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REVIEW ARTICLE

Patient safety assisted in primary care

Seguridad del paciente asistida en atención primaria

Segurança do paciente assistido na atenção primária

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Abstract

Quality has become a factor of great significance, directing institutions to national and international markets, requiring organizational success and development. The expression "patient safety" refers to the reduction, to an acceptable minimum level, of the risk of unnecessary harm associated with health care. It can be considered a relatively new area of knowledge, related to the sphere of management and quality, which gained momentum from the 2000s onwards. The Health Units have been growing gradually over the decades, being annually accredited by the National Accreditation Organization (ONA), meeting the goals established for a safe practice for the patient. The present work has the final objective of demonstrating the safety goals standardized by the ONA, exposing the adequate practice to the patient assisted in primary care units. This is a qualitative literature review study, with a temporal cut in the last ten years, addressing the proposed theme. The scientific databases PubMed, SciELO, LILACS and Google Scholar were consulted, also considering in this work, citations and references within the articles used that precede the proposed time frame. Thus, to thoroughly demonstrate these safety items in this study, it was exposed from this conception of what a Primary Health Care service is to the safety goals applied within health units in Brazil.

Descriptors: Primary Health Care; Health Accreditation; Patient Safety; Quality of Care.

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Resumén

La calidad se ha convertido en un factor de gran trascendencia, orientando las instituciones hacia los mercados nacionales e internacionales, exigiendo el éxito y desarrollo organizacional. La expresión “seguridad del paciente” se refiere a la reducción, a un nivel mínimo aceptable, del riesgo de daño innecesario asociado con la atención médica. Puede considerarse un área de conocimiento relativamente nueva, relacionada con el ámbito de la gestión y la calidad, que cobró impulso a partir de la década de 2000. Las Unidades de Salud han ido creciendo paulatinamente a lo largo de las décadas, siendo acreditadas anualmente por la Organización Nacional de Acreditación (ONA), cumpliendo las metas establecidas para una práctica segura para el paciente. El presente trabajo tiene como objetivo final demostrar las metas de seguridad estandarizadas por la ONA, exponiendo la práctica adecuada al paciente atendido en las unidades de atención primaria. Se trata de un estudio cualitativo de revisión bibliográfica, con corte temporal en los últimos diez años, abordando la temática propuesta. Se consultaron las bases de datos científicas PubMed, SciELO, LILACS y Google Scholar, considerando también en este trabajo las citas y referencias dentro de los artículos utilizados que preceden al marco temporal propuesto. Por lo tanto, para demostrar a fondo estos elementos de seguridad en este estudio, se expuso desde esta concepción de lo que es un servicio de Atención Primaria de Salud a las metas de seguridad aplicadas dentro de las unidades de salud en Brasil.

Descriptores: Primeros Auxilios; Acreditación en Salud; Seguridad del Paciente; Calidad de la Asistencia.

Resumo

A qualidade se tornou um fator de grande significância, encaminhando instituições para os mercados nacionais e internacionais, requerendo êxito organizacional e desenvolvimento. A expressão “segurança do paciente” refere-se à redução, a um nível mínimo aceitável, do risco de dano desnecessário associado ao cuidado de saúde. Pode ser considerada uma área relativamente nova do conhecimento, afeita à esfera da gestão e da qualidade, que ganhou impulso a partir da década de 2000 . As Unidades de Saúde vêm crescendo gradativamente ao longo das décadas, sendo anualmente acreditadas pela Organização Nacional de Acreditação (ONA), atendendo as metas estabelecidas para uma prática segura ao paciente. O presente trabalho tem por objetivo final de demonstrar as metas segurança padronizadas pela ONA, expondo a prática adequada ao paciente assistido em unidades de atenção primária. Trata-se de um estudo de revisão bibliográfica do tipo qualitativa, com recorte temporal nos últimos dez anos, abordando a temática proposta. Foram consultadas as bases de dados cientificas PubMed, SciELO, LILACS e Google Acadêmico, considerando também neste trabalho, as citações e referencias dentro dos artigos utilizados que antecedem o recorte temporal proposto. Desta forma, para demonstrar minuciosamente estes itens de segurança neste estudo, foi exposto deste a concepção do que é um atendimento em Atenção Primária de Saúde até as metas de segurança aplicadas dentro das unidades de saúde no Brasil.

Descritores: Atenção Primária de Saúde; Acreditação em Saúde; Segurança do Paciente; Qualidade da Assistência.

Introduction

The Health Units have been growing gradually over the decades, being annually accredited by the National Accreditation Organization (ONA), meeting the goals established for a safe practice for the patient. Thus, in order to thoroughly demonstrate these safety items in this study, it was exposed from this conception of what PHC care is to the safety goals applied within health units in Brazil[1,2].

Over the past 30 years, Brazil has undergone a series of structural changes that have transformed it into an emerging country. In the SUS, structuring actions and programs stand out, such as the Family Health Strategy (ESF), created in 1994, aiming to reorient the health model towards a comprehensive approach, based on primary care, seeking to guarantee universal access to the entire Brazilian population. The great expansion of the ESF took place in the last decade, prioritizing vulnerable areas, reaching a coverage of 53.4% of the population, according to the National Health Survey[3-5].

Population aging, the drop in fertility rates and the various transformations that have taken place in Brazilian society have brought new challenges to the health system. Demographic and epidemiological transitions have resulted in different health patterns across regions and states. Studies provide evidence that the expansion of the SUS over the last thirty years has contributed to reducing the burden of disease in the population and the inequalities between Brazilian regions. It becomes important to analyze changes in the country's illness scenario in recent decades[6-8].

The use of the term “primary health care ABS”, by the Brazilian Sanitary Movement would have sought an ideological differentiation in relation to the reductionism present in the idea of primary care, with the objective of building a universal public system in a conception of expanded citizenship[9-11].

The concept of primary health care (PHC) in Alma-Ata includes three essential components: universal access and the first point of contact of the health system; inseparability

of health from economic and social development, recognizing the social determinants; and social participation – three important components of the Unified Health System (SUS). This comprehensive concept of primary health care, which the Latin American social medicine movement coined as "primary attention to comprehensive health", is consistent with SUS guidelines to guarantee the right to health[11-13].

The management of hospital services is a process of great importance to the good performance of a Basic Health Unit (UBS). Patients increasingly crave the pleasure and care for their needs with humanization, quality and, above all, care. In this way, management became an instigation and became a very relevant mechanism in the conduct and operations of health centers, not only the private ones, but also the public ones[14-16].

With the intention of achieving the highest standards of assistance, hospitals and basic health units choose to look for projects that correspond to the needs of patients. Quality has become a factor of great significance, directing institutions to national and international markets, requiring organizational success and development. One of the initiatives is directly focused on the process defined as Hospital Accreditation, which establishes new conditions with regard to behavioral changes, frequent concentration of professionals in the pursuit of imposed goals and objectives, in addition to fixed and continuous improvement of the care provided[16-18].

The beginning of Hospital Accreditation occurs in 1910 in the United States, having as its main precursor the physician and professor Ernest Amony Codman, surgeon at the General Hospital of Massachusetts. Professor Codman was one of the leaders of the movement that provided, in 1913, the foundation of the American College of Surgeons (CAC), which adopted the Final Results System whose objective was to improve the quality of care provided in American hospitals. As a result of this work led by the CAC, a set of standards called the Minimum Standards Program (PPH) was developed in 1917, these being the first standards related to quality improvement processes, officially established, related to a hospital standardization program . In 1926, the first pattern manual was published[19-21].

In the quest to expand the PPH, the CAC, together with several other North American medical assistance associations, created in 1951 the Joint Commission on Accreditation of Hospitals (JCAH), an entity described as independent, non-governmental and non-profit, which proposed provide accreditation on a voluntary basis. Due to the high adherence of hospitals, the American Congress now recommends that Accreditation be established as a prerequisite for funding procedures in official government programs, especially Medicare and Medicaid. Medicare and Medicaid are health insurance and social programs, respectively, that provide assistance to Americans. Currently, the health units that serve the portion of the user population of those programs only receive reimbursement if they are accredited by the Joint Commission[22-24].

Due to the increased demand for Accreditation and certification tools, the JCAH changes its name Joint Commission on Accreditation of Health Care Organization (JCAHO) in 1987, as its system of standards is offered to other segments of health services, which also include clinics, laboratories, mental health, homecare, etc. Allied to this initiative, another change was the introduction of performance indicators. The interest in implementing Accreditation procedures started to go beyond North American walls. Faced with another moment of expansion, the JCAHO created in 1994 the Joint Commission International (JCI) to offer Accreditation internationally. It is at this moment that the institution arrives in Brazil[25-29].

JCI standardization arrives in Brazil through its representative in the country: the Brazilian Accreditation Consortium (CBA). In addition to JCI, there is another representative accreditation organization in Brazil: the National Accreditation Organization (ONA) - created in Brazil in 1999 - recognized for operating the process in the country through Ordinance GM/MS No. 538 of April 17, 200130 In this context, the question that will be answered during this research is: What are the main actions to prepare a Primary Care Unit to meet the items recommended by the ONA regarding adequate safe patient care?

The objective was to discuss the safety goals standardized by the National Accreditation Organization (ONA), exposing the appropriate practice for patients assisted in primary care units.

Methodology

The methodology adopted to carry out this research was a bibliographical review of the literature, of a narrative and descriptive nature, based on scientific articles, books, academic publications and materials from the Ministry of Health that were located in the databases of PubMed, SciELO, LILACS and Google Scholar, using the Virtual Health Library (VHL) as a tool. As a search strategy, the following descriptors were used: "Patient Safety", "Primary Health Care" and "Accreditation".

Among the eligibility criteria, the inclusion criteria were listed, such as: scientific material published in the aforementioned databases, under the time frame from 2002 to 2012 and that addressed the theme proposed here. As exclusion criteria, the following were pre-established: studies and scientific materials not available in full and free of charge.

For the analysis, we proceeded to the synthesis of the materials selected from the narrative methodology with a reflective and critical nature.

Results and Discussion

The management of hospital services is a process of great importance to the good performance of a Basic Health Unit (UBS). Patients increasingly crave the pleasure and care for their needs with humanization, quality and, above all, care. In this way, management became an instigation and became a very relevant mechanism in the conduct and operations of health centers, not only the private ones, but also the public ones[29].

In a constant search for perfection in management and aiming to satisfy patients' expectations, it is possible to

perceive that management theories at all levels of health institutions have motivated, over time, the organization of the work of groups, a fact that is developing side by side with the humanization of care, in the productivity and qualification of professionals, in the fullness of care and in the separation of duties to be fulfilled[30].

With the intention of achieving the highest standards of assistance, hospitals and basic health units choose to look for projects that correspond to the needs of patients. Quality has become a factor of great significance, directing institutions to national and international markets, requiring organizational success and development. One of the initiatives is directly focused on the process defined as Hospital Accreditation, which establishes new conditions with regard to behavioral changes, frequent concentration of professionals in the pursuit of imposed goals and objectives, in addition to fixed and continuous improvement of the care provided[30,31].

The insertion of quality management in health has the great function of triggering a change in behavior, from management, the body of nurses and doctors to professionals who operate indirectly in carrying out work within the hospital environment. In order to actually achieve this quality management, it is necessary to introduce it in conjunction with Hospital Accreditation[32].

The expression "patient safety" refers to the reduction, to an acceptable minimum level, of the risk of unnecessary harm associated with health care. It can be considered a relatively new area of knowledge, related to the sphere of management and quality, which gained momentum in the 2000s, after the publication of the famous report "To err is human: building a safer health system", by the Instituto of Medicine (IOM) of the United States of America (USA)[33].

In Brazil, the National Patient Safety Program (PNSP), established with the publication of Ministry of Health (MS) Ordinance No. 529, of April 1, 2013, is the regulatory framework that defined concepts, structures, processes and work strategies to ensure improved safety in the care provided to patients in our environment. In 2014, with the publication of the reference document for the PNSP, prepared jointly by the Ministry of Health and the Oswaldo Cruz Foundation (Fiocruz), the taxonomy to be adopted in actions and research related to patient safety was defined, based on the International Classification WHO Patient Safety Classification - International Patient Security Classification (IPSC), as well as priority actions in this field and goals to be achieved[32,33].

Also in 2013, RDC No. 53, of November 14, 2013, was published, which amended Art. 12 of RDC No. 36/2013, extending the deadlines for structuring the NSP, preparing the PSP and monthly notification of Adverse Events (AE), counted from the date of publication of the standard. This publication aims to provide information for the constitution of the NSP, in order to comply with Art. 5 of RDC No. 36/2013 and instrumentalize the Center team in implementing actions and strategies to promote patient safety provided for in the standard, in addition to guiding the surveillance and monitoring of incidents related to health care, including adverse events[33].

Giving institutionality and accountability to achieve patient safety, it is necessary, within the scope of health establishments, to organize and implement the Patient Safety Nucleus (NSP), with the attribution of preparing the Patient Safety Plan. Patient (PSP) in the terms defined by the PNSP, thus demonstrating the commitment and institutional planning of care environments to systematize practices that may incur greater risks to patients. In this context, knowledge about risk management tools, safety protocols and other instruments that favor the incorporation of indicators and promote a culture of patient safety is of great value[33].

The goal of 100% adequacy of health services in relation to the implementation of patient safety practices is a challenge for the National Health Surveillance System (SNVS) and the entire Unified Health System (SUS)[32,33].

Patient safety is a fundamental component of quality healthcare. As healthcare organizations continually strive to improve, there is growing recognition of the importance of a patient safety culture. Safety consists of reducing the risk and unnecessary damage associated with health care to an acceptable minimum, which, in turn, refers to what is feasible in view of current knowledge, available resources and the context in which care was provided.

The application of measures associated with patient safety in health care determines diseases and injuries to patients, reduces treatment time or hospitalization time, improves or establishes the patient's functional level and improves their perception of well-being. Although nurses, managers and other health professionals can manipulate research to understand the imminent improvements in their work environment, reducing the influence by using ineffective daily practices in solving problems, the WHO, recognizing the magnitude of the problem and the need to promote patient safety globally, established measures through a World Alliance for Patient Safety. The purpose of this initiative was to define and identify priorities in this area in different parts of the world and to contribute to a global research agenda, the Ministry of Health basic patient safety protocols correspond to international patient safety goals and serve to standardize work processes, improving the quality of care (Ordinance No. 1.377/2013 and Ordinance No. 2.095/2013)[33].

According to JCI and ANVISA, the following are International Patient Safety Goals: correctly identify patients; improve communication effectiveness; improve the safety of high-alert drugs; ensure safe surgery; hand hygiene for infection control; reduce the risk of falls and pressure ulcers[33].

The correct identification of the patient is an action that ensures care and minimizes the occurrence of errors and damage. It is, therefore, the first activity that advocates in favor of Patient Safety. Studies reveal that errors in patient identification trigger potentially fatal consequences and that approximately 9% of them cause temporary or permanent damage. It should be noted that the occurrence of failures in the identification of the patient causes incidents to at least

two individuals: the one who received a wrong therapeutic conduct and the other, who had it omitted. In the Brazilian reality, the National Patient Safety Program (PNSP) was instituted, through Ordinance No. 529, of April 1, 2013, which proposes to health services the construction of protocols, guides and manuals aimed at the various areas of PS, such as patient identification processes[33,35].

The understanding of prescription information and actions that enable clarification to patients about medication risks and prevention measures must be guaranteed by collaborative actions between prescribers, pharmacists and nurses. The clinical activities of pharmacists should be encouraged, as they can reduce prescription and medication errors in general and are based on proven scientific evidence, guarantee safe surgery, the measures adopted aim to ensure correct patient, location, laterality and procedure, in order to prevent adverse events and damage that can happen before, during and after the anesthetic-surgical procedure[34,35].

There are several consequences for elderly patients who suffer falls, such as problems with mobility, loss of independence or reduced quality of life. These problems generate high costs in the provision of care services. In addition, for individuals over 80 years of age, the rate of falls increases.

Final Considerations

The perception in the units about the lack of continuity of projects/initiatives established by headquarters is common. According to the assessment of strengths and findings, it appears that a considerable volume of actions related to the establishment and review of documentation, training and records of analysis and problem solving in a structured way is necessary. It is also inferred that there are many scientific productions available on theory and practical cases, however, they should become models for planning and implementation in order to achieve a real change in the scenario under the primary circumstance of patient safety and quality of care. provided.

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