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IMPLEMENTATION OF A PATIENT SAFETY CENTER IN AN EMERGENCY CARE UNIT: NURSES' PERSPECTIVE

IMPLEMENTAÇÃO DE NÚCLEO DE SEGURANÇA DO PACIENTE EM UNIDADE DE PRONTO ATENDIMENTO: PERSPECTIVAS DOS ENFERMEIROS

IMPLEMENTACIÓN DE UN NÚCLEO DE SEGURIDAD PARA EL PACIENTE EN UNA UNIDAD DE ATENCIÓN DE URGENCIA: PERSPECTIVAS DE LAS ENFERMERAS

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Objective: to comprehend the implementation of the Patient Safety Center in an Emergency Care Unit from the nurses' perspective. Method: qualitative case study, conducted in an Emergency Care Unit in a city in the Midwest Region of Minas Gerais, Brazil, with the participation of 12 nurses. The data were collected from September to November 2019 through an interview guided by a semi-structured script, Comic Book Technique and observation. For the analysis the content analysis was adopted. Results: two thematic categories emerged: Challenges of the implementation of the Patient Safety Center and Facilities of the implementation of the Patient Safety Center. Conclusion: fragilities and challenges were identified that impact on the implementation process of the center and consequently on patient care, which may serve to subsidize the implementation of new Centers for Patient Safety in health services.

Descriptors: Emergency Medical Services. Nursing. Patient Safety.

Objetivo: compreender a implementação do Núcleo de Segurança do Paciente em uma Unidade de Pronto Atendimento na perspectiva dos enfermeiros. Método: estudo de caso qualitativo, realizado em uma Unidade de Pronto Atendimento em um município da Região Centro-Oeste de Minas Gerais, Brasil, com a participação de 12 enfermeiros. Os dados foram coletados de setembro a novembro de 2019, por meio de entrevista guiada por roteiro semiestruturado, Técnica do Gibi e observação. Para a análise adotou-se a análise de conteúdo. Resultados: emergiram duas categorias temáticas: Desafios da implementação do Núcleo de Segurança do Paciente e Facilidades da implementação do Núcleo de Segurança do Paciente. Conclusão: foram identificados fragilidades e desafios que

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impactam no processo de implementação do núcleo e consequentemente no cuidado ao paciente, o que pode servir para subsidiar a implantação de novos Núcleos de Segurança do Paciente em serviços de saúde.

Descritores: Serviços Médicos de Emergência. Enfermagem. Segurança do Paciente.

Objetivo: entender la implementación del Centro de Seguridad del Paciente en una Unidad de Atención de Urgencia desde la perspectiva de las enfermeras. Método: estudio de caso cualitativo, realizado en una unidad de atención de urgencia en una ciudad de la región del medio oeste de Minas Gerais, Brasil, con la participación de 12 enfermeras. Los datos se recogieron de septiembre a noviembre de 2019, a través de una entrevista guiada por un guión semiestructurado, la Técnica del Cómic y la observación. Para el análisis se adoptó el análisis de contenido. Resultados: surgieron dos categorías temáticas: Desafíos de la implementación del Núcleo de Seguridad del Paciente e Facilidades de la implementación del Núcleo de Seguridad del Paciente. Conclusión: se identificaron debilidades y desafíos que repercuten en el proceso de aplicación del núcleo y, por consiguiente, en la atención al paciente, lo que puede servir para subvencionar la implantación de nuevos Núcleos para la Seguridad del Paciente en los servicios de salud.

Descriptores: Servicios Médicos de Emergencia. Enfermería. Seguridad del paciente.

Introduction

The Emergency Care Unit (ECU) emerged as one of the strategies of the National Policy for Emergency Care to better organize the assistance, articulating the health services and defining flows. It is a fixed pre-hospital component that provides care for acute cases in urgency and emergency situations[1]. However, studies have demonstrated ineffective assistance, inappropriate behaviors and practices, as well as lack of material, human and financial resources[2-3], factors that directly impact on safety and work process.

Looking for minimizing the risks coming from the health services, the institutions have implemented initiatives aimed at patient safety[4-5]. The implementation of the Patient Safety Center (PSC) can be highlighted; a path that the Ministry of Health (MH) has instituted as obligatory and that aims improvements and more safety to the patient[6-7].

This center must conduct the prevention and control of incidents in the health services, promote a safe assistential environment, stimulate the creation and maintenance of a safety culture, organize strategies and actions to minimize the risks. To this end, PSC works with the six international safety goals, namely: correct identification of patients, effective communication, safety in medication administration, safe surgery, infection reduction and damage prevention[6].

The nurse is often the professional coordinator of PSC, and is considered responsible for implementing strategic safety actions, because they possess management and assistance skills to assist in solving problems, identifying failures, improving results and standardizing assistance. Moreover, they manage the main risks that patients under their care are exposed, whether chemical, physical, psychic, social, spiritual, assistential and institutional[5,8].

Thus, the nurse has a crucial role in the management, implementation and continuity of the NSP, because they are able to enable strategies that effect the safety culture in the institution and, as a consequence, decrease the occurrence of possible adverse events that may jeopardize the integrity of the patient, family and companion[9-10].

A study[4] points out that the PSC, through its members, must perform measures of education and dissemination of good practices for health professionals, patients and companions; however, only the creation of the center can be incipient. Its members should develop preventive actions and mechanisms that enable better training, planning and dissemination of the PSC strategic actions, aiming to ensure safe care to patients.

In the context of the ECU, the nurse professional already plays a fundamental role, exercising the leadership of the team, with a broader vision, performing simple and effective strategies to prevent and reduce risks during the

patient's permanence in the institution, in an attempt to ensure the quality of care[2,7].

In view of the considerations presented, it is necessary to deepen the comprehension of the implementation of the PSC from the perspective of nurses, given its relevance in the implementation process. From this viewpoint, the nurse needs to be aligned with the PSC proposal, with a positive view in their work context. Such positive perception influences the manner in which they execute their activities, which may interfere with the actions developed at PSC. However, the numerous work demands, with a high number of attendances, excessive bureaucratic activities, shortage of personnel and material and other structural difficulties may negatively affect the nurse's perception of PSC [3,8]. Therefore, it is questioned: "How did the implementation of the PSC at ECU occur? What is the nurse's perception about the PSC?"

This study is therefore justified because the PSC implementation strategy is still something new for health institutions, which is a process that is under construction in the urgency services, as well as the implementation of good practice measures in these scenarios[4].

It is assumed that the implementation of PSC at ECU can bring improvements in assistential and managerial services and, as regards the perception of the nurse, because they are the team leader, it is expected a broader vision of this professional, using the strategies of NSP as a basis for decision making related to the quality and safety of assistance.

The objective of this study is to understand the implementation of PSC in an ECU, from the perspective of the nurses.

Method

This is a single qualitative case study, which enables to understand how and why an event occurs[11], as well as investigating daily life and the experiences interpreted and reinterpreted by the subjects[12].

The study was conducted in a city in the Midwest Region of Minas Gerais, Brazil, called City Y. The city has only one ECU, which provides care of the local population and municipalities in the region.

The ECUs were created for urgency and emergency situations, articulating this service at primary, secondary and tertiary levels[2]. The unit in this study scenario operates 24 hours a day, conducts risk classification, provides care to patients affected by acute and acutized cases, building reference and counter-reference flows with other institutions in the region, and performs an average of 450 daily care.

The study participants were 12 nurses, chosen intentionally. It is believed that the implementation of PSC has repercussions on the work of these professionals, and that they are central figures in the implementation and consolidation of strategic actions of the Center. Inclusion criteria were: to have an employment affiliation with ECU, independently of time, to perform nursing actions and procedures and to have experienced the PSC implementation process. Exclusion criteria were: being on vacation or on leave at the time of collection. All nurses from ECU participated in the survey and there was no sample loss.

The data collection was done through interviews guided by a semi-structured script, by the Comic Book Technique and observation. The collection occurred between September and November 2019 and was conducted by one of the researchers, duly trained, to ensure the eligibility and credibility criteria.

Before data collection began, a pilot interview was conducted with a nurse who had previously worked in the institution, in order to verify the applicability of the interview script and Comic Book Technique. After the pilot phase there was no necessity to change the data collection instrument. The pilot interview was not used for analysis purposes.

The interviews were previously scheduled, audiographed and conducted in the unit, in a reserved room, allowing individual data collection, without interference, preserving the confidentiality and anonymity of the informants, with an average duration of 10 minutes.

To ensure the anonymity of the participants, the letter E for Nurse was adopted, followed by the number of the order of the interview, generating E1, E2, E3...

The profile of the participants was outlined through the asking of specific questions prior to the interview, and concerned the nurse's perception of the implementation of PSC, with the following detail: What does PSC mean to you? What does PSC contribute to your work? What are the facilities and difficulties found in the work of PSC? What is the participation of the nurse in PSC?

The interviews were transcribed in their entirety, and sent to the participants to ensure that they had verbalized what was transcribed, guaranteeing legitimacy. It is reported that there was no return from any interviewee.

Immediately after the interview, the Comic Book Technique was held, which consists of a data collection strategy that uses comic book stories to instigate the participant to express themselves through comic book figures on a given theme[13]. Thus, the Comic Book Technique favored the expression of the subjectivity of nurses about the implementation of the PSC at ECU.

The comic book magazine "Turma da Mônica" was chosen because it represents everyday actions and because it was recognized by the participants. The last edition of the magazine, number 53, published in September 2019, the month in which data collection began, was randomly chosen. The application of this technique has been used previously in teaching, research and nursing assistance, contributing to the process of reflection, sensitivity and communication[13].

The participant can choose any figure from the entire length of the magazine, including cover, back cover and advertising, that represented the answer to the following question: How did the PSC implementation process occur at the unit? It should be noted that the statements recorded and transcribed with the description of the figures were submitted to content analysis.

The observation was conducted in order to capture relevant information about attitudes, situations and comments, aiming to reduce the distance between the speech and practice of nurses. The data were recorded in a field diary, composing the observation notes and lasted 6 hours.

For data analysis, the Content Analysis proposed by Bardin was utilized, aiming at reaching the most profound interpretation of the phenomenon, besides exceeding the merely descriptive scope of the manifest content of the message[14]. Thus, the analysis of the data was performed around the chronological phases: pre-analysis, exploration of the material and treatment of the results, inference and interpretation in the light of the literature. Therefore, initially it was carried out the floating and exhaustive reading of the interview questions, in order to interact with the text and obtain the comprehension about what the participant sought to transmit. Then, we proceeded to explore the collected material, making the information increasingly clear and appropriate to the purpose of the study, and finally, the treatment of the results, in which the researchers sought to make them meaningful and analyze them in the light of the literature. Two categories were elaborated: "Challenges of the implementation of the Patient Safety Center" and "Facilities of the implementation of the Patient Safety Center".

The research followed the rules of Resolution 466/2012 and 580/2018 of the National Health Council (NHC) and was approved by the Committee on Ethics in Research (CER) of the Universidade de Estado de Minas Gerais (UEMG), Belo Horizonte, under Opinion No. 3,535,414. It should be noted that the respondents signed the Term of Free and Informed Consent (TFIC).

The project and the article were prepared taking into consideration the *Consolidated Criteria for Reporting Qualitative Research* (COREQ).

Results

12 nurses, 4 men and 8 women participated. Regarding age, 25% (n=3) of the participants were between 40 and 49 years old and 75% (n=9) between 30 and 35 years old; regarding marital

status, 33% (n=4) single, 8% (n=1) widowed and 58% (n=7) married. All worked 30 hours a week and worked in an exclusive regime, and had no other affiliation.

Dentre os entrevistados, 75% (n=9) atuavam como supervisores de setores como ambulatório, cirurgia, ortopedia, pediatria, enfermaria e emergência e 25% (n=3) na supervisão da classificação de risco. Com relação ao contrato de trabalho, 75% (n=9) dos profissionais eram celetistas e 25% (n=3) concursados. Apenas 17% (n=2) apresentavam especialização na área de segurança do paciente, e 42% (n=5). Among the interviewees, 75% (n=9) acted as supervisors of sectors such as outpatient, surgery, orthopedics, pediatrics, infirmary and emergency and 25% (n=3) in the supervision of risk classification. Regarding the work contract, 75% (n=9) of the professionals were grantees and 25% (n=3) were tendered. Only 17% (n=2) were specialized in patient safety, and 42% (n=5) had a master's degree.

Through observation, data were collected on the formation of the PSC at ECU. PSC was founded in July 2018, composed of five nurses, two nursing technicians, a general practitioner, a pharmacist, a hotel and cup supervisor, and a receptionist. It should be highlighted that the coordination and treasury positions in the center were occupied by nurses.

The analysis resulted in the following categories: Challenges of implementing the Patient Safety Center and Facilities of implementing the Patient Safety Center. To facilitate comprehension, the categories and subcategories were summarized in Chart 1.

Chart 1 – Categories and subcategories of the implementation of the Patient Safety Center in a Emergency Care Unit, from the nurses' perspective

Categories	Subcategories
Challenges of implementing the Patient Safety Center	Lack of interest and financial support from the city' s management
	Overcrowding of the Emergency Care Unit
	Team work overload
	Ineffective communication with the multidisciplinary team
Facilities of implementing the Patient Safety Center	Previous knowledge of professionals about patient safety
	Team training
	Motivation of the multidisciplinar team
	Composition of the Patient Safety Center by a multidisciplinary team
	Linking with the Internal Week for the Prevention of Accidents at Work

Source: Create by the authors.

Challenges of implementing the Patient Safety Center

In this category are addressed the challenges identified in the implementation of the PSC.

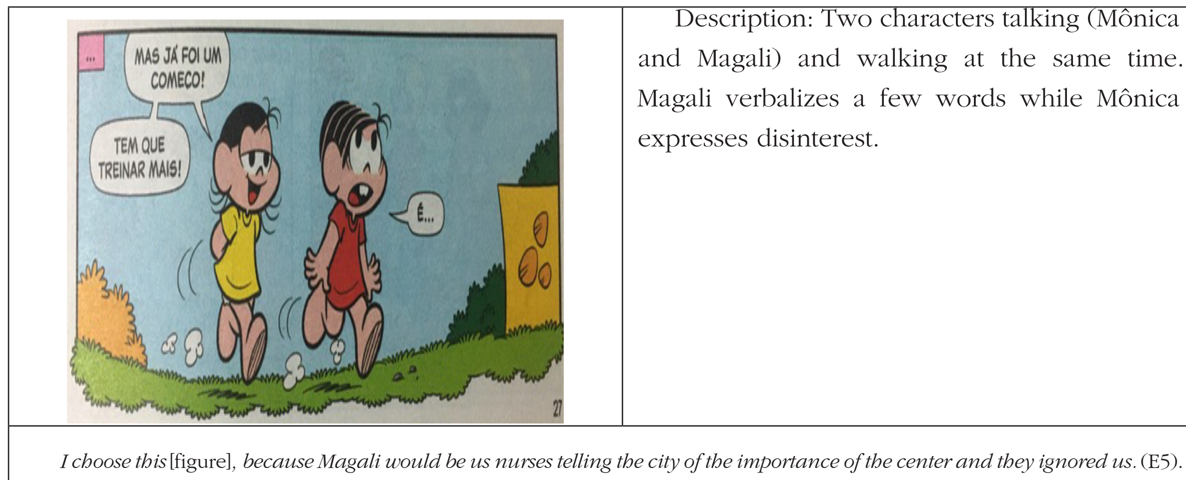
Nurses reported a lack of management involvement and support to implement the PSC, as illustrated by:

If there was a great difficulty in this implementation, no doubt it was the lack of support and also of direct management interest, they have no interest [...] *patient safety does not fill the eyes of a health secretary, even because buying an ambulance or painting the unit for the population makes more sight. Safety culture is something that is not perceived and little valued by the management here.* (E8).

But there is a political issue involved in the health of City Y, including in the ECU of City Y everything we asked for and requested was barred directly. Officializing a non-functioning for lack of management support. It is sad! (E10).

Through the Comic Book Technique, the absence of managers from discussions on the NSP was highlighted, which gives rise to a lack of interest in the institutional importance given to security, as shown in Figure 1.

Figure 1 – Figure originated from the Comic Book Technique



Description: Two characters talking (Mônica and Magali) and walking at the same time. Magali verbalizes a few words while Mônica expresses disinterest.

I choose this [figure], *because Magali would be us nurses telling the city of the importance of the center and they ignored us.* (E5).

Source: Sousa M(15:27).

Nurses understand that management support is primordial to promote institutional policies and develop actions that involve patient safety. They also report the lack of financial support from the city's highest management:

> *With all certainty, what directly barred us was the lack of financial support, of resources themselves, in order to be able to invest in safety and, also, in administration. I mean, the city hall itself and the general manager discouraged us a lot.* (E5).

> *Well, the biggest difficulty was financial, because we didn't have much help from the management, because we needed material improvements!* (E9).

Participants reported that overcrowding of patients in the unit and the consequent workload were barriers to the implementation of the PSC:

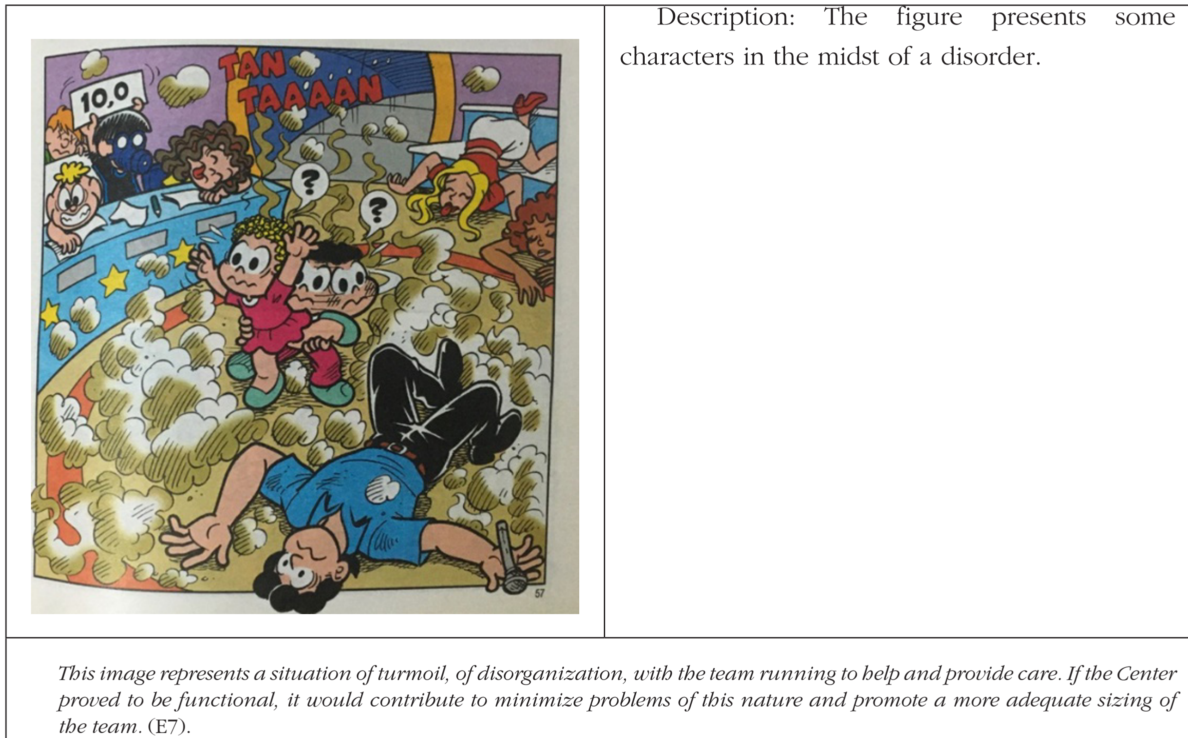
> *I think one of the difficulties is also the team number. There are few technicians for so many people. In ER1* [Emergency Room 1], *which is the most crowded sector, there are sometimes 50 patients hospitalized for four employees and we still need to attend door and external medication. It's chaos!* (E1).

> *Sometimes a technician in the morning picks up a corridor with 17 patients and they need to provide all the care, and everything mixed: man, woman, elderly, bedridden, with a probe, diaper, bandage to be done. All distributed on stretchers in the hallway, the technicians jump just like popcorn for 12 hours to take care of everything. Doing the basics, such as double checking, these things requested by the center are almost impossible to do!* (E12).

Besides the reports, it was observed the occupation of all the beds in the ECU, patients in the corridors, high tension of the assistential team during the execution of technical procedures, pressure of the population and of the service to execute new attendances, and waiting time of more than one hour. The overload of the team makes safe care difficult, as recommended by the PSC, leading to inattention in health practices and contributing to the emergence of errors and incidents related to care.

The E7 interviewee at the Comic Book Technique reported that there are several attributions of the team and that this overloads the employee. The statement treats the Center as something unconsolidated, not working in the ECU, which has repercussions on the work of the team in terms of patient safety, as presented in Figure 2.

Figure 2 – Figure originated from the Comic Book Technique



Description: The figure presents some characters in the midst of a disorder.

This image represents a situation of turmoil, of disorganization, with the team running to help and provide care. If the Center proved to be functional, it would contribute to minimize problems of this nature and promote a more adequate sizing of the team. (E7).

Source: Sousa M[15:57].

The statements point out the problem of ineffective communication between the team, written or verbal, preventing the implementation and continuity of PSC:

> [...] *we have a very flawed communication and the process of communication failure whether it is of records, verbal and professional communications of the information effectiveness of the continuity, is something very flawed* [...] *communication, it depends a lot on the subjective of the professional, on the understanding that that professional has about the importance of communication, of assertive information, of correct information, right?* (E2).

> *I think that if management had communicated more with the rest, more with the team,* [...] *the process would have happened more quickly, it would have happened effectively.* (E4).

These challenges are constituted in the work of nursing, other health professionals and in the implementation of PSC actions; hence, they need to be rethought in order to favor safe practices.

Facilities of implementing the Patient Safety Center

In this category will be presented the facilities found in the PSC implementation process. Initially, we can mention that previous knowledge of patient safety was raised as an important factor for the implementation of PSC, as exposed by E3 and E5:

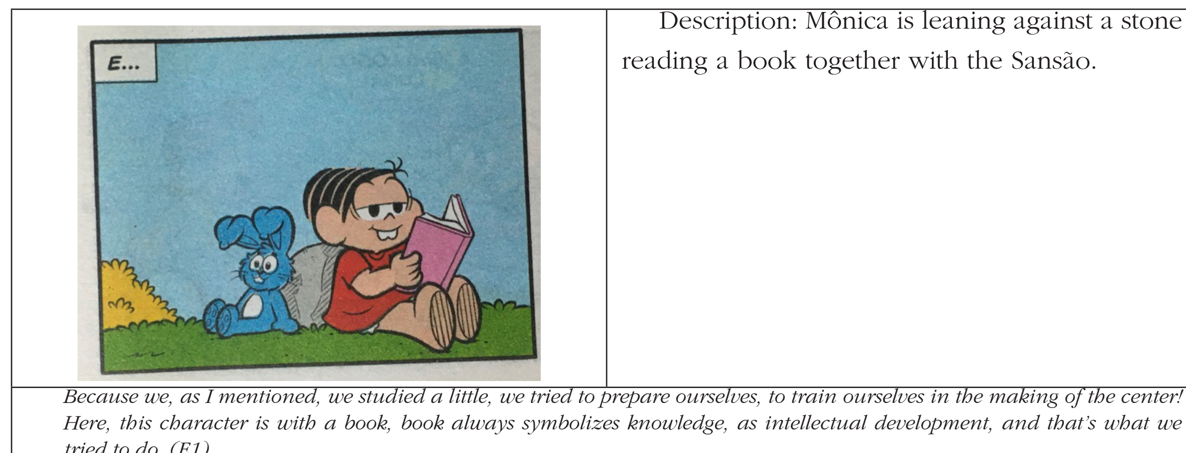
> *What helped me a lot as vice-president of the center was still studying, I had more facility, even more knowledge, thanks to the master's degree, we are more updated when you stay in the academy* [...] *also more open to new changes.* (E3).

> *On a more optimistic side, we have nurses with ease in the creation of the center, because they are already inserted in the master's degree or recent graduates, so they had a great contribution from the graduation with regard to the formation of the center. These were a few of the facilities we had.* (E5).

The previous knowledge of the professionals about the subject and the importance of PSC in the institution are factors to promote the debate in the service, assisting in the development of the safety culture, focusing on risk and error reduction. The nurses add that the updating of the team makes it feel safer, stimulated and interested in the search for improvements.

The training is pointed out as a facilitator, as illustrated in Figure 3.

Figure 3 – Figure originated from the Comic Book Technique



Description: Mônica is leaning against a stone reading a book together with the Sansão.

Because we, as I mentioned, we studied a little, we tried to prepare ourselves, to train ourselves in the making of the center! Here, this character is with a book, book always symbolizes knowledge, as intellectual development, and that's what we tried to do. (E1).

Source: Sousa M[15:9].

Training is seen as the way to encourage and share knowledge, in addition to enabling qualification and content review, as added by E6:

> *Although some nurses have more time to train, they are still very interested in continuing to specialize, this is part of each one, but the team here has it in essence* [...] *thank God!* (E6).

The contributions of the idea of collective responsibility are added, and thus it is understood that there is cooperation, union, respect and motivation. The theoretical basis and scientific study facilitate the implementation of PSC, as it leaves the professional open to new changes, norms and comprehension of the importance of new actions, as reported in the testimonials:

> [...] *is the team's contribution, the team's participation in maintaining patient safety, working in a correct and coherent way.* (E7).

> [...] *sure the support and knowledge of the team are very important, I think the only thing that facilitated us was this and only.* (E11).

The motivation was reported as facilitating. Despite the challenges presented, the nurses felt motivated to improve the service, and this was a crucial element in encouraging and potentializing the culture of patient safety in the ECU. Nurses recognize that when professionals are motivated and stimulated, they make movements for change, for improvement in the work environment, with incentive to the safety culture.

Another facilitator pointed out by the nurses was the definition of a multidisciplinary team to compose, as members, the NSP, according to statement:

> [...] *The integration of several professional profiles in the composition of the center was a facilitating point, because there we got professionals who have different views and had an ease of adaptation within their routine.* (E9).

The multiprofessional work, the knowledge that contributed to the team work in a harmonic climate of co-responsibility and respect, are important elements for the implementation of NSP. It is also highlighted the need to comprehend the specifications of each patient, in a global way, and the actions of several professions.

It was observed that the insertion of the Internal Week for Prevention of Accidents at Work (IWPAW) was a facilitator in the implementation of the PSC, as emphasized by the speech of E9:

> *The help we got from IWPAW, which is an institution that has in the unit in a certain way had a greater activity, together with the safety of the patient themselves.* (E9).

It can be said that IWPAW and PSC have similar activities and their members aim to raise awareness among professionals regarding the prevention of occupational diseases, accidents at work, encouraging health promotion and protection of physical integrity. Also, they seek to promote patient and professional safety training.

Discussion

To build and implement the PSC is necessary the involvement of the management, the ECU

and the municipality, since it requires structural, material and strategic adjustments to ensure the safety of the patient and the employee [7].

A study conducted with nurses in four public university hospitals in the state of Paraná pointed out that the failure of management support is a factor that hinders the implementation of safety plans[5]. Managers have the decision power to appoint members to compose the PSC, giving them authority and responsibility to carry out the promotion of safe care[16].

The team expects to be informed by the management about the unit's safety problems, which, when it occurs, generates positive feelings in the team, such as support and encouragement to the possibility of expressing opinions and impressions regarding decisions. Opposite situations lead to team insecurity[17].

A study pointed out that the support of high management and the engagement of leaderships were fundamental for the implementation and development of the PSC, analyzing the information and assisting in the implementation of improvements[7]. Managers should be aware of the benefits of NSP and provide evidence of their commitment, in addition to seek to improve patient satisfaction, define the competences of the professionals involved and the processes[16].

To ensure patient safety, policies, routines and standards must be created, and investments must be made in infrastructure, equipment and materials. These factors are potential devices for changes in care and, when absent, make activities slow[3].

In relation to patient overcrowding and the consequent workload, it can be said that the large flow of patients often results from the demand for services that are not characterized as urgent. In this direction, a study[2] developed in ECUs of a municipality of Santa Catarina reinforces that overcrowding occurs due to the failure of the health system to absorb the demand for primary care, leading users to seek viable care, regardless of its complexity. Thus, the population recognizes the ECU as a place of access and resolution. The care becomes time-consuming generating stress on the patient and the team.

A German study concluded that the increased workload of doctors and nurses is related to the increased complexity of diseases and the need to develop abilities due to technological innovation. It also points out that overload generates tension and stress in professionals and that to ensure patient safety it is necessary to have a leadership capable of managing and counterbalancing the demand for work, emphasizing that listening to the professional is fundamental in this process[18].

The workload is related to the disproportion between the number of nursing professionals and patients attended, reported as a risk factor for both. These challenges can contribute to the emergence of care-related errors and incidents, constituting a challenge to patient safety[9].

The lack of effective communication represents one of the main challenges in identifying adverse incidents and events. Teamwork requires communication between all those involved in order to achieve the desired results successfully, efficiently and with fewer errors. Therefore, it is necessary to identify barriers that hinder effective communication and that make team cooperation impossible[19]. Poor communication is a persistent problem in health care due to some theoretical approaches and restrictive definitions that professionals use. It is suggested that relationships of trust between actors be built, in addition to expanding the definition of the value of communication[20].

Communication should be universal, dialogued and registered, and there should be a listening that favors the improvement of safe practices and promotes the reduction of errors[19]. This statement corroborates a study[21] that approaches that communication should promote the exchange of ideas and experiences to generate behavior changes, discuss and teach new subjects, which applies to patient safety.

Patient safety needs to be worked on in undergraduate and postgraduate courses, as well as in the continuous development of the professional. A study carried out in four Palestinian hospitals reveals that although nurses are deficient in patient safety, they still manage to have positive attitudes towards care. Therefore, it is essential that discussions start at the undergraduate level,

so that the professional has a clinical training scientifically based on safe practices[22].

In this context, patient safety should be a basic science for professional education, exposing concepts, attitudes and abilities for the practice of safety and promoting improvements in care. It also includes five competences, which are: patient-centered care, teamwork capacity, evidence-based practices, quality improvement and informatics use. This change is already being incorporated in some schools in the United States, United Kingdom and German-speaking countries[23].

The PSC has as activity the diffusion and periodic training of professionals. Thus, the service needs to develop, implement and monitor training programs aimed at patient safety[6].

When professionals train, they create collective responsibility. It is suggested that the training be carried out through reflective practices and conversation rounds, to stimulate good relationships and cooperation in the team. In this way, there will be support for the incorporation of the safety culture in a rooted and systemic way in the institution[24].

The participation of professionals in actions that modify the work process generates positive perceptions for the opportunity to experience new experiences and expand knowledge, besides the satisfaction in providing safety to the patient, and knowing that this generates benefits and brings satisfaction and credibility[5]. The implementation of the PSC in the service cannot be seen only as a change in resources, structure and equipment, but as human initiatives. In addition, people and groups need to be stimulated by their leadership.

For the development of safety culture, authors[16] reported that NSP requires composition, preferably by members of the organization who have a notion of work processes and have a leadership profile. It is ideal to have knowledge about quality improvement concepts and themes, such as infection control, risk management, epidemiology, microbiology, quality, pharmacy and clinical engineering and patient safety.

Teamwork should be based on dialogue, feedback and bonds of trust. Besides, it should promote critical thoughts about actions and attitudes and alternatives to modify and transform the error[25].

Teamwork includes sharing stories, knowledge, insights, proactivity, meeting with other members, preparing to solve an information break and creating strategies to prevent failure. The experiences reported by this group allow learning and can be replicated and improved for patient safety[26].

The PSC's activity is to identify and know the care processes that can have critical points and generate risks. Thus, it must establish barriers capable of preventing incidents and show them to its professionals[6].

It is noteworthy that this PSC implementation process indicates the need for investments, education and training initiatives, sensitization and involvement of high management, professionals and patients in order to offer safe and quality attention.

The main limitation of the research was the reduction in the number of nurses in the service, due to the decrease in hiring. This fact led to the use of the totality criterion to achieve the proposed objective.

Conclusion

The study identified that there are challenges in the implementation of PSC from the nurses' perspective, who highlighted the lack of interest and financial support from the city' management; the overcrowding of the ECU; the workload and ineffective communication. On the other hand, the facilities in the implementation of PSC were identified: previous knowledge about patient safety, training of professionals, motivation of the team, composition of PSC by a multidisciplinary team and the affiliation with IWPAW.

This study brings as contributions to nursing, the comprehension that the implementation of PSC is still something challenging for health services, but the nurse has competencies and abilities that assist in the implementation of PSC, contributing with the organizational safety culture and intermediating managerial actions

between the center management and the multiprofessional team.

In addition, this article aims to encourage health services to tread the path of patient safety with the aid of nursing, providing safer care for the institution, the patient and the professionals. It is necessary to create strategies that help to reduce the challenges encountered, because PSC is essential to advance the quality of care and, consequently, reduce the risks and vulnerability of the patient.

It is highlighted the need for further studies on the strategies that can be used and that can change care practices and structural conditions, as well as studies on building a culture of patient safety.

It is important to emphasize that the objective of this study was not to represent the professionals, but to comprehend the implementation of PSC in their perspective. Therefore, the study contributed with discussions of the theme in the center, as well as it can be used to guide the teams regarding the implementation of PSC in the other services that have interest and gave visibility to the security theme.

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1 – conception, design, analysis and interpretation of data: Simone Graziele Silva Cunha, Gabriela Santos Clemence and Larissa Franciele Simões Almeida;

2 – writing of the article and relevant critical review of the intellectual content: Simone Graziele Silva Cunha, Gabriela Santos Clemence, Larissa Franciele Simões Almeida, Andréia Guerra Siman and Maria José Menezes Brito;

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