

REFLECTION ON THE INTERFACE BETWEEN PATIENT SAFETY AND THE NURSING PROCESS

REFLEXÃO ACERCA DA INTERFACE ENTRE A SEGURANÇA DO PACIENTE E O PROCESSO DE ENFERMAGEM

REFLECTION ACERCA DE LA INTERFAZ ENTRE LA SEGURIDAD PACIENTE Y EL PROCESO DE ENFERMERÍA

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ABSTRACT

Objective: This study aims to present a reflection on the relationship between patient safety and the nursing process with a view to stimulating the debate on the subject in the spaces where health is produced and in professional training. **Method:** It is noticed that in interface with patient safety the Nursing Process stands out as allied to care, since, by standardizing the nursing actions, we will be contributing to the achievement of safety goals. **Results:** Through the incorporation of new habits related to safety practices, risk management, production and validation of protocols constructed from the steps of the Nursing Process, the connection of patient safety assurance is established. **Conclusion:** The Nursing Process, by itself, is a device that is transversal to the patient's safety goals and is directly related to the qualification of nursing care.

Descriptors: Nursing; Nursing process; Patient safety.

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RESUMO

Objetivo: Este estudo busca apresentar uma reflexão acerca das relações entre a segurança do paciente e o processo de enfermagem, com vistas a estimular o debate sobre o tema nos espaços que oferecem saúde e formação profissional. **Método:** Percebe-se que, em interface com a segurança do paciente, o Processo de Enfermagem destaca-se como aliado a assistência, uma vez que, padronizando as ações de enfermagem, está-se contribuindo para o alcance das metas de segurança. **Resultados:** Ações como incorporação de novos hábitos relacionados às práticas de segurança, gestão de risco, produção e validação de protocolos construídos a partir das etapas do Processo de Enfermagem estabelecem a conexão de garantia de segurança do paciente. **Conclusão:** O Processo de Enfermagem, por si só, constitui um dispositivo transversal às metas de segurança do paciente e está diretamente relacionado à qualificação da assistência de enfermagem.

Descritores: Enfermagem; Processo de enfermagem; Segurança do paciente.

RESUMEN

Objetivo: Este estudio tiene como objetivo presentar una reflexión acerca de las relaciones entre la seguridad del paciente y el proceso de enfermería, con vistas a estimular el debate sobre el tema en los espacios que ofrecen salud y formación profesional. **Metodología:** Se percibe que, en interfaz con la seguridad del paciente, el Proceso de Enfermería se destaca como aliado a la asistencia, una vez que, estandarizando las acciones de enfermería, se está contribuyendo al logro de las metas de seguridad. **Resultados:** Las acciones como incorporación de nuevos hábitos relacionados a las prácticas de seguridad, gestión de riesgos, producción y validación de protocolos construidos a partir de las etapas del Proceso de Enfermería para establecer una conexión de seguridad del paciente. **Conclusión:** El proceso de enfermería, por sí solo, constituye un dispositivo transversal a las metas de seguridad del paciente y está directamente relacionado a la calificación de la asistencia de enfermería.

Descriptor: Enfermería; Proceso de Enfermería; Seguridad del paciente.

INTRODUCTION

The issue patient safety has been the focus of debate of the major health organizations in the world, especially in the last two decades. In 2008, the Pan American Health Organization (PAHO) created the International Network for Nursing and Patient Safety (RIENSP), in order to exchange information and

strengthen nursing care through scientific evidences.¹ In Brazil, the network was consolidated with the creation of the Brazilian network for nursing and Patient Safety (REBRAENSP), whose main goal is to articulate the health and education institutions, aiming to safely strengthen the nursing care, with quality.²

The National Patient Safety Program (PNSP) was established in 2013

and aims to contribute to the improvement of health care in all health facilities in the national territory.³ Concern for patient safety, however, is prior to the program and is being disseminated by the National Health Surveillance Agency (ANVISA) since the publication of the requirements of good working practices of health services and the mandatory implementation of the Patient Safety Centers (NSP).⁴

The NSPs have been implemented in order to promote actions aimed at improving patient safety and quality of health care through a consensus building process among the various actors who participate in it.³ In this sense, it is emphasized that security is a basic principle and a requirement for quality of care, which, in turn, is a requirement for health care, through the management of the collective work process.⁵

For the nursing professionals, it is set the challenge of meeting the PNSP guidelines, incorporating these concepts in the institutional culture, through the activities developed in the work routine in health and nursing. It starts from the principle that nursing is the science of care, and care must be implemented safely. In this sense, the private activities of nurses ensure health care practices in a systematic

way, as in the example of the nursing process (NP), which, besides conferring professional visibility for the category, seeks to qualify the assistance to the user, time of care production.

It is through NP that the actions of nurses become key elements to consolidate a scientific nursing practice, since guided by the precepts of the safety and quality of care.⁶ Thus, NP is presented as a legal framework of the profession that guides for the registration and the organization of care, ensuring the documentation of professional practice, and hence, patient safety.

Faced with such prerogatives, this study aims to present a reflection on the relationship between patient safety and the nursing process, in order to stimulate the debate on the subject in the spaces that produce health and professional education.

PATIENT SAFETY AND ITS RELATIONSHIP WITH THE NURSING PROCESS

Conceptually, security can be defined as reducing the risk of unnecessary harm, associated to health care, up to an acceptable minimum.^{1,4} Patient safety is directly linked to the minimization of adverse events, that is, avoidable harm

(errors by negligence) and inevitable (as the side effect of a drug, for example).⁷

Possible adverse events, resulting from unsafe practices, need to be worked with the nursing staff and problematized amid the work in action, or even in conversation circles, for everyone to have their understanding and know how to identify when there is an avoidable harm, or even an inevitable one, the difference between them, how to act in both different situations, and the importance of making the notification.

In this context, NP can be considered an important factor to identify, prevent and minimize adverse events in different areas of professional practice as it seeks to organize an evidence-based care, grounded scientifically, legally supported and documented, which helps for the safety of the patient and the professional. Corroborating, ANVISA mentions that patient safety involves the qualification of health care with a focus on patients, health professionals and health care environments.⁴

Evidence arising from the implementation of NP when recorded completely and reliably, can ensure the continuity of care and promote the safety of the patient.⁸ Registering in the patient's

record the inherent and indispensable information to the care process is a professional duty, as provided in Nursing Ethics Code and Resolutions COFEN-358/2009⁹ and 429/2012.¹⁰ By the time the nurse records patient, family or community information, he/she encourages critical reflection on the problems highlighted and the results expected for, then define the nursing interventions and the care to be provided.

Thus, in interface with patient safety, it is emphasized that the NP is an ally for assistance, since standardizing nursing actions by identifying problems (diagnoses) and individual and collective risks, as well as with the evaluation of nursing interventions from the results, one contributes to the achievement of the patient's safety goals, strengthening nursing care through scientific evidences.

The NP corroborates the legal regulations on the theme of patient safety with respect to compliance with the basic goals, envisaged by PNSP, considering: correct identification of the patient; communication among health professionals; safety in prescribing, in the use and administration of medication; the realization of safe surgery on surgical site, correct procedure and patients; hand

hygiene to prevent infection and the patient's assessment in relation to the risk of falls, ulcers by pressure, establishing preventive actions.¹ This relationship is plausible through the implementation of basic protocols that include the development of NP in order to legitimize the quality of care offered.

One can promote patient safety in interface with the NP through the incorporation of new habits related to security practices and risk management, the production and validation of protocols, guides and manuals aimed at patient safety in different contexts, constructed from the steps of the NP and using the standardized language system that provide a framework for organizing the diagnoses, interventions and nursing outcomes.

FINAL CONSIDERATIONS

The interface between patient safety and the NP needs to be more explicit, since it aggregates and strengthens nursing care and professional practice. The NP, in itself, is a device transverse to the goals of the patient safety and is directly related to the qualification of nursing care regarding the procedures and implementation of protocols involving the production of care.

It is worth noting that the nursing managers are responsible for fostering an institutional view and mission, as a support for the nurses to be able to apply the NP in all its stages, contemplating and ensuring the targets recommended by the National Program for Patient Safety, in addition to the standards recommended by the certifying agencies.

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