

AUDIT: A MANAGEMENT TECHNOLOGY FOR QUALIFICATION OF THE NURSING PROCESS

AUDITORIA: UMA TECNOLOGIA DE GESTÃO PARA QUALIFICAÇÃO DO PROCESSO DE ENFERMAGEM

AUDITORÍA: UNA TECNOLOGÍA DE GESTIÓN PARA LA CUALIFICACIÓN DEL PROCESO DE ENFERMERÍA

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How to cite this article: Bitencourt JVOV, Pinheiro LJ, Percisi AR, Parker AG, Teixeira ALS, Bertocello KCG. Audit: a management technology for qualification of the nursing process. *Rev baiana enferm.* 2020;34:e36251.

Objective: to report the development of an audit technology for applicability of the steps of the Nursing Process in a hospital in western Santa Catarina. **Method:** experience report involving nurses and nursing professors. **Results:** it was possible to structure a flowchart describing the step-by-step of the audit procedures in the hospital institution, as well as showing the indicators used to analyze the aspects referred to in the instrument of audit. The data were analyzed and discussed with the nurses in “conversation wheels” aiming at the improvement. **Conclusion:** the experience allowed realizing that, for the implementation of the Nursing Process in the clinical practice of health services, it is vital to establish the audit process jointly. The deployment of a structured committee in the hospital of study, concerned with developing management technologies for qualification of care and structured in a collective and participative way, was crucial to the success of actions.

Descriptors: Nursing Audit. Nursing Process. Quality of Health Care. Nursing Records. Nursing Care.

Objetivo: relatar o desenvolvimento de uma tecnologia de auditoria para aplicabilidade das etapas do Processo de Enfermagem em um Hospital do Oeste de Santa Catarina. *Método:* relato de experiência envolvendo enfermeiros e docentes de enfermagem. *Resultados:* foi possível estruturar um fluxograma discriminando o passo a passo dos procedimentos de auditoria na instituição hospitalar, bem como mostrar os indicadores utilizados para analisar os aspectos designados no instrumento de auditoria. *Os dados foram analisados e discutidos com os enfermeiros em “rodas de conversa” visando o aperfeiçoamento. Conclusão:* a experiência permitiu perceber que para a implementação do Processo de Enfermagem na prática clínica dos serviços de saúde é vital estabelecer conjuntamente o processo de auditoria. *A implantação de uma comissão estruturada no Hospital em estudo, preocupada em desenvolver tecnologias de gestão para qualificação do cuidado e estruturada de forma coletiva e participativa, foi fundamental para o sucesso das ações.*

Descritores: Auditoria de Enfermagem. Processo de Enfermagem. Qualidade da Assistência à Saúde. Registros de Enfermagem. Cuidados de Enfermagem.

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Objetivo: informar sobre el desarrollo de una auditoría de la tecnología para la aplicabilidad de los pasos del Proceso de Enfermería en un hospital en el oeste de Santa Catarina. Método: relato de experiencia con enfermeras y profesores en enfermería. Resultados: fue posible estructurar un diagrama de flujo que describe el paso a paso de los procedimientos de auditoría de la institución hospitalaria, así como muestra los indicadores usados para analizar los aspectos contemplados en el instrumento de auditoría. Los datos fueron analizados y discutidos con las enfermeras en la “rueda de conversación” con el objetivo de la mejora. Conclusión: la experiencia permitió percibir que, para la aplicación del Proceso de Enfermería en la práctica clínica de los servicios de salud, es vital establecer conjuntamente el proceso de auditoría. La implementación de una comisión estructurada en el hospital en el presente estudio, interesada en desarrollar tecnologías de gestión para calificación de cuidado y estructurada de manera colectiva y participativa, fue crucial para el éxito de las acciones.

Descriptor: Auditoría de Enfermería. Proceso de Enfermería. Calidad de la Atención de Salud. Registros de Enfermería. Atención de Enfermería.

Introduction

The audit procedures constitute as an important management tool along the work processes, allowing the evaluation of the effectiveness, quality and achievement of the objectives of certain proposal of professional activity. Nevertheless, what exalts its application is its educational character, since, in addition to identifying problems and weaknesses, it enables pointing suggestions and possible resolutions, assuming a priority and predominant pedagogical function before the work processes⁽¹⁾.

In the health area, the audit appears in the 20th century aiming to analyze the assistance given to patients through medical records. From 1980, the nursing audit begins to develop in health institutions, aiming to ensure the quality of care and control internal processes through a systematic evaluation⁽²⁾. In recent years, there has been an increase in the movement of audits in health services, since it has effectively shown as an important instrument of transformation⁽³⁾.

Based on this premise, its contribution is crucial regarding the implementation of the Nursing Process (NP) in environments in which the professional care occurs, given the ethical and legal repercussions, and, consequently, scientific practical application of the NP.

The NP, judged as a methodology that should guide the nursing care, has been implemented with greater intensity in health services since 2009, after the publication of the resolution by the Federal Nursing Council (COFEN) 358/2009, which establishes the obligation of executing the

NP throughout the health service, public or private. This is developed through five steps, namely: “data collection”, “nursing diagnosis”, “nursing planning”, “implementation” and “nursing assessment”⁽⁴⁾.

Furthermore, the adoption of the new Code of Ethics of Nursing Professionals, conferred by COFEN Resolution 564/2017, ensures the implementation of the NP as a right of the nursing professionals, reinforcing, in its chapter of duties, that the professional should comply with the regulations and resolutions of COFEN⁽⁵⁾.

Thus, in relation to the applicability of the NP, the audit procedures assume an expanded scope, since, in addition to the legal investigations that certify the implementation of NP in Health Services, one should consider the need to audit its systematic completion in daily nursing care, evaluating the quality in the use of this care methodology.

Therefore, in the exercise of the care management, upon reflecting on the development of technologies that allow operating audit procedures for the practical improvement of NP, it is necessary to be aware of how useful and indispensable is the initiative, contributing to increasing the expertise and implementation of the legal and ethical practice of nursing.

Thus, the objective of this study is to report the experience of developing a management technology to audit the applicability of the steps of the Nursing Process in a Hospital in western Santa Catarina.

Method

This is an experience report on the development of a management technology, which describes the audit procedures established by members of the Nursing Process Committee (COMPEnf), created in 2014, next to a Hospital in Western Santa Catarina. The hospital is a government institution, has approximately 1,369 employees, of whom 92 are nurses, has 25 medical specialties and 320 beds, and meets 1.3 million people, covering the cities in Western Santa Catarina, Southwestern Paraná, Northern and Northeastern Rio Grande do Sul. It is a reference in high complexity in the areas of Neurosurgery, Obstetrics, Acquisition and Transplantation of Kidneys and Corneas, Urgency and Emergency, Oncology, Neonatal and General Intensive Care. As for the characterization of the units involved in this study, the oncology service is composed of the Oncology Clinic (clinical, hematological and surgical), Oncological Inpatient Unit (clinical and hematological) and Radiotherapy. The Oncology Clinic had 12 beds, 33 armchairs and 2 care nurses. The Oncological Inpatient Unit has 49 beds and 6 care nurses. The Radiotherapy has 2 care nurses. The service has also 1 nurse coordinator responsible for the 3 units. The Adult Intensive Care Unit (ICU) is composed of 2 units, totaling 18 beds. Each unit features 9 beds, 1 nurse coordinator and 2 nurses per shift.

The COMPEnf constitutes as a service to advise and assist permanently the construction/implementation and operationalization/implementation of the steps of the NP in all units of the hospital. It is composed of professors of the three Higher Education Institutions (HEIs) in the city, which offer the nursing undergraduate course (three representatives, professors of each HEI), of a nurse, elected as coordinator of the committee, the nursing director and of the nurse, representative of the permanent education of the hospital, totaling 12 constituent members. The selection of participants was by convenience, addressing the interest and the production about the theme. Therefore, in the HEIs, the names defined to compose the committee were chosen

by consensus acted in college. It is noteworthy that the coordinator of the committee accumulates the position of coordinator of the ICU sector, which started the beginning of the actions of implementation of the NP in this institution.

The audit procedures relating to the applicability of the NP in hospital units consist of actions regulated in the rules of COMPEnf, accompanying the systematics of deployment and implementation of the NP. Thus, for each participating unit (ICU and Oncology), included in this report, it was stipulated a pair of professors, indicated in the meetings of the committee, acting in rotation scheme, avoiding overloading and, at the same time, seeking to obtain different perspectives of the findings. The actions of audit for these units were developed in the course of the year 2018, in specific shift, in the morning or afternoon, and involved the review of all medical records of patients using an instrument of information collection, whose object of evaluation is related to the adequacy and inadequacies in the implementation of the steps of the NP (presented with greater detail in the results of this study). The information obtained was compiled and addressed in “conversation wheels” and, upon observing backlogs to be treated with the group for improving the practice, the audit actions continues to be performed in its unit. Once the backlogs were remedied, there is the feedback of the potentiality reached and the audit practice is resumed aligned to the elaboration of the constructs of the matrices and submatrices, which will be described below.

Operationally, the steps of the NP were implemented in the hospital units based on the creation of a matrix that comprises the Systems of Standardized Languages (SSL), orienting these steps: NANDA International (NANDA-I) for Nursing Diagnoses (ND), Nursing Outcomes Classification (NOC) for the Nursing Outcomes (NO) and Nursing Interventions Classification (NIC) for the Nursing Interventions (NI). Each unit has its own matrix, according to the sector's specialty and, to this end, the patients' social and epidemiological profile is considered. Therefore, based on that profile, in the phase of construction

of the matrices for each unit, the organization of submatrices is outlined. The construction work of the matrix is developed systematically, dividing this composition firstly using the SLP NANDA-I, generating the submatrix of nursing diagnoses; subsequently, the SLP NOC is added, when the outcomes of the respective nursing diagnoses are included and, finally, the SLP NIC is used to identify the nursing interventions that will respond to the expected outcomes and, consequently, to diagnoses. The Nursing History (NH) that will be used in the stage of data collection of NP is also built based on patients' profile, and, although this instrument is part of the first step of the NP, its creation is only made after the elaboration of the submatrix of nursing diagnoses, since these diagnoses materialize effectively the health profile of patients in their respective units.

This construct is prepared using the method of "conversation wheels", carried out in the hospital institution, upon a timeline of fortnightly meetings with the professionals of the units covered, together with the COMPENf members. This movement remains until completing the construction of submatrices of all steps of the NP. The number of meetings, in the modality "conversation wheel", is variable, depending on the dynamics of the groups formed to develop the proposals in these wheels. However, for each construct concerning taxonomies mentioned, there are generally three meetings. It is possible to assert that the complete structure is reached after a year of work; however, the audit is performed systematically at the end of each step. These meetings are held on Thursday afternoon, with a maximum duration of 1h30min, in a study room with previously scheduling, with the participation of nurses from the units that are the construct's focus, in an independent way, organizing meetings specific to the ICU and to oncology. To facilitate, the nursing direction made official the overtime for those nurses, due to the participation outside of their work

shifts. Concerning the professors, they work in alternation, having as a minimum requirement the presence of at least one representative of each HEI per meeting.

In the implementation step of the NP in the units, patients are divided according to the working shifts, and every 24 hours, a nurse is responsible for performing the NP with certain patients. Regarding the steps of NP, when the patient access the service for the first time, data from the 1st step are registered, i.e., the data collection in the NH. Then, the steps 2, 3, 4 and 5 of the NP (respectively, nursing diagnoses, nursing planning, implementation and nursing assessment) are recorded on a form called by the committee as "NNN", comprising the taxonomies NANDA-I/NOC/NIC, with the respective deadlines related to nursing activities. Sequentially, in subsequent days, the record of patient care is restricted to the "NNN" form, which also allows completing the record of the evolution of health corresponding to the collection of data from the 1st step of the NP, since the form is only used for the first contact with the patient. Therefore, the audit procedures are intrinsic throughout the implementation process of the steps of the NP.

As for the ethical aspects, as it is an experience report, this demand is not necessary. However, it is important to highlight that, to safeguard all actions resulting from the committee, the research project was institutionalized in the three HEIs, under CAAE number 11945519.6.0000.0118.

Results

For the implementation of audit procedures, an instrument was developed to collect information from the records of the patients of the units, aiming to determine the adequacy of the implementation of the steps of the NP in the units of the hospital. Chart 1 highlights the aspects observed in the audit process.

Chart 1 – Aspects used in the audit process

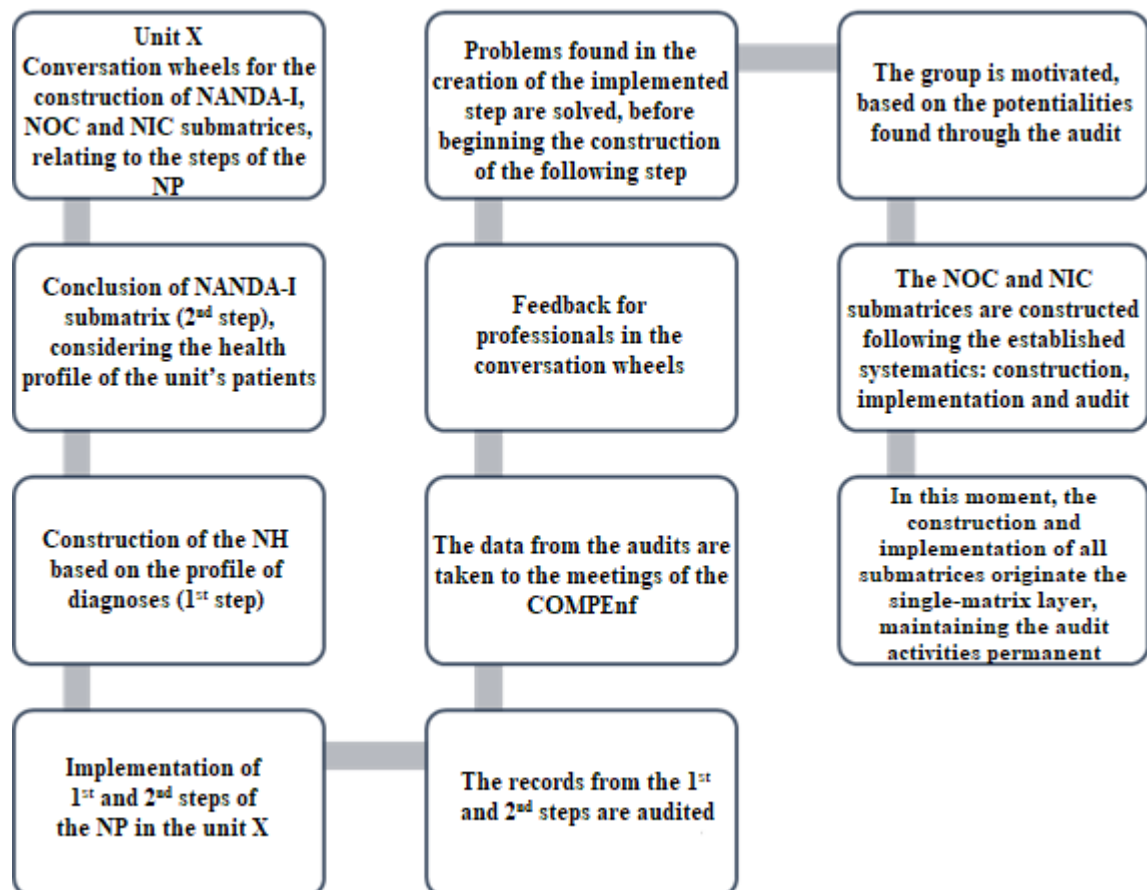
BED	UNIT	NURSING HISTORY	DAILY EVOLUTION	NANDA	NOC	NIC
		() Complete	() Complete	() Inadequate	() Inadequate	() Inadequate
		() Incomplete	() Incomplete	() Partially inadequate	() Partially inadequate	() Partially inadequate
				() Totally adequate	() Totally adequate	() Totally adequate

Source: Created by the authors.

It is important to highlight that the audit practice envisaged by the committee has a permanent character. Thus, in addition to accompanying the construction of each one submatrix in hospitalization units, after the end of these constructions, a single matrix is obtained, which is a compilation of submatrices

and, to this end, the units are always audited, always seeking to ascertain the applicability of the steps of the NP in clinical practice. The Flowchart 1 shows the audit management technology of the NP, created by the COMPENf of the hospital where this experience has been developed.

FLOWCHART 1 – Management technology to audit the Nursing Process



Source: Created by the authors.

The form used for audit contains options that allow finding out about the appropriate use of the instruments of data collection, the evolution and history, and the taxonomies NANDA-I, NOC and NIC. Thus, the data obtained in the audit are analyzed in monthly meetings of the COMPEnf, being possible to evaluate the organization of clinical data obtained in data collection and its correlation with the identified, with the related or risk factors, and with the identification of defining characteristics. Regarding the NIC and NOC taxonomies, they seek to analyze the clinical alignment based on the ND, ascertaining if the result(s)/indicator(s) and intervention(s)/activities complement each other, responding to one another, as well as to the ND as a priority. Thus, the cycle of clinical reasoning is closed. The indicators from this cycle configures the suitability assessment regarding the operationalization of steps of the NP in audit procedures, concerning the patient's health status. This information is collected and returned to the group of professionals of the respective units through "conversation wheels", characterized as meetings with a maximum duration of 1h30min, allowing discussing and proposing actions to align the difficulties and stimulate the continuity of potentialities evidenced during the implementation process. Whenever possible, other NP-related themes, with an expressive significance, are addressed in these meetings, as is the case of the nursing notes and evolution.

Still in relation to the potentialities found in the audit process, this seeks to clarify the benefits for both the patient and the team on the completion of a certain action, ensuring an individualized care. In relation to the weaknesses, it seeks to remedy the problems in a participatory way, citing as an example the implementation process of the NH in the respective units, when the nurses noticed that some fields/data were not suited to the reality or to the professionals' understanding. Faced with this situation, the NH was (re)organized to fit and remove the difficulties found, allowing completing the data or as much information as possible.

Discussion

The results derived from this experience report allows developing guided discussion for two thematic approaches, which are: the presentation of the management technology to audit the Nursing Process (NP), used throughout the course of its implementation; and improvement activities undertaken by the Nursing Process Committee with the group of professionals in the service.

In the context of the creation of management technology, the audit of the NP was structured in the hospital of study based on the patients' medical records, since they contain the records of the steps of the NP, performed by nurses from the units where the nursing care is developed. It is important to highlight that the patient's record is the source of information that allows evaluating the performance of the care provided to patients⁽⁶⁾.

In this sense, with the implementation of the NP, the importance of nurses performing all steps of the process is regarded, proving such action with the record in the patient's medical records. The non-compliance with these notes can lead to complications, especially for the patient, in addition to representing an obstacle to the audit practice, because it hampers the evaluation of the efficiency and effectiveness in the implementation of each step of the process⁽³⁾. Therefore, when the COMPEnf members adopt the development of audit procedures using records, this behavior is in line with what the literature advocates, and signals that the proposition of this management technology can be successful.

In addition, the audit procedures were carried out after the creation (deployment) and operationalization (implementation) of each step of the NP in each unit, specifying the development of activities in accordance with the specificities. In this way, it is possible to highlight the problems found during the process of construction and operation, as well as remedy possible doubts that professionals may have, before starting the production of the construct

and the implementation of the subsequent step of the NP⁽⁷⁾.

This practice has been shown beneficial in the service, because it allows enhancing the applicability of the steps of the NP in the units in real time, i.e., the construction (the creation of submatrices) to its operationalization. As the committee discusses with the group through “conversation wheels” about the results found in moments of audits, it supports the necessary changes and restructuring, provides the favoring of a behavioral status of safety before the step under implementation, leaving them more prone to the effective development of the next step.

The use of management technology to audit the NP in the units that have already fully implemented the steps aims to monitor the proper development of any activity, in particular in relation to the development of clinical reasoning imbricated to steps of the NP, that is, if the choice of diagnoses, the selection of results and the Nursing interventions were established in a coherent way. According to the literature, the understanding of the effectuation of the NP is facilitated when the analysis begins in the totality of its steps, because it allows recognizing the (in)adequacies of clinical reasoning⁽⁷⁾. Therefore, the audit procedures and actions implemented upon their results tend to provide professionals with the opportunity to develop attributes exceedingly complex and fundamental in the health sector, which relate to cognitive development, expressed by clinical reasoning, favored by using the methodology of the NP.

Following this analysis, there is a discussion on how the COMPEnf deliberates the audit results and performs the feedback of this process to professionals in the service. Thus, with the results obtained, the COMPEnf ponders about the execution of the NP for all patients of the audited units, its daily frequency, the inclusion of all the steps of the NP and its proper implementation. Finally, it discusses the quality of records regarding the coherence, involving the clinical reasoning underlying the implementation of the NP of each patient. In this way, the COMPEnf members discuss these findings, suggesting

actions to be proposed to professionals in the “conversation wheels” of their respective units. Thus, the conversation between the committee members allows reflecting on and organizing educational strategies for subsequent discussion with the professionals, correlating with the evaluation of the results of the audit.

Concerning these referrals, after the implementation of an audit process, the issues highlighted regarding efficiency, effectiveness, and the weaknesses observed are analyzed, aiming to point out suggestions and solutions to the obstacles found⁽²⁾.

This purpose of education aims to improve the quality of the application and record of the NP. During the implementation of the NP, and the consequent consolidation of all its stages, many challenges are found. Nonetheless, one seeks to overcome these difficulties, since the implementation of the NP is closely related to the quality of the assistance provided and the organization of the service⁽⁸⁾.

Therefore, the discussions and deliberations of the COMPEnf in the institution involved correspond to a process of improving the practice, in which the results obtained by means of audits are evaluated and compared with what would be the ideal application of the NP.

In this sense, about the idealized application of the NP, before the audit procedures, one should consider about the existence of the peculiarities inherent to nursing care that cannot be ignored, because, eventually, they can impede the practice of the NP in the routine of health services. Although this is not an absolute reality, some studies have demonstrated such difficulties, as is the case of the incomplete performance of the NP, mostly justified by the routine, demand and work overload⁽⁸⁾. In this way, when there arise observations of this nature, it is noteworthy that the conversation wheels provided in management technology presented favor the discussion of these themes and creates a space of collective decisions, more likely to solving the problems previously found.

Also regarding the feedback of audit procedures with the professionals, it always

seeks to strengthen the educative character to the detriment of the punitive one. In this way, a greater closeness was evidenced, since the beginning of the process between the COMPEnf and participating professionals, who felt protagonists in the construction and implementation of the NP. Obtaining important information through the feedback of audits during the conversation wheels subsidized the reorientation of the practices, as well as allowed stressing the potentialities observed during the implementation of the steps of the NP.

This trend is confirmed, surrounding this practice, upon stating that the audit process points out suggestions and solutions for improving the compatibility of records, aiming to develop the NP as coherently as possible⁽⁶⁾.

Finally, throughout the process described in this study, the use of management technology to audit the NP has proved to enable the achievement of success mainly because it consists of continuous and systematic activities, promoting a permanent process of improvement.

Conclusion

Currently, the demand for qualified health services has encouraged the use of actions of monitoring and control, serving as true indicators of care provided in institutions. With the mandatory application of the NP in health services, the audit procedures are an important tool in the search for safer and more effective work processes, and, therefore, for the satisfaction of users of these services.

Also in the context of the qualification of health services, it should be emphasized that the use of the NP provides important approximation between nurse and patient, professional appreciation and recognition, in addition to fostering actions based on the scientific exercise of clinical reasoning.

Nevertheless, the implementation of the NP in Brazilian health services still faces many shortcomings, which can be minimized by using audit procedures, because they allow monitoring and evaluating the activities, identifying

strengths and weaknesses, in addition to suggesting resolutions. Therefore, the initiative of the Nursing Process Committee to develop a management technology to audit the NP has merit and, in addition, the service professionals showed greater adherence to the movement, upon realizing that the audit procedures were performed prioritizing the educative character with *in loco* visits (assessing the achievement, quality, content and frequency of records of all the steps of the NP), and feedback of “conversation wheels” seeking not only out flaws, but, above all, the positive experiences to replicate them.

The experience unveiled that, considering the implementation of the NP in the clinical practice of health services, it is vital to establish the audit process jointly. In this sense, a structured committee, as the created by the service, concerned in developing management technologies for the qualification of care and structured in a collective and participatory way, was crucial to the success of actions.

In a complementary way, the experience allowed challenging an issue rhetorically presented in studies involved in discussing the NP, that is, the under dimensioning of staff as an agent that hinders the process. Based on these considerations, it can be argued that the service of study is also influenced by issues of this nature. However, even before this observation, one sought to overcome this factor often conditioning, considered systematically restrictive. Thus, it is believed that there might be other mechanisms to overcome the problem that the service in focus eventually managed to achieve. New studies should be developed aiming to search for mechanisms to cope with and overcome the problems related to the implementation of the NP, so that, currently, one can no longer find plausible justifications to hamper the complete implementation of the process.

Collaborations:

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Received: April 6, 2020

Approved: May 22, 2020

Published: June 29, 2020



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