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# Organizational conditions and patient safety practices observed in a Hospital Detoxification Service in Ceará (Brazil)

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## Abstract

**Objective:** Analyzing the detoxification service offered by a mental health referral hospital from a patient safety perspective, based on the assessment of organizational conditions, identification of patient safety practices and description of strengths and weaknesses. **Method:** A descriptive, cross-sectional and quantitative study was carried out, with data obtained from primary and secondary sources and through a structured data collection instrument based on the specifications of the Ministry of Health protocols relating to the National Patient Safety Program, using non-participant observation techniques associated with documentary analysis. **Results:** The results show that the practices of hand hygiene (20%), fall prevention (41.7%), patient identification (42.9%) and safety in the prescription, use and administration of medicines (66.7%) had the lowest percentages of compliance with the recommendations of the protocols recommended by the Ministry of Health. On the other hand, effective communication (92.9%), aspects related to the functioning of the service, human resources (81.8%) and infrastructure (70%), were those with the highest percentage of compliance. **Conclusion:** The analysis of the Detoxification Service, from the perspective of patient safety, pointed out institutional weaknesses and strengths, which can be used by managers to plan actions to improve the quality offered to patients there, making a relevant contribution to the development of an organizational safety culture.

**Key words:** Patient Safety; Substance-Related Disorders; Detoxification Service; Mental Health.

# Condições organizacionais e práticas de segurança do paciente observadas em um Serviço de Desintoxicação Hospitalar no Ceará (Brasil)

## Resumo

**Objetivo:** Analisar o Serviço de Desintoxicação ofertado por um hospital de referência em saúde mental sob a perspectiva da segurança do paciente, a partir da avaliação das condições organizacionais, identificação das práticas de segurança do paciente e descrição das potencialidades e fragilidades. **Método:** Foi realizado um estudo descritivo, transversal e de abordagem quantitativa cujos dados foram obtidos a partir de fontes primárias e secundárias e por meio de instrumento de coleta de dados estruturado com base nas especificações dos protocolos do Ministério da Saúde referentes ao Programa Nacional de Segurança do Paciente, utilizando as técnicas de observação não participante associada a análise documental. **Resultados:** Os resultados obtidos mostram que as práticas de higiene das mãos (20%), prevenção de quedas (41,7%), identificação do paciente (42,9%) e segurança na prescrição, uso e administração de medicamentos (66,7%) apresentaram os menores percentuais de conformidade de acordo com as recomendações dos protocolos preconizados pelo Ministério da Saúde. Em contrapartida, a comunicação efetiva (92,9%), aspectos relacionados ao funcionamento do serviço como recursos humanos (81,8%) e infraestrutura (70%), foram os que obtiveram maior percentual de conformidade. **Conclusão:** A análise do Serviço de Desintoxicação, sob a perspectiva da segurança do paciente, apontou fragilidades e potencialidades institucionais, que podem ser utilizadas pelos gestores no planejamento de ações em prol de melhorias na qualidade ofertada aos pacientes ali assistidos, contribuindo de maneira relevante para o desenvolvimento da cultura de segurança organizacional.

**Palavras-chave:** Segurança do paciente; Transtornos relacionados ao uso de substâncias; Unidade de desintoxicação; Saúde mental.

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## Introduction

The Psychosocial Care Network (Rede de Atenção Psicossocial - RAPS) comprises services and support systems, including Family Health Strategy (Estratégia de Saúde da Família - ESF) teams, Family Health Support Centers (Núcleo de Apoio à Saúde da Família - NASF), and Street Clinic Teams (Equipes dos Consultórios na Rua - ECR). Additionally, specialized psychosocial care services, such as the Psychosocial Care Centers for Alcohol and Other Drugs (Centros de Atenção Psicossocial Álcool e outras Drogas - CAPS-AD), provide matrix support to ESF teams within their territories. In this context, there are reference hospital services with mental health and substance abuse treatment beds, whether in general or specialized hospitals.[1]

Hospital-based detoxification treatment is characterized by a short-term hospitalization period, during which safe measures are applied to cease the use of psychoactive substances, minimizing withdrawal symptoms, with or without the use of medications, until the user's clinical stability is achieved. After discharge, efforts are made to integrate the individual into the Psychosocial[2] Care Network services. Since this is a clinical procedure carried out in a healthcare setting, it is important to investigate how patient safety is operationalized in such environments, aiming to minimize unnecessary risks to an acceptable[3] minimum during healthcare delivery.

Certain characteristics of mental health patients are considered potential risks to patient safety, such as behaviors resulting from their mental state and various vulnerabilities present in such cases, making it challenging to ensure their safety, even in psychiatric[4] inpatient and specialty centers. It is also known that patient safety in the context of mental health is more complex compared to other patients, given the higher likelihood of adverse events, violence, barriers to service access and treatment, as well as problems in providing quality[5] care.

The Ministry of Health, in collaboration with the World Health Organization (WHO), established the National Patient Safety Program (Programa Nacional de Segurança do Paciente - PNSP) to improve the quality of care in public and private healthcare facilities. This program aims to enhance healthcare safety and reduce the incidence of adverse events by implementing standardized protocols in healthcare practices. The PNSP has four pillars: promoting safe care practices, involving citizens in their own safety, integrating patient safety into education, and encouraging research on the subject.[6]

Patient safety can be defined as: "A framework of organized activities that creates cultures, processes, procedures, behaviors, technologies, and environments in healthcare that consistently and sustainably reduce risks, the occurrence of avoidable harm, the probability of errors, and the impact of harm when it occurs".[7] It is known that care delivery contains an inherent degree of insecurity, and adverse events can result from problems in practices, products, procedures, or systems.[8]

The many vulnerabilities presented by patients with mental health issues make their safety management challenging, even in psychiatric[4] inpatient and specialty centers.

Thus, it is crucial to understand how care for individuals in psychological distress is provided and how the PNSP can be applied in the daily operations of these services, with a focus on patient safety. In addition, there is a scarcity of studies addressing health care in this area.[9]

Given this context, the present study aimed to analyze a Detoxification Unit, seeking to identify organizational weaknesses and strengths, with a focus on patient safety.

## Methods

This is a descriptive, cross-sectional study with both qualitative and quantitative approaches, conducted in a Detoxification Service at a public hospital in Ceará, part of the Brazilian Unified Health System (Sistema Único de Saúde - SUS), specializing in mental health and with a capacity of 180 beds.

The research was carried out using both primary and secondary sources, employing non-participant[10] observation techniques combined with document[11] analysis. For data collection, a script (Supplementary Material) was used, divided by axes (Table 2) with "YES," "NO," and "NOT OBSERVED" responses.

The script was structured based on the specifications of the Ministry of Health's protocols for the National Patient Safety Program.[12,13] These included hand hygiene, patient identification, effective communication, fall prevention, and safety in prescribing, using, and administering medications. Additionally, aspects related to organizational conditions, such as infrastructure, service operation, and human resources, were analyzed, based on Ordinance No. 148/2012[14], which regulates the operation and accreditation standards for reference hospital services for Comprehensive Care for Users of Alcohol and Other Drugs (SHR-AD). During the observation period, other notes were recorded in a field diary.

Data collection took place in two stages, initially involving document analysis by reviewing documents produced by the institution, such as meeting minutes, protocols, and standard operating procedures (SOPs), as presented in Table 1.

**Table 1.** Categories of Institutional Documents Analyzed.

| Categories |
|---|
| 1 Infrastructure, functioning, and human resources |
| 2 Notification Forms – National System for Notifiable Diseases (SINAN) |
| 3 Protocols |
| 4 Service Indicators |
| 5 Standard Operating Procedures |
| 6 Service meeting minutes |

Observations were conducted in September 2022, according to the script related to organizational conditions and the PNSP protocols, which contained 128 items (Supplementary Material), covering the following aspects: infrastructure, operation, and human resources; patient identification; safety in prescribing, using, and dispensing medications; hand hygiene; effective communication; and fall prevention.

For the analysis of the documentary data, the documents were categorized and quantified. For the analysis of professional practices, a percentage calculation of compliance for each axis of the script was performed, based on the general formula: Axis Z = Number of compliances in axis Z x 100/ Total number of items in axis Z. Here, Z corresponds to each axis in the script, and the number of compliances represents the number of positive responses for each axis. Items marked as "**not observed**" were excluded from the compliance calculation. A radar chart was used to display the results, allowing for the analysis of each axis in the script concerning the observed compliance levels.

Regarding ethical considerations, it was not necessary to obtain approval from the Ethics Committee, as this research did not involve the use of animals or data from human subjects. Additionally, the institution where the study was conducted authorized the use of its data for research purposes, with approval from the Project Feasibility Analysis, a document assessing the feasibility of conducting the research at the institution, and the Term of Knowledge and Agreement and the Letter of Consent were duly signed by the institution's manager.

## Results

The data obtained were divided into two categories: Organizational conditions of the Detoxification Unit (DU), covering information about infrastructure, human resources, operational routines, and safe professional practices.

The Detoxification Unit had documents describing its physical structure, which included a nursing station, procedure room, emergency room, dining room, auditorium, multipurpose room, and patient rooms, each equipped with four beds and a bathroom.

Regarding human resources, the DU had a multidisciplinary team consisting of nurses working 24/7, and other professionals (service manager, general practitioner, psychiatrist, occupational therapist, psychologist, psychiatry resident, physical educator, nutritionist, and nursing technician) who worked according to a scheduled activity plan from Monday to Friday. On weekends, the DU had on-call doctors.

As for the Standard Operating Procedures (SOPs), seven documents were found. Among these, one was related to patient admission procedures, one to proper hand hygiene, three to vital sign monitoring, and two to medication administration.

Regarding meeting minutes between the manager and the DU care team, 20 minutes were found covering various topics, spanning one year and seven months of service management tracking. The most recurring topics were Singular Therapeutic Project (Projeto Terapêutico Singular - PTS) meetings, followed by service logistics and quality indicators.

Based on the observations made in the DU and its operational routines, it was possible to develop a patient admission flowchart, which had previously been nonexistent, as shown in Figure 1.

Additionally, the DU utilizes the following quality and hospital management indicators: average length of stay; bed occupancy rate; mortality rate; pressure injury; falls; bed turnover rate; hospital infection rate; professional training; percentage of unit patients with a Singular Therapeutic Project (PTS) developed; monthly meetings; absenteeism of DU users; and clinical evaluation percentage. These indicators are evaluated monthly based on targets that vary across the indicators.

The average length of stay refers to the time a patient remains hospitalized in the institution, with the recommended average period in the DU being 12 days. The bed occupancy rate reflects the service's capacity, with a target of 96% bed occupancy. Indicators such as professional training and the percentage of patients with a developed PTS have a target of 100%. Other indicators, such as mortality rate, hospital infection, falls, and absenteeism, are positively evaluated based on the lowest recorded values.

To assess professional practices, the previously mentioned 128-item script was applied, and observations were made over approximately 30 hours, of which 8 hours were dedicated to emergency and pharmacy services, and 22 hours to nursing care practices in the DU.

In Table 2, the following areas—infrastructure, operation and human resources, safety in prescribing, using, and administering medications, patient identification, hand hygiene, effective communication, and fall prevention—were organized by the number of positive (n+), negative (n-), and non-observed (n0) responses. Figure 2 shows the percentage of compliance for each area.

**Figure 1.** Admission Flow in the Detoxification Unit, Fortaleza – Ceará, 2022.

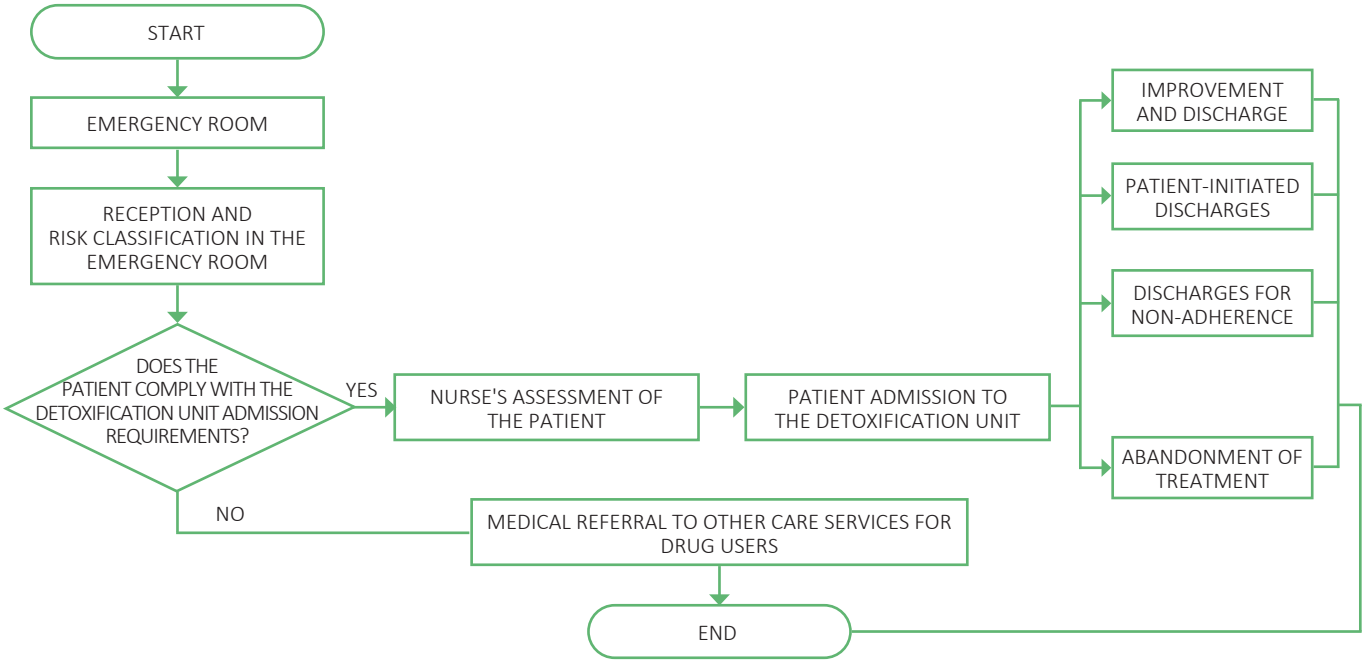

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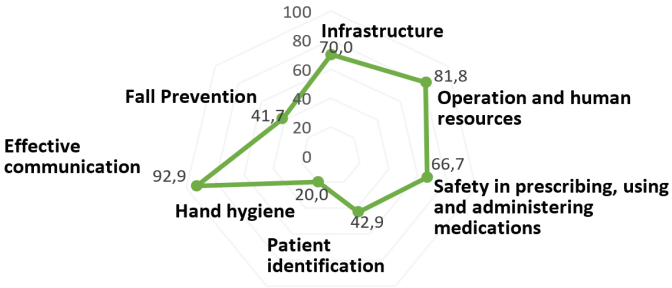
**Table 2.** Quantitative Data of Positive, Negative, and Not Observed Responses for Each Section of the Checklist.

| Section | Positive Responses (n+) | Negative Responses (n-) | Not Observed Responses ($n_0$) |
|---|---|---|---|
| Infrastructure | 07 | 03 | 00 |
| Functioning and Human Resources | 18 | 04 | 00 |
| Safety in Prescription, Use, and Administration of Medications | 22 | 10 | 02 |
| Patient Identification | 06 | 08 | 00 |
| Hand Hygiene | 02 | 08 | 01 |
| Effective Communication | 13 | 01 | 01 |
| Fall Prevention | 05 | 07 | 00 |

**Figura 2.** Percentual de conformidades dos eixos avaliados, Unidade de Desintoxicação.




## Discussion

This study analyzed a Detoxification Unit (DU) offered by a reference hospital in mental health from the perspective of patient safety, identifying both organizational strengths and weaknesses.

### Organizational Conditions of the Detoxification Unit: Infrastructure, Human Resources, and Operational Routines

During this study, in response to the demands of the COVID-19 pandemic, the institution reorganized its physical structure, leading to a reduced number of beds and a relocation to an adapted space. In addition to the reduction in bed capacity, other aspects were impacted by this change: the nursing station was placed in an inadequately equipped room, family visits were restricted, and patient admissions were processed through intent forms.

Luzardo et al. (2021)[15] described a similar scenario in their study, where structural changes in alcohol and other drug detoxification units during the pandemic included a 27% reduction in available beds, a decrease in the care team and group activities, restricted visits, and heightened efforts by the team to ensure patient safety.

Regarding human resources, the analyzed institution has a care team and conducts activities as required by law. However, these activities do not take place on weekends, which may contribute to patient idleness during this period, treatment dropout, and, consequently, an increase in patient-initiated discharges.

Concerning service operations, one point worth discussing is the use of indicators to evaluate care quality, such as the average length of stay. Based on Federal Law 10.216/2001, care for individuals with substance dependence or other mental disorders focuses on deinstitutionalization and extra-hospital psychosocial rehabilitation, ensuring that the individual's removal from society is as brief as possible.[16] However, it is important to note that the average length of stay in the DU also considers discharges requested by the patient or their legal guardian.

In the context of addiction treatment, patient-initiated discharge can be seen as non-adherence or abandonment of treatment. Klein (2019)[17] demonstrated that sociodemographic variables directly influence patients' adherence to treatment, with those having a strong family and social support network and who began using crack later in life staying hospitalized longer. On the other hand, socioeconomic vulnerability was identified as the primary factor related to early discharge.

The initial period of abstinence is a time of great vulnerability, where individuals may experience lapses or even relapses.[18] Patient-initiated discharges reduce the chances of continuing treatment and recovery outside the hospital environment. In the case of such discharges, the service requires a minimum of six months before readmission, preventing the individual from accessing treatment during that period.

### Safe Professional Practices

The professional practices analyzed included hand hygiene, patient identification, medication prescription, use and administration, effective communication, and fall prevention.

The results of this study indicate that hand hygiene had the lowest compliance rate among the evaluated care practices, despite the existence of a Standard Operating Procedure (SOP) on proper hand hygiene, outlining the correct steps and the five moments during which handwashing should occur, as recommended by the Ministry of Health. Some professionals tend to use hand sanitizer, though this practice is not consistently followed during all recommended moments, such as when preparing and administering medications. The low adherence to handwashing protocols by professionals may also be attributed to the difficulty of accessing handwashing stations, requiring staff to use the nearest bathroom sink to wash their hands.

Proper and frequent hand hygiene is directly related to patient safety by breaking the cycle of pathogen transmission. It is well known that hands are the primary vehicle for the transmission of microorganisms during care, reinforcing the need for all healthcare professionals to wash their hands, especially given their direct or indirect contact with patients.[19]

Patient identification is conducted at the time of admission using the following identifiers: full name, mother's full name, date of birth, and medical record number. However, no use of wristbands was observed, nor were there Standard Operating Procedures (SOP) or protocols on proper patient identification and cross-checking prescription information at the bedside.

Noncompliance in patient identification has been noted as a concerning factor in healthcare, as incorrect identification can lead to a series of adverse events or errors. These include medication and blood component administration errors, incorrect procedures or surgeries, laboratory or radiological tests, as well as newborns being delivered to the wrong families upon discharge or during breastfeeding.[20]

Prescriptions are digitalized, which helps reduce errors related to illegibility. They include information such as the patient's full name, bed and ward numbers, dosage, pharmaceutical form, route of administration and medication schedule, institution identification, and medical record number. However, it was observed that most prescriptions were not signed or stamped by the prescriber, raising doubts about whether they are validated before medication dispensing.

A prescription is a legal document that holds the prescriber, dispenser, and administrator accountable, with its own governing regulations. It is a crucial communication tool among healthcare professionals, marking the start of a series of events that will lead to either safe or unsafe medication administration to the patient.[21]

Among the documents found in the DU were SOPs for the proper preparation and administration of injectable medications. However, no SOPs were found for orally administered medications, the most common form in prescriptions. Another document located was the incident and technical complaint reporting form, which allows the service to report incidents related to medication administration, dispensing, preparation, prescription, and overdoses. However, no reporting instrument was found for adverse drug reactions (ADR).

Adverse drug reactions are the fourth leading cause of death in the United States, with an estimated 100,000 people dying annually in hospitals as a result. This high incidence results in a mortality rate higher than those attributed to AIDS, breast cancer, or car accidents. In Brazil, the epidemiology of ADR during hospitalization is under-researched, with published studies generally limited to teaching hospitals.[22] In the context of the studied Detoxification Unit, most prescribed drugs are controlled substances, such as anxiolytics like benzodiazepines, antidepressants, hypnotic-sedatives like barbiturates, and central nervous system stimulants, all of which have a high potential to cause adverse reactions and require monitoring during use.

Another key point related to safety is effective communication, which can be enhanced through the guidance of a pharmaceutical professional. Their presence in healthcare settings helps minimize potential errors and increases the likelihood of successful treatment outcomes. This makes the pharmacist's role increasingly indispensable, not only in dispensing medications but also in fostering a culture of effective communication among healthcare professionals, particularly between doctors, pharmacists, and nurses.[23]

Regarding fall prevention, no assessment of this risk was observed during patient admission, nor were there protocols or any auxiliary tools to guide fall prevention or actions in the event of a fall. Most of the medications used during treatment are associated with falls, even among patients in the DU, who are commonly between 18 and 60 years old and are at risk for this occurrence. Fall prevention is one of the service's quality indicators, with an analysis of causal factors and corrective actions proposed in the event of falls.

Falls in hospital settings are one of the most frequent adverse events, contributing to increased morbidity and mortality, extended hospital stays, and higher healthcare costs. In Brazil, in 2018, falls were the third most reported adverse event by hospitals (n=11,372), with 3,115 (27.4%) of the total reports related to patients falling from their beds, and 3,097 (27.2%) related to falls in the bathroom[24]. Medications that act on the central nervous system significantly contribute to the increased risk of falls due to adverse effects such as sedation, dizziness, postural disturbances, which may alter gait, balance, and cognitive[25] impairment.

The limitations of the study include the lack of direct access to the healthcare professionals working in the investigated DU and to the patients, which would have allowed for a better understanding of the practices and work processes with a focus on patient safety. Given the scarcity of studies similar to ours, the results were compared to other healthcare settings, not necessarily DUs.

## Conclusion

The findings of this study enabled the identification of both weaknesses and strengths within a Detoxification Unit (DU) of a mental health reference hospital, from the perspective of patient safety and professional practices.

Weaknesses highlighted include: limited adherence to protocols recommended by the Ministry of Health, lack of adequate physical infrastructure for service users, prescription process failures, and the absence of a pharmacist in the DU.

On the positive side, the DU benefits from a multidisciplinary team with expertise in mental health.

It is believed that the weaknesses identified are not exclusive to the analyzed Detoxification Unit but are also present in other institutions that still need to strengthen the culture of patient safety.

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### Contributors

FSSL participated in the following stages: topic selection, research project development, data collection, data interpretation, analysis, and manuscript writing.

ACBP contributed to the topic selection, data interpretation, and critical revision of the article.

FLRL contributed to data organization, presentation, and manuscript formatting.

MPM contributed to data interpretation and critical review of the intellectual content.

MAD contributed to the development of the research project, data interpretation, and manuscript writing.

### Conflicts of Interest

The authors declare no conflicts of interest.

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