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HOSPITALIZED PATIENT SAFETY PRACTICES: AN INTEGRATIVE LITERATURE REVIEW

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ABSTRACT

The National Patient Safety program proposes measures to reduce the occurrence of incidents in health services, events that could or would result in harm. This study is an integrative literature review, the review is composed of five steps: problem identification, literature search, data evaluation, data analysis and review presentation. The search for studies answered the following guiding questions: what is the most current evidence in the literature on safe care for hospitalized patients after the World Alliance for Patient Safety? What is common in the results found? From this perspective, it is noted that the constant search for patient safety practices is seen as fundamental for comprehensive and quality care. Thus, the factors that contribute to the inclusion of the family and the patient in their care are means lacking incentives. As a result, it is worth noting that professional qualification enabled an extremely positive experience, so encouraging education programs to improve professional skills, strengthening the hospitalized patient's safety culture is seen as an excellent strategy for safe care.

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INTRODUCTION

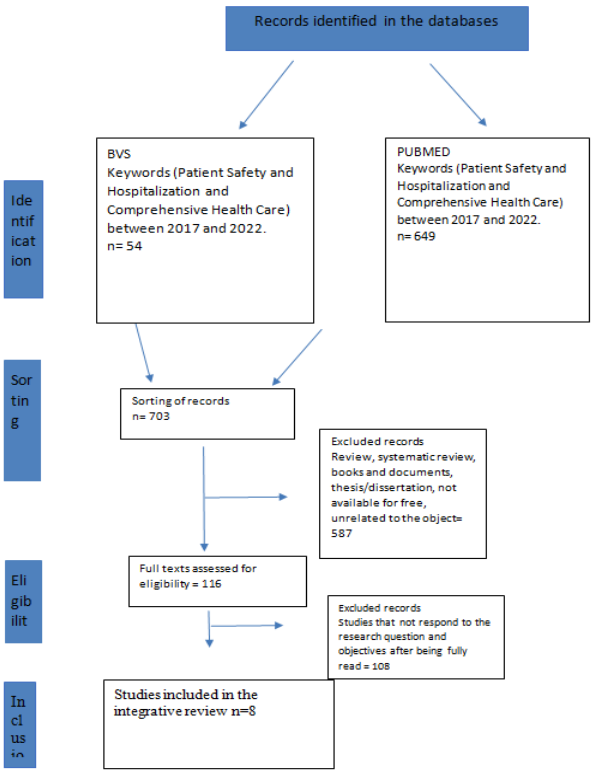
According to Brasil, 2020, the National Patient Safety Program proposes measures to reduce the occurrence of incidents in health services; events that could or have resulted in harm. These must be communicated to Anvisa, which is the body responsible for receiving the information. And then, actions will be proposed in favor of quality improvement, through Resolution RDC nº 36, of 07/25/13. According to RDC nº 36 of July 25, 2013, all Brazilian health services (except individual offices, laboratories, mobile and home services) must constitute the Patient Safety Center (NSP), which is responsible for promote and support the implementation of actions aimed at patient safety.

The Patient Safety Culture (CSP) is considered an important point of the services that favors the implementation of safe practices. There is also an electronic system, from Anvisa in partnership with CNPq, for quick and reliable assessment of patient safety culture (CSP) in hospitals (Brasil, 2021). Generally, this concern with safety is seen in the field of technological assessment, a sub-dimension of efficacy and one of the attributes of the quality of care proposed by Donabedian, 1980. In the current context, the reduction of risk differs from the high risks inserted in these complex systems, with growing demands and investments that are often not enough (Reis, 2013). From the 2000s, patient safety enters the contexts of several researchers, and it becomes internationally recognized as something crucial in health quality (Cassiani, 2005). In view of this, the World Health Organization (WHO), 2009, launches the so-called Patient Safety

Program, which seeks to define the most necessary questions for research on this topic, which are of high relevance for countries at all levels of development. Some of these are: healthcare-associated infections; health care for mothers and newborns; fragile safety culture; elderly health; adverse events (AE) related to medication errors; inadequate competencies and skills among professionals. Thus, unsafe health care generates high morbidity and mortality that could be avoided, undesirable expenses with system maintenance and great concern. Research in hospitals in several countries associate the occurrence of AE with incidents that cause harm to patients, and, consequently, the increase in length of stay, mortality rate and hospital expenses. (WHO, 2008; Runciman, Thomson, Van Der Shaaf, Sherman & Lewalle, 2009; Raleigh, Cooper, Bremner & Scobie, 2008; Zhan & Miller, 2003; Mendes, Martins, Rozenfeld & Travassos, 2009). From this perspective, in Brazil, high numbers of preventable AEs have encouraged the insertion of various initiatives in recent decades in order to guarantee the safest health care. Among them, the creation of programs for monitoring quality and safety based on indicators is the form that stands out the most. (Allegranzi, Storr, Dziekan, Leotsakos, Donaldson & Pittet 2007; Catalano, 2006; Gouvêa & Travassos, 2010). In this context, quality is a multidimensional concept that needs indicators. This makes it possible to monitor the performance of services, systematize improvement actions and provide guidance to patients. Hospitals are responsible for a significant and complex part of the health care provided to patients. Therefore, the inclusion of these safety indicators in quality monitoring programs provides an important way to guide measures that promote the safety of hospitalized patients. (Mainz, 2003; McGlynn & Asch, 1998; Campbell, Braspenning, Hutchinson & Marshall, 2002). This article aims to review the literature to present the topic of safety practices for hospitalized patients, highlighting the current most used practices, national and international; the challenges related to perspectives in research on the subject and its approach in the brazilian reality.

METHODOLOGY

This is an integrative literature review. According to Souza, Silva & Carvalho, 2010, the review consists of five steps: problem identification, literature search, data evaluation, data analysis and review presentation.



The search for studies answered the following guiding questions: what is the most current evidence in the literature on safe care for hospitalized patients after the World Alliance for Patient Safety? What is in common in the results found? Inclusion criteria were: original articles from primary studies; in English/Spanish/Portuguese; specifically addressing patient safety in the context of the hospitalized child; and published from 2017. The proposed period for the search was between 2017 and 2022, considering that in 2004, the WHO launched the innovative World Alliance for Patient Safety. Exclusion criteria were: review, editorial articles, event abstracts, books, thesis/dissertation; and lack of relationship with the object of study in the title. The keywords/descriptors for the searches were Patient Safety, Hospitalization and Comprehensive Health Care. Used in combination with the Boolean operators AND and OR, according to the search system of each database. The databases consulted were: PubMed and VHL.

RESULTS

Thus, the results of this study are presented below, organized into two tables, being Table 01, with the characterization of the articles, and Table 02, with the analysis of the exposed in each of the articles. Therefore, Table 01 presents 1 article in John Wiley & Sons Ltd, 1 in Asian Nursing Research., 1 in Revista Gaúcha de Enfermagem., 2 in THE BMJ, 1 in the International Journal of Environmental Research and Public Health, 1 in the Journal PLos ONE, and finally 1 in Revista Latino Americana de Enfermagem. Thus, the studies were published in the years 2017 to 2021, being the equivalent of 37.5% in the year 2021, 25% in the year 2017, 12.5% in the year 2018, 12.5% in the year 2019 and about 12.5% in the year 2020. Therefore, most of the works were from the United States 25%, from Brazil 25% and from South Korea 25%, against 12.5% from England, and 12.5% from Australia. Thus, the content of the research found referred to hospitalized patient safety practices (Table 2).

DISCUSSION

Factors that contribute to family and patient participation in self-care: A qualitative study identified a number of key areas that patients believe influence the safety of health care provided in their general practice. Some factors were perceived to affect safety, the most frequent experiences of safety problems were related to consultations, coordination between providers, exams, medication prescription and diagnoses. In contrast, lessons learned by patients after experiencing safety during healthcare positively influenced patients' credibility, the study provided a comprehensive set of recommendations based on respondents' statements on how to improve patient safety; (increasing patient activation and reducing unnecessary care) and safety practices in relation to consultations (focusing on communication, ensuring continuity and proactive monitoring), and the overall organization (consultations, health records, teamwork and professional technical competence) and practice environment (Cabello, Cuesta, Slight & Valderas, 2017). Thus, a cross-sectional study collected and evaluated data from 479 nurses in Seoul, Korea, using a questionnaire designed to collect data on patient participation in patient safety activities, patient-centered care (PCC), perceptions of teamwork, and security climate. The response rate was 74.1% (N = 355). The mean patient participation score was 2.76 ± 0.46 of 4.0. Mean scores for PCC, teamwork and safety climate were 3.61 ± 0.46, 3.64 ± 0.41 and 3.35 ± 0.57 of 5.0, respectively. Nurses who experienced high patient participation in patient safety activities (-3.0) had higher scores for PCC, teamwork, and safety climate. The nurses' CAP, teamwork and the safety climate were positively related to patient participation. In particular, the results indicate that increasing nurses' competence for patient-centered care and creating a strong safety climate are important for promoting patient participation for safer health care (Hwang, Kim & Chin, 2019).

Table 1. Characterization of articles. Teresina – PI 2022 (N=08)

N°	Title	Authorship	Data base	Year	Country	Magazine
1	Identifying patient-centred recommendations for improving patient safety in General Practices in England: a qualitative content analysis of free-text responses using the Patient Reported Experiences and Outcomes of Safety in Primary Care (PREOS-PC) questionnaire	Cabello, Lorena Cuesta, Slight&Valderas.	Wiley Online Library	2017	England	John Wiley & Sons Ltd
2	Patient Participation in Patient Safety and Its Relationships with Nurses' Patient-Centered Care Competency, Teamwork, and Safety Climate	Hwang, Kim &Chin.	Elsevier	2019	South Korea	Asian Nursing Research.
3	Patient safety in the care of hospitalized children: evidence for pediatric nursing.	Wegner, Silva, Peres, Bandeira, Frantzb, Boteneb & Predebona.	Scielo	2017	Brazil	Revista Gaúcha de Enfermagem.
4	Patient safety after implementation of a coproduced family centered communication programme: multicenter before and after intervention study	Khan, A. et al.	PubMed	2018	United States	THE BMJ
5	Person-Centered Care Practice, Patient Safety Competence, and Patient Safety Nursing Activities of Nurses Working in Geriatric Hospitals	Huh & Shin.	PubMed	2021	South Korea	International Journal of Environmental Research and Public Health
6	Assessing Patient Safety Culture in Hospital Settings	Azyabi, Karwowski & Davahli.	PubMed	2021	United States	THE BMJ
7	The influence of patient-centeredness on patient safety perception among inpatients	Choi, Kim & Hyunlye Kim.	PubMed	2021	Australia	Journal PLos ONE
8	Patient experience in co-production of care: perceptions about patient safety protocols.	Costa, Moura, Pasin, Costa & Magalhães.	Scielo	2020	Brazil	Revista Latino Americana de Enfermagem.

Source: Authors, 2022.

Table 2. Article content analysis. Teresina – PI 2022 (N=08).

N°	objective	Conclusion
1	Explore patients experiences and perceptions of patient safety in English general practices and identify recommendations to improve patient safety in primary care.	This study provided a better understanding of specific aspects of patients' experiences and perceptions of safety issues in healthcare and identified a series of recommendations to improve patient safety in general practice in England.
2	Examine the degree of patient participation in patient safety activities in hospitals and investigate its relationship to nurses' patient-centered care (PCC) competence, teamwork, and safety climate.	Findings indicate that increasing nurses' competence for patient-centered care and creating a strong safety climate are important for promoting patient participation for safer health care.
3	To describe evidence in the international literature for the safe care of hospitalized children after the creation of the World Alliance for Patient Safety and to list contributions from the general theoretical framework of patient safety for pediatric nursing.	Available general information on patient safety should be incorporated into pediatric nursing care. The importance of sensitizing the multiprofessional team to the assumptions of patient safety is reinforced, especially the safety culture.
4	To determine whether medical errors, family experience, and communication processes improved after implementing an intervention to standardize the professional-family health framework and family-centered communication.	The intervention implemented to structure the communication between the health professional and the family was associated with a reduction in the occurrence of errors with harm to the patient and an improvement in the family experience and in the communication process.
5	To investigate the relationships between the practice of person-centered care and the competence in patient safety during nursing activities in geriatric hospitals.	To improve the quality of patient safety during nursing activities performed by geriatric nurses, it is necessary to develop strategies to improve patient safety skills and expand the pool of competent nurses with clinical experience.
6	Discuss the research tools used to assess the Patient Safety Culture and identify its components.	The study revealed that teamwork and organizational and behavioral learning are some of the most relevant factors for the Patient Safety Culture. Particularly in hospitals, patient safety is a dynamic and complex phenomenon. Therefore, it is recommended that surveys and surveys be carried out every two to three years to ensure best practices for patient safety.
7	To identify the effects of Patient-Centered Care and the Perception of Patient Safety among hospitalized patients.	To improve the patient's perception of safety, strategies should seek to strengthen the focus on the patient and its related subfactors, especially the general treatment process, the environment and the nursing service.
8	To analyze the patient's experience during hospitalization, focusing on the co-production of care related to patient safety protocols.	Co-production was perceived in the protocols for safe surgery and prevention of injuries resulting from falls. In patient identification, hand hygiene and medication process, it was found that co-production depends on the proactive behavior of patient-families, as it is not encouraged by professionals. The research contributes with subsidies to leverage the patient's participation as an agent of their safety, with emphasis on co-production as a valuable resource for the advancement of patient safety.

Source: Authors, 2022.

The topic of patient safety in the care of hospitalized children highlights the importance of records in medical records, especially in the electronic patient record (PEP) and assessments of the care process through specific instruments based on checklists. The Failure Mode Effects Analysis (FMEA) - Tool for Analysis of Failure Modes and their Effects - to evaluate the care process and event detection and the Adverse Events (AE) Record in real time were highlighted as tools for incident analysis and promotion of safe care. It is noteworthy that nursing reports are important sources of information for identifying the occurrence of AEs and, if incomplete, make it difficult to analyze events and their causes. (Wegner, Silva, Peres, Bandeira, Frantzb, Boteneb & Predebona, 2017). Families, nurses, and physicians co-produced an intervention to standardize professional-family communication in ward rounds (family-centered turns), which included structured, high-reliability communication in bedside rounds, emphasizing health literacy, family involvement and two-way communication; real-time structured and written summaries of the rounds; a formal training program for health professionals; and strategies to support teamwork, implementation and process improvement. While overall errors remained unchanged, harmful medical errors decreased and family experience and communication processes improved after implementing a structured communication intervention for family-centered rounds co-produced by families, nurses, and physicians. Family-centered care processes can improve the safety and quality of health care (Khan, et al., 2018).

A descriptive research study was conducted to investigate the relationships between person-centered care practice, patient safety competency, and patient safety nursing activities. The analysis identified that patient safety skills and age positively affected patient safety nursing activities. Additionally, in view of the low scores for patient safety knowledge compared to the patient, safety attitude and patient safety skills and the fact that nurses with a postgraduate level obtained the highest grades in the safety competency of the patient, it is proposed to establish a policy of continuing education measures for geriatric nurses and mandatory placement of nurses specializing in geriatric care (Huh & Shin, 2021). Accordingly, another study investigated the influence of patient-centeredness on the perception of patient safety among inpatients, with a particular focus on the relationships between patient-centered subfactors and the perception of patient safety. The mean patient centered score among inpatients was 77.14 ± 12.64 (range 0-100), and the mean patient safety perception score was 99.24 ± 15.90 (range 24-120). Patient-centeredness influenced the patient's perception of safety ($R2 = 70\%$, $F = 27.75$, $p < 0.001$). Regarding the patient safety perception subfactors, the activities of the medical team to ensure safety were affected by the overall treatment process and global assessment of patient-centeredness ($R2 = 54\%$, $F = 13.14$, $p < 0.001$) ; patient safety practice was influenced only by the overall treatment process ($R2 = 39\%$, $F = 7.02$, $p < 0.001$); and trust in the medical system was affected by the nursing service, the general treatment process, and the hospital environment ($R2 = 44\%$, $F = 8.49$, $p < 0.001$) (Choi, Kim & Kim, 2021). A qualitative study, whose data were collected through: document analysis, observation of 10 professionals in the provision of care and 24 interviews with patient-families from 12 clinical and surgical inpatient units of a hospital. Thematic analysis was carried out, based on the concept of co-production. Alignment can be observed between the patients' perceptions, the institutional definitions of the field studied and the basic protocols described in the National Program for Patient Safety. However, although these basic protocols are part of the perceptions of patients-families, they are not always followed by professionals, incurring risks for the safety of care, when important safety barriers are not remembered or are ignored. It is also noted that this behavior was perceived by patients-families, with no warning signal from them to professionals, co-production was perceived in the protocols of safe surgery and prevention of injuries resulting from falls. In patient identification, hand hygiene and medication process, it was found that co-production depends on the proactive behavior of patient-families, as it is not stimulated by professionals (Costa, Moura, Pasin, Costa & Magalhães, 2020).

Strategies that favor patient safety: A study carried out in England explored the perception and suggestions of patients in the face of safety problems within the health service. This study revealed the practical training of the team as a frequent recommendation among patients, in addition to patient-centered care and the establishment of effective communication that permeates all interpersonal relationships, in order to reduce the probability of errors during care (Cabello, Cuesta, Slight& Valderas, 2017). Patient involvement in health care, as an agent of their safety, has been presented as a very promising strategy to implement patient safety actions. However, a study revealed the low degree of patient participation in the care process, evidenced by the scarcity of questions about important points, such as diagnosis, treatment and the drugs used, thus revealing the predominance of a passive behavior of patients in front of patients. to the health recovery process. Added to this, another study pointed out that a considerable number of professionals do not encourage the active participation of patients, although some patients and companions demonstrate the ability to do so (Hwang, Kim & Chin, 2019; Costa, Moura, Pasin, Costa & Magalhães, 2020). In addition, actions such as asking professionals about washing hands was considered a very challenging attitude for patients. In this context, to ensure safe care, it is necessary for professionals to act to increase the degree of patient involvement in the care process, encouraging them to ask questions that reinforce their safety, helping them to recognize safety issues. , through clarifications and thus encourage engagement and proactive behavior in safety-related practices. Thus, with the establishment of a partnership between the health team and family members/companions, satisfactory advances are expected in favor of patient safety (Hwang, Kim & Chin, 2019; Costa, Moura, Pasin, Costa & Magalhães, 2020).

Along with patient involvement in care, other studies have cited the importance of patient-centered care as a determinant of safety, taking into account their values and beliefs so that patients can comfortably express their opinions. Such action should favor the creation of a bond and the development of trust between the patient and the health professional, contributing to improve the patient's knowledge about his health and increase his active participation in the treatment process (Choi, Kim & Kim, 2021). Another study explained the main strategies related to pediatric patient safety, in which the most relevant point was the completion of records in the medical record, together with evaluations of the care process through the use of specific instruments such as checklists. Added to this, it emphasized the contribution of the companion as a barrier to the occurrence of incidents, thus strengthening safety practices in care (Wegner, Silva, Peres, Bandeira, Frantz, Botene & Predebon, 2017). The effectiveness of the strategies mentioned above was confirmed by another study, which analyzed the result of the implementation of an intervention to structure and standardize the communication process between health professionals and the family. In the analysis, it was found that the implementation of the structured method of communication contributed to improve communicability and reduce the incidence of errors with damage to the hospitalized patient. This result reinforces the hypothesis that the companion plays an extra barrier role in the care process, with the ability to detect circumstances early and avoid errors potentially harmful to the patient (Khan, et al., 2018). In the context of health care for geriatric patients, the need for greater attention to measures to prevent falls was highlighted, since it is a group that is more susceptible to this type of accident, due to clinical conditions related to limitation of mobility, bone fragility, use of sedatives and other medications. In addition, falls are the incident most often associated with increased hospital stay, which can lead to complications of bone fractures and even death (Huh & Shin, 2021).

Another theme that was frequently addressed among the articles analyzed was the positive impact of professional experience on the quality and safety of care. It was observed that more experienced professionals with greater knowledge about patient care and safety better understood the patient's needs, in order to provide greater security during care practices.(Azyabi, Karwowski & Davahli, 2021). Therefore, realizing such a positive correlation between patient safety and the experience and qualification of the professional, it would be quite relevant to develop education programs with the aim of

improving skills and strengthening the patient safety culture, in addition to establishing strategies to reduce the turnover rate of professionals, thus ensuring experienced and qualified professionals to work in safe care (Huh & Shin, 2021; Azyabi, Karwowski & Davahli, 2021).

CONCLUSION

From this perspective, it is noted that the constant search for patient safety practices is seen as fundamental for comprehensive and quality care. Thus, the factors that contribute to the inclusion of the family and the patient in their care are means that lack incentives. As a result, it is worth noting that the professional qualification made possible an extremely positive experience, so the incentive in education programs to improve the professional's skills, strengthening the hospitalized patient's safety culture is seen as an excellent strategy for care safe. Therefore, for new studies, it is recommended that a weighting be carried out about the impact of public policies evidenced in recent years. In this way, it is noted that in the literature there are few studies covering this issue, making it necessary knowledge for future planning and improvements in the face of care seen in the context of safe practices provided to hospitalized patients.

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