



IMPACT OF IMPLEMENTING GOOD PRACTICES IN THE PREVENTION OF BRONCHOASPIRATION IN BRAZILIAN HEALTH INSTITUTIONS



ISQUA19-ABS-1563

INTRODUCTION

The Brazilian Patient Safety Program (Programa Brasileiro de Segurança do Paciente - PBSP) of IQG - Health Service Accreditation, through the Sentinel Security Project, identified the bronchoaspiration as the main cause of incidents in Brazilian health institutions. In 2017, the PBSP published the Bronchoaspiration Prevention Protocol*1 with markers and outcome indicators to analyze the impact of measures to reduce adverse events.

OBJECTIVE

Measuring the good practices related to the prevention of bronchoaspiration in PBSP participating institutions in 2017 and 2018 in adult patients hospitalized in Brazilian health institutions and their effectiveness in preventing this event.

METHOD

A descriptive study on the prevention of bronchoaspiration in adult patients hospitalized in private, public and mixed PBSP participating institutions in 2017 and 2018. Throughout the study, 28 partner institutions joined the best practices recommended in the protocol. Regarding the recommended practices, 4 markers of the protocol are monitored, such as the conformity rate to bedside maintenance between 30° and 45° for enteral diet and ≥60 ° for oral diet, conformity rate to oral hygiene 3x/day, conformity rate to daily verification of permanence indication of the feeding alternative route and the percentage of patients with medical evaluation of swallowing within 24 hours. The verification of practices conformity was performed through the daily application of a checklist by the nursing team. The data was forwarded to the PBSP to be added to the database.

RESULTS

The average of bronchospasm density, in 2017 and 2018, was 2.45 and 1.41, and the effectiveness rate in prevention ranged from 99.21% to 99.41%, respectively. We noticed that all the markers obtained conformity by the multidisciplinary team of more than 90%, except for the medical evaluation of swallowing within 24 hours, which presented a decrease of 10.62% in one year, reaching 82.88% in 2018 (Table). This fact may be related to the unavailability of a full-time speech-language pathologist during the period of health services, which is very common in most Brazilian institutions.

Table - Conformity rates according to the markers of the Bronchoaspiration Prevention Protocol.

Markers	2017	2018
Maintenance of bedside between 30° and 45° for enteral diet and ≥60 ° for oral diet	93,06%	95,11%
Oral hygiene 3x/day	88,74%	90,77%
Daily verification of the permanence indication of the feeding alternative route	79,23%	92,04%
Medical evaluation of swallowing within 24 hours of hospitalization	93,50%	82,88%

CONCLUSION

Through this study we were able to identify that the multidisciplinary teams involved in care, as well as health institutions, have as practice in their routines the conformity to recommendations in order to avoid the bronchoaspiration event. The incorporation of such practices into the daily routine by the multidisciplinary team in a sustained manner should be a priority activity due to the severity of the event that can result in increased morbidity and mortality, as well as the costs of its treatment.

REFERENCES

1. Programa Brasileiro de Segurança do Paciente. Protocolo Clínico: Prevenção de Broncoaspiração - Adulto. Abril 2017.
2. Canadian Patient Safety Institute. Hospital Harm Improvement Resource: Aspiration Pneumonia. October 2016.
3. American Association of Critical-Care Nurses (AACN). AACN practice alert: Prevention of aspiration in adults. Critical Care Nurse 2016.
4. DiBardino DM, Wunderink RG. Aspiration pneumonia: a review of modern trends. J Crit Care 2015.

