

CHALLENGES OF QUALITY AND PATIENT SAFETY IN ONCOLOGY SERVICES

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Concerns involving the quality of care delivery in health organizations are quite old. One example is the pioneer Florence Nightingale, an English nurse who instituted the first model of continuous quality improvement in health during the Crimean War, which was based on statistical data and graphs. In 1854, she implemented rigid health and care standards for the time, promoted the reduction of mortality rates and, in 1863, pointed to concerns related to patient safety in the book "notes on hospitals"⁽¹⁾.

The concern about the quality of care and patient safety in health care institutions has arisen globally. The World Health Organization (WHO) has shown concern with patient safety and, consequently, the quality of health services⁽²⁾, which has been considered a high priority in the policy agenda of its member countries since 2000⁽³⁾.

In the WHO documents, entitled "patient safety: making health care safer", there are recommendations to health services, such as adherence to evidence-based practices and accreditation. The accreditation process consists of an external evaluation methodology of a voluntary nature in its contracting, periodic and reserved (by an accredited authority) in order to guarantee the quality of the assistance through previously defined standards and demonstration of competence in order to carry out the activities with safety⁽⁴⁾.

In Brazil, in 2013, the Ministry of Health established the National Patient Safety Program (PNSP), through Ordinance number 529, with the general objective of contributing to the qualification of health care in all health facilities in the national territory⁽⁵⁾. It is important to emphasize that in article four of the PNSP, health services should constitute the Patient Safety Nucleus (NSP), and the identification of risks to patient safety includes the identification of sources (formal and informal) and the evaluation in the process of accreditation, in which results of research on quality and user satisfaction are of great importance. However, currently less than 5% of the Brazilian health institutions have the maximum accreditation by the certification companies: High Complexity Oncology Care Units (UNACON) and six High Complexity Oncology Centers (CACON).

In 2006, the National Agency for Supplementary Health, a regulator of the Brazilian private health insurance market, along with the Ministry of Health established quality indicators for the remuneration of health professionals and institutions and three priority care lines: oncology, dentistry and elderly care. Regarding oncology, the determinations are based on the early diagnosis with stimulus to actions of

promotion, prevention and realization of active search, continuity between the diagnosis and the appropriate treatment in due time. The desired results are improved quality of cancer care based on best practices and protocols based on scientific evidence⁽⁶⁾.

Currently, the challenges for the implementation of actions to improve patient safety and quality in cancer organizations are based mainly on the need to implement strategies to avoid errors and adverse events in the administration of antineoplastics from institutional protocols for the standardization of the conducts, creation of multidisciplinary team for the prevention and evaluation of process failures. The relevant indicators that are considered in the evaluation process of oncology services are: incidence of patient drop; nonconformity related to administration of medications such as extravasation of antineoplastics; incidence of phlebitis; incidence of chemotherapy shedding; nurse hours/care (minimum, intermediate, semi-intensive, intensive); occupational accident rate of nursing professionals; and turnover rate of nursing professionals (turnover).

The practice of oncology is interdisciplinary and the treatments usually have narrow and complex therapeutic ranges that can result in substantial harm to the patients.

In addition, recognizing that we cannot eliminate all risks, attention to safety among health facility employees is emphasized in order to further promote safety and service quality. The situations that predispose to the reduction of quality and increase the risk of adverse events include technological progress with insufficient in-service education, failure to apply the nursing process, demotivation, delegation of care without proper supervision and work overload⁽³⁾.

In clinical oncology, nursing has an important relationship with antineoplastic chemotherapy practices. In order to prevent such occurrence, institutions with a maximum accreditation seal have as a norm the double check of the medical prescription of chemotherapy protocols, and the manipulation of the prescribed drugs occur only after the validation of the oncologist nurse and the pharmacist. This is an important measure to avoid error in the calculation of the patient's body surface. Another relevant strategy is the use of bar code systems in the manipulated drugs for each patient.

In teletherapy, new technologies have increased the ability of linear accelerators to deliver more radiation depending on tumor volumes and planned targets, saving healthy tissue. However, in rare cases, increased complexity can result in fatal accidents. Researchers report that most accidents in the radiotherapy sectors are related to incomplete and/or erroneous documentation. In order to avoid such accidents, the detailed information needs to be outlined in the patient's treatment plan, which must be clearly communicated and documented by all staff members (radiotherapists, physicians, nurses and oncologists), as well as software development to increase the efficiency and effectiveness of the radiotherapy treatment planning⁽³⁾.

In order to address all challenges in oncology services, it is important to ensure that these services are safe and the risk of error can be minimized by encouraging staff to report incidents, risks, and near losses, as well as evidence with institutional protocols. Another strategy is to encourage consumer participation

(involving patients/clients). Furthermore, consumer complaints and feedback processes need to be properly managed⁽¹⁾.

Therefore, it is important to create the notion of systemic thinking in the health services, so that the responsibility for the occurrence of adverse events is directed to the care system and its organization and functioning. This fact contributes to a differentiated posture in front of the damage, considering the critical vision of situations that caused it. The analysis of the aspects related to care favors the improvement in the nursing work process with consequent establishment.

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