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Patient safety in the emergency: understanding of the staff of a reference hospital

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Patient safety in the emergency: understanding of the staff of a reference hospital

Seguridad del paciente en la emergencia: comprensión del personal de un hospital de referencia

Segurança do paciente na emergência: compreensão da equipe de um hospital de referência

ABSTRACT

Objective: To understand the perception of the nursing and medical staff working in an emergency unit, regarding patient safety goals. **Method:** This is a descriptive study with a qualitative approach, carried out in an emergency sector of a public hospital in Paraná. Data collection was carried out through interviews guided by a script, containing open and closed questions. **Results:** The study participants were 15 professionals, including nurses, physicians and nursing technicians, who highlighted their vision and understanding of the patient safety goals proposed by the Ministry of Health, as well as the daily application within their care practice. **Conclusion:** The study made it possible to know the understanding of the nursing and medical staff about patient safety goals and highlighted the role of nurses as supporters and promoters in the promotion of patient safety.

DESCRIPTORS: Patient Safety; Patient Care Team; Emergency Medical Services.

RESUMEN

Objetivo: Conocer la percepción del personal médico y de enfermería que trabaja en una unidad de urgencias, sobre las metas de seguridad del paciente. **Método:** Se trata de un estudio descriptivo con abordaje cualitativo, realizado en un sector de emergencia de un hospital público de Paraná. La recolección de datos se llevó a cabo a través de entrevistas guiadas por guiones, que contenían preguntas abiertas y cerradas. **Resultados:** Los participantes del estudio fueron 15 profesionales, entre enfermeros, médicos y técnicos de enfermería, quienes destacaron su visión y comprensión de las metas de seguridad del paciente propuestas por el Ministerio de Salud, así como la aplicación diaria dentro de su práctica asistencial. **Conclusión:** El estudio permitió conocer la comprensión del personal médico y de enfermería sobre las metas de seguridad del paciente y destacó el papel de las enfermeras como apoyo y promotor en la promoción de la seguridad del paciente.

DESCRIPTORES: Seguridad del Paciente, Grupo de Atención al Paciente, Servicios Médicos de Urgencia.

RESUMO

Objetivo: Compreender a percepção da equipe de enfermagem e médica que atua em uma unidade de emergência, quanto às metas de segurança do paciente. **Método:** Trata-se um estudo descritivo com abordagem qualitativa, realizado em um setor de emergência de um hospital público no Paraná. A coleta de dados foi realizada por meio de entrevistas guiadas por um roteiro, contendo questões abertas e fechadas. **Resultados:** Os participantes do estudo foram 15 profissionais dentre eles enfermeiros, médicos e técnicos de enfermagem, que destacaram sua visão e compreensão sobre as metas de segurança do paciente propostas pelo Ministério da Saúde, assim como, a aplicação diária dentro de sua prática assistencial. **Conclusão:** O estudo possibilitou conhecer a compreensão da equipe de enfermagem e médica sobre as metas de segurança do paciente e destacou o papel do enfermeiro como apoiador e fomentador na promoção da segurança do paciente.

DESCRIPTORES: Segurança do Paciente; Equipe de Assistência ao Paciente; Serviços Médicos de Emergência.

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ORCID: 0000-0002-6726-5033**INTRODUCTION**

According to the World Health Organization (WHO) the term patient safety can be defined as “reducing to an acceptable minimum the risk of unnecessary harm associated with healthcare”.^{1,2}

In 2004, the World Alliance for Patient Safety was created by the WHO, in view of the high numbers in morbidity and mortality rates and events related to patient care, launching the first Global Challenge for Patient Safety, which was aimed at infections related to health care.^{3,4}

That same year in Brazil, the National Health Surveillance Agency (ANVISA - Agência Nacional de Vigilância Sanitária) included in its plan the interventions predicted by the World Alliance for Patient Safety.⁵ In this sense, in 2013 the National Patient Safety Program (PNSP - Programa Nacional de Segurança do Paciente) was established by Ordinance GM/MS No. 529/2013, with the aim of contributing to the qualification of health care in the country.^{4,6}

The PNSP encompasses several conducts focused on improving environmental safety and risk management, and has as one of its purposes the reduction of Adverse Events (AE). An AE refers to a situation that can be prevented and that is expendable, but has caused or would cause an injury to the structure or function of the body “including permanent or temporary injury, suffering, death, disability or dysfunction, whatever the sphere of customer well-being”.⁷

In line with the PNSP and aiming to reduce the AE, the Ministry of Health instituted that health care services imple-

ment the 6 International Patient Safety Goals, and published the Basic Patient Safety Protocols that refer to them: 1) Patient identification; 2) Effective communication; 3) Use of medications; 4) Safe Surgery; 5) Hand hygiene to prevent hospital infections; 6) Reduce falls and pressure injuries.⁸

Patient safety protocols establish standards and criteria for health practices, their importance is legitimized by the evidence that health professionals can make mistakes, and these errors can result in serious harm to the patient's health or even lead to death. In order to prevent this outcome, the protocols help in the early identification of risk situations, allowing prompt intervention, avoiding errors.²

The occurrence of errors is a reality of health care that has consequences for both patients, professionals and hospital organization.⁹ Recognizing that “making mistakes” is also present in health services, it is up to professionals who work in these services to build a culture of safety, in order to reduce errors by identifying situations that contribute to their occurrence, implementing prevention measures, making, in this way, safer patient care.¹⁰

Given that the hospital environment is considered a source of stress due to unhealthy circumstances and constant risks in the activities performed by professionals, in the emergency unit this condition is aggravated, as the professional is routinely subjected to a series of situations that trigger physical and mental exhaustion, even in the face of this reality, it must ensure safe and quality care.¹¹

The emergency sector represents a high-risk environment as it is potentially

prone to failure, as it is considered one of the most complex areas of the hospital, due to the admission of patients with different types of pathologies and with varying degrees of impairment of their state of health, in general, these are critically ill patients, which requires professionals to make decisions and carry out quick interventions, carry out invasive procedures, administer medications at various levels of complexity and also constantly interact between the multidisciplinary team, at a pace of frantic work.¹¹

Therefore, some studies bring the relevance of including the team in discussions, planning and developing new strategies that contribute to the improvement of patient safety, considering that this participation tends to encourage professionals to think and review their practices and consequently empower them through the dissemination of knowledge.^{11,12}

In the current scope of the search for safe patient care, it is essential for the team to participate in this issue, expressing opinions about the work system, making it possible to recognize both possible difficulties and potential qualities.¹²

In this context, it is essential to highlight the perception of the multidisciplinary team about patient safety goals, since these professionals are responsible for providing safe and quality care. With the objective of the study: To understand the perception of the nursing and medical staff working in an emergency unit, regarding patient safety goals.

METHODO

This is a descriptive study with a quali-

tative approach. The research was carried out in an emergency sector of a public hospital, a reference in elderly care located in Curitiba, Paraná.

The selection of participants took place through individual invitation, carried out by the researchers. At this point, the objective of the study was explained and the importance of the research results to help improve the service was emphasized. The population consisted of 27 professionals who work in the emergency sector of the hospital studied, including physicians, nurses and nursing technicians. Those who met the following research inclusion criteria were selected for the sample: Working in the aforementioned emergency sector hospital in one of the three work shifts for at least three months; Be in full force of its attributions; Agree to participate in the study by signing the Informed Consent Form (ICF).

Data collection was carried out through interviews guided by a script prepared by the researchers, from March 2017 to June 2018, containing open and closed questions, divided into two parts, characterization of the participants and guiding questions that sought to explore the subject searched. Initially, a pilot test was carried out and there was no need to change the collection instrument.

The interviews were recorded using a voice recorder, stored in digital media and transcribed in full in a text document (Microsoft Word 2016), the duration of the recordings varied between four and 17 minutes. To maintain the confidentiality of the participants, they were classified with the vowel "I" (for Interviewee) and added by a number according to the order of interviews, random as to the profession.

For data analysis, the content analysis method was used, according to Bardin's¹³ For data analysis, the content analysis method was used, according to Bardin's theoretical framework. Content analysis is a cluster of sharp methodological resources that remain in constant development, which, in turn, employ varied reflections and reasoning.¹³ The use of this technique allows the separation of the elements that constitute the discourse and classification of phenomena, ena-

bling a deeper understanding of the real perspective of the population to be studied.¹³ The results obtained were discussed according to the findings described in the literature.

All participants signed the TCLE in compliance with resolution 466/12, of the Ministry of Health, and the research was approved by the Research Ethics Committee of the Municipal Health Secretariat of Curitiba, Paraná, CAAE nº 84037618.3.0000.0101, Opinion nº: 2.557.692.

RESULTS

Fifteen professionals participated in the study, including five nurses, five physicians and five nursing technicians. The age range of professionals ranged between 25 and 52 years, with a mean age of 37 years. Regarding gender, there was a predominance of females, with a total of 12 participants. As for training, most respondents (n=12) had at least one specialization and only three nursing technicians had no additional training.

Staff understanding of patient safety in the emergency department

It was identified that the participants understand the term "patient safety" as the reduction of harm during care or hospitalization, aiming at the well-being and improvement of the patient's health status. They also attribute security to the quality of care provided.

I1: If I try to conceptualize, I think they are procedures and behaviors that aim to reduce any damage that can happen within health care, something like that.

I5 - These are goals and ways the team tries to veto as much damage as possible during the hospitalization of this patient.

Some respondents attribute patient safety to preventive measures and cited examples of actions that can be taken in the emergency sector aimed at patient safety, such as preventing falls and medication errors:

I3 - Patient safety for me is preventing falls, medication errors, any harm to the patient that is irreversible or reversible, but with a high cost for me, patient safety is prevention, actions to prevent.

I6 - Patient safety would be at the time of taking the medication, the risk of patient falls, communication between professionals in the nursing team and physicians as well, prescriptions, everything identified, so everything that will promote the patient's health, everything that doesn't cause risks.

Through the speeches of the participants, it was possible to perceive that the team is aware of the importance of its role in the patient safety process and that this attention must remain throughout the client's hospital stay, contributing to the quality of care. However, the fact that some medical professionals attribute responsibility for patient safety to the nursing team, as well as the fulfillment of safety goals such as patient identification and fall prevention, calls our attention:

I8 - [...] is that the medical part is not that required, I think more nursing. But I know that they are required to check medication, I think it is one of the goals of safety, hand hygiene, that we are also very demanding in this regard, and patient identification is also well demanded and followed well [...]. This is all in a documentation that nurses usually read along with family members and family members sign to help take care of this part also to avoid accidents with patients.

I13 - I see... what I see most here in the emergency room, the risk of falls, I see the nurses systematically implementing it, it's good to identify for sure because they all get the bracelet as soon as they arrive [...]

DISCUSSION

Through the analysis of the speeches of the study participants, it was possible to know the understanding of the medical and nursing staff working in the emergency sector on the subject of patient safety in a general scope, including, in addition to the knowledge of the basic concepts on the subject, their suggestions and contributions to improve patient safety in their work environment and the difficulties they face in complying with institutional protocols, which were organized into the four categories identified in this study.

The team's understanding of patient safety is in accordance with those found in the literature, as the participants understand the concept of patient safety as safe care and the minimization of damage caused to the

patient. According to WHO, patient safety can be defined as reducing the risk of unnecessary harm associated with health interventions to an acceptable minimum.¹⁴

It was noticeable during the interviews that a significant part of the professionals could not say what the six established patient safety goals are, and only two were able to cite them. However, during their speeches about the concept of patient safety, some examples of actions that are carried out in their routine were identified that are consistent with and are associated with international patient safety goals.¹⁵

Regarding the role of the nurse mentioned several times, its importance is evident with regard to the organization of the team's work process, as it is up to this professional to provide safe and quality conditions, involving the physical space of the sector, the materials available and the qualification of the team. In addition, the

nurse has an active role in monitoring the activities of nursing technicians, which allows the detection and prior correction of situations that could trigger unnecessary harm to the patient. All these factors are reflected in safe care.¹⁶

CONCLUSION

The study made it possible to know the understanding of the nursing and medical staff about patient safety goals and showed that these professionals are aware of the subject and recognize its importance for the quality of patient care. Although most participants did not know the institution's patient safety protocols, they knew what it was about and showed interest in learning more about the topic. The role of the nurse in the context of promoting patient safety is highlighted. ■

REFERÊNCIAS

1. Kohn LT.; Corrigan JM.; Donaldson MS. To err is human: building a safer health system. Committee on Quality of Health Care in America, Institute of Medicine. Washington, DC: National Academy Press; 2000.
2. Ministério da Saúde (BR), Agência Nacional de Vigilância Sanitária, Fundação Oswaldo Cruz. Documento de referência para o Programa Nacional de Segurança do Paciente. Brasília: Ministério da Saúde, 2014. p. 7.
3. Fonseca AS; Peterline FL; Costa DA. Segurança do Paciente. São Paulo: Martinari; 2014.
4. Ministério da Saúde (BR), Portal da Saúde. Programa Nacional de Segurança do Paciente. Brasília: Ministério da Saúde, 2017.
5. Ministério da Saúde (BR), 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. Brasília: Ministério da Saúde, 2016.
6. Oliveira PP. Desafios da Segurança do Paciente e a Qualidade em Serviços de Oncologia. Rev. enferm. Cent.-Oeste Min. 2017 [citado em 2018 fev. 25];7. Disponível em: <http://dx.doi.org/10.19175/recom.v7i0.2692>
7. Souza RF, Alves AS, Alencar IGM. Eventos adversos na unidade de terapia intensiva. Rev. enferm. UFPE on line. 2018 [citado em 2018 jan. 29];12(1). p. 20. Disponível em: <https://doi.org/10.5205/1981-8963-v12i1a25205p19-27-2018>
8. Ministério da Saúde (BR), Agência Nacional de Vigilância Sanitária. Como posso contribuir para aumentar a segurança do paciente?. Brasília: Ministério da Saúde, 2017.
9. Siman AG, Brito MJM. Mudanças na prática de enfermagem para melhorar a segurança do paciente. Rev. Gaúcha Enferm. 2017 [citado em 2018 dez. 22];37(spe). Disponível em: <http://dx.doi.org/10.1590/1983-1447.2016.esp.68271>
10. Duarte SCM, Stipp MAC, Silva MM, Oliveira FT. Eventos adversos e segurança na assistência de enfermagem. Rev Bras Enferm. 2015 [citado em 2018 jan. 29];68(1). Disponível em: <http://dx.doi.org/10.1590/0034-7167.2015680120p>
11. Källberg AS, Ehrenberg A, Florin J, Östergren J, Göransson KE. Physicians' and nurses' perceptions of patient safety risks in the emergency department. Int Emerg Nurs. 2017 [citado em 2018 jan. 04];33. Disponível em: <http://dx.doi.org/10.1016/j.ienj.2017.01.002>
12. Borges F, Bohrer CD, Kawamoto AM, Oliveira JLC, Nicola AL. Grau da cultura de segurança do paciente na percepção da equipe multiprofissional hospitalar. Revista Varia Scientia – Ciências da Saúde. [citado em 2018 jan. 26];2(1). Disponível em: <http://saber.unioeste.br/index.php/variasaude/article/view/14293/10053>
13. Bardin L. Análise de Conteúdo. Lisboa: Edições 70; 2009.
14. Organização Mundial Da Saúde. The Conceptual Framework for the International Classification for Patient Safety. Geneva: WHO; 2009.
15. Joint Comission International. Padrões de Acreditação da Joint Comission International para Hospitais. Tradução Oficial para o Português, da quarta edição do original "Joint Comission International Accreditation Standards for Hospitals". Illinois: Department of Publications; 2011.
16. Dias JD, Mekaro KS, Tibes CMS, Zem-Mascarenhas SH. Compreensão de enfermeiros sobre segurança do paciente e erros de medicação. REME rev. min. enferm. [citado em 2018 jan. 14];18(4). Disponível em: <http://www.dx.doi.org/10.5935/1415-2762.20140064>