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EXPERIENCE REPORT

Implementation of the Center for Patient Safety in a home care service: experience report

Implantação do Núcleo de Segurança do Paciente em serviço de atenção domiciliar: relato de experiência

Implantación del Centro de Seguridad del Paciente en un servicio de atención a domicilio: relato de experiencia

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ABSTRACT

Objective: to describe the implementation of the Center for Patient Safety in a home care service. **Method:** experience report regarding the implementation of the Center for Patient Safety in a home care service located in Fortaleza, Ceará. Carried out from January to December 2017. The processes and implementation of the protocol aimed at the culture of patient safety were described. **Results:** the executing member of the safety center was initially composed of a nurse, but with the participation of managing members and coordinators from different areas for implementation, thus composing a multidisciplinary team. To carry out the flows, weekly meetings were held, with group discussions about the implementation process and bylaws. In addition, the weaknesses identified in the service and the action plan with the basic protocols for each service area were raised. **Conclusion:** the study allowed knowing the processes and flows performed by a home care service for the implementation of the patient safety center, aiming at quality care, performed in a standardized and safe way by all professionals involved in the service.

Descriptors: Patient Safety. Home Care Services. Nursing. Quality Improvement.

RESUMO

Objetivo: descrever a implementação do Núcleo de Segurança do Paciente em um serviço de atenção domiciliar. **Método:** relato de experiência acerca da implantação do núcleo de segurança do paciente em serviço de atenção domiciliar situado em Fortaleza, Ceará. Realizado no período de janeiro a dezembro de 2017. Foram descritos os processos e a implementação do protocolo visando a cultura de segurança do paciente. **Resultados**: o membro executor do núcleo de segurança foi composto por um enfermeiro inicialmente, mas contou com a participação dos membros gestores e coordenadores de diferentes áreas para a implementação, compondo assim uma equipe multiprofissional. Para realização dos fluxos foram realizadas reuniões semanais, com discussões em grupo acerca do processo de implementação e regimento interno. Além disso, foram levantadas as fragilidades identificadas no serviço e o plano de ação com os protocolos básicos para cada área de atendimento. **Conclusão**: o estudo permitiu conhecer os processos e os fluxos realizados por um serviço de atenção domiciliar para implementação do núcleo de segurança do paciente, visando um cuidado com qualidade, executado de forma padronizada e segura por todos os profissionais envolvidos no serviço.

Descritores: Segurança do Paciente. Serviços de Assistência Domiciliar. Enfermagem. Melhoria de qualidade.

RESUMÉN

Objetivo: describir la implementación del Centro de Seguridad del Paciente en un servicio de atención domiciliaria. **Método:** relato de experiencia sobre la implantación del centro de seguridad del paciente en un servicio de atención domiciliaria ubicado en Fortaleza, Ceará. Realizado de enero a diciembre de 2017. Se describieron los procesos y la implementación del protocolo orientado a la cultura de seguridad del paciente. **Resultados:** el miembro ejecutor del núcleo de seguridad estuvo inicialmente integrado por un enfermero, pero con la participación de miembros gestores y coordinadores de diferentes áreas para la implementación, conformando así un equipo multidisciplinario. Para llevar a cabo los flujos, se realizaron reuniones semanales, con discusiones grupales sobre el proceso de implementación y los estatutos. Además, se plantearon las debilidades identificadas en el servicio y el plan de acción con los protocolos básicos para cada área de atención. **Conclusión:** el estudio permitió conocer los procesos y flujos realizados por el servicio de atención domiciliaria para la implementación del centro de seguridad del paciente, con el objetivo de una atención de calidad, ejecutada de manera estandarizada y segura por todos los profesionales involucrados en el servicio.

Descriptores: Seguridad del Paciente. Servicios de Atención de Salud a Domicilio. Enfermería. Mejoramiento de la Calidad.

INTRODUCTION

The Center for Patient Safety (CPS) has the role of establishing actions and guidelines for the prevention of adverse events and risk management strategies, aimed at improving the institution's processes. These activities are instituted with the purpose of offering a quality service to customers.[1] Thus, the CPS is responsible for promoting and supporting actions for the development of an organizational culture of safety. Its implementation is focused on generating improvements and contributing to the quality of care. For this, it is necessary to periodically analyze the processes and evaluate their effectiveness.[2]

The main objective of the CPS is to improve the qualification of care processes in order to contribute to assistance. Practices are needed to identify and manage errors that impact the safety of health care, in addition, actions such as training and qualification of professionals are instituted so that they will contribute to achieving a high quality standard associated with patient safety.[3]

Thus, the program aims at risk management focused on the quality of care offered and the implementation of a culture of safety in the service. With the purpose of instituting principles and guidelines that support the service's organizational processes for the promotion and development of actions aimed at patients.[1] Considering that in Home Care (HC) there is a lack of knowledge in quality and safety management , it is necessary to promote studies in this area.

The aforementioned HC service offers strategic care that is of interest to the health system, as it allows dehospitalization for the continuity of care at home, reduces costs and provides opportunities for patient-centered care. These are benefits that drive investments in new care models. Therefore, the care provided in the home environment has been directed towards the health needs of patients.[4]

One of the necessary strategies in HC are actions aimed at patient safety. The implementation of the CPS is something new, instituted in 2013 by the National Patient Safety Program (NPSP) with the objective of contributing to qualified care in all health institutions.[5] Therefore, this study envisages the implementation of the patient safety culture within HC.

By the way, the HC service is expanding, with an increase of users in the service, and to allow safety in the practices carried out in this area, it is necessary to have the appropriate model for this health scenario, correlating safety behaviors and attitudes to incidents in care.[6] Therefore, safety responsibility practices involve everyone in the service, they do not have an individual character, they include patients, family members and the community. In this context, the objective was to describe the implementation of CPS in HC service.

METHOD

This is an experience report on the implementation of the CPS in HC service in the city of Fortaleza, Ceará. Initially, in 1998, the service provided assistance to 20 patients. In 2017, with the occurrence of the implementation, 1400 patients were assisted. In addition, during this period there was an increase in the number of employees, the multidisciplinary team was made up of: doctors; nurses; nursing technicians; psychologists; nutritionists; physiotherapists; pharmacists; speech therapist; occupational therapists; and social workers.

In this period of service expansion, managers identified the need to implement the CPS. In 2013, according to the Ministry of Health, the NPSP was established, in which the actions for effectiveness and the importance of its implementation for the health service were described.[5] This study sought to describe the process of implementing the CPS in HC service, following the operational steps, such as planning and execution/implementation, which took place between January and December of 2017.

The planning for the implementation of the CPS was carried out aiming at the subjects assisted in the service. For this, meetings were held with managers and the organization of the work processes of the multidisciplinary team was characterized. Afterwards, the CPS implementation processes were searched in the literature, associating the needs for the HC service.

The execution of the processes was performed by a nurse responsible for implementing the CPS, from which the information discussed by the group of managers of the service came from, with the re-reading of the minutes of all meetings. The points emphasized contemplated the following themes: presence of patient safety protocols and safe identification; evaluation and correction of procedures performed; use of equipment, medicines and supplies in HC; training of professionals (multiprofessional team); encouraging of the notification of improvements in surveillance and risk management (considering possible damage or adverse events).

Afterwards, care protocols, flows and standard operating procedures of all areas were implemented, requiring the participation of professional managers who forwarded these requested demands to the CPS. Some were performed by an interdisciplinary team, such as the bronchoaspiration protocol, performed by speech therapists, nurses and physicians. Protocols for safe identification, falls, bronchoaspiration, administration of medications (intravenous and hypodermoclysis), effective communication and risk reduction for health care associated infections were carried out.

RESULTS

The executing member of the CPS was initially composed of a nurse, but it counted on for the implementation and elaboration of the protocols with the managing members and coordinators from different areas, such as physicians, nurses, nutritionists, physiotherapists, speech therapists, pharmacists and social workers. This group had weekly meetings to discuss the preparation of the implementation of the CPS, internal regulations,

survey of weaknesses identified in the service and action plan with the basic protocols for each area of care, thinking about the awareness of care professionals.

The group listed the main care practices of the service, considering the profile of patients cared for – predominantly elderly, but also children and young adults with partial or total mobility difficulties – who have limitations such as impaired mobility, use of invasive devices, oxygen dependence or mechanical ventilation and in need of basic care.

Aiming to guarantee the care processes in the service, an action plan was created with care protocols and goals for safe practice, standardizing the processes in order to reduce harm to patients, reduce costs and waste. The protocols were designed according to the National and International Patient Safety Program, including the reading of articles published on the themes and recovering contents that contemplated the practice.

In addition, the Standard Operating Procedures (SOP) of the main practices performed in the service were also revised and implemented. These were made by areas, thus, each manager was responsible for the elaboration related to their sector of activity; subsequently forwarded to the professional responsible for the CPS. Then, the procedures were discussed about encouraging notifications, creating in the company's system the possibility of reporting weaknesses, incidents and possible errors noticed in activities with access by all employees of the service.

DISCUSSION

As the HC service increases, it is necessary to ensure patient safety, which is a possibility to optimize the care offered. When identifying the risk factors associated to the results of treatment, care plans must be implemented or adapted and errors managed.[3] In view of this, the implementation of the CPS was envisioned to standardize processes, propose a culture of safety in the team part of the service and identify errors, intervening in improving practices in effect.

One of the ways to improve an institution's system is to promote the employees' perception of pointing out errors and weaknesses in the implemented processes, which is still a challenge, as there are underreporting due to fear of punishment or overload of activities.[1, 7] This culture of blame in the face of errors weakens the institution's safety culture and directly influences the implementation of actions and the success of activities established by the CPS.[7]

It is necessary that professionals and institutions identify their mistakes, in order to learn how to correct them and implement improvement processes. The institution must provide feedback on the results after implementing the actions. For this, the educational training of teams is essential, sensitizing them to recognize situations that can cause harm to patients and intervene with targeted guidance, collaborating with the safety and quality of care.[1]

Incident management is a strategic tool to identify potential failures and correct them. When observing the increase in the number of notifications, one can see the maturation of the organizational culture. It is necessary to develop protocols, routines, technical opinions, professional training and incident management.[7-8] In this context, activities that promote patient safety impact on care costs, because by providing safer care, it decreases the incident-related rate. The care risk map allows describing risks, causes and consequences, as it allows identifying preventive and corrective actions.[7]

The literature shows that, although there are difficulties in implementing the CPS, it is possible to implement basic protocols through safety plan strategies, especially regarding patient identification and hand hygiene.[8] Another study reinforces that the main implemented strategy was related to actions for hand hygiene, but other actions related to the prevention of falls, effective communication, safety in the prescription and use of medications are essential to avoid incidents, thus contributing to a safe practice, making it possible to identify situations that are potentially harmful.[1]

The protocol for falls was developed in view of the need for the service, as the largest population assisted is elderly with some difficulty in mobility, which is one of the main causes of hospitalization. The study points out that falls are one of the main causes of morbidity and mortality from external causes among the elderly, in addition, it is responsible for complications such as loss of autonomy, minor injuries and fractures, being considered the most costly injury among the elderly.[9]

The home environment may seem safer in relation to the occurrence of falls because of its familiarity, but this becomes a risk, as it reduces the readiness due to self-confidence to move. Therefore, interventions are needed to prevent falls, with measures related to risk assessment of the home environment and guidance of caregivers and family members about the risks of falls.[10]

These interventions should be aimed at identifying and guiding the use of non-slip footwear, maintaining a safe environment with good lighting, bathrooms with handrails, beds of the appropriate height and with rails, in addition to investigating the use of various medications that can cause dizziness, muscle weakness, syncope and delirium.(9-10) These actions were listed in the service's fall protocol in order to be something analyzed and adopted in the care practice of the multidisciplinary team, in addition to being transmitted to the responsible caregiver in the inclusion process of the patient in the HC service.

The largest public assisted by the HC service is the elderly with some care dependency, hearing, swallowing or movement limitations. In the effective communication protocol, we sought to develop strategies in the face of language difficulties with the elderly, finding in the literature mechanisms such as: not interrupting the elderly during speech; not ignoring communication difficulties; not correcting identified errors; and speaking simply and clearly.[11]

Regarding the difficulty of swallowing in patients assisted in the service, the bronchoaspiration protocol was elaborated with guidelines on care in order to prevent such an event. The interventions based on the literature are: positioning the patient with a head above 30º; monitor the level of awareness/vigilance; pulmonary status (cough and tiredness); swallowing skills; inspection of the oral cavity to check for retained food or medication; vomiting control; and care with oral hygiene.[12] Additionally, in the caregivers' guidelines for inclusion of the patient in the service were instituted signs and symptoms of possible difficulty in swallowing, such as increased chewing time, presence of coughing or choking during meals, refusal to eat and weight loss.[11]

Another protocol elaborated was about the administration of medications, in which the main topics and safe practices on the subject were highlighted. The practices of standard precaution and hand hygiene stood out. The authors emphasize that training contributes to minimizing harm and contributes to safe practices, especially involving injectable medications.[13]

Given the above, the implementation of the CPS requires a multidisciplinary team, among which nurses stand out as the most representative professionals. In addition, the study shows that nurses are involved in the management of most institutions that support actions to promote a culture of safety and the involvement of people in improvement processes.[1] The present study confirmed that the center was implemented by a nurse, but had the participation of a multidisciplinary team to elaborate the protocols and flows of the institution.

The study contributed to know the CPS implementation process in HC and the strategies carried out in view of this service profile. This knowledge can support the management and execution of the CPS in health services for HC and, thus, propagate a culture of safety among members. It was perceived as a limitation of the study the lack of publications that will support the implementation of the CPS in the context of HC.

In addition, the limitations evidenced from the results of the study are related to updates or reviews of practices in effect, in order to offer continuity in the training and awareness of professionals about the protocols established by the center.

CONCLUSION

It is concluded that the protocols and flows established in the service aimed at the safety of patients assisted in HC, with the participation of the nurse as a manager in the CPS processes and the collaboration of a multidisciplinary team to contemplate comprehensive care. These discussions of processes can allow institutional procedures and flows to be implemented in a standardized and safe way by all professionals involved in the service.

There is a need for studies in this regard on the implementation of the CPS in HC service, as many of the productions found were aimed at the hospital environment.

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