Situational strategic planning as a tool for qualification of nursing records: experience report

Planejamento estratégico situacional como ferramenta para qualificação dos registros de enfermagem: relato de experiência

Planificación estratégica situacional como herramienta para la calificación de los registros de enfermería: informe de experiencia

ABSTRACT
Objective: to describe the use of situational strategic planning as a tool for standardization and qualification of nursing records in an Emergency Care Unit. Method: experience report, which took place from May to September 2021, linked to the practical activity of the Nursing course at a Federal University, located on the western border of Rio Grande do Sul. Results: situational strategic planning contributed to the qualification of the work process of health professionals regarding notes and nursing evolutions, making it possible to reduce existing weaknesses in the unit, such as failures in information and identification of users, abbreviations and illegible letters, which made it difficult to understand the nursing records. Conclusion: the experience was assertive, as it kept professionals committed to the qualification process of nursing records, recognizing the importance of this tool in patient care and safety. Descriptors: Health Planning; Nursing Records, Information Systems; Professional Practice; Professional Practice Management.

RESUMO
Objetivo: descrever a utilização do planejamento estratégico situacional como ferramenta para padronização e qualificação dos registros de enfermagem em uma Unidade de Pronto Atendimento. Método: relato de experiência, ocorrida de maio a setembro de 2021, vinculada à atividade prática do curso de Enfermagem de uma Universidade Federal, localizada na fronteira Oeste do Rio Grande do Sul. Resultados: o planejamento estratégico situacional contribuiu na qualificação do processo de trabalho dos profissionais de saúde no que tange as anotações e evoluções de enfermagem, possibilitando reduzir fragilidades existentes na unidade, tais como falhas nas informações e identificação dos usuários, abreviações e letras ilegíveis, que dificultavam a compreensão dos registros de enfermagem. Conclusão: a vivência foi assertiva, uma vez que manteve os profissionais comprometidos com o processo de qualificação dos registros de enfermagem, reconhecendo a importância desta ferramenta no cuidado e segurança do paciente. Descritores: Planejamento em Saúde; Registros de Enfermagem, Sistemas de Informação; Prática Profissional; Gerenciamento da Prática Profissional.

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INTRODUCTION

In recent decades, there has been an exponential increase in the population's search for Emergency Care services worldwide. This demand is linked to the characteristics of this service, which provides resolute and qualified care to users in acute clinical situations(1). In the meantime, it should be noted that the assistance offered in services of intermediate complexity, such as Emergency Care Units (ECUs), requires the use of complex care technologies and qualified strategies, which allow the articulation with Primary Care, Emergency Care Mobile Emergency (SAMU), Home Care and the Hospital Network, enabling the operation of the Urgency Assistance Network(2).

The assistance offered in these services needs constant updating, due to the different demands presented by users. In this context, nursing management presents itself as a foundation in the systematic work process and in the actions of indirect care to the users, since it promotes the standardization and quality of care, as well as professional qualification, guidance and direction of professionals(3). Thus, it is the role of nurses to act in health management and care management through actions that enable the integration, training and articulation of the team, with a focus on the increasing improvement of relationships and the qualification of the care provided(6).

In this sense, the Situational Strategic Planning (SSP) emerges in the health field as an important tool for managing nursing care. This addresses issues inherent to the subjectivity of realities at the local level, allowing the construction of projects to face problems, which positively impact the quality of life of users(5).

The SSP was conceived and developed in the 1970s by economist Carlos Matus. It is based on a theoretical framework, which emphasizes the concept of situation and includes a set of methods used in the planning process, from four moments: explanatory, normative, strategic and tactical-operational(6).

Among the managerial activities in health services, health information records are essential tools in the nursing care process. They denote reality and also provide permanent communication. In addition, they are fundamental in audits in health services, education, nursing management, legal processes, and planning, among others(7).

In this perspective, it is noteworthy that the records of health information correspond to one of the activities provided in nursing care, which contribute to safety and legal support, both for the patients and for the professionals, thus composing good practices of health. They are also indispensable in the teaching, research and auditing processes, as well as in health care itself, as they help in the assessment of the quality of nursing work, being even mentioned in the international goals of patients’ safety(8). In view of this context, the present study aimed to describe the use of situational strategic planning as a tool for standardizing and qualifying nursing records in an Emergency Care Unit.

METHOD

This is a descriptive study, of the experience report type, which sought to describe the use of the SSP as a tool for standardization/qualification of Nursing records. The experience report is considered a type of research that makes it possible to value the descriptive, interpretive and comprehensive explanation of phenomena, circumscribed in a historical time from the collectivized to the most singular. From the epistemological perspective, the experience report can be an important scientific product in contemporary times, since it refers to a theoretical-practical construction that proposes to refine knowledge about the experience itself, from the researcher in a given context(9).

The report is the result of a practical activity, which included the curricular component Nursing in the Management of Care and Health Services of the Undergraduate Nursing Course, offered by a higher education institution of Federal level, located in the state of Rio Grande do Sul, Brazil. The immersion of the students in the field of practice took place from May to September 2021. It is noteworthy that the students received training and Personal Protective Equipment, in addition to the completion of two doses of the vaccine against the disease COVID-19 before entering the field of practice development.

The experience scenario was a size II Emergency Care Unit (ECU), located in the West Frontier region of Rio Grande do Sul, which belongs to the 10th Regional Health Coordination. This service occupies the intermediate level of complexity between primary and medium and high complexity care, in addition to being part of the Fixed Pre-Hospital Network. The city, in which the service is located, has international commercial strategic importance, given that it is located at

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equal distances from the capitals Porto Alegre, Montevideo, Buenos Aires and Asunción\(^\text{10}\).

The unit provides 24-hour service to users and is open every day of the week, including Sundays, holidays and optional points. With regard to human resources, at the time of the experience, the service had 74 employees, of which 20 physicians on duty, 8 nurses, 15 Nursing Technicians (NT), 3 pharmacists, 2 managers and the others were part of the administrative support team, cleaning, reception, drivers and pharmacy assistants.

The activity was carried out in the unit’s meeting room, in all shifts of its operation: morning, afternoon, night one and night two. It had the participation of eight nurses, 15 nursing technicians, two nursing students and a technician responsible for the nursing team. It was held in the meeting room located in the aforementioned service. The action was developed through the SSP, which is divided into four moments: explanatory, which consisted of the selection and analysis of problems considered significant for the social actors and on which it was planned to intercede\(^\text{11}\). The normative moment, on the other hand, sought to outline the intervention plan, defining the chosen situation, the objective or desired future situation and the concrete actions aimed at results, taking as a reference the selected critical nodes\(^\text{11}\).

Regarding the strategic process, an investigation was carried out on the feasibility of the plan in the political, economic, cognitive and organizational dimensions\(^\text{11}\). At the last moment, which is called tactical-operational, the plan was developed, adapting it to the local reality, based on the feasibility analysis of the action\(^\text{11}\).

**RESULTS AND DISCUSSION**

The activity had the participation of 26 members in its entirety, namely: 15 (57.6%) nursing technicians, 8 (30.7%) nurses, 2 (7.7) nursing students and the nursing coordinator of the place. They were invited to participate in the activity, as they were the group that presented the most weaknesses in carrying out the evolutions and nursing notes. The mean age of the participants ranged from 22 to 51 years. Five (19.2%) were male and 21 (80.7%) were female. The mean working time was two and a half years.

To better support the results and discussion of this manuscript, it was decided to present it considering the stages of situational strategic planning, which are called moment I - explanatory, moment II - normative, moment III - strategic and moment IV - tactical-operational.

**Moment I - Explanatory:**

It referred to the selection, description and explanation of the problem, which emerged during the insertion of students in the unit, and from the realization of the situational diagnosis. Aspects such as the incompleteness of the records referring to the evolutions and nursing notes were evidenced, characterized by the lack of information relevant to the users’ care plan, omission of signatures and disagreement between the information contained in the notes of the nursing technicians, when compared with the nurses’ evolution. Situations that could make it impossible to coordinate user care in the service.

Sequentially, the students carried out, together with the nursing team, an analysis of the situation of the place, which made it possible to identify the problem and, thus, the “critical node” was defined, which consisted of the absence of standardization of evolutions and Nursing notes. The critical node was performed by demonstrating a problem tree to identify consequences and causes (Figure 1).

**Figure 1 - Example flowchart of the listed problem.**
Prior to the development of the activity, it was found that the records were incomplete or illegible, particularities that could negatively impact the health care provided to users attended at the unit. The same finding was evidenced by a study carried out in a ward in Belém, which ratified the need to include the users’ health status in the evolution and in the nursing notes, with clarity, essential details and in a legible way, since, without this information, patients’ safety becomes compromised\(^{(12)}\).

Another approach carried out in a ECU highlighted the impact of registries on the quality of care provided to users. The authors found that the nursing notes were not reliable in relation to the care provided. In addition, they had errors, erasures, illegible letters, abbreviations and non-standardized acronyms\(^{(13)}\). This is in line with the results seen in the present experiment.

**Moment II - Normative:**

The second moment aimed to design a plan to face adversity. After elaborating the problem tree, the plan was outlined and the actions and strategies to be performed were defined. For this, the students developed, together with the service team, a work plan, in which the causes and consequences were explained in view of the lack of standardization in the records.

**Moment III - Strategic:**

An analysis was carried out on the economic, administrative, human and political resources necessary and/or available for the political viability of the plan. Thus, after collecting this information, it became possible to plan the group to carry out the activity. The acquisition of resources involved the purchase of paper sheets, envelopes, ballpoint pens, printing and laminating materials, which were paid for by the students.

One of the problems encountered at that moment covered the reduced number of human resources and the implications of this situation on the performance of nursing notes and evolutions, since professionals tend to prioritize attributions related to care. This result is in line with a national research, which made it possible to highlight the lack of time as a complicating factor for carrying out the evolutions and nursing notes in a complete way\(^{(12)}\). Added to this, another aspect that accentuates these weaknesses is the characteristics of the service in question, which consists of an emergency service, with high user turnover and expressive demands.

In this direction, a study carried out in the state of Minas Gerais highlighted the limitations found by the nursing team to carry out adequate records\(^{(14)}\). The authors point out the lack of professionals, excessive workload and absence of
permanent education activities in the institution as
the main obstacles\textsuperscript{14}.

Weaknesses related to Nursing records
were also observed in a study carried out in the
Intensive Care Unit (ICU). On site, records on
tracheobronchial secretion collection were briefly
described, without describing the technique and
material obtained. In this sense, there was a lack of
notes on fundamental procedures, which needed to
be performed effectively to guarantee qualified care\textsuperscript{15}. Corroborating this, numerous times,
during the implementation of the action plan,
obstacles were reported to the students, such as
the shortage of professionals, as well as the lack of
time to carry out permanent education strategies.

So it was decided to carry out the activity not
only in the form of a theoretical exposition, but
seeking to add theory and practice, based on the
use of realistic simulations. It should be noted that
the action plan was planned and agreed with the
supervising nurse and the professor of the
curricular component. The activity was planned at
a date and time agreed with the team, so that
everyone could participate in the activity.

In this context, it is important to develop
actions that use innovative technologies and
characteristics in health care practice, as these are
capable of promoting continuous reflections to
professionals and promoting the practice of
continuing education in health. Furthermore, the
use of methodological tools, which encourage
professionals in the search for knowledge, can
awaken new ideas and changes in the work
environment and in health care itself\textsuperscript{16}.

Moment IV - Tactical-operational:

In the fourth moment, the activity was
operationalized, considering the proposed
schedule, the actors involved in the execution
process and the necessary resources for the
execution.

It should be noted that the activity was
developed through a conversation circle and, at all
times, an exchange of knowledge between all
those involved in this process took place. Soon, the
students gave the participants a worksheet,
containing evolution models and notes, which
contained errors, such as: incorrect medication
scheduling, incomplete records, erasures, lack of
identification, as well as standard evolutions
without errors. Afterwards, the professionals were
asked to perform the reading and highlight the
errors or failures.

It was found that, after training, this fragility
no longer existed in the service. It could also be
noted that the teams remained more attentive to
the scheduling and documentation of intercurrences that occurred with the
administration of medications, thus ensuring
safety in the care of users. In this sense, it is worth
noting that the scheduling of medications is an
attribution of the nursing team, and this function is
essential for the maintenance and half-life of
medications, reducing the possibilities of
toxicity\textsuperscript{17}.

In addition, during the training, it could be
seen that the team remained committed to the use
of the right nines strategy, which involves checking
the following aspects: user, medication, dose,
route, hour, time, validity, approach and
registration at the time of
application/administration of medications. These
points corroborate the findings of both national
and international literature, which indicate the
importance of applying the nine-rights strategy for
the safe administration of medication and its
contributions to users’ safety\textsuperscript{18-19}.

Subsequently, the students proposed to
those involved in the activity the creation of a
standard registration model, based on a fictitious
case made available by the students. After that, the
participants presented their evolution.

Thus, the importance of nursing teams to
develop strategies that favor the inclusion of the
educational process in the daily work was
highlighted. These actions can contribute to the
qualification of health care, in line with the
principles of the Unified Health System, implying
significant changes in the practices of
professionals\textsuperscript{20}.

At the end, a poster was made available at
the unit, which referred to the importance of
evolutions and notes, indicating essential
information, such as: date, time, signature and
identification with the workers’ professional
registration number. It was highlighted that, upon
admission of the patients to the unit, it was
essential to observe and record how the patients
arrived, their origin, with or without companions
and mobility conditions, in addition to observing
and recording their general conditions. The need
to mention identification, age, previous diseases,
use of continuous medication, level of
consciousness, aspects of body hygiene, nutritional
status, skin conditions, health devices in use and
patient complaints was reinforced.
The poster also contained aspects necessary during the professional performance in the sector. Among them, guidelines for patients and families, information about the physical examination, care performed and intercurrences. It was reinforced that, in the notes, there should not be erasures, between the lines, blank lines or spaces, they should be legible, complete, clear, concise, objective, punctual and chronological.

After the training, the students carried out an assessment of the activity in order to obtain feedback from the participants. For this, before carrying out the training, the students asked for authorization from the nursing team and the technician in charge to perform the capture of photos of the evolutions and notes, to serve as an assessment tool after its application. Through photo captures, it was possible to identify progress in nursing notes and evolutions, especially with regard to records on the general conditions of users.

It should be noted that no resistance or difficulties were identified in the participants' adherence to the implementation of the activity. It is noteworthy that, after carrying out the activity, the students also received positive feedback from the unit's coordinating nurse, who signaled that the activity brought benefits to the local audit sector. Through training, the correct description of the procedures and materials used was observed, making it possible to audit the costs more reliably. The nursing audit, in addition to corroborating the qualification of the care developed by the nursing team, allowing the verification of gaps in care.

However, even with the positive results, obstacles could still be observed that could compromise the quality and effectiveness of the records. Within the unit, changes and notes were made in physical records, which can represent a setback, as it prevents the professional from removing erroneously written records, a possibility that becomes possible when using the medical record in electronic media. In these situations, the professional tends to make erasures in the medical record. In addition, paper is an easily lost resource. In this bias, the Electronic Patient Record (EPR) allows greater security in the storage of user data, in addition to the ease of synchronous access of several professionals to the medical record, ensuring the sharing of information regarding the clinical conduct performed in the service.

It is believed that the activity was successfully developed and that this result is linked to the operationalization method used, which involved a dialogical, dynamic method and based on the needs of the unit's professionals. These aspects were essential to keep workers committed to carrying out the activity and reduce the chances of distraction. Factors that are also evidenced in the literature, which points out that teaching based on realistic simulations comes to assist in the management of clinical practice problems, in the critical and reflective thinking of workers, in team interaction, in the development of professional skills and in the care of users.

**FINAL CONSIDERATIONS**

The present experience contributed to the resolution of some weaknesses, evidenced in the service, referring to the records and notes in nursing, such as: failures in the identification information of the users, abbreviations and illegible letters that, at various times, made it difficult to understand the records. The implementation and development of the activity significantly contributed to the qualification process of nursing records, since health professionals understood the importance of notes and nursing evolution to provide care centered on the needs of users, families and communities.

Another point to be considered was the positive results for the auditing sector. These results were only possible with the use of SSP. In this sense, the implementation of the SSP enabled a positive experience for the actors involved in the activity, as it instigated critical and reflective thinking about the work process, in addition to promoting safety measures for users, and a comprehensive look at care needs.

With regard to training aspects, the activity allowed students to improve skills and competences about leadership, decision-making, critical thinking and communication. It is believed that the skills acquired by the students promoted theoretical-practical improvement on the subject, also contributing to the promotion of permanent education actions in professional practice.

The limitations of this study are related to the fact that the action was performed in a single moment and in only one service. However, the activity contributed so that the students could develop skills related to the production and socialization of knowledge about nursing records.

**REFERENCES**


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