

# HOSPITAL IMPLEMENTATION OF THE PATIENT EXPERIENCE COMMITTEE

*IMPLANTAÇÃO HOSPITALAR DO COMITÊ DE EXPERIÊNCIA DO PACIENTE*

*IMPLEMENTACIÓN HOSPITALARIA DEL COMITÉ DE EXPERIENCIA DEL  
PACIENTE*

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## ABSTRACT

The patient experience encompasses this set of aspects that aim to promote, in addition to the treatment of the disease, the quality of care, patient satisfaction and active involvement in care. This study has the general objective of describing how the process of implementing the Patient Experience program in our unit took place, as well as detailing the actions taken and the challenges faced in its implementation. Descriptive study of an observational nature, started in February 2022 and continued until June 2023, involving the observation of the admission, hospitalization and discharge steps of patients at the pediatric clinic at Hospital Geral Dr. Waldemar Alcântara, located in the city of Fortaleza-CE, carried out by members of the hospital's Patient Experience Committee. Adequacy of benches, changes in the patient admission and discharge flow, release of Wi-Fi internet network, release of toys, adjustment in companions' meals. This project was able to certainly impact the vivid experience of pediatric patients admitted to our institution, based on objective actions, with rearrangement of internal flows, optimization of resources, with low financial impact and at the same time, bringing a positive impact to our public.

**Keywords:** *Humanization of Assistance; Hospital Care; Pediatrics.*

## RESUMO

A experiência do paciente engloba o conjunto de aspectos que visam promover, além do tratamento da doença, a qualidade do atendimento, a satisfação do paciente e seu envolvimento ativo no cuidado. Descrever o processo de implementação do programa de Experiência do Paciente na clínica pediátrica do Hospital Geral Dr. Waldemar Alcântara, Fortaleza/CE. Relato de experiência sobre a implantação do comitê de experiência do paciente e seus resultados, iniciado em fevereiro de 2022 e continuado até junho de 2023, com os pacientes da clínica pediátrica do Hospital Geral Dr. Waldemar Alcântara, situado na cidade de Fortaleza-CE, realizado pelos membros do Comitê de Experiência do Paciente do hospital. Adequação de bancadas, mudanças no fluxo de admissão e alta do paciente, liberação de rede de internet Wi-Fi, liberação de brinquedos, ajuste na alimentação de acompanhantes. Esse projeto conseguiu impactar positivamente na experiência vivida pelo paciente pediátrico internado na nossa instituição, a partir de ações objetivas, com rearranjo de fluxos internos, otimização de recursos, com baixo impacto financeiro e, ao mesmo tempo, trazendo impacto positivo para o nosso público.

**Descritores:** *Humanização da Assistência; Assistência Hospitalar; Pediatria.*

## RESUMEN

La experiencia del paciente abarca este conjunto de aspectos que tienen como objetivo promover, además del tratamiento de la enfermedad, la calidad de la atención, la satisfacción del paciente y su participación activa en el cuidado. Este estudio tiene como objetivo general describir cómo se llevó a cabo el proceso de implementación del programa de Experiencia del Paciente en nuestra unidad, así como detallar las acciones realizadas y los desafíos enfrentados en su implementación. Estudio descriptivo de carácter observacional, iniciado en febrero de 2022 y continuado hasta junio de 2023, que involucró la observación de las etapas de admisión, hospitalización y alta de pacientes en la clínica pediátrica del Hospital General Dr. Waldemar Alcântara, ubicado en la ciudad de Fortaleza-CE, realizado por miembros del Comité de Experiencia del Paciente del hospital. Adecuación de bancos, cambios en el flujo de admisión y alta de pacientes, liberación de la red de internet Wi-Fi, distribución de juguetes, ajustes en las comidas de los acompañantes. Este

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proyecto logró impactar significativamente la experiencia vivida por los pacientes pediátricos ingresados en nuestra institución, a través de acciones objetivas, con reorganización de los flujos internos, optimización de recursos, con bajo impacto financiero y al mismo tiempo, aportando un impacto positivo a nuestro público.

**Descriptores:** *Humanización de la Asistencia; Atención Hospitalaria; Pediatría.*

## INTRODUCTION

Hospitalization is a remarkable moment in the life of patients and their families, producing unique perceptions that usually permeate throughout life. When hospitalized, the patient experiences a split in his personal history, prevailing feelings of suffering, loneliness and fear of the unknown<sup>1</sup>.

In the pediatric axis, these negative experiences can have an even greater impact, and may contribute to behavioral and emotional problems, such as anxiety, fear and insomnia<sup>2,3</sup>. In addition to affecting the patient, hospitalization also affects the support network that is fully involved in this disease process. Many families begin to face social issues arising from the hospitalization of their children. Children need to be accompanied by an adult guardian and this leads to difficulties in the work routine and in caring for other family members<sup>3</sup>.

Historically, inpatient care was focused only on the treatment of their illnesses, with little attention to their emotional and social needs. This mechanistic and impersonal approach contributed to the patient's distancing from the team. Fortunately, in recent years, there has been a growing concern with valuing the human aspect of health care and all the nuances that happen to the patient during hospitalization are being increasingly valued<sup>4</sup>.

In this context, it is reinforced that the definition of health, according to the World Health Organization (WHO), is not the absence of disease, but a state of physical, mental and social well-being. Therefore, in order to contemplate the patient's overall health, it is necessary that we act in all its axes<sup>5</sup>. And the most important strategy to achieve this quality in health care is patient-centered care<sup>6</sup>. This type of care, in addition to benefiting the patient, is a facilitating strategy for the satisfaction of the assistant professional and the caregiver<sup>7</sup>.

In 2003, the Ministry of Health launched the National Humanization Program (PNH), seeking to put into practice the principles of the SUS and encouraging communication between managers, workers and users. The NHP provides guidance for care to build collective processes for coping with relationships that often produce attitudes and practices against humanization<sup>8</sup>. It is important to emphasize that the responsibility for the humanization of care for hospitalized patients is not limited only to direct care professionals<sup>9</sup>. Managers and society itself play a fundamental role in this process. Managers should promote health policies that encourage the humanization of care, investing in infrastructure, training, and valuing the work of professionals. Society, on the other hand, should become aware of the importance of humanized care, demanding from health services the quality and respect that everyone deserves<sup>10</sup>.

In December 2018, the strategic reflection of the Institute of Health and Hospital Management - ISGH, a social organization of which we are a part, was carried out, with the participation of corporate directors, directors of hospital units and managers in alignment with the Health Department of the State of Ceará. Systemic and guiding strategic themes were discussed, and the following strategy was included in the "Expected results for society" line: PROVIDE A BETTER USER EXPERIENCE IN THE CARE PROCESS. Since then, actions to disseminate the strategy have been reinforced with the managers and employees of the care units.

In this global context, of directing our gaze to care centered on our user, a project was designed to improve the experience that the patient experiences hospitalized in our institution. Inspired by the literature and motivated and supported by the Institute, a Patient Experience project was implemented to analyze all the steps involved in the patient's journey from admission to discharge, identifying points of improvement that could bring a better experience to that patient while under our care.

The general objective of this study is to describe the process of implementation of the Patient Experience program in the pediatric clinic of the Waldemar Alcântara General Hospital, Fortaleza/CE.

## METHODS

Experience reports are scientific texts that describe experiences that are capable of fostering the production of knowledge, and are considered allies in the social call for the construction of science<sup>11</sup>. This is an experience report that began in February 2022 and continued until June 2023, involving the observation of the steps of admission, hospitalization, discharge of hospitalized patients, as well as improvement actions carried out in the pediatric clinic of the Waldemar Alcântara General Hospital, located in the city of Fortaleza-CE. Actions taken by members of the hospital's Patient Experience Committee. The follow-up of the flows of neonatal pediatric patients (age range from 0 to 28 days) was excluded from the sample because they had specific routines and flows that would require differentiated monitoring by the Committee. Thus, the flows of children admitted from 29 days to 18 years of age were included in the evaluation.

Initially, a Committee was formed to implement the project. This committee was attended by an extensive multidisciplinary team, in line with the proposal of the NHP. The committee was formed by members of the People Management, Management and Hospital Care, the Customer Service Center (NAC), the nursing team, the social service, the communication team, the ombudsman's office, the Patient Management and Safety Center (NUGESP), the Study Center, as well as a representative of the board of directors, in order to facilitate the application of the resolutions. Subsequently, training workshops were held for members in the concepts of patient experience and humanization of care. These workshops were offered by ISGH in order to disseminate the culture of patient care.

Field observations then began. The members of the Committee were distributed in pairs in various sectors of the hospital, in order to monitor the flow of the patient and his companion from the entrance to the bed, strategically observing each step of the process. Teams were distributed in the following sectors: main reception, inpatient

reception (where the patient is registered), transfer to the bedside, final bed and procedure room. The teams punctuated their considerations in a field diary that was called the "Activity Map."

The strategically positioned teams observed the reception and humanization of care, safe identification of the patient, leisure and entertainment for the children, cleaning of the environment and hygiene of the professionals, procedures performed, such as venous access puncture and, finally, the problem-solving, when possible, from the perspective of humanization and experiences lived in the hospitalization process. Patients who were admitted and those who were already hospitalized were analyzed in the morning, afternoon and night shifts, and possible opportunities for improvement for a better experience during hospitalization were observed. The same occurred in the procedure room and in the discharge processes.

The observation moments occurred in pre-established periods throughout the first half of 2022. Subsequently, monthly meetings were held to share impressions, identify points for improvement, and discuss viable and sustainable strategies to improve this experience (Figure 1). In the second half of 2022, improvement actions began.

**Figure 1 - Image of one of the meetings of the Patient Experience Committee of the Waldemar Alcântara General Hospital.**



**Source:** Authored by the authors.

It is an experience report, involving the institution's management processes to identify opportunities for improvement in the implemented processes, based on a strategic observation of the sectors. There was no direct involvement of the patient or his medical records, nor was there any analysis of the patient's information. All ethical and legal precepts were respected, as provided for in Resolution No. 466, of December 12, 2012, of the National Research Council, which involves research carried out with human beings, ensuring the confidentiality of information.

## RESULTS

In the main reception, a need for physical restructuring was observed, after it was identified that the benches were extremely high for the viewing of children and wheelchair users. Thus, a lowering of the height of the bench was authorized, in order to facilitate the visualization of these patients by the reception. We also took the opportunity to replace the chairs at the main reception and dispose of them, which are no longer made of plastic for others made of fibers, which are more resistant and comfortable. And the change in the arrangement of the chairs was a simple but important change to make it easier for patients to walk around the reception.

Another change made was the modification in the flow of patient admissions. In the previous admission flow, the pediatric patient and his mother were received at the entrance and sent directly to the bed and, after the patient was allocated to the sector, the companion (most of the time it was the child's mother) went to the administrative reception to register while the child was under the care of the nursing team. This moment of distancing between mother and son was accompanied by a lot of anxiety on both sides. The children, who were already in poor health, still had to stay away from their guardians, causing fear and insecurity, and episodes of intense crying were observed at this time of separation. On the other hand, those responsible were at the reception more distressed, worried about the children who were crying in bed. It was observed that it was common for quick information to be given in order to return as early as possible to the side of the minors.

With the project, a change in the admission flow was agreed. In this way, the child and his/her guardian, once in bed, remained together and the professional from the administrative reception of the NAC began to make this trip to the bedside. This action was praised by all sectors involved. The professionals identified that the mothers were calmer, passing on information in a more reliable way, and the children also felt safer and more comfortable. The nursing team also approved the change, because by no longer needing to watch the child during the mother's absence, they were able to better optimize their functions.

Another point identified is that internment generated exhaustion in many families in relation to the concern with other children and situations at home. Many mothers were left without contact with their families because they did not have an internet network on their mobile devices. Understanding this different context and the difficulties faced by them, a *Wi-Fi* network was installed in the wards. In this way, the companions now have access to *Wi-Fi internet* on their cell phones and thus were able to communicate more easily with their families, mitigating anxieties and strengthening affective bonds in this moment of vulnerability of the children. Employees were also able to take advantage of the network, reducing the use of their mobile data.

It was also identified that there was little entertainment for children. We had a playroom that had limited opening hours. In this way, the schedule was readjusted, which began to be extended to bring more playful moments for children. The arrival of a personal toy was also made more flexible, in alignment with the hospital's infectious diseases sector, to bring more warmth to the children, a situation previously prohibited due to patient safety. It was defined that toys that were easy to clean could be carried by



patients. The authorized *Wi-Fi* also allowed moments of entertainment for children and companions, who were able to have access to movies, cartoons and games.

We also agreed, together with the Nutrition team, for a more equitable care of the nutritional needs of some companions with special conditions, such as pregnant women, breastfeeding women, the elderly and those with comorbidities. This public also started to have extra food at non-fixed times, increasing the supply of food at different times, considering that many mothers have a delicate social context, without financial possibilities to eat in the intervals between meals.

Another change made in the area of nutrition was the authorization for the companions of patients with some type of clinical instability, use of invasive devices, isolation bed or other degree of specific need to be able to eat at the bedside and not have to go to the cafeteria during meal times.

The number of ventilators inside the inpatient units was also increased, in order to ensure better air conditioning, since the on-site team itself identified a warmer environment in certain shifts of the day.

The measures of deliberative actions were the main challenges encountered, but the presence of members of the hospital's management in the Committee facilitated the process of authorizing the actions, within a context of financial sustainability, as the strategies for a better patient experience during hospitalization are aligned with the institution's mission. Another challenge encountered was to be able to contemplate the evaluation at night and on weekends, which at this time was not possible to be done, considering the schedule of the participating employees.

The project achieved national recognition and reach, and our institution was even asked to offer a *Benchmark* for a large and recognized private hospital in the State of São Paulo, as a success case on the subject. We were also selected to be part of a project for another large hospital of national scope to work on resilience and joy at work, based on our experience.

## DISCUSSION

The social context in which we operate is reflected in the profile of patients to whom we provide care in the SUS. For a large part of the population, hospitalization is quite challenging, both in the context of supportive social relationships, which are difficult to reconcile with the work activities of caregivers<sup>3</sup>, and in financial matters, as many are self-employed, compromising their income in case of need for absence<sup>12</sup>.

Healthcare institutions must adapt to promote better patient care. In the study conducted by Pascoal da Silva Júnior *et al.* (2023), most of the hospitals included in the hospital incentive policy of the State of Ceará do not have patient safety centers, and it is interesting to provide instruments for the implementation of these centers, which are so important for improving the care offered<sup>13</sup>.

The patient experience thus emerges as an increasingly discussed topic in the health sector, considering the understanding that care is not only limited to the treatment of the disease, but also to the quality of care and the well-being of the patient, and this has become fundamental. In 2001, the Committee on American Health Care released the report *Crossing the Quality Chasm: A New Health Care System for the 21st Century*,

which urgently reinforced the need for improvements in American health care, defining patient-centered care as "care that is respectful and responsive to patients' individual preferences, needs, and values and that ensures that patient values guide all clinical decisions"<sup>(6:6)</sup> tag. Since this publication, patient-centered care has become an important marker of the quality of care. For Kelly Rodrigues (2023), the dimensions of the experience are based on the following pillars: Taking care of patient safety and quality of care, Patient-centered care, and Excellence in the Journey<sup>14</sup>.

The pillar of Patient Safety Care is considered the basis, as the execution of the other pillars is useless if the quality of care is not effective. Our work considered this pillar well executed based on audits and intra-hospital commissions already carried out in the hospital. Another element of the triad, patient-centered care, has been one of the most consistent in the patient experience process, providing a reduction in negligence complaints, greater adherence to treatment, and improved patient and staff satisfaction. The third element, Excellence in the Journey, reinforces all the practical part of the execution of assistance<sup>14</sup>.

There are several strategies to promote the humanization of inpatient care. One of them is the improvement of the hospital environment, making it more welcoming and comfortable. This includes everything from the efficient organization of physical spaces to the availability of resources that provide entertainment and well-being to the patient. In addition, it is essential to encourage patient participation in their own care, involving them in decisions related to their treatment and respecting their autonomy<sup>4</sup>.

Another important strategy is the establishment of effective and transparent communication between the health team, the patient and their families. This implies listening carefully to the patient's doubts and anxieties, clarifying in a clear and accessible way all the necessary information about their diagnosis, treatment and prognosis. In addition, it is essential to strengthen the relationship of trust between the health team and the patient, demonstrating empathy and respect<sup>4</sup>.

The patient experience encompasses this set of aspects that aim to promote, in addition to the treatment of the disease, the quality of care, patient satisfaction and their active involvement in care. Understanding and analyzing the patient experience is key to identifying areas for improvement, promoting effective changes in health services, and thus providing more humane, patient-centered care that meets their expectations and needs.

## CONCLUSION

This project was able to have a positive impact on the experience of pediatric patients hospitalized in our institution, based on objective actions, with rearrangement of internal flows, optimization of resources, with low financial impact and, at the same time, bringing a positive impact to our public.

The main challenges encountered were the contemplation of observation at night and on weekends, due to the work schedules of the teams, in addition to the financial limitation inherent to a public health facility.

After the actions carried out, we had a recognition from the patients, the professionals involved and national institutions such as *Case* successful implementation and action of the Experience Committee.

Currently, among other programs of the Experience Committee, it is intended to extend this project to other sectors of the hospital, and the strategy in the Medical Clinic should start this year 2024.

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