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RESEARCH

PROFESSIONAL PATIENT QUALITY AND SAFETY MEDIATORS AS A STRATEGY FOR SAFE HEALTH CARE

PROFISSIONAIS MEDIADORES DA QUALIDADE E SEGURANÇA DO PACIENTE COMO ESTRATÉGIA PARA O CUIDADO SEGURO

PROFESIONALES MEDIADORES DE LA CALIDAD Y SEGURIDAD DEL PACIENTE COMO ESTRATEGIA PARA EL CUIDADO SEGURO

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ABSTRACT

Objective: to characterize the patient quality and safety mediator; to identify mediators responsibilities and practices towards strategies implemented by the risk manager to improve health care. **Methods:** a cross-sectional, descriptive and investigative trial with a quantitative approach, carried out in an accredited university hospital in Porto, Portugal, during June and July 2014, based on a semi-structured questionnaire containing variables to describe providers profiles and mediators' responsibilities and practices. **Results:** 71 patient quality and safety mediators were registered in the study, with a majority of women, ages 36 to 40, licensed nurses with no managerial training, working in the institution for 11 to 20 years, and as mediators from 1 to 5 years. Mediators' responsibilities were to establish a dialogue between the Quality Department and Staff (38%), to provide guidance to patients regarding safety measures (33%) and to help train new professional mediators (32%). Practices were developed for safe surgeries (83%), prevention of infections in health care (83%), falls (82%), medications (80%) and pressure injury (79%). **Conclusions:** Although not mentioned by participants, the relevance of the initiative was perceived in the institution as an innovative, pioneer measure, and focused on using light technologies in health care, there was an evolution in the relations between team members and the production of communication.

Keywords: Health Sciences, Technology and Innovation Management; Quality of Health Care; Patient Safety.

RESUMO

Objetivo: *caracterizar o mediador da qualidade e segurança do paciente; e identificar as ações e atribuições dos mediadores frente às estratégias implantadas pelo gestor de risco para melhoria dos cuidados de saúde.* ***Métodos:*** *estudo transversal, descritivo e exploratório, de abordagem quantitativa, realizado em um hospital universitário acreditado no Porto, Portugal, entre junho e julho de 2014, a partir de um questionário semiestruturado, contendo variáveis da caracterização dos profissionais e de atribuições e ações dos mediadores.* ***Resultados:*** *participaram do estudo 71 mediadores da qualidade e segurança do paciente, tendo a maioria mulheres entre 36 e 40 anos, enfermeiras, licenciadas, sem formação em gestão, experiência profissional na instituição há 11-20 anos e na função de mediador com experiência de um a cinco anos. As atribuições desempenhadas dos mediadores foram: estabelecer interlocução entre departamento de qualidade e equipe (38%), orientar medidas de segurança do paciente (33%) e contribuir para a formação de novos profissionais mediadores (32%). As ações desenvolvidas foram: cirurgia segura (83%), prevenção de infecção associada ao cuidado de saúde (83%), queda (82%), medicação (80%) e lesão por pressão (79%).* ***Conclusões:*** *embora não referida pelos participantes, notou-se a pertinência da iniciativa como uma medida inovadora e pioneira e no aspecto da tecnologia leve em saúde. Percebeu-se evolução nas relações entre os membros da equipe e da produção de comunicação.*

Palavras-chave: *Gestão de Ciência, Tecnologia e Inovação em Saúde; Qualidade da Assistência à Saúde; Segurança do Paciente.*

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RESUMEN

Objetivo: *caracterizar al mediador de la calidad y seguridad del paciente e identificar acciones y atribuciones de los mediadores ante las estrategias implantadas por el gestor de riesgo para mejorar los cuidados de la salud.* ***Métodos:*** *estudio transversal, descriptivo y exploratorio, con enfoque cuantitativo, realizado en un hospital universitario acreditado en Porto, Portugal, entre junio y julio de 2014, en base a una encuesta parcialmente estructurada, con variables de caracterización de los profesionales, así como atribuciones y acciones de los mediadores.* ***Resultados:*** *en el estudio participaron 71 mediadores de la calidad y seguridad del paciente, en su mayoría mujeres, de 36 a 40 años, enfermeras, licenciadas, sin capacitación en gestión, con experiencia profesional en la institución de 11 a 20 años y como mediador de 1 a 5 años. Las atribuciones de los mediadores eran establecer la interlocución entre el departamento de calidad y el equipo (38%), instruir sobre las medidas de seguridad del paciente (33%) y contribuir a la formación de los nuevos profesionales mediadores (32%). Las acciones desarrolladas fueron: cirugía segura (83%), prevención de infección asociada al cuidado de la salud (83%), caída (82%), medicación (80%) y lesión por presión (79%).* ***Conclusiones:*** *a pesar de no haber sido mencionado por los participantes, se notó la pertinencia de la iniciativa como una medida innovadora y precursora y en el aspecto de tecnología leve en salud. Se percibió evolución en las relaciones entre los miembros del equipo y de producción de comunicación.*

Palabras clave: *Gestión de Ciencia, Tecnología e Innovación en Salud; Calidad de la Atención de Salud; Seguridad del Paciente.*

INTRODUCTION

In the current context, the hospital health organization has been the field of innumerable technological and scientific advances through the use of increasingly sophisticated and complex methods, techniques and technologies.[1] However, regarding technological and human resources in health organizations, further advances are needed to reduce the number of undesirable incidents and to improve health care provision.[2]

Although technologies are theoretically divided into light, light-hard and hard, they are interrelated.[3] In this sense, health professionals in the health organizations need the so-called light technologies, capable of providing the inter-professional relationship, production of effective communication and the networking. Based on these considerations, technological innovation in health is understood to be the introduction and intentional application of ideas, processes, products or procedures that concurrently are relevant for safer care in health organizations.[4]

Regarding the safe care and relating to public policies, the Ministry of Health in Portugal has published the National Plan for Patient Safety (PNSD) 2015-2020. This plan complies with the recommendation of the Council of the European Union on patient safety and it addresses strategies to enhance the continuous improvement of quality and safety in care.[5]

The main objective of the National Plan for Patient Safety of Portugal is to support risk managers in the application of methodology and in the search for goals aiming to improve the management of risks related to health care, especially because patient safety is a collective responsibility that results from skills and management. In this sense, patient safety can be structured based on the responsibility of all professionals involved in care.[5]

It is known that in the hospital health organization, the management of risks related to health care demands a systematic, joint, organized and constantly assisted approach. Thus, the implantation of technological innovations associated with risk management and health care is a collective process whose purpose is to ensure the possible safety of patients, preventing undesirable incidents, which may be capable of compromising the quality of the health service.[6]

For this reason, the health institution under study established a professional mediator of quality and patient safety (MedQSP), with a concern to cover all levels of care and support of the institution. Although these professionals are mostly health professionals, there is a concern to involve other areas that do not deal directly with the patient. It is expected to have at least one representative from each service/unit since it is understood that the other areas are also essential for multi-professional integration and the proper functioning of the health institution.

It is noticed that MedQSP is the professional linking the team of his unit/service and the department of risk management, quality and patient safety of the hospital, with a workload determined for that purpose, assisting in the development competence and ability, as well as strategy maintenance, improving the assistance provided by the team and ensuring safer care.

Certainly, this pioneering and innovative strategy implemented in the health institution of Portugal is extremely relevant, since it improves the health care, and enables the dissemination to other health organizations. This strategy aims to create a network of professionals with predefined proposals, through transversal actions such as dissemination of safety culture, effectiveness of inter-professional communication, distribution of knowledge and information directed to safety and interventions focused on specific problems, improving health care in an integrated, participatory, collective way and in a process of continuous improvement.

Given this context, the guiding questions of this study were: how is the mediator of the patient quality and safety characterized? What are the actions and attributions of the mediators for the strategies implemented by risk management to improve healthcare?

The objectives of the study were to characterize the mediator of the patient quality and safety and to identify the actions and attributions of the mediators before the strategies implemented by the risk manager to improve health care.

METHOD

This is a cross-sectional, descriptive and exploratory study, with a quantitative approach, carried out in a large, public and university hospital, accredited by Caspe Healthcare Knowledge Systems (CHKS), located in Porto, Portugal.

The professionals of the institution considered mediators of quality and safety of the patient were the participants of the study. The mediators are employees of the institution with varied academic qualifications, from primary, secondary, bachelors, graduation and master's degrees. The inclusion criteria of all these professionals were applied: to have at least one year in the function, to develop assignments; and to have the responsibility as a mediator in the institution and to be a health professional. The exclusion criteria were those participants who were on vacations, leave and who refused to sign the free and informed consent form.

For the total population of 146 quality mediators in the studied institution, the sample consisted of all mediators of the institution who met the inclusion and exclusion criteria described, making up the total of 71 security mediators who answered the questionnaire, according to the objectives of the study.

The data collection was in June and July of 2014, by the principal researcher, during the work period of the participants and the technique of the semi-structured self-administered questionnaire was used. The questionnaire is composed of two parts. The first part contains variables of identification, professional training, and academic qualification; and the second part has variables of hospital management, accreditation, functions/responsibilities such as MedQSP and patient safety actions/initiatives.

After the data collection, they were organized into a database using Microsoft Excel® 2013 software and analyzed through descriptive statistics, with the central trend and dispersion measures, using the statistical software Statistical Package for Social Science (SPSS)) 21.0 for Windows.

The consent of the hospital involved in the study was determined with authorization from the quality and patient safety office, as well as the general direction of the hospital.

This study obeyed the ethical precepts related to the development of studies with human beings, from Portugal, in which it was submitted to the Ethics Committee on Research for Health, and it was approved under protocol 2014.032 (024-DEFI/031- CES).

RESULTS

The answers of 71 MedQSP were analyzed, composed mostly of females (80.28%), ranging from 36 to 40 years old (23.94%), with a mean age of 42 years old. The professional occupations of the mediators were nurses (67.61%), with graduation degree (81.69%) and without a management course (76.06%).

Regarding the professional experience, most of them reported having professional practice time and experience in the institution from 11 to 20 years (45.07 and 46.48%, respectively). Regarding the time as MedQSP, most of them (63.38%) were recently in this function, 1-5 years ago, and have no prior experience as MedQSP (88.73%) (Table 1).

Table 1 - Characteristics of MedQSPs. Porto, 2017 (n=71)

Characteristics of the MedQSP		N	%
Gender	Female	57	80.28
	Male	14	19.72
Age	25-30	2	2.82
	31-35	11	15.49
	36-40	17	23.94
	41-45	12	16.90
	46-50	20	28.17
	51-56	9	12.68
Professional graduation	Nurse	48	67.61
	Doctor	9	12.68
	Diagnostic and therapeutic technician	2	2.82
	Administrator	2	2.82
	Pharmaceutical	2	2.82
	Social Worker	1	1.41
	Clinical analysis technician	1	1.41
	General Coordinator	1	1.41
	Did not answer	5	7.02
Academic Qualification	Secundary education	2	2.82
	Bacharel	1	1.41
	Graduation	58	81.69
	Master´s degree	10	14.08
	Doctorate	0	0
Management course	Yes	17	23.94
	No	54	76.06
	Did not answer	0	0.00
Professional working time	1-10	9	12.68
	11-20	32	45.07
	21-30	27	38.03
	31-40	3	4.22
Time spent at the institution	1-10	18	25.35
	11-20	33	46.48
	21-30	17	23.94
	31-40	3	4.23
Time working as MedQSP	1-5	45	63.38
	6-10	22	30.99
	11-15	4	5.63

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Table 1 - Characteristics of MedQSPs. Porto, 2017 (n=71)

Characteristics of the MedQSP		N	%
Previous experience with MedQSP	Yes	2	2.82
	No	63	88.73
	Did not answer	6	8.45
Total		71	100.00

Another important fact in this study is the attributions performed by the MedQSPs. It is noticed that the highest attribution (27; 38.03%) is to establish interlocution between the quality department and the team, besides guiding patient safety measures (24; 33.80%) and contributing to the formation of new mediating professionals (23; 32.39%) (Table 2).

Table 2 - The attributions performed by MedQSP. Porto, 2017

The attributions performed by MedQSPs	n	%
To establish interlocution between quality department and team	27	38.03
To guide patient safety measures	24	33.80
To contribute to the formation of new mediators	23	32.39
To collaborate and audit	21	29.58
To update and implement standards and procedures	18	25.35
To evaluate compliance with standards and procedures	10	14.08
To contribute to the clinical and non-clinical risk analysis	7	9.86
To perform and encourage incident reporting	5	7.04
To disclose incidents in the service	5	7.04
They did not answer	18	25.35

The actions taken by the institution to prevent incidents are highlighted below. The data reveal the focus on initiatives aimed at safe surgery and infection prevention (59; 83.10%), followed by prevention of falls (58; 81.69%) and incidents involving medication (57; 80,28 %) (Figure 1).

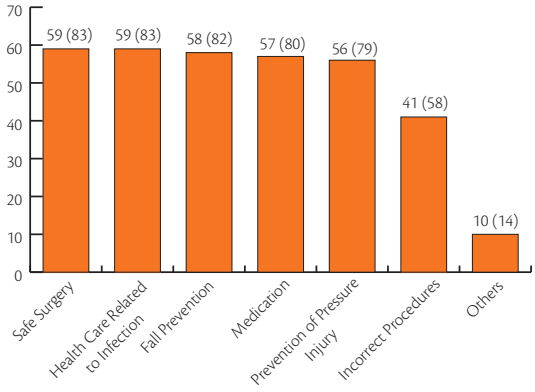

Figure 1 - Actions developed in the institution to prevent incidents. Porto, 2017.

DISCUSSION

Based on the objectives of the study, the discussion was divided into the characterization of the MedQSP and the identification of MedQSP actions and attributions in the face of the strategies implemented by the risk manager to improve health care.

Characterization of the mediators of patient quality and safety

When discussing patient safety, the promotion and support of the implementation of this initiative are focused. However, for the initiatives to be implemented and developed, there must be adequate institutional and professional the feedback of the results to the management.

The professionals who are directly involved in improving patient safety are those who have a solidified safety culture. Thus, it is not only observed the improvement of patient care from the measurement of quality indicators, but also an economic gain. In this sense, it is understood that investing in the MedQSP figure may mean an investment in the patient´s safety culture.[7] Portuguese scientific literature focused on economic gain is still incipient, but it is understood to be an important point for to be discussed, considering the relevance of these professionals in quality care in the institution studied.[2]

The results show that the professionals studied in the institution are mostly nurses, young, female, graduated and do not have management courses, relevant factors to be analyzed. In part, the leaders are chosen for their ability with people,[8] but practice-oriented knowledge is the basis of the mediator´s actions in improving care. Corroborating the idea, a researcher says that individual characteristics of professionals such as skills, training, and experience can avoid the occurrence of undesirable incidents.[1]

The MedQSPs characterized in this study are professionals with a long professional life (11-20 years), becoming an experienced professional. It is important to emphasize that when working with a team with a qualified and solid theoretical base, the margin of error is further narrowed and an organizational culture is promoted.[9] Regarding the time working in the institution, it is observed that the experience was acquired within the institution studied. This indicates that this professional has an in-depth knowledge of the process in which he operates, in face of internal needs and constant changes.

These data are emphasized when analyzing the time in which these professionals perform the function as mediators. The results show that most of the professionals (63.38%) have a short time as MedQSP - between one and five years. On the other hand, for the most part (88.73%) these mediators did not mention previous experience in the function, which demon-

strates that mediator implementation is an innovative technological strategy in the institution studied.

Thus, because it is an innovative strategy, it is known that these professionals face many challenges to implement and coordinate these security policies. These strategies must be considered and dealt in an active way to reduce a collaborative attitude of professionals. Therefore, MedQSPs should act by assisting, involving and stimulating the development of skills and abilities related to continuous improvements in the quality and safety of the patient.

Identification of the attributions and actions of MedQSP

The attributions of these professionals in Portugal, who assist managers in patient safety actions[10], are characterized by a range of healthcare services, including technology implementation, unit qualification, transparent information, clinical and organizational quality, integrated management, evaluation and orientation of health users. The challenge for health-care providers is to introduce uninterrupted quality and safety improvement, aimed at health promotion and incident prevention actions.

In this sense, as shown in Table 2, the main attributions performed by MedQSP were: to establish a link between the quality department and the team (38.03%); to guide patient safety measures (33,80%); to contribute to the training of new mediating professionals (32.39%); to collaborate and carry out internal audit (29.58%); and to update and implement standards and procedures (25.35%). After presenting these data, it is possible to infer that the main functions mentioned are of reference in patient safety based on the global priorities of the World Health Organization[12] and the National Health Plan in Portugal.[5]

One of the functions considered important for the implementation of continuous improvement was little mentioned in the study, highlighting the importance of performing and encouraging incident reporting. Based on the functions of the MedQSPs, it is explicitly stated that these professionals are responsible for communicating, training and encouraging incident reporting.

In this scenario, the light technology is inserted in this study, because it understands that health professionals are required to update knowledge, which requires the contribution of relevant professional and institutional efforts, to face the challenge of distinguishing the aspects that have to be incorporated in daily activities, in the organization of care or in the management of institutions, based on the best and latest scientific evidence.[5,13]

Considering the aspect of the technological innovation that the institution has developed when introducing MedQSPs, it is believed that other institutions may also be concerned with the quality of health care, with the purpose of strengthening a safety culture.[5,14]

The actions performed by MedQSPs in the institution studied to prevent incidents were those considered by the Portuguese legislation[5] and by the international agencies as priorities, such as those directed to safe surgery, prevention of infection associated with health care, prevention of fall and pressure injury and medication aspects.[12]

Generally, the strategy adopted at the institution studied began around a decade and a half, after frequent meetings of quality and patient safety leaders. The creation of the MedQSPs was aimed at directly involving the care professionals, since it was believed that having the active participation of these professionals could ensure better results, adherence to the initiatives and advances in the indicators measured.

Therefore, the selection to perform the function of MedQSP was performed by the leaders from the indication, considering some basic requirements, such as a representative of each service/area of the hospital; collaboration with responsibility for continuous improvement of care; availability to attend periodic meetings with other MedQSP and strategy leaders to receive frequent training and participate in the new guidelines to be implemented; periodic training of team members in the area of MedQSP. In this way, when selected to perform and reconcile the function, the MedQSPs have a full working time, ignoring any type of remuneration or specific gratification.

The results of this study indicate that these improvement actions should be focused not only on a specific clinical practice but also on the development of a culture of safety in healthcare. It is understood that the improvement action is defined as an action taken to improve or to compensate for any damage after an incident.[15]

It is known that individual and group culture within the organization can influence processes, norms, and routines.[16] To create a culture of security means to overcome barriers and develop a collaborative work environment in which caregivers treat to the other as equals and with respect, regardless of the job function or title, imposing personal and organizational responsibility.[17]

The responsibilities of the professionals responsible for the management of safety in the health service in Portugal can be found in the Manual of Accreditation of Health Unit that especially includes: ensuring the plans are drawn up for continuous training considering the needs of professionals and the unit; evaluating the applicability to the job of the new skills acquired by its professionals; ensuring the training activities carried out by the professionals generate added value; guiding development and training plans to improve care outcomes; assessing professional skills periodically so the individual development plans can be tailored to the skills.[14,18]

Besides defining the attributions and actions of the MedQSPs, it is necessary to aware that managers, leaders and multidisciplinary professionals to work in an environment that stimulates a culture of security, open, fair and participative, which can minimize the occurrence of errors and damages to the users of the service. For these actions to take place, it should be understood that the functions of mediators can often be ratified and updated, as well as facilitating the demand for services of these professionals, helping and guiding a safe assistance to the patient.

Finally, for the assignments and actions, the MedQSPs should participate in periodic meetings and receive monthly training the hospital´s risk management, quality, and patient safety department. This periodic training allows the introduction of new strategies and the monitoring of the quality indicators in the institution, allowing the transfer of information by the service/unit MedQSP to the other members of the team.

CONCLUSION

When carrying out this study, the importance of the theme as technological innovation in health and as a relevant initiative in the studied institution was noted. When characterizing the MedQSPs, the predominance of women between 46 and 50 years old, nurses, graduated, without management training, professional experience and in the institution for 11-20 years is identified. However, they had little experience as MedQSP.

The main attribution by these professionals is to create a link between the unit/service team and the hospital´s risk management, quality and patient safety department. This role is essential to ensure the implementation, continuity, and maintenance of patient safety initiatives, as well as monitoring and dissemination of results associated with continuous improvement initiatives.

The actions developed at the institution studied to prevent incidents were those considered by current legislation as emerging, such as safe surgery, infection prevention, fall and pressure injury and safe medication.

It is believed that the study contributed to identify some patient safety actions developed by the MedQSPs and also to publicize their attributions, aimed at promoting and preventing incidents.

Therefore, it is important to highlight that ensuring patient safety is the result of the effort and commitment of all staff directly or indirectly involved in care, in actions aimed at the patient´s safe care.

LIMITATIONS OF THE STUDY

This study has the limitation of being a Portuguese institution practice, without expansion to other institutions. However, it has developed relevant results, bringing advances in patient safety actions.

Another limitation is related to the theme of technological innovation, which is said to be of great importance in the promotion of initiatives for interpersonal and multidisciplinary relationships, communication and network promotion. The literature reveals the need to carry out investigations that bring advances and technological innovations, based on patient safety, especially in the adoption of an initiative aimed at promoting better care delivery. Therefore, the originality of the object studied is one of the limitations, hindering to expand the discussions on this subject.

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