BUILDING PATHS FOR THE ELABORATION OF AN INTERNAL PROTOCOL OF EFFECTIVE COMMUNICATION

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Abstract: In a health organization, effective communication becomes essential for the exercise of actions aimed at patient safety, constituting one of the most relevant international goals regarding the prevention of incidents and adverse events. This work aims to develop an action plan to build the internal protocol of effective communication of the Hospital Complex of Clinics of the Federal University of Paraná, aiming to reach the uni-verse of professionals, professors, students and congeners who work within the institution. The choice of this theme arose from the need to standardize communication in care, due to the identification of barriers, based on heterogeneous communication, where each unit has its way of treating information according to internal conveniences. Another factor that added to the initial interest to perform this work was the internal need of the institution to have a communication protocol, in view of an evaluation process to con- quista of a quality seal. The methodology used was developed from the elaboration of an action plan based on the 5W2H management tool that will follow sequential and necessary steps for the success of the construction of the effective communication protocol and will be presented to the competent institutional bodies. It is expected the approval and implementation of the action plan for the elaboration of the internal protocol of effective communication, in order to standardize all internal processes of care, through the establishment of effective mechanisms and tools in the solution of problems. In this sense, the implementation of an internal protocol of effective communication can contribute to a reduction of occurrences and adverse events in health institutions.

Keywords: Protocol; Communication; Patient Safety

INTRODUCTION

In a health organization, effective communication becomes essential for the exercise of actions, for the coordination of multidisciplinary activities and for the implementation of processes aimed at patient safety. For Risso and Braga (2010), communication constitutes an aid process to understand and share messages sent and received, and the way *feedback occurs, observing the influence that it exerts* for which its purpose was created in the behavior of the people involved in a period of time. In general, communication is part of the existence of human beings and through it consists the survival of the species and the things that are intertwined as science and culture, since the beginning so when man was able to master this tool (PAES; MAFTUM, 2013).

In the field of health, communication becomes indispensable and fundamental for the provision of care in the different stages, constituting a common tool in the activities performed by the multidisciplinary team. However, even though it is known to be an important competence for professionals, it is faced with weaknesses such as lack of clarity or standardization in the way in which this message is given, thus establishing a theme of constant discussion in health institutions (EVANGELISTA *et al.*, 2016). In general, effective communication is one of the international goals thatare relevant to the prevention of incidents and adverse events (AEs) to the patient, which may be verbally and non-verbally, essential in the care provided.

Therefore, effective communication must be a facilitator in the work of the multidisciplinary team for a quality and safe care delivery. Oneof the main causes of incidents and AEs in care is precisely the failure of communication between health professionals, such as the non-transfer or sharing of information among professionals who assist a given patient, because due to the large contingent of technologies associated with care, professionals have demonstrated difficulties in maintaining communication that provides a continuity of work in the health team, both inside and outside the hospital premises (OLINO *et al.*, 2019).

Other aspects that may be critical and hinder communication involve the exchange of shifts, transfers of care between care teams, medication prescriptions and the commissionon changes in the general health status and procedures for the patient (BRASIL, 2017). Furthermore, it is emphasized that communication is essential for the safe execution of the activities performed by the employees of a health institution. It is essential that there is a management of this communication, prioritizing the safety culture, so that it is exercised in a standardized manner, taking into account the reality, considering the means and tools available to assist in such process and positively imply the patient's safety.

TYPES OF COMMUNICATION

The origin of the word communication comes from *the Latin communio*, meaning what is common, identifying multiple aspects that the act of communicating employs, with emphasis on the communicative objects and the message that it wants to express, within the sociocultural relations that it triggers (CRUZ, 2015).

For Silva and Nakata (2005), the action of communicating adds values, both for those who transmit a message and for those who receive it. Communication is a process that you have set out to understand and share messages, when it is solid and grounded, directing what is intended to be exposed; the common good for the messenger and receiver. In the area of health, communication

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is fundamental, as it affects the interactions between professionals and health care.

Hemesath et al. (2019) states that there is verbal and non-verbal communication. The verbal communication in the field of health is presented through the writings and records, depending on the institution, and may be electronic, and it must be accurate, be complete, covering each step of the assistance, so that the reader of the record can clearly understandthe case and, thus, avoid incidents. Non-verbal communication, Cruz (2015) states that it consists of body and facial expressions derived from what is being communicated; that one cannot consciously control some expressions and gestures and that it can admit multiple inter-blacks, depending on the context, the individual and even the culture of those involved.

It is important to emphasize that in routine situations of health institutions such as transfers of patients between units, emergency situations, the exchange of information bytelephone and the lack of well-defined protocols, communication ends up happening in a precarious way. In relation to situations like these, Moraes et al. (2019) says that communication made via telefon and can be a factor of incidents because, in internal reality, different accents, forms of pronunciations of its employees, interferences in the connection, in addition to nomenclatures different from the acostu madas by the receiver can promote serious failures. In this sense, even if this form of communication is often inevitable, one must have a consolidated routine, with constant training of employees.

Thus, as well as care, effective communication becomes a challenge, because it must be centered on the patient, involving him/her in all decisions, exposing the forms of treatment and interventions that he will undergo, allowing there to be moments for the enlightenment of doubts, and expression of his uncertainties and fears. It is necessary, therefore, to be sensitive and attentive to identify the need of customers, from the ways they express it, both through language and by their gestures and expressions.

COMMUNICATION AND PATIENT SAFETY

Currently, patient safety is a high subject, being explored intensely. Addressing this theme represents understanding the contributing factors that triggered incidents and adverse events, involving the role of the human being in this process. (BICA *et al.*, 2017). The hospital environment is conducive to the occurrence of incidents and AEs associated with human activities, due to the complexity of the processes, procedures and technologies involved, and it is necessary to evaluate the practices developed in the hospital environment, taking into account structural and organizational aspects (MORAES *et al.*, 2019).

Thus, under the imperative of patient safety, several strategies have been imposed to reduce errors in health care. However, there is the recognition that the main barrier to safe care is not the lack of data, knowledge or experience of professionals, but the fact that many health organizations have fragile cultures that reinforce negative behaviors. These cultures make it difficult to promote high-quality care, effective care, efficiently and cost-effectively (MELLO; BARBOSA, 2017).

The World Health Organization (WHO) has implemented global goals to improve patient safety, and among them, we have effective communication, which aims to ensure that the care and therapeutic plans of assisted patients are followed by all the standards involved in the provision of care, in order to cover the transfers of this patient between units and sectors within a health institution (HEMESATH *et al.*, 2019).

In this context, communication is essential within the care provided to patients, because it requires a direct message, and that involves adequate listening of the complaints of the patients, and must be a reciprocal process, since health institutions need their employees to know how to deal in daily life, in an interpersonal way with co-workers, clients and their family/companions (SILVA; NAKATA, 2005).

Santos et al. (2019) reinforces this concept, and says that communication becomes a relevant competence among health teams in the face of care processes, and must be attentive to all the information that arrives, so that it is understood as part of care, and this generates good results. For Lemos et al. (2019), the multidisciplinarity that is part of the work is a factor in the provision of safe and quality care, with communication being a prominent role as a reason for occurrences of AEs.

Thefailures that occur in work environments related to communication are factors of extreme concern and that cause serious damage to the lives of patients who have been affected and that of the professionals involved, making it necessary to invest in this environment, being fundamental to ensure quality and safe care (GU ZINSKI *et al.*, 2019).

In view of the above, it is necessary to promote a culture of solid safety within health institutions, and must face the problems related to communication and try to solve them, and it is necessary to break paradigms, work on weaknesses, invest in continuous education of employees in order to sensitize them, so that they become aware of communication and affective in their daily lives (TARTAGLIA *et al.*, 2018).

STRATEGIES FOR EFFECTIVE COMMUNICATION FOR PATIENT SAFETY

Within the universe of communication, it is necessary to understand that there are many barriers that can hinder and hinder this process. For Silva and Nakata (2005) these barriers often come from the deficiency in knowing how to interpret the message or encouragement received. Inefficient communication has been a more frequent cause of incidents and AEs, mainly related to the transfer of patient care between teams. In this context, it is necessary that professionals optimize the use of available resources, in order to be able to erect adequate communication, in order to meet the needs of the patient (MORAES *et al.*, 2019).

Guzinski et al. (2019) says that the effective communication between the employees of a team takes place in different ways, ranging from eye contact, andpermeates through more formal means, such as the discussion of relevant information of the patients assisted. Among the various strategies used, the most common is the shift, which allows the exchange of information both written and spoken, and can be used from other tools such as audiovisual, aiming at the interaction between the team, where the mesmenables the transmission of relevant data for the continuity of the care provided to the patient.

Among the different forms of communication, it is important to highlight the use and records of the documents related to the patient, and must be multidisciplinary and *structured through checklists*, since they optimize communication, reinforcing the need to comply with the actions and steps recommended, in order to enable the improvement and daily review of the therapeutic plan (LEMOS *et al.*, 2019).

Another strategy that favors communication between employees of a

health *institution, is* the interdisciplinary rounds, which has as methodology the discussion of care characteristics, where participants can express their opinions in each case, in order to provide a care based on a safe care and involving optimizing time and focusing on the patient. Consequently, the interdisciplinary rounds favor the comparison of information and the experiences and difficulties encountered in daily life, providing the solution in teams of complex situations and their different aspects (WALTON *et al.*, 2016).

Barcellos (2019) refers to a *communication technique called readback*, where it is demonstrates that if a prescription or test result when described verbally or by telephone, is noted by the person who received it and then passed on to the person who requested it. It demonstrates that doing this action ensures greater security in the transfer of information. Another internationally validated tool that has been widely used in health institutions is SBAR. The name SBAR is an achronic that comes from English where S means situation, antecedent B, Evaluation A and Recommendation R. The SBAR favors communication related to the patient among health teams, it is easy to apply, being efficient to increase safety, standardizing the exchange of information about patient conditions among those involved in care, that is, among professionals (SANTOS *et al.*, 2019).

It is perceived the importance of such strategies and tools that help and improve communication between multidisciplinary teams in care processes involving patient care, so that this action takes place in a safe and efficient manner. The use and support of protocols and standard operating procedure (POP), in the execution of the activities developed, are viable solutions for the prevention of incidents with or without damage (MORAES *et al.*, 2019).

METHODOLOGY

The construction of this project was based on the 5W2H management tool and followed sequential and necessary steps for the success of this proposal. The study was carried out at the HospitalAir Complex of Clinics of the State of Paraná (CHC), which is a public institution, linked to the Federal University of Paraná (UFPR) and administered by the Brazilian Hospital Services Company (EBSERH). The Hc Cis a tertiary care hospital, a reference for most municipalities in the metropolitan region of Curitiba, being linked 100% to SUS care, as well as is a teaching hospital contributing to the training of several health professionals (CHC/UFPR, 2014). The CHC-UFPR is the largest hospital in the state of Paraná and the largest service provider by the State SUS, with 211 offices, 59 specialties and a built area of 63,000 m2, through which approximately 11,000 people circulate per day.

The purpose of this study aims to reach the universe of professionals, teachers, students and congeners who work within the HC C.

DATA AND INSTRUMENT COLLECTION

After explaining the action plan with due science and approval of the Patient Safety Center (NSP) of the institution, the operational phase of this proposal will begin. For this, the Superintendence will be requested an ordinance to create a specific Working Group (WG) for initial discussion of the communication protocol. This TG must be composed of different follow-ups of care and administrative professionals and different services related to the patient. The Wg must organize and promote meetings between participants, foster discussions, exchange ideas and experiences in line with the daily life of the institution and find key points of internal communication, offering a space for dialogue in which it generates debate on the

subject worked to promote a critical reflection to its members. The employees who will be part of the Wg will be chosen and appointed by the respective heads of sectors/units, through involvement with processes and works developed in communication, affinity with the theme, besides being ahead of patient care in outpatient clinics, wards, procedure rooms, ombudsman, press, etc.

At the end of each meeting, it must include the construction of a stage of the protocol, such as: communication in outpatient clinics, in inpatient units, Intensive Care Units (ICUs); support sectors, such as laboratories and imaging, administrative sectors and the interface of these services.

RESULTS

Action plan for the elaboration of the internal protocol of effective communication.

WHAT	WHY	WHO	WHERE	WHEN	HOW	HOW MUCH
Submit the study to the NSP and request approval	All internal initiatives related to patient safety must be evaluated and approved by the NSP	Graduate nurses of the Care Risk Management Unit-UGRA	NSP meeting room	Sep/20	Through agenda request at the nsp monthly meeting	There is no cost
Select professionals to form a working group (Wg) to discuss the effective communication protocol.	To draw up a work plan to create the proposal for the effective communication protocol	Several professionals from different services/units of the institution	UGRA	Sep/20	Invitation to head of the unit for the appointment of a professional	There is no cost
Prepare ordinance of the institution of the Communication WG	To effect the legality of the activities and tasks of the Communication Wg	CHC Superintendent upon UGRA request	Chc Superintendence	Oct/20	Through ebserh service bulletin published in official gazette	There is no cost
Presentation of the objectives of the Communication Wg to the members of the group and the methodology that will be used	So that all members are aware of the reasons for the creation of the Communication Wg and methods that will work	UGRA graduate nurses	UGRA meeting room	Oct/20	Verbal explanation of the coordinator of the Communication WG together with the head of UGRA	There is no cost
Prepare a schedule for the meetings of the Communication Wg	To optimize the time demanded the activities and themes of the Communication WG	GT communication	UGRA meeting room	Oct/20	Participation of all group members and record in Excel spreadsheet	There is no cost

Raise the prevalence of communication failures related to patient safety incidents	To perform a situational diagnosis of the problem in the ChC	UGRA graduate nurses	UGRA	Oct/20	Search for all security incidents notified through Vigihosp (Internal EA Notification System) from the last 12 months to the beginning of the Communication Wg	There is no cost
Raise the prevalence of communication failures related to patient safety incidents	To perform a situational diagnosis of the problem in the ChC	UGRA graduate nurses	UGRA	Oct/20	Search for all security incidents notified through Vigihosp from the last 12 months to the beginning of the Communication Wg	There is no cost
Raise 100% of the forms of communication used in the institution and its auxiliary tools	For knowledge of all forms of communication present in the institution	GT communication	Chc	Oct/20	Search for all security incidents notified through Vigihosp from the last 12 months to the beginning of the Communication Wg	There is no cost
Build the Effective Communication Protocol for Patient Safety	To improve institutional communication among professionals; to implement the proposal to complete specialization courses at Fio Cruz;	• GT communication • UGRA • SEVISP (Health And Patient Safety Surveillance Sector. • NSP	Chc	Until April/2021	Forwarding the document constructed by the Communication WG, after approval of the NSP, to the CHC document management sector and making this Official Protocol of the Institution	There is no cost
Disclosure of the Effective Communication Protocol for Patient Safety	For the knowledge of all chc professionals, students and teachers	• GT communication • UGRA • SEVISP • CHC Communication Unit	Chc	From May/2021	institution's website; emails; on-site in-place inpatient and support units; ead course;	There is no cost

FINAL CONSIDERATIONS

In the recurrent search to strengthen safety and reduce damage to the minimum acceptable in health institutions, it is perceived that there are already many advances, and that this theme is a constant concern of managers. But despite such advances, one of the biggest challenges has been the lack of communication during the patient care path, generating incidents, AEs, and even situations that have as outcome deaths that could be avoided, which requires solutions with procedural changes and new technologies. From this theoretical perspective, it becomes important to use standardized processes for verbal and non-verbal communication in moments of care transition, because when the process is consolidated there is a reduction in incidents related to care and AEs in health institutions. Established protocols tend to minimize variations and standardize information, enabling greater safety, accuracy, efficacy and quality of care.

It is expected that this proposal will contribute to the consolidation of the safety culture in the institution bringing with it several conceptual and practical changes for the health area in the daily life of employees, favoring an open and effective interprofessional communication, ratifying the importance of it in the care process, from the identification of failures to the establishment of effective mechanisms and tools to solve problems. Therefore, it is intended the approval and implementation of the action plan for the elaboration of the internal protocol of effective communication, covering the most diverse faces and problems of comunication in the CHC-UFPR, so that with the construction and implementation of the protocol, one can solve such difficulties, in order to standardize all internal care processes, thus providing the reduction of incidents and AEs, ratifying its importance in care processes, as well as aiming to obtain a quality seal, in external evaluations made by EBSERH based, in order to acquire financial investments for internal improvements to provide adequate care to patients, and consequently obtain external accreditations of international level.

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