

## INTERVENTION IN THE ADULT UNITS SECTOR OF THE SINGLE HEALTH SYSTEM OF A PHILANTHROPIC HOSPITAL IN THE CITY OF PORTO ALEGRE IN THE STATE OF RIO GRANDE DO SUL AFTER SARS-COV<sub>2</sub> PANDEMIC: AN EXPERIENCE REPORT

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### INTRODUCTION

it is well known that routines in sectors of hospitalization units with medium and low complexity patients that have a high number of employees are easily lost over time. Turnover, insufficient training, lack of direct supervision and sometimes even the lack of commitment of these same employees put common activities in the nursing area at risk, making the provision of patient care less safe. Poor management and the increase in unforeseen serious complications observed in a short space of time made it important to have a quick and objective intervention with the aim of rescuing and even correcting routines already carried out. With much more than 100 beds, divided into rooms, with 2 (two) to 4 (four) beds, it becomes almost a separate hospital. This report aims to elucidate the 43 days of active damage minimization methodology in the hospitalization unit sector.

### METHODOLOGY

Nurses from different sectors of the hospital were selected together with the leadership of the sector in question who had experience in process analysis and who knew institutional routines. It then started with 6 nurses who would spend 10 hours a day following the day shifts divided into morning and afternoon, in their routines (physical exams, ordering materials, scales, among others...)

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## DISCUSSION

The first impression upon arriving at the sector was almost catastrophic, the sector seemed dirty, poor care, nurses who did not know their patients, did not take ownership of their activities, were almost like workers, as there was no logical reasoning when carrying out tasks. their activities, the statements were as follows: “I did it because they told me to” or “we always did it that way”.

Disorganized activities, as there was no appropriate place for them to be visible to everyone.

Shift handover was not effective - despite being done at the bedside - the professionals did not do it correctly, omitting important information that could not be said in front of the other patients to preserve them, but when they left the rooms they forgot, as they already brought other matter, and even things other than the shift change.

Disproportionality in care schedules and evolution was also observed, as day shifts have more demand and less time than night shifts.

Decision-making was a very important factor in which the hospital's resuscitation group contributed to training nurses and nursing technicians for situations involving clinical complications and even cardiac arrest. This helped a lot in assessing the patient's clinical deterioration, so they were able to intervene before the cardiac arrest actually occurred.

At the beginning, the team seemed not to understand the seriousness of the situations presented, and they often questioned why all this was happening, without realizing the ineffective service they were providing, with several opportunities for improvement.

It took countless approaches and conversations with nurses and nursing technicians, pointing out behaviors and improvements in their postures, so that there was an understanding of what they could really improve. More assertive and more frequent feedback was given and making them part of the process also made them feel like they belonged.

Basic routines were resumed, and one of the most impactful was filling out the therapeutic plan - a chart on the patient's bed that contains their name, allergies and whether they were fasting for any procedure and/or exam - It was also necessary to relocate nurses and technicians so that houvesse um equilíbrio entre os setores, já que havíamos muitos recém-contratados, pessoas menos interessadas de um lado, e pessoas fortes e possuíam um great growth potential and good skills in another.

For the evaluation, a results measurement method was created. A spreadsheet that contained the main interventions made by the group, and whether they were achieved or not.

## CONCLUSION

It was soon concluded that the routines were better assimilated after the interventions, a notable improvement in the sector, visually we began to see some results, even if discreet.