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Difficulties in implementing patient safety protocols in the emergency department

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Difficulties in implementing patient safety protocols in the emergency department

Dificuldades para implementação de protocolos de segurança do paciente no departamento de emergência

Dificultades en la implementación de protocolos de seguridad para pacientes en el departamento de emergencias

RESUMO

Objetivo: Compreender as particularidades da aplicação de protocolos de segurança do paciente nos setores de urgência e emergência. Método: Trata-se de um estudo descritivo com abordagem qualitativa, realizado em um setor de emergência de um hospital público no Paraná. A coleta de dados ocorreu entre maio a agosto de 2018, sendo 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 percepção sobre a segurança do paciente no departamento de emergência, assim como, os fatores que dificultam o cumprimento das metas propostas pelo Ministério da Saúde. Conclusão: O estudo possibilitou conhecer a percepção da equipe de enfermagem e médica sobre as metas de segurança do paciente, elencando as principais dificuldades de sua implementação e destacou o papel do enfermeiro como fomentador na promoção da segurança do paciente.

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

ABSTRACT

Objective: to understand the particularities of the application of patient safety protocols in the urgency and emergency sectors. Method: This is a descriptive study with a qualitative approach, carried out in an emergency sector of a public hospital in Paraná. Data collection took place between May and August 2018, being carried out through interviews guided by a script, containing open and closed questions. patient safety motion. Results: The study participants were 15 professionals, including nurses, physicians and nursing technicians, who highlighted their perception of patient safety in the emergency department, as well as the factors that hinder the achievement of the goals proposed by the Ministry of Health. Conclusion: The study made it possible to know the perception of the nursing and medical staff about patient safety goals, listing the main difficulties of their implementation and highlighted the role of nurses as a promoter of patient safety promotion.

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

RESUMEN

OBJETIVOS: Analizar la prevalencia de los principales factores de riesgo cardiovascular en niños en la literatura científica. MÉTODOS: comprender las particularidades de la aplicación de protocolos de seguridad del paciente en los sectores de urgencia y emergencia. 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 entre mayo y agosto de 2018, a través de entrevistas guiadas por un guión, que contiene preguntas abiertas y cerradas. movimiento de seguridad del paciente. Resultados: Los participantes del estudio fueron 15 profesionales, entre enfermeros, médicos y técnicos de enfermería, quienes destacaron su percepción de la seguridad del paciente en el servicio de urgencias, así como los factores que dificultan el logro de las metas propuestas por el Ministerio de Salud. Conclusión: El estudio permitió conocer la percepción del personal médico y de enfermería sobre las metas de seguridad del paciente, enumerando las principales dificultades de su implementación y destacó el papel del enfermero como promotor de la promoción de la seguridad del paciente.

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

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INTRODUCTION

The World Health Organization (WHO) defines Patient Safety as the "reduction to an acceptable minimum the risk of unnecessary harm associated with health care".¹ In 2004, the WHO established the World Alliance for Patient Safety due to the high rates of morbidity and mortality from events related to health care.² In that same year in Brazil, the National Health Surveillance Agency (ANVISA) included in its plan the interventions predicted by the World Alliance.²

However, only in 2013 the National Patient Safety Program (PNSP) was established by Ordinance GM/MS No. 529/2013 with the aim of contributing to the qualification of health care in the country.³ The PNSP establishes conducts focused on improving security and risk management, with the purpose of reducing Adverse Events (AE). This reduction aims at a safe and damage-free care, that is, free from any wrongdoing that may or may not generate an injury to the structure or function of the body.⁴

To achieve this goal, six International Patient Safety Goals were established:

The organization of the Health Care Network seeks to meet the individual's needs, among the services we have the Emergency Units (EU) [...]

1) Patient Identification, 2) Effective Communication, 3) Prescription, use and administration of medications, 4) Safe surgery, 5) Hand hygiene, 6) Reduce the risk of falls and pressure ulcers.⁵

In order for care services to operationalize these goals, it became necessary to build instruments, instituted as protocols, seeking to work on the weak points of the services and lead to achieving the proposed goals.^{6,7}

The organization of the Health Care Network seeks to meet the individual's needs, among the services we have the Emergency Units (EU), a place in which the service is characterized as a "condition of harm to health that implies intense suffering or imminent risk of death".⁸ The EU tends to be a critical environment, with a greater propensity for errors due to the high turnover of patients, a high degree of complexity of clinical and traumatic injuries, work overload and numerous procedures.^{9,10}

A study carried out in eight Emergency Care Units (UPAs) in Curitiba/Paraná highlighted the lack of compliance with basic actions related to patient safety, present in the absence of systematic identification of patients, assessment of the risk of falls and

signs and development of injuries due to pressure, as well as low adherence in the identification of parenteral solutions, little attention to the patient's allergic restrictions, exposing the patient to risks in health care. 10

In this scenario, it is essential to discuss and jointly elaborate applicable protocols, which observe the reality of the workplace through the perception of the professionals who work there. Seeking to understand, as a team, that making mistakes is human and establishing patient safety policies can be a difference in quality and reduce errors. 6,11,12

Based on the above, the study aims to: Understand the particularities of the application of patient safety protocols in the urgency and emergency sectors.

METHOD

This is a descriptive study with a qualitative approach, carried out in the Emergency sector of a public hospital, located in the city of Curitiba/Paraná.

The selection of participants took place through individual invitation, the aim of the study was to emphasize the importance of their results to improve the service. Data collection took place between May and August 2018, the interviews took place in a private room, during the work shift, at random times. The participant was approached when his absence would not cause interference, distraction or harm to the work routine.

The population consisted of 27 professionals, including physicians, nurses and nursing technicians working in the Emergency sector. Their choice followed inclusion criteria, namely: working in the Emergency Department, being in the sector for at least 3 months, being in full force of their attributions, agreeing to participate in the study and signing the Informed Consent Form (ICF).

Data collection took place through an interview guided by a script (prepared by the researchers) with open and closed questions (divided into two parts) in order to explore the knowledge of the participants,

in all work shifts (morning, afternoon and evening). The interviews were recorded, stored in digital media and transcribed in full in a text document (Microsoft Word 2016), lasting around 10 minutes each. To maintain secrecy, all participants were named with the vowel "I" (Interviewee) plus a number, according to the order of the random interviews that follow the profession.

For data analysis, the content analysis method was used, according to Bardin's theoretical framework. 13 The use of this technique allows the separation of the elements that constitute the discourse and classification of phenomena, enabling 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 IC in compliance with the ethical precepts for research involving human beings, as determined by resolution 466/12, of the Ministry of Health, and the research was approved by the Research Ethics Committee of the Municipal Health Department of Curitiba, Paraná, CAAE No. 84037618.3.0000.0101, Opinion No: 2.557.692.

RESULTS

Fifteen professionals (five nurses, five physicians and five nursing technicians) participated in the study. 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.

The statements were analyzed and described in two categories: 1- Perception of the emergency department team regarding patient safety, 2- Factors that hinder the fulfillment of Safety Goals in the emergency department.

Emergency department staff's perception of patient safety

Emergency department professionals are characterized by a highly complex

sector, where patients with a severe general condition are treated, which requires taking important decisions that must be taken quickly, to define the best conduct, contributing to a high degree of stress, which requires greater vigilance from professionals regarding patient safety measures.

I1 - [...] the greater the risk of the environment, the more control you have, so as it is an environment in which the patient is subjected to several procedures, invasive procedures and short and followed, there are several procedures and quick intervention, it has to be more secure, the more risks, the more control you have to have is what I understand, it's like surgery, right, no one is going to cut a guy's wrong leg...

I3: [...] it is a sector of complexity and agility that if you often have to do things quickly, then as you do everything very quickly, you have to do it in a very safe way, just to not put the patient at risk, and the risk is serious, right, a difference kills the patient, it's a very big risk, right.

Another focus that was noticeable in the professionals' speech was the view of the importance of carrying out measures for patient safety in the emergency sector, from the perspective that it is in this place that the patient's journey within the institution begins:

I1 - [...] complexity of patients also gets in the way, when you have a lot of complex patients, your chance of error is greater.

I4 - [...] because this is where the patient comes in, right, so his first door of entry is here, of course there are patients for the ICU, but if we are talking about the emergency room, the patient coming in, you have to know who he is, one of the first goals, which is the identifica-

tion, which is very important at this moment.

I11 – [...] especially here in the hospital, which is the gateway to every hospital of all nursing units, it is a way of mainly carrying out the cleaning, identification, categorization, it is all performed in the hospital's emergency room.

Some professionals mentioned the physical and mental strain they suffer, which is a result of working in the emergency sector, as well as the stress generated by the need to meet an increasing demand of patients and that these characteristic factors in this sector can negatively interfere with safety of the patient:

I1 - Look, I think that within the health environment there is the personal part of each one, you know, there is a level of stress, a very stressful environment that you cannot define the level of wear on that shift.

I12 – [...] sometimes, there is an obstruction of beds here, exactly because of this initial logistics that I told you, that there is direct search that is becoming almost usual here, plus ambulances that do not communicate and arrive by default and two, three arrive ambulances arriving from upas almost together.

I17 - [...] people are stressing over this, I think there have never been so many people in here with an altered psychiatric level here among employees, [...] old employees freaking out, because it's not the increase in service. It's how this service is coming, because it's started, in a way that doesn't match.

The speeches of the study participants demonstrate discontent with the work process and concern with the emotional conditions of the team. This can be attri-

I1 – [...] complexity of patients also gets in the way, when you have a lot of complex patients, your chance of error is greater.

buted to the fact that during the period in which the interviews were carried out, the sector was going through some changes in its work routine. There was a change in the admission flow of patients, previously only those accepted by the hospital's internal regulation core were treated. As of April 2018, the emergency department started to assist patients who spontaneously sought care at the hospital. The team's discomfort was clear, due to the increased demand for care and, consequently, greater workload.

In this category, professionals describe the particularities of their workplace. 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. 17

The emergency sector represents a high-risk environment, as failures can potentially occur, 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 health status, 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 frantic work pace. 11,18,19

This sector is in most hospitals the patient's first contact with the institution, where professionals perform their activities in an unpredictable environment and with high demands on physical and mental skills, 18 since they provide care from the patient in serious condition, to the patient who does not need immediate care, but still seeks the service. This condition causes a large flow of care, which often occurs in a disorganized way, generating an overload of work for the unit and employees, 20 which intensifies its importance for health servi-

ces with regard to patient safety. 18

The worker who experiences this routine has to deal with scenarios that require constant cognitive and psychological adjustment. This requirement can lead to physical and especially emotional exhaustion, leading to situations of syndromes and disorders, which in turn reflect negatively on the service provided, in order to increase the occurrence of adverse events. 21

Factors that make it difficult to meet the Safety Goals in the emergency department

In this category, some factors were described that, in the understanding of the study participants, make it difficult to carry out actions aimed at patient safety, including the high patient flow, reduced number of employees, high professional turnover, lack of materials and equipment that are scarce in the institution in some situations. In addition to safety, these factors negatively impact the quality of care.

I2 - So, for me, turnover, which is large, very large, so maybe you, even unintentionally, end up forgetting details, maybe going out and forgetting to raise a grid, which is very important, a grid in a patient who has suffered a stroke he'll turn to the side, he'll fall out of bed, he'll have a level drop in the bed, you know, so we can forget [...]

I11 - [...] this ended up making it difficult for some goals or total fulfillment, because this increased the number of patients, increased demand, increased direct demand, but the team did not increase [...] Look, I'll tell you that sometimes there was no soap, no paper towels, there was a lack of alcohol, so, sometimes even "why didn't you wash your hand?", there's no such thing without that, the structure too.

Some professionals recognize that greater demand is needed, on the part of the coordination or the nurse, for the team to

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meet patient safety goals.

I3 - I think that a greater demand due to the coordination of all shifts for everything, I think it would start to help, because the demand cannot be reduced, the patient needs to be attended to.

I15 - I think the nurses' demand for their team, right, because I think the nurse is the example, right and if they don't do it and don't demand things go wrong, the nurse is the team's mirror.

Another factor that interferes with the fulfillment of patient safety goals, according to the participants, is the lack of commitment and responsibility of professionals who, despite knowing the importance of complying with safety measures, do not do so.

I4 - It's flawed, we have to be always attentive, you know, but we're going up, from step to step, I think we get there, but it's difficult for people to really acquire this responsibility, I see it as a responsibility that is necessary [...]

I11 -Well, one is the lack of awareness of the professional, of knowing the importance or thinking that it's just quick and not doing it, "I'll just go there quickly and look at the equipment" and enter the isolation box without putting on the apron because "it's just look at the access, right" or "I'm just going to press the monitor to see the pressure" and enter without an apron because it's quick [...]

DISCUSSION

The findings in the category "Emergency department staff's perception of patient safety" are in accordance with the literature. Participants understand the concept as synonymous with safe and harm-free care.

14,15

During the interviews, it is possible to notice that a significant part of the professionals did not know what the 6 International Patient Safety Goals are. Only 2 respondents cited correctly. However, all mention examples of practice that identify these goals achieved in the work routine. They also mention that the emergency has particularities that are a source of stress and physical/mental exhaustion due to the unhealthy circumstances and constant risks of the activities performed. These conditions cause work overload due to the flow of care that often happens in a disorganized way. 9 Professionals need to deal with scenarios and constant cognitive and psychic adjustments, and this requirement leads to physical and emotional exhaustion, leading to situations of syndromes and disorders that reflect on the service and affect the occurrence of adverse events. 16

Literature also mentions that inadequate structure and lack of equipment/materials are frequent situations in the Public Service and hinder the intention to improve security practices. 7

The category "Factors that hinder the fulfillment of Safety Goals in the emergency department" brings the reduced number of employees added to the high demand of patients as reasons that trigger any failures in care. This fact reinforces the importance of the managers' commitment regarding the adequate dimensioning of human and material resources to ensure safe health care. 7,11

With a view to patient safety, the parti-

cipants refer to actions aimed at promoting the culture of Safety as a unique conduct for all team members, regardless of their role. It needs to be based on error as a multifactorial consequence used as an element capable of instigating the search for improvement in care processes. 17

WHO brings education as one of the proposals to improve the safety of care. It is recommended that it be included even in the teaching plans of courses in the health area in order to train a qualified professional to perform care free of Adverse Events. 17

In addition, the study points out the nurse as the main responsible for organizing the work process, enabling safe and quality care conditions that involve both the physical/material space and the qualification of the team. In addition, the nurse has an active role in monitoring the activities performed, which allows the detection and correction of adverse event situations in advance. 18,19 However, it is noteworthy that the overload of responsibilities placed on these professionals can also trigger failures in their practice, as they are expected to resolve and supervise all the demands of the sector. 20

CONCLUSION

The study made it possible to know the understanding of the nursing and medical staff about the Patient Safety Goals and showed that professionals are attentive and recognize their importance. The results show that working conditions make it diffi-

cult to carry out Patient Safety actions and contribute to the failure to perform daily tasks in the emergency department, so it is necessary to realize the particularities of each work sector for the construction of effective and applicable protocols.

It highlighted the need to broaden discussions on the subject, since Patient Safety is a topic that has recently become part of health care, especially as professional nurses, given their role in fostering this discussion.

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