

RSP Revista de Saúde Pública

Volume 48
Special Number
May 2014



IPLeiria International Health Congress

09 and 10, MAY 2014

CHALLENGES & INNOVATION
IN HEALTH

Abstracts

www.rsp.fsp.usp.br

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NATIONAL HUMANIZATION POLICY: CONCEPTIONS OF HEALTH PROFESSIONALS

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Introduction: In the context of health services, this theme has been emphasized enough in health care, but little has been seen in practice, since the act of humanizing be confused with common sense conceptions.

Objective: Identify the knowledge of health professionals about the National Humanization Policy (NHP); perceive actions undertaken by health professionals in the Neonatal Intensive Care Unit (NICU) PNH proposals.

Methods: Qualitative study, whose setting was the neonatal unit of a public hospital in the state network, specializing in child health care, located in Fortaleza, CE, Brazil. The participants were 20 health professionals. Data collection was conducted from April to July 2012, by application of semi-structured interview. For data analysis, we used the method of interpretation of meanings.

Results: Knowledge of the PNH is conceptualized with difficulty and uncertainty. As a professional practice, noted that the PNH is present during the actions developed in the acts. Relevant policy issues were not cited as recovery worker and transdisciplinary networking with multi-disciplinary teams. Scientific knowledge and responsibility were identified as basic tools for professionals in the practice of humanization. There are situations that hinder the insertion of humanization in the unit, such as problems related to workplace and to worker. Regarding the suggested strategies, a minority believes that the practices developed are enough, while others punctuate the need for continuing education.

Conclusions: Thus, regular meetings are required between professionals working in the unit for the manager identify weaknesses and seek changing attitudes.

Descriptors: Health Policy; Humanization of Assistance; Intensive Care Units Neonatal.

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FINDING AN INSTRUMENT TO ASSESS FALL RISK IN ACUTE PATIENTS IN HOSPITAL SETTING

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Introduction: With the growing use of technological platforms, it's imperial to rethink its content after discussing data treatment. Falls are nowadays a common problem in every hospital. Considered the most significative cause of incidents and adverse events in hospitals, they have high costs in morbidity, mortality and economy. Most authors find crucial to identify those at risk of falling, so adequate measures can be implemented. Many risk tools are proposed by investigators, but their results are not consistent.

Objective: The aim of our research is to identify fall risk tools and suggest an implementation in a technological platform.

Methods: Integrative review. Research was made using B-on, PubMed, and RCAAP between November 2013 and January 2014 including original articles only from the last ten years. We found 365 articles, and after analyzing their abstract, methodological quality was accessed. Data were compiled and analyzed using SPSS program.

Results: Eighteen studies were selected. We found Morse, STRATIFY and Hendrich II Fall Risk Model the scales with better effectiveness, despite the inconsistency of the results. Greater diagnostic validity was verified in STRATIFY scale.

Conclusions: We considered STRATIFY the best scale to assess fall risk in acute patients in hospital settings. Because the behavior of the results varies depending on the population, we recommend testing the scale in setting prior its implementation. Investigators also recommend that adequate fall preventive measures should be assured to guarantee the success of the fall risk tool.

Descriptors: Falls; prevention; risk; assessment; hospital.

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