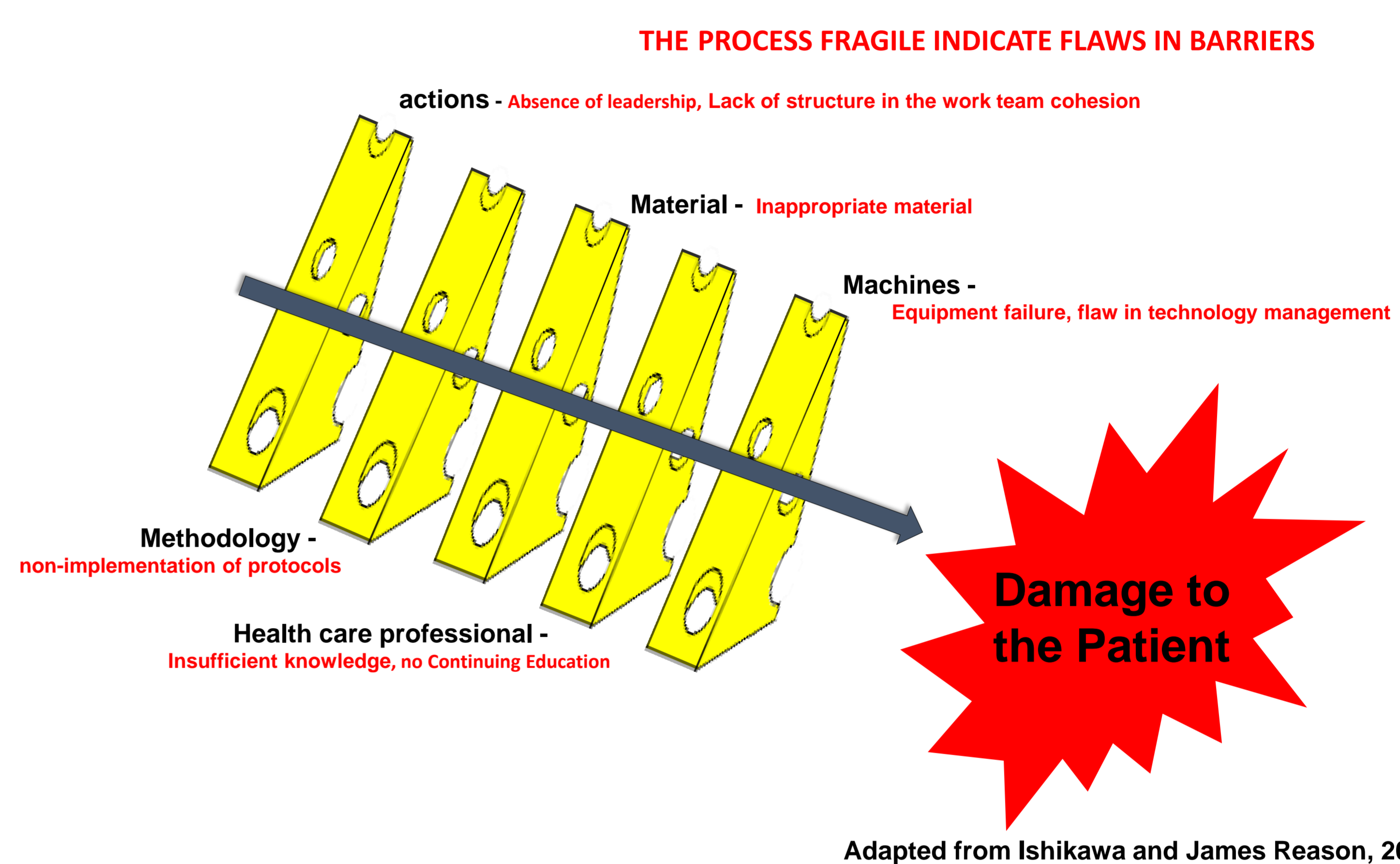
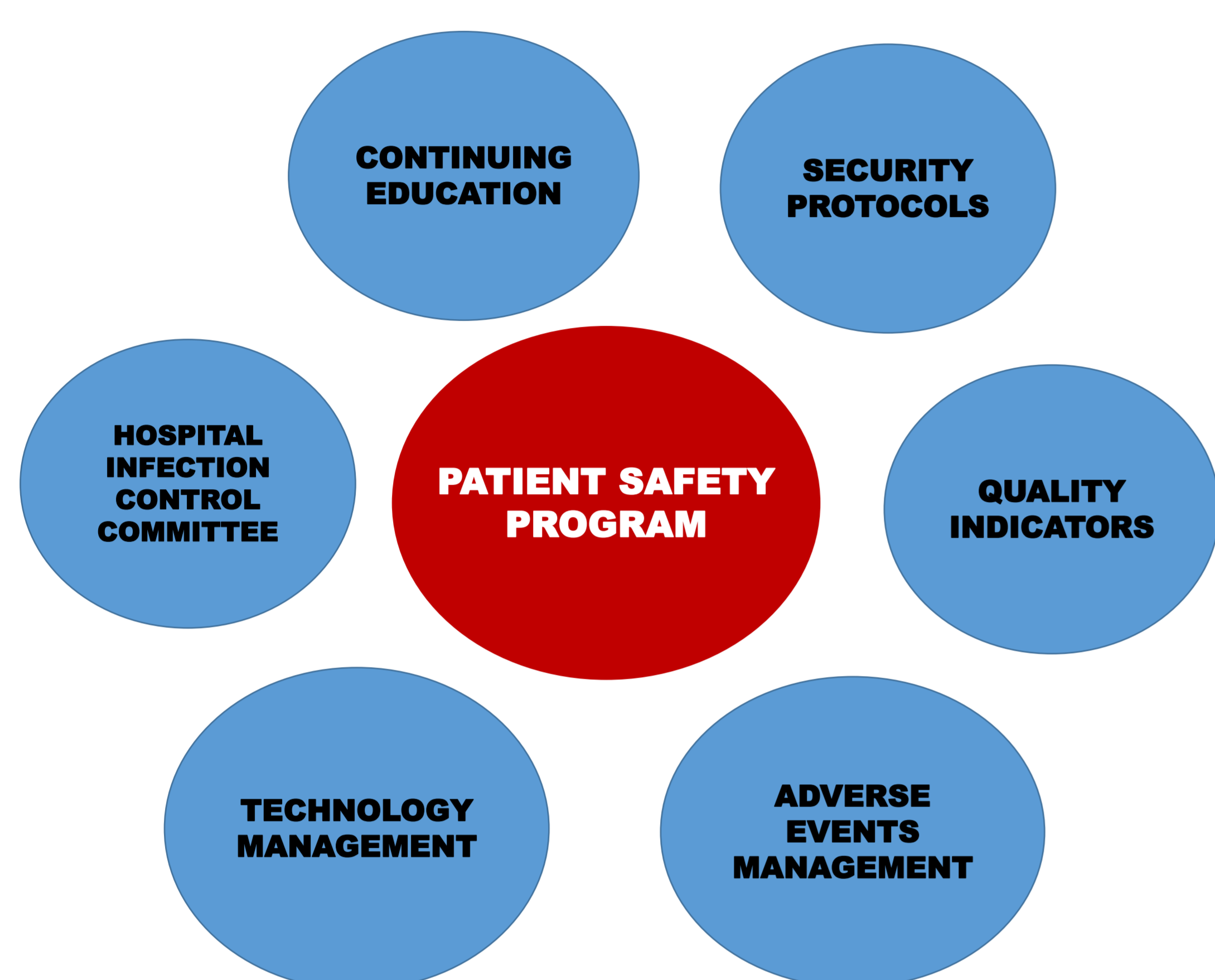


# PATIENT SAFETY PROGRAM: A PROGRAM FOR MANAGEMENT OF PATIENT CARE IN CHRONIC HAEMODIALYSIS IN A BRAZILIAN CLINIC

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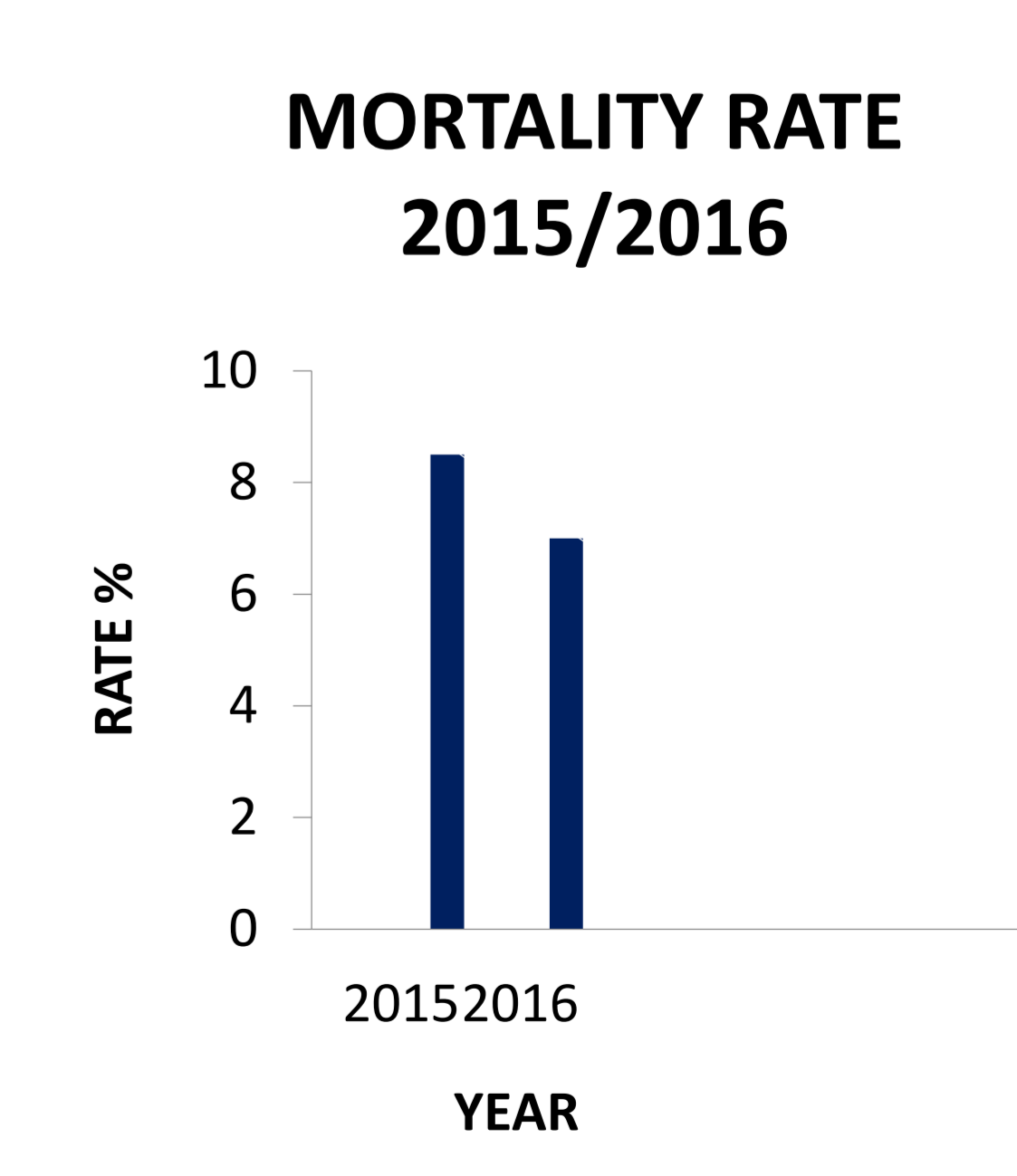
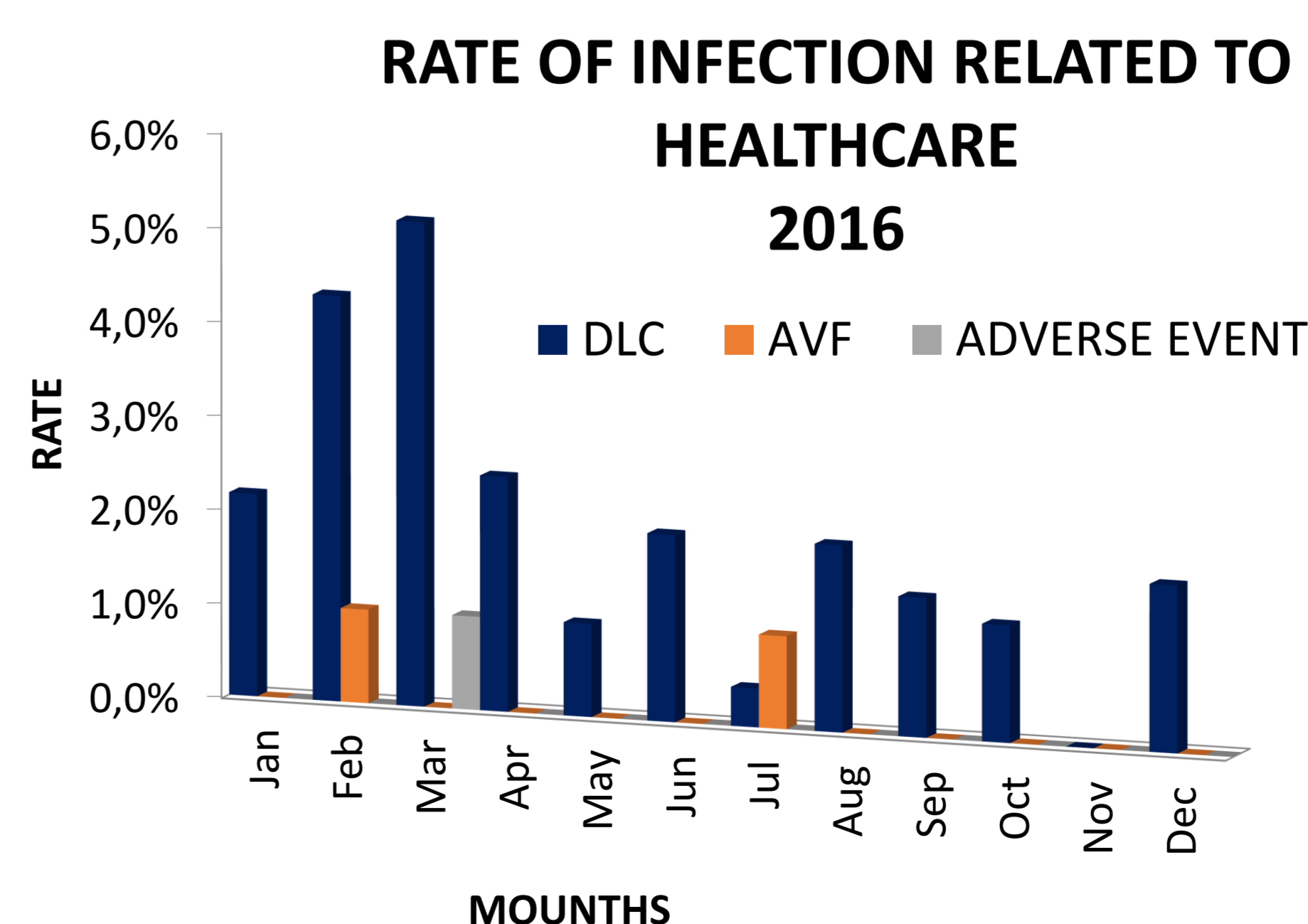
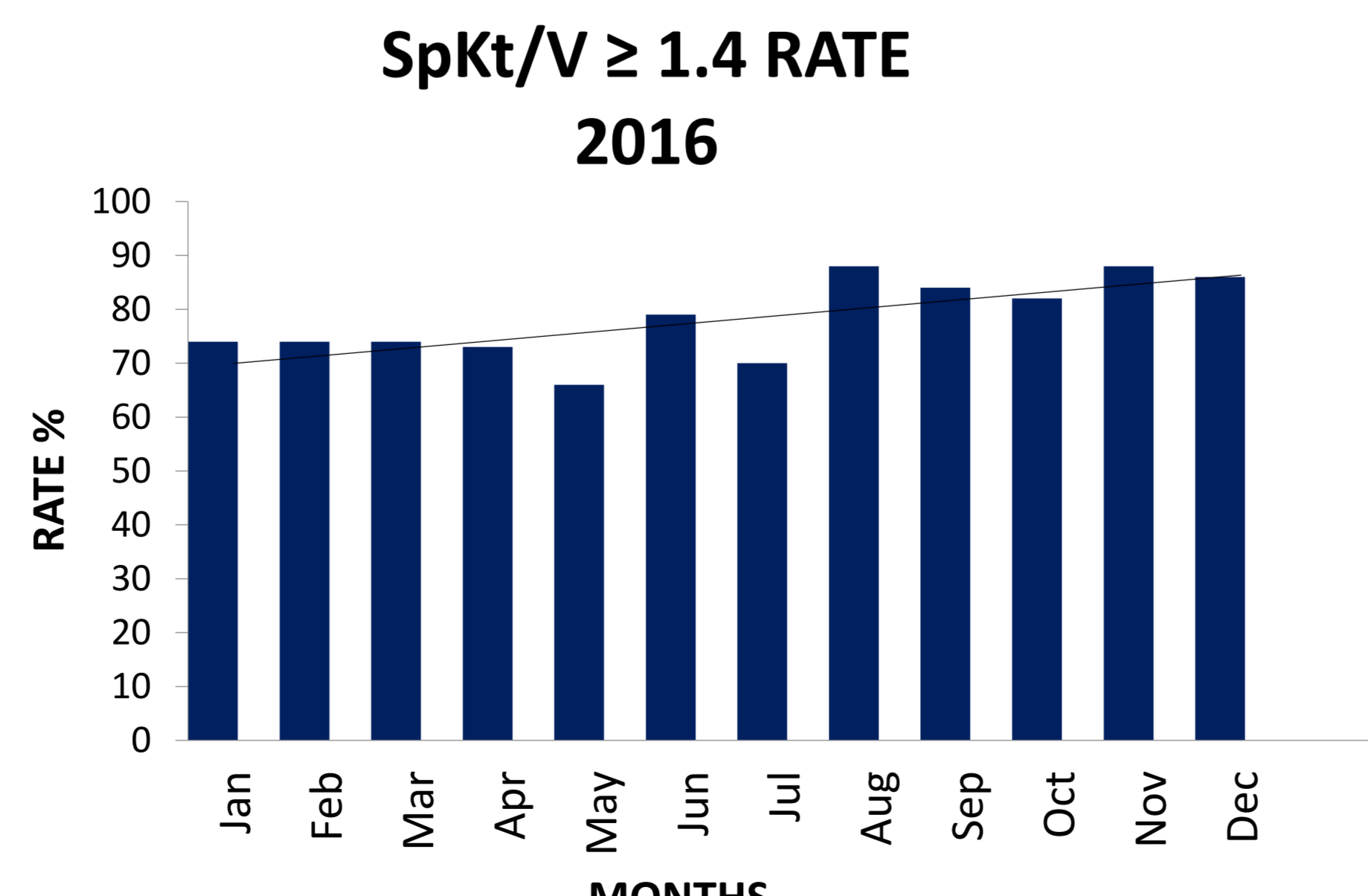
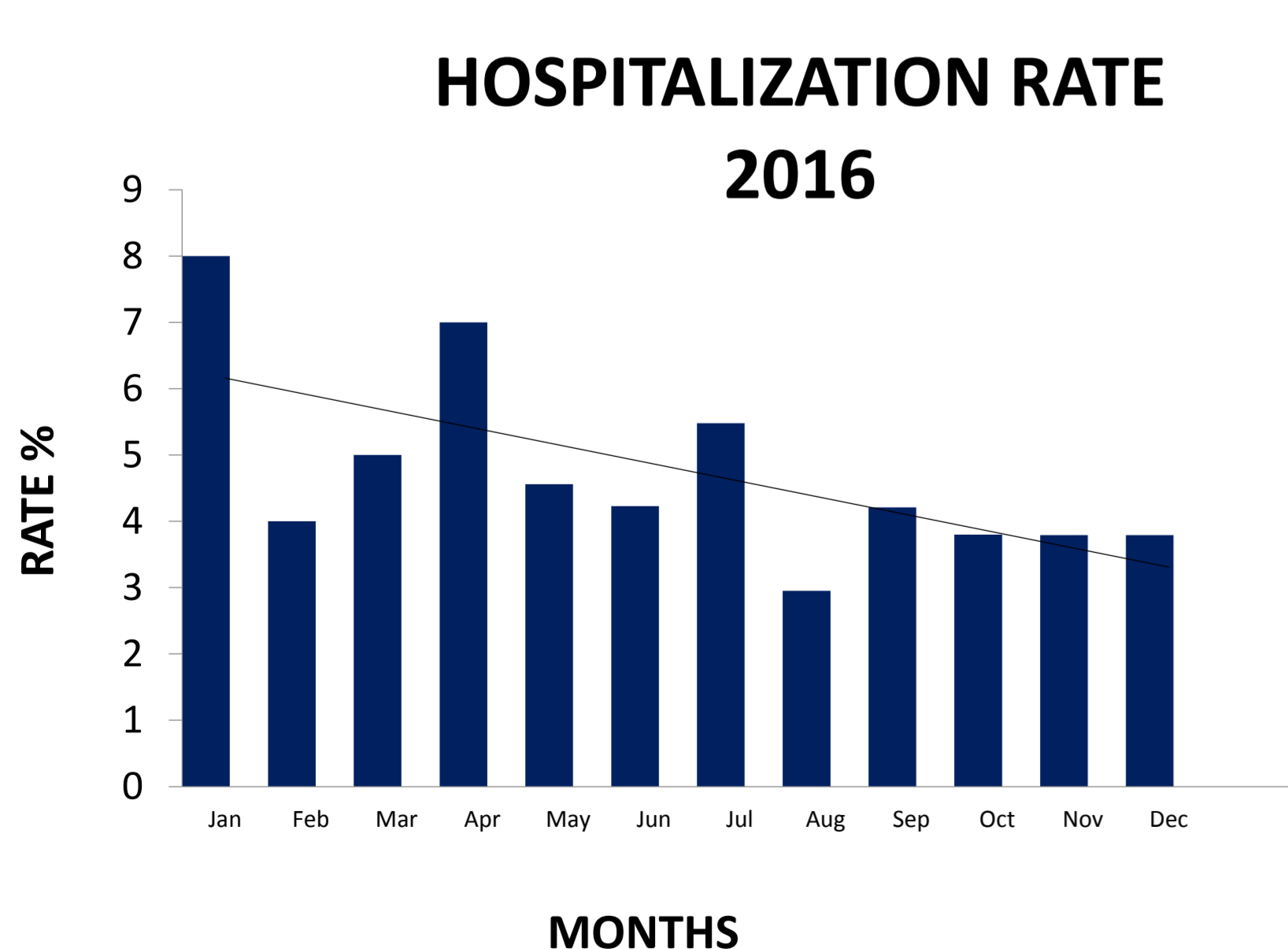
**INTRODUCTION AND AIMS:** The Constitution of the Patient Safety Program (PSP) in our dialysis units had the following objectives: 1 - promote safe care in the treatment of patients on chronic hemodialysis (HD), establishing barriers to prevent occurrences of adverse events; 2 - promote actions for risk management in the whole process of patient care; 3 - develop actions to integrate the multidisciplinary committee; 4 - Promoting mechanisms to identify and assess the existence of non-conformity (equipment, medicines and supplies); 5 - Develop and implement training programs for all professionals. Tools are required for the evaluation of measurable indicators in the established goals. Consolidation of data provides a vision of the treatment quality, identifying and mapping critical areas and in guiding the training of preventive action plans.

**METHODS:** The PSP establishes security strategies in daily clinical practice of our dialysis units, through barriers that prevent adverse events. The management tool is the **PDCA: Plan:** development of targets, performance models and routines. **Do:** measure actual performance. **Check:** establish a balance between the objectives and performance. **Act:** execute and refine. We use the Ishikawa diagram for identification and correction of the main points of the dialysis process fragile. **Active flaws** related to persons who are part of the system and have instant impact on defense barrier. Are detectable with a proactive management. **Latent conditions** can remain hidden on the system, until its alignment with the active failures. Are more difficult to detect before the emergence of adverse events and require a reactive management. Based on the Pareto principle, the occurrence of main ADVERSE EVENTS is under continuous surveillance of the PSP. a) Venous Access: Infection, thrombosis, bleeding; b) Pyrogeny; c) Seroconversion for viral hepatitis; d) Biological accident; e) Fall post-HD; f) Clinical Events related to HD, with or without need of hospitalization; g) Adverse event resulting from the administration of medications.



**RESULTS:** Major Security protocols elaborated: Personal visual identification system with photo, including morbidities, allergies, disabilities, risk of falling, dosage of heparin, ultrafiltration limit, in place established for their treatment; Individualized prescription of HD; Continuing education program; Safe use of medicines; Diary Equipment checklist (hemodialysis machines, emergency equipment and water treatment); Prevention of risks related to Vascular Access. The Singularity therapeutic plan (STP) is a form of organization of patient care management, established in the process of work of all the members of the multidisciplinary team. Is an enabling tool of interactive dialogue between the professionals on attention to the patient, allowing the sharing of case studies and longitudinal follow-up of treatment. The singularity (the difference) is the central element of articulation, reminding that the syndromic diagnoses tend to group the patients and minimize the individualization of their differences.

Clinical indicators - monthly (M), annual (A): Hospitalization rate (M), < 5%; Seroconversion rate for viral hepatitis, 0%; mortality rate (A), < 5%; Patients with Hemoglobin > 10 g/dl (M), 80%; Patient with serum albumin > 3 mg%, 90%; SpKt/V ≥ 1.4, 80%; Patients with normal serum values of P<sup>3+</sup> (M), 60%; Patients with serum PTH < 400pg/ml, 70%; Rate of infection related to healthcare, (M) < 5%; Rate of HD complications (M), < 5%



**CONCLUSIONS:** The PSP does data collection, and after statistical analysis, have a profile of quality of patient care, determines the actions to non-conformity and can get daring clinical indicators.

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