. I think that would help a lot. And that the professionals were aware of the importance of passing all this that involves the child, and that many times I see people passing the shift and saying: look, there is a child so-and-so, and the diagnosis is such. This is not for me on duty. (N1).*

The nurse is the professional identified so that the communication is effective in the process of transfer between said units.

*So the right thing would be to be a nurse to a nurse, not that they can not do it, that they have no capacity, they can, but this is a matter of continuity of care, responsibility, I do not know. (T2).*

*I think I had to be from nurse to nurse, who speak the same language. (N1)*

Another relevant factor for the continuity of safe Nursing care is the registration made from the first moments of care, that must be clear, allowing the understanding of who reads them.

*We are working on behalf of a patient who comes here seeking his health, and that is*

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*what has to be, both on our part, here from the emergency, and from the part up there, from the hospitalization unit. (E1)*

## DISCUSSION

The shift in Nursing staff is considered a fundamental tool for the prevention of failures and errors in the care of patients, especially, in the area of pediatrics. It is a communicative and routine activity, indispensable and inherent to daily work, which allows organizing and planning Nursing interventions.<sup>10</sup>

There are numerous difficulties encountered by members of the Nursing team who work in pediatric emergency units and pediatric hospitalization at the time of shift, due to different factors. However, it is necessary to prioritize the patient's safety and to define, as a team, the modalities of shift on duty that best fits the reality found, where it is possible to transfer all the necessary information to the continuity of safe and quality care. In accordance with COFEN Resolution 358, the shift in care is an obligatory dimension in the systematization of Nursing care, and stresses, the need for this action to be developed in a careful and safe manner.<sup>11</sup>

The transmission of information verbal, face to face, between the teams, using standardized records, is considered one of the most effective ways for communication to occur in a clear and precise. However, it is important to consider that site conditions, respect for schedules, length of time and participation of teams, follow a systematized structure, with the support of objective, preferably computerized data reports on the changes and evolution of the framework of patients.<sup>12</sup>

The process of transmitting information over the telephone can, often, make it difficult to understand the information passed on, especially, with regard to the general state of the child, and may compromise the preparation of the team, both in terms of physical and structural, as well as human, for the receipt of this patient in the dimensions related to a safe care. An alternative would be the shift on the phone, together with a computerized instrument that provides, in a flexible and detailed manner, the general condition of the child, a list of the examinations made and their results, when available, and possible special conditions that may present. This information, to be visualized by the members of the team that receive the passage of duty. In this way, the shift can be carried out collectively,

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strengthening the bond, continuity and integrality of care, even if the physical distance is present.<sup>12</sup>

Regarding the transference of the patient, it was verified that the professional who passes the information is the nurse, when the nurse is present at the unit. In their absence, this responsibility is transferred to the Nursing technician or to the Nursing assistant, since there is no 24-hour nurse in the Unit of study. Thus, it is emphasized the need of the presence of a nurse in the sector during the 24 hours, being the role of transmitting the data referring to the patient. According to Law 7.498/13, which regulates the exercise of Nursing, it is the primary function of nurses to plan, organize, coordinate, execute and evaluate Nursing care, as well as the transfer of the pediatric patient. The nurse is the professional who guarantees that there is effective communication in the process of transfer between said units. It is also worth emphasizing the scientific knowledge, among the most varied dimensions attributed to the Nursing professional.<sup>14</sup>

Therefore, when delegating an activity of responsibility of the nurse to another professional, the latter assumes the risk of any damages that may be occasioned by the failure of communication in the passage of duty between the teams. This activity becomes fragile and insecure when it is not observed the importance of following the norms and routines established by the health care unit and/or negligence to the Code of Ethics of Nursing Professionals.

The data showed that there was no divergence in the perception of the professionals that compose the Nursing team regarding the factors that interfere in the communication during the shift. The main adverse conditions for communication refer to noises, images and noises; excessive or reduced amount of information; limited opportunity for possible inquiries; inconsistent quality of information; omission or passing on erroneous information; the non-use of standardization; unreadable records; interruptions and distractions caused by the use of telephones, as well as unnecessary interruptions on the part of the child's family members and / or adolescents.<sup>15</sup>

These factors, on the other hand, make it difficult to pass the shift, generating deconcentration of the professionals and possible misunderstandings, weakening the shift process and allowing the occurrence of errors in care. In order to perform the shift passage, properly, the environment should be quiet, spacious, ventilated, illuminated, with

chairs or benches so that professionals can perform this activity with the minimum of possible interruptions.<sup>15</sup>

Study participants also pointed out the information they considered important to be communicated during the shift. In this sense, authors point out that the main information, to be passed on, concern the general conditions of the patient; the medications in use; significant changes in its evolution; results of examinations performed; treatment forecasts; as well as recommendations of procedures performed.<sup>16</sup> However, it should be noted that communication does not always occur effectively, due to the dispersion of information at each shift, since several teams are involved in care. Therefore, prudence is necessary when passing on information, especially, in the pediatric population, due to its weaknesses and own characteristics, that require caution, to prevent errors.<sup>17</sup>

In this way, the information to be passed on consists of: patient record number; your ID; the age; issues related to diet; health history; available documentation; the reasons for patient hospitalization; patient restrictions; information about the companion; bureaucratic information; material requirements; the risk for falls; factors related to safety; eliminations and mental health issues.<sup>17</sup>

To ensure the quality and safety of care in the health service, it is essential to practice correctly identifying the patient. Health care consists of a process composed of several stages, involving multiple diagnosis and treatment procedures performed by different professionals. This complexity, a characteristic of health care, requires professionals and services to establish safe patient identification practices.<sup>18</sup>

In addition to identifying the patient, the identification of risks, such as allergies and falls, is justified, from the perspective of safe care. It is important to highlight that Nursing data, when well registered, and effective communication, make a difference during care, both for the patient, and for the institution and, especially, for the professional category. When performed in a systematic way, they reduce the risk of discontinuity of care, providing safety.<sup>19</sup>

The data also highlight the importance of systematizing the shift in standardized, focused and relevant way, to facilitate the continuity of care. Another aspect identified in this study refers to the difficulties encountered in transferring the patient to the pediatric hospitalization unit. In these circumstances, the transmission of correct,

concise, clear information that focuses on the care provided to the patient is essential, as well as reports of interurrences, pending and administrative variables related to the unit of work. Otherwise, the communication promotes distortions that lead to conflicting situations, disorganized work and poor patient care.

The shift from duty, when incorporated as a routine that tends to devaluation of the relevant information about the patient and/or unit, causes the execution of this activity as an unreflective practice, without close connection with Nursing and institutional philosophy, an important aspect that, sometimes, determines the loss of professional identity.<sup>20</sup>

In relations with the person, family and community, the continuity of Nursing care must be promoted in conditions that offer total security. Another relevant factor for the continuity of the Nursing assistance is the registration made from the first moments of care, because, in case of verbal failure, the written records can be used. Thus, these must be clear, allowing the understanding of those who read them.<sup>14-21</sup>

It should be emphasized that, in providing Nursing care, the professional involved must carry out his activities based on the principles of the profession, that is, in justice, commitment, equity, resolve, dignity, competence, responsibility, honesty and in loyalty.<sup>14</sup>

## CONCLUSION

In the description about the shift of the emergency and hospitalization units, there are some practices, such as: the absence of the 24-hour nurse practitioner, the shift to the shift being performed by other Nursing professionals, situations that may compromise the communication and continuity of Nursing care, with serious implications for the safety of the pediatric patient during the transfer process between the units. In order for care to be safe, it is also necessary to build a patient safety culture in which professionals and services share practices, values, attitudes and behaviors to reduce harm and promote safe care. It is necessary that safety measures are, systematically, inserted in all care processes.

It is believed that Nursing care performed at a Pediatric Emergency and Pediatric Emergency Unit requires, nurses and their staff, to make quick and conscious decisions. And, that this can be facilitated and improved by presenting accurate and complete information on the state of health of the

pediatric patient, through a check-in held between the teams, with relevant information about the child's picture, thus, obtaining a safe care.

The limitations of the study are linked to the fact that they deal with the reality of only one institution and, therefore, it is not possible to generalize the results. Thus, new research is needed on the subject in different realities, so that the shift from shift to patient transfer is more explored, understood and new strategies are applied.

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Submission: 2016/11/17

Accepted: 2017/07/06

Publishing: 2017/10/01

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