

Applicability of patient safety in a dialysis unit: experience report

Aplicabilidade da segurança do paciente em unidade de diálise: relato de experiência

Aplicabilidad de la seguridad del paciente en una unidad de diálisis: reporte de experiencia

RESUMO

Objetivo: Identificar e apresentar ações educativas, como o incentivo e implementação da prática de identificação do paciente. **Método:** O presente estudo trata-se de um relato de experiência, do tipo descritivo, com abordagem qualitativa. **Resultado:** Durante a prática da assistência ao paciente, foi apresentado uma dificuldade de identificar os pacientes, a equipe já conhecia os pacientes, mas como residentes o tempo no setor foi curto e neste período, verificou-se a necessidade de implementar um projeto para que estes pacientes fossem identificados. **Conclusão:** A equipe de enfermagem dos serviços de nefrologia é responsável pela parte técnica e o relacionamento do paciente com o ambiente. O monitoramento, detecção e o cuidado de enfermagem aos agravos, são fundamentais frente a promoção, prevenção e reabilitação de vida destes indivíduos.

DESCRITORES: Doenças Crônicas não transmissíveis; Educação em Saúde; Doença Renal.

ABSTRACT

Objective: To identify and present educational actions, such as encouraging and implementing the practice of patient identification. **Method:** The present study is an experience report, of the descriptive type, with a qualitative approach. **Result:** During the practice of patient care, it was difficult to identify the patients, the team already knew the patients, but as residents, the time in the sector was short and in this period, there was a need to implement a project so that these patients could be identified. **Conclusion:** The nursing team of nephrology services is responsible for the technical part and the patient's relationship with the environment. Monitoring, detection and nursing care for injuries are fundamental in terms of promoting, preventing and rehabilitating the lives of these individuals.

DESCRIPTORS: Chronic Noncommunicable Diseases; Health education; Kidney disease.

RESUMEN

Objetivo: Identificar y presentar acciones educativas, como fomentar e implementar la práctica de la identificación de pacientes. **Método:** Se trata de un relato descriptivo de experiencia con abordaje cualitativo. **Resultados:** Durante la práctica de la atención al paciente, hubo dificultad en la identificación de los pacientes. El equipo ya conocía a los pacientes, pero como los residentes el tiempo en el sector era corto y en este período, hubo la necesidad de implementar un proyecto para que estos pacientes pudieran ser identificados. **Conclusión:** El equipo de enfermería en los servicios de nefrología es responsable por la parte técnica y por la relación del paciente con el ambiente. La monitorización, detección y atención de enfermería de los problemas son fundamentales para la promoción, prevención y rehabilitación de la vida de estas personas.

DESCRIPTORES: Enfermedades Crónicas No Transmisibles; Educación para la salud; Nefropatía.

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INTRODUCTION

Chronic noncommunicable diseases (NCDs) account for about 60% of the causes of death worldwide. Reaching a total of 35 million people in the period of one year and, for the next decade, the expectation is that there will be a 17% increase in mortality caused by DCN. Among the main diseases that make up CNCDs, cardiovascular disease (CVD) is the main one that has the greatest epidemiological impact, causing about 30% of all deaths worldwide, with subsequent emphasis on Renal Failure¹.

Terminal Chronic Renal Failure (TCRF) is a chronic, progressive, debilitating disease that causes disability, since the incidence and prevalence have spread in the world population, as this is a complex pathology that requires continuous dialysis treatment for life, which tends to affect the quality of life of patients².

Dialysis treatment is a procedure performed to help kidney function, especially in individuals with chronic kidney disease (CKD) who show less than 10% of their kidneys' functional capacity. The prevalent complications that can lead to dialysis are infections associated with the vascular catheter, contamination by hepatitis B, C, delta and HIV, in addition to hydroelectrolytic disorders³.

Among the chronic diseases, chronic

renal dialysis is characterized among those that cause the greatest impact on the patient's quality of life.⁴ It stems from factors such as living with an incurable disease and dependence on a machine service to survive, a rigorous therapeutic scheme, changes in body image and dietary and water restrictions⁵⁻⁶.

“Therefore, the practice of patient safety is a relevant indicator of quality in health services and has been related to the main results for individuals in hospital units, such as wards, outpatient clinics and hemodialysis units.”

However, even with the progress of the patient safety program, there is still a lack of information related to safety practices in the nephrology unit⁷.

Hemodialysis (HD) is a technically complex process, with several details that can generate an error and cause harm to individuals during therapy. Performing the procedure safely requires many steps, which start from creating the capillary and the other devices used to accessing the bloodstream and evaluating the patient during therapy to prevent complications and ensure the patient's hemodynamic instability.⁸⁻⁹

It is then perceived that a safety culture is fundamental for providing optimal care. This practice becomes effective through the improvement of practices, procedures and processes. The establishment of a safety culture is determined by several elements such as: patient-centered attention and care, communication, a blame-free environment and the commitment associated with health safety.¹⁰

In order to protect the health of the population and intervene in the risks arising from the use of products and services, the National Health Surveillance Agency (ANVISA - Agência Nacional de Vigilância Sanitária) has developed actions with surveillance practices, managing, regulating and monitoring health services and the use of existing tech-

nologies for care. As of 2004, ANVISA introduced the actions foreseen in the World Alliance for Patient Safety, of the World Health Organization (WHO).⁸

In Brazil, on this subject, nursing plays a very important role in hemodialysis services, as it operates in the planning, implementation and execution of individualized care, related to the needs of patients and their families that interfere with adherence and quality of treatment. So, while acting, the nurse must develop actions aimed at maintaining and guaranteeing the patient's health.¹¹

Since, patient safety aims to contribute to minimize risks and harm to the patient. Incidents related to health care characterize a growing number of cases of morbidity and mortality worldwide. The first international goal is the identification of the patient, which is essential for this step to be carried out.

The present study aims to identify and present the educational actions and strategies applied in an institution for the practice of patient identification.

METHOD

The present study is an experience report, of the descriptive type, with a qualitative approach. The report was described during activities as nurses working in the second year of the Graduate program at the specialization level in Internal Medicine and Surgery in the form of in-service training at a Federal Hospital in Rio de Janeiro. The following Institution serves patients free of charge, exclusively through the Unified Health System (SUS).

The following report is based on the experience of nursing residents and nurses already working in the sector, during practices provided from October 2021 to March 2022, through the experience while working in the Hemodialysis unit for adult patients, the study also describes feelings and challenges faced during this period.

RESULTS

The experience in the dialysis unit brought a new perspective as nursing residents, the work dynamics in this sector is complex, requires technical skill, agility and a lot of attention, always respecting the individuality and particularity of each patient undergoing treatment for Chronic and Acute Kidney Disease.

It was noticed that it is a high turnover sector, which maintains 3 shifts to carry out the treatment and the greatest difficulty evidenced was the lack of identification of patients, because as the patients were already known by the teams, the professionals identified by pure bond.

However, this factor can generate several errors during the provision of assistance, especially with the entry of residents, since this is an environment in which the patient undergoes invasive procedures and where drugs that need attention are manipulated, sometimes in a shift not all patients use the same drugs. In addition, it is a situation that violates the first goal of patient safety, the correct identification of the patient.

It was observed that these are patients who, in addition to being immunosuppressed, require a different look from the team, are individuals who need emotional support, to perform the therapy it is necessary for them to come to the hospital 03 times a week, where the therapy lasts for four consecutive hours.

Physical suffering in patients who use a catheter to access treatment is notorious. The catheter causes discomfort, which can lead to difficulties and fear of injuring the neck or performing body hygiene, since the catheter must not be wet, due to the risk of infection, and the fear of losing that access, which is often the last option and thus being unable to carry out the treatment.

Most of the errors that occur associated with medication administration are related to identification problems.

Being a Unit with a high turnover of patients, identification is essential. According to the Safe Care Manual¹, failures in patient identification processes are among the most common causes of adverse events in medication administration, diagnostic tests, blood and blood products, surgical procedures, and newborn delivery.



In the Hemodialysis Unit, highly dangerous drugs are used, such as heparin, procedures such as infusion of blood components.



The procedures are high risk. All this justifies the reason for implementing patient identification.

Absence of a standardized patient identification process among health services contributes to the occurrence of failures, as it can lead to confusion for the patient. Because many patients are users of other health units. Recommen-

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ded practice to decrease these incidents involves proper patient identification.

In this way, several strategies aimed at preventing risks for these patients were organized.

Correctly identify the patient.

To carry out patient identification, a 27.6x21.2 white board was placed on all the seats in the sector so that all patients could be identified at the time of therapy, which lasts for 4 continuous hours. On this board, the time of beginning of the therapy was written, the patient's full name, any allergies and all the medications that the patient would receive during the therapy, such as: antibiotics, epoetin alfa, ferric hydroxide saccharate.

We conducted training addressing the importance of international patient safety goals for the entire team.

Among the forms presented, the frame was the best form found by the team.

Improve communication.

Training on communication and constant vigilance between prescriptions and patient reports, for example, a patient can report that he has had or will have a certain procedure, such as debridement of a diabetic foot lesion. Attention should be paid to the dosage of heparin administration.

Improve safety in prescribing, using and administering medications.

Constant surveillance of the patient's vital signs at the beginning, during and at the end of the procedure. In the final phase of the procedure, some patients may experience hypoglycemia.

Ensure surgery in correct locations.

Does not apply.

Sanitize your hands to avoid infections.

Address the 5 moments of hand hygiene and apply appropriate dressings to prevent infection and catheter obstructions, as well as antisepsis of the limb with arteriovenous fistula (AVF).

Reduce the risk of falls and pressure injuries.

Reducing the risks of falls, hypotension and hypoglycemia are side effects of therapy. Constant surveillance, as well as decompression of areas with bony prominences during the time the patient is undergoing therapy.

DISCUSSION

The interdisciplinary team, especially the nurse, has an important role in the patient and his family. It is important that patients with chronic kidney disease know how the devices used for this substitutive therapy work, so that they can understand the supposed complications of the treatment that may arise, dietary restrictions, water and other care relevant to their quality of life to live with the limitations related to this disease.¹²

“ Hemodialysis units are predisposed to incidents of adverse events (AE) as they point to several risk factors such as invasive procedures, use of complex equipment, critical patients, high patient turnover, administration of potentially dangerous medications such as heparin. ”

Studies show that in 4 hemodialysis units in the United States, it was noted that in a period of 17 months, 88 AEs occurred during 64,541 dialysis treatments.¹³

The National Patient Safety Program (PNSP - Programa Nacional de Segurança do Paciente) entitled in Brazil through Ordinance MS, No. 529, of April 1, 2013, determines government commitment collaborating to qualify health care assistance in all health services in the Brazilian territory, promoting greater safety for the patient, health professionals and hospital care environments.¹⁴

The WHO created 6 international health goals, which are: Correctly identify the patient, improve effective communication, improve the safety of high-alert drugs, ensure surgeries with the correct intervention site, procedure, site and patient, decrease the risk of infections, associated with health care and reduce the risk of pressure injury and falls. These goals should be applied within all health services, avoiding professional errors during the maintenance of care.¹⁴

Patients with kidney disease are at high risk of medical errors due to frequent and complex treatment, polypharmacy, comorbidities and the pathological consequences of end-stage renal disease. However, international safety goals, as well as basic protocols, help implement safe practice in dialysis settings.¹⁵ The WHO estimate is that every year tens of thousands of individuals are affected with unnecessary damage caused by health services.³

Patients are concerned about the possibility of some type of error occurring during the period in which the therapy takes place. Errors during dialysis treatment are common in nephrology units. It is of great importance that patient safety goals are known to all professionals and that they are applied throughout the provision of care, because the population

expects promotion, disease prevention and rehabilitation from health services, preserving them from damage resulting from health care.²

CONCLUSION

The nursing team of nephrology services is responsible for the technical part and the patient's relationship with the environment. Monitoring, detection and nursing

care for injuries are fundamental in terms of promoting, preventing and rehabilitating the lives of these individuals.

Professionals' technical-scientific knowledge are essential elements in the practice of nursing care in nephrology. The team's understanding of the clinical particularities of chronic kidney disease and treatment complications, especially when hemodialysis is indicated as therapy, is essential, as this therapy brings changes in the quality

of life of patients and their families, both physically and psychologically.

Strategies were carried out to avoid risks and training with the teams on the relevance of the applicability of patient safety goals in the dialysis sector, a box is placed in each box where the patient's full name, date of birth, start time of therapy and allergy could be placed. Everyone was satisfied, both patients and professionals.

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