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Shift Changes in Pediatric Intensive Care Units: a descriptive study

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ABSTRACT

Aim: to analyze shift change procedures (SC) of the nursing staff in Pediatric Intensive Care Units (UTI-PED).

Method: A descriptive and quantitative study carried out in four university hospitals in Paraná. Data collection takes place over a period of seven days in each of four locations through non-participant observation of the SC during the period from May to December 2015. The data collection instrument is characterized as a check list that covers two areas: SC identification, and issues related to it. Data are analyzed using descriptive statistics and are discussed based on the literature relating to the themes of communication in SC and patient safety. It was found that only in the UTI-PED III did professionals prove to be attentive and involved in 100% of the SC. Partial results indicate the need for improvements in SC, as it is believed that "noise" or non-compliance can possibly translate into failures in terms of the information transmitted and/or received and can interfere with patient safety.

Descriptors: Patient Safety; Communication; Intensive Care Units; Nursing.

INTRODUCTION

In health care, a factor that may compromise patient safety concerns the complexity that permeates communication. This is characterized by the constant flow of information and the high demand on patients and professionals from various fields, which can interfere with communication processes and can therefore cause adverse events⁽¹⁾.

In hospitals, especially in critical care units, patients are subjected to various complex diagnostic-therapeutic procedures performed by a range of different professionals. All this makes effective communicative action essential for the quality of care^(1,2).

Moreover, with regard to communication, another factor that can lead to adverse events is the way that information is exchanged among nursing professionals. Information exchange occurs at shift changes or rounds, at the end and the beginning of shifts. In those places which provide 24 hours-a-day care, effective communication during shift changes leading to continuity and safety of care, is essential^(1,2).

Despite the importance of communication in health care processes in the context of nursing, an increase in research related to this topic in Medline and LILACS databases has been observed in the last decade. Nevertheless, studies focusing on thematic shift change and the safety of pediatric patients, especially in ICUs, are sparse.

OBJECTIVE

To analyze shift change procedures (SC) of the nursing staff in the Pediatric Intensive Care Units (UTI-PED) in four university hospitals in Paraná.

METHOD

This is a descriptive and quantitative study, and is being carried out through non-participant and systematic observation of the shift changes of the nursing staff in the UTI-PED of four public university hospitals in Paraná during the period May to December 2015.

The study is in the data collection stage through observation and descriptive analysis of every shift change performed for seven uninterrupted days in each of the four locations. Therefore, it is a census in terms of shift change in the established time frame.

The data collection instrument was based on the observation form: Shift Change of the Nursing Team in the Neonatal Intensive Care Unit⁽³⁾, adapted for the purposes of this study.

This instrument is characterized as a check list containing the options "yes", "no" and "not applicable"; It includes data on two axes: identification in terms of shift changes (unit; working shift; professionals involved - nurses, and nursing technicians and/or assistants) and issues related to shift changes (shift site; time consumption; effective participation of professionals and partners; transferred information; method used; interruptions, and the use of clear language).

Every shift change performed by nursing professionals was included in the data collection within the prescribed period. Shift changes performed by professionals who were not members of the UTI-PED were excluded.

The results are being summarized using a Microsoft Office Excel 2010[®] spreadsheet and analyzed using descriptive statistics, with absolute and relative frequencies that will be discussed based on the literature related to the themes "communication at shift changes" and "patient safety".

This research followed the proposed ethical principles and was approved by the Standing

Committee on Ethics in Research Involving Human Subjects/State University of Maringá, under opinion No. 866,802, 2014.

PRELIMINARY RESULTS

Fifty-four (54) groups of shift-change data were obtained and distributed as follows: 18 in the UTI-PED I, 19 in the UTI-PED II and 17 in the UTI-PED III.

Regarding the attitudes of professionals during the changes, it was found that in the UTI-PED I, 5.5% of the professionals did not pay full attention to information, since they were involved in performing patient care during the SC. In the UTI-PED II, employees arrived late in 94.7% of shift changes. Moreover, 31.5% also provided care to patients during SC; parallel conversations also interrupted the changes in 15.7% of the cases. Only in the UTI-PED III were professionals involved and attentive in 100% of the shift changes.

Partial results indicate the need to promote improvements in shift change procedures, since it is believed that "noise" or non-conformities can translate into failure in terms of the information transmitted and/or received leading to possible failure in terms of patient safety. It is expected that this study will produce knowledge that can be applied to processes that encourage safe practice in health/nursing, notably with regard to communication during shift changes in critical units.

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