

7th Phi-Xi Talk

May 6, 2022

14:00

Sessões Paralelas

Room 1 ([click here](#))Moderator: Carolina Henriques (co-host: Paulo Santos Costa)

Poster presentations:

P1 - Autocuidado em estudantes de enfermagem e sua influência para a futura prática clínica: Resultados Preliminares de uma Scoping Review (presented by Inês Franco)

P2 - Promoção da cultura de segurança do paciente em um hospital pediátrico brasileiro: relato de experiência (presented by Izabela Seco)

P3 - Estudo caso como método pedagógico para desenvolvimento de competências em enfermagem pediátrica (presented by Vera Simões)

P4 - Envolvimento de mães de recém-nascidos na segurança do paciente: ações para a higienização das mãos (presented by Izabela Seco)

P5 - Mapeamento de programas de intervenção para crianças, adolescentes e pais a experienciar o cancro parental (presented by Ana Filipa Sousa)

Room 2 ([click here](#))Moderator: Márcia Pestana Santos (co-host: Rafael Alves Bernardes)

Poster presentations:

P7 - Monitoramento do near miss materno sob a ótica da segurança do paciente: uma iniciativa tecnológica no estado do Paraná, Brasil (presented by Márcia Freire)

P8 - O doente com Acidente Vascular Cerebral em fase aguda: monitorização no serviço de urgência (presented by Marta Neto)

P9 - Infecção de corrente sanguínea em pacientes transplantados de células tronco hematopoéticas (presented by Simone Nascimento)

P10 - Internamento de Curta Duração: Projeto multidisciplinar de gestão de altas (presented by Dulce Helena Carvalho)

P11 - Teste da oximetria de pulso sob a ótica da segurança do recém-nascido e família (presented by Gabrielle Saganski)

P12 - Promoting infection prevention and control education by capacitating Asian nursing educators to implement new teaching methods (presented by Marja Silén-Lipponen)

Room 3 ([click here](#))Moderator: Margarida Reis Santos (co-host: Filipe Paiva Santos)

Poster presentations:

P13 - Consulta de Enfermagem "Long Covid": estratégia de transição para o bem-estar (presented by Daniela Bernardes)

P14 - Prevenção e intervenção das úlceras de pressão em Internamento Covid (presented by Susana Ribas)

P15 - TeamSTEPPS® e comunicação interprofissional no cuidado à pessoa em situação crítica: uma scoping review (presented by Tânia Soares)

P16 - Medidas de prevenção de pneumonia associada à ventilação mecânica em unidade de terapia intensiva (presented by Ana Cecília Gonçalves)

P17 - Transição de cuidados: Informação relevante num serviço de urgência (presented by Pedro Costa)

P18 - Competências de enfermeiros intensivistas durante a pandemia da COVID-19 (presented by Jennifer Mori)

15:00

Welcome Session

Filipe Paiva Santos

Access to the main room - [click here](#).

15:10

Overview on healthcare safety global concerns

Sofia Macedo

Synopsis:

Since the launch of the paper To Err is Human (Appendix 2 Glossary of terms), patient safety has been on the leading edge of public health policy makers' priorities. Yet, twenty years later, though improvement has been made, harm to patients occurs every day in health systems over the world. Additionally, as countries - High Income and Low- and Middle-Income Countries (LMIC) - reform their health systems, the national health programs must ensure not only the integration of Universal Health Coverage (UHC), but also, that

the health coverage provided is safe.

In high-income countries, it is estimated that 1 in 10 patients is harmed while receiving health care. LMIC experiences approximately about two thirds of the global burden of adverse events. The 3rd leading cause of death in the US are related to medical errors, causing more than 251,000 deaths annually (Hogan H, Zipfel R, et al, 2015). In England, 3.6% of deaths occur due to wrong provision of care in acute care settings. It is documented that every 35 seconds one incident of patient harm occurs (Hogan H, Zipfel R, et al, 2015).

The impact of harm goes beyond the obvious measurable additional cost in treatments. The broader economic effects of harm include disabilities which reduces productivity of patients impacting their careers, over a life-time. The economic impact influences the political economy, resulting in decreased confidence in the healthcare system and in social organizations. Therefore, greater investment in prevention of avoidable medical errors is crucial. Improved policy and practice can prevent many adverse events as the cost of prevention is typically much lower than the cost of harm. The rationale behind the inclusion of healthcare safety at any decision-makers' agenda globally in healthcare are quality, where safety is recognized as an essential component of care; economic, where harm to patients is a threat to the sustainability of health systems globally and political, as safety is an expectation for political systems and leaders.

15:30

Patient Safety Culture in Portugal and Worldwide

Anabela Coelho

Synopsis:

Improving patient safety is a common objective for policy makers, health care managers and health care professionals.

The traditional patient safety assessments are focused on matters such as: identification of medical errors, quantification of patient harms severity and the level of acquired infections, however, to improve patient safety, health care organizations should build something more than strategies for measuring what goes wrong in their health care settings. Nevertheless countries, worldwide, still dealing with a different challenge: the need of creating a new organizational, collaborative, and safe environment.

Safety Culture is more than measuring performance, involves shared value, common patient safety goals and shared responsibility for safe care delivery.

In this presentation we will talk about these concepts and new paradigms, try to get a big picture about what is happening around the world and check their strategies and initiatives to improve patient safety.

A case study of the Portuguese patient safety strategy will be also so presented in order to share, with the audience, the practical issues of a national patient safety culture program that are taken place by the Ministry of Health.

A solid patient safety culture is a critical success factor of safer health care systems, and we can build it together!

15:50

Understanding the impact of work-related incivility in nursing on patient safety (or lack thereof),

Teresa Bissen

Synopsis:

Creating a Culture of Civility in Nursing should be a strategic priority for all health care organizations (HCOs) with a clear focus on both nurse and patient well-being. Civility programs should have clear structures, processes, and outcome KPIs. Moreover, HCOs should adopt the terminology of 'incivility' as the lowest level of unacceptable behavior, in replacement of more common/familiar terminology (i.e. bullying or harassment). When initial minor incidents, or single events of incivility are mitigated, HCOs have the opportunity realize immense financial and human capital, as health care worker violence costs over \$4.2 billion and 1,000 health care workers' lives annually (Hutton, 2006). Incivility, and our inability to effectively address it, reverberates negative consequences throughout HCOs. Incivility is viewed as the last link to safe patient care and quality (Joint Commission, 2008). New evidence details how incivility is linked to patient mortality (Olsen et al., 2020). Nurses who experience incivility are more prone to errors or omission of care (Rosenstein & O'Daniel, 2008; & Kile et al., 2019). Our inability to create a robust culture of civility compromises a culture of safety (Kile et al, 2019). Moreover, beyond the well documented direct physical, emotional, and psychological negative effects of incivility, the evidence is clear, and it continues support that incivility is the "core" issue negatively affecting the nurse job satisfaction, well-being, burnout, turnover and is primary contributor to the global nursing shortage (Kile et al., 2019). Promoting civility and preventing incivility must be the imperative of all nurses, at all levels. Perpetrating incivility and not addressing it (even as silent bystanders) is against of the Code of Ethics for Nurses (ANA, 2015; & "Principled Leadership," 2016). Furthermore, the Tri-Council of Nursing has called upon all nurses take steps to systematically eliminate all acts of incivility in their professional practice and workplace environments (Kile et al., 2019).

16:10

Reflect on the journey to safe staffing regulation in Saudi Arabia

Mawahib Wang

Synopsis:

Healthcare is one of the most complex industries in any country, and it got even more complicated in the COVID-19 era. The short term and long-term implication on the profession of nursing is profound and could lead to global stress on economy and healthcare settings. Nurses around the world reported increase stress and anxiety and numerous surveys done by the international council of nursing showed that we might be facing mass exodus of nurses leaving the profession. With current global shortage of 6 million nurses, the estimated shortage could reach 14 million nurses by 2030. Unless governments take actions to prepare to combat the anticipated shortage, healthcare systems will collapse.

This pandemic exposed the fragility of our healthcare systems. Healthcare leaders need to learn from the valuable lessons learned in the past two years to design and build strong, resilience and sustainable healthcare systems for the future. One of the major steps that governments can take to preserve healthcare delivery is by ensuring that there are safe nurse patient ratios. This is a step will ease the stress and burn out of nurses and improve patient safety. There are mounting evidence that the ratio of nurse to patient has direct implications on morbidity and mortality as well as economic value of delivering healthcare.

This presentation demonstrates the journey of Saudi Arabia in putting in place safe nurse to patient ratios regulations as part of accrediting healthcare facilities.

16:30

Q&A and closing

Rafael A. Bernardes

17:00

Sessões Paralelas

Room 1 (here) Moderator: Joana Sousa (co-host: Paulo Santos Costa)

Oral communication:

CO1 - Can uncertainty impact the safety of healthcare? A review about uncertainty in clinical reasoning in post-anesthesia nursing (presented by Lara Cunha)

CO2 - COVID-19 & Tecnologia de Vigilância Epidemiológica: Estratégia para a segurança em saúde no âmbito público (presented by Antônio Rodrigues)

CO3 - Envolvimento dos enfermeiros no desenvolvimento de um pack de cateterismo venoso periférico: resultados preliminares de um estudo misto (presented by Paulo Costa)

CO4 - Instrumentos assistenciais para reduzir e prevenir a lesão por pressão em uma unidade crítica pediátrica (presented by Juliana Azevedo)

CO5 - Intervenções para a prevenção de ocorrência de lesões por pressão em Portugal: protocolo de scoping review (presented by Raquel Brito)

Room 2 (here) Moderator: Ana Filipa Sousa (co-host: Rafael Alves Bernardes)

Oral communication:

CO6 - A insegurança do trabalhos dos enfermeiros frente à pandemia COVID-19 (presented by Douglas Klemann)

CO7 - Envolvimento da família no processo de cuidar em contexto COVID-19: um relato de experiência (presented by Rui Joaquim)

CO8 - Unidade de assistência ao paciente com Covid-19: segurança do paciente e saúde do trabalhador (presented by Maria Aparecida Baggio)

CO9 - Modelos de gestão hospitalar na crise pandémica COVID 19: Lições para o futuro (presented by Sandra Queiroz)

Room 3 (here) Moderator: Andréa Marques (co-host: Filipe Paiva Santos)

Oral communication:

CO10 - Vivências do Usuário da Clínica Saúde da Família acerca da violência e saúde no território (presented by Janaina Siqueira)

CO11 - O uso do pensamento crítico como ferramenta para uma cultura de liderança (presented by Fabiana Dallacosta)

CO12 - Tradução e adaptação cultural de Person-centred Practice Inventory - versão para profissionais de saúde (PCPI-S) (presented by Inês Dominguez)

CO13 - Supervisão clínica e a melhoria da qualidade dos cuidados: percepção dos enfermeiros (presented by Mafalda Sérgio)