

GLOBAL PATIENT SAFETY CHALLENGES: A BRIEF HISTORY OF ADVANCES AND RESEARCH IN BRAZIL

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More than ten years after the launching of the first Global Patient Safety Challenge, by the World Health Organization (WHO), and four years after the National Program of Patient Safety (PNSP) of the Ministry of Health in Brazil, which incorporates such Challenges, the change in culture, aiming at constant improvement of quality of health services, has advanced at a slow pace. The actions to meet these Challenges vary according to the regions of the country, specializations and the health care network.

The first Global Challenge “Clean Care is Safer Care”, launched in October 2005, regarded infections related to health assistance (IRAS). It was based on hand sanitation, which is a simple action that remains as the main measure to reduce IRAS and antimicrobial resistance ⁽¹⁾. In this area, Brazil obtained successful results, such as the second consecutive victory of the Latin-American Hand Sanitation Award. This Award is an initiative of WHO to recognize institutions with the best patient safety system, through the strategy of hand sanitation⁽²⁾. However, in other regions of the country and in different locations of the healthcare network, hand sanitation is not done properly, there is failure in the technique and in the moments recommended by WHO, which causes high incidence of IRAS ^(3, 4). Programs of hand sanitation in health services reach positive results after a short period of time, that is why new approaches are always necessary to increase adherence. In a study carried out to identify the approach of patient safety protocols implemented by PNSP, which are also topics of the Global Challenge, in dissertations and thesis written by nurses and available in the Catalog of the Brazilian Nursing Association (ABEN), volumes XIX (2001) through XXXII (2013), only 13.21% of the 53 abstracts analyzed approached hand sanitation⁽⁵⁾. In such sense, there is a need for more research on that matter. The first Global Challenge “Clean Care is Safer Care” still needs to be explored academically in undergrad majors, grad schools, and in the agenda of health managers and professionals.

The motto “Safe Surgery Saves Lives” was the second Challenge proposed in January 2007. It comprised the basics and the practices of surgical safety to prevent infections in the surgical site, anesthesia and the development of safe surgical teams for surgical assistance. In addition, a checklist with 19 items was added, which focuses on the communication and safe practices in three moments of the natural flow of an anesthetic-surgical procedure: before the anesthetic induction; before the surgical insertion on the skin, and before the patient leaves the surgery room⁽⁶⁾. The adhesion and quality of application of this instrument vary according to the surgical specializations. In a teaching hospital in the South of São Paulo, out of 12,629 check

items and 257 checklists of orthopedic surgeries, 91.5% were checked⁽⁷⁾. However, a study carried out in two hospitals in Rio Grande do Norte, out of 375 urological and gynecological surgeries, 61% had a checklist; most gynecological surgeries had adherence, whereas quality was related to urological surgeries. The authors of this study concluded that a more structured implementation, aiming at ensuring proper use⁽⁸⁾ is necessary. These results show that using a checklist and verification systems in the health area, despite being important, is a recent practice in working processes. A study that sought to analyze the paths crossed by Brazilian nurses in the area of patient safety, by analyzing dissertations and theses, available on Catalog of ABEN from 2001 to 2013, only 5.66% of the studies were inserted in the protocol to ensure surgeries are made in proper intervention places, with correct procedures, and patients⁽⁵⁾. However, there is evidence in Brazil of recurrent occurrences of accidents with or without damage (adverse effects) in the surgical assistance⁽⁹⁻¹⁰⁾. Therefore, the Global Challenge “Safe Surgery Saves Lives” is still the focus to improve practice and the research fields to be explored.

Recently, in March 2017, the third Global Challenge “Medication Without Harm” was launched in Germany, in the event Second Global Ministerial Summit on Patient Safety. Solutions were proposed to ensure safety to the medication system, from prescription, transcription, release, administration and supervision of such practice. The aim of WHO is to reduce 50% of the avoidable damages in the world, related to medication, in five years⁽¹¹⁾. Even though it is a recent Global Challenge, the topic is present in several studies from different institutions, especially in a study carried out by the Regional Nursing Councils, Brazilian Nursing and Patient Safety Network and Institute for Safe Practices in the Use of Medications in Brazil. These institutions have proposed debates and training, and elaborated instructions on the safe use of medications. The topic that involves the medication is widely studied by nurses, as well as other professionals, such as pharmacists. In the study on dissertations and theses available in the Catalog ABEN from 2001 through 2013 that approach the safety protocols of the Ministry of Health, the Challenge Medication Without Harm was the most researched one, among the three Global Challenges for Patient Safety. Out of 53 studies, 20.75% of the dissertations and 2.77% of the theses discussed the protocol, use and administration of medications⁽⁵⁾. This expressive amount of research, when compared to the other Global Challenges, may be due to the great responsibility that is transferred to the nursing team, at their preparing and administering medications. Several errors that remain undetected in the prescription, transcription and release of medications are assigned to nurses, since they are generally the last group to intercept and avoid medication errors. Thus, nursing professionals should use this Global Challenge as an opportunity to discuss their procedures and working conditions within the medication system, in order to provide more safety for the patients. Lastly, the actions proposed by the most recent Global Challenge “Medication Without Harm” are expected to be undertaken by managers, understood and implemented by assistance professionals and demanded by health councils and citizens that are provided all levels of services from the public or private healthcare system in Brazil.

In addition to complying with the Global Patient Safety Challenges, the progress in the patient safety area is slow. The assistance provided by health services is still not trustworthy, which means patients often suffer damages that could have been avoided⁽¹²⁾. To increase quality of assistance and, specially, the quality of patient safety, a large movement is necessary in Brazil. The involvement of all health professionals, regardless of their expertise, country region and level, is fundamental for the success. Almost all studies related to Brazilian patient safety protocols, available in the Catalog of dissertations and theses of ABEN⁽⁵⁾ aimed at the nosocomial environment in Brazil. Expanding strategies to improve patient safety in other services/healthcare network is necessary. The quality of several dimensions, mainly the patient safety, provided in a healthcare unit, will reflect upon a quality assistance at another unit.

Furthermore, the patient's active participation in the mitigation of accidents strictly necessary, therefore, power is necessary, since these should be the most interested in their own safety. Moreover, a change in paradigm is necessary, from a culture of punishment to a culture of learning with the accidents that occur in healthcare.

References

- 1- WHO. World Health Organization [Internet]. Global Patient Safety Challenge: Clean Care is Safer Care. Geneva, Switzerland: 2005 [citado em 2017 Abr 30] Available from: <http://www.who.int/patientsafety/events/05/BriefingNoteEnglish.pdf?ua=1>
- 2- Portal Hospitais Brasil [Internet]. Hospital brasileiro conquista pela segunda vez o Prêmio Latino Americano de Excelência em Higienização das Mãos [citado em 2017 Abr 30] Available from: <http://portalhospitaisbrasil.com.br/hospital-brasileiro-conquista-pela-segunda-vez-o-premio-latino-americano-de-excelencia-em-higienizacao-das-maos/>
- 3- Borges LFA, Rocha LA, Nunes MJ, Gontijo Filho PP. Low Compliance to Handwashing Program and High Nosocomial Infection in a Brazilian Hospital. *Interdisciplinary Perspectives on Infectious Diseases*. 2012;1-5. [citado em 2017 Abr 30]. Available from: <https://www.hindawi.com/journals/ipid/2012/579681/>
- 4- Oliveira AC, Paula AO, Souza MA, Silva AG. Adesão à higiene de mãos entre profissionais de um serviço de pronto atendimento. *Revista de Medicina*. 2016 Dez 95(4):162-67. [citado em 2017 Abr 30]. Available from: <http://www.revistas.usp.br/revistadc/article/view/122861/122463>
- 5- Gomes ATL, Salvador PTCO, Rodrigues CCFM, Silva MF, Ferreira LL, Santos VEP. A segurança do paciente nos caminhos percorridos pela enfermagem brasileira. *Rev. Bras. Enferm.* 2017 Feb 70(1): 146-54. [citado em 2017 Abr 30]. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672017000100146&lng=en. <http://dx.doi.org/10.1590/0034-7167-2015-0139>
- 6- WHO. World Health Organization [Internet]. Safe Surgery Saves Lives. Geneva, Switzerland: 2008 [citado em 2017 Abr 30]. Available from: http://apps.who.int/iris/bitstream/10665/70080/1/WHO_IER_PSP_2008.07_eng.pdf

7- Amaya MR, Maziero ECS, Grittem L, Cruz EDA. Análise do registro e conteúdo de checklists para cirurgia segura. Escola Anna Nery. 2015 Abr;19(2):246-51. [citado em 2017 Abr 30] Available from: <http://www.scielo.br/pdf/ean/v19n2/1414-8145-ean-19-02-0246.pdf>

8- Freitas MR, Antunes AG, Azevedo BNL, Fernandes FC, Monte LC, Gama ZAS. Avaliação da adesão ao checklist de cirurgia segura da OMS em cirurgias urológicas e ginecológicas, em dois hospitais de ensino de Natal, Rio Grande do Norte, Brasil. Cad Saúde Pública. 2014; 30(1):137-48. [citado em 2017 Abr 30]. Available from: <http://www.scielo.br/pdf/csp/v30n1/0102-311X-csp-30-01-00137.pdf>

9- Moura MLO, Mendes W. Avaliação de eventos adversos cirúrgicos em hospitais do Rio de Janeiro. Rev. Bras. Epidemiol. 2012; 15:523-35. 2012. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-790X2012000300007

10- Paranaguá TT, Bezerra AL, Silva AE, Azevedo Filho FM. Prevalência de incidentes sem dano e eventos adversos em uma clínica cirúrgica. Acta Paul Enferm. 2013; 26(3):256-62. [citado em 2017 Mai 10] Available from: <http://www.scielo.br/pdf/ape/v26n3/09.pdf>

11- WHO. World Health Organization [Internet]. Medication Without Harm: WHO's Third Global Patient Safety Challenge. Geneva, Switzerland: 2017 [citado em 2017 Abr 30] Available from: <http://www.who.int/patientsafety/medication-safety/en/>

12- NPSF. National Patient Safety Foundation [Internet]. Free from Harm: Accelerating Patient Safety Improvement Fifteen Years after To Err Is Human. Boston, MA: 2015 [citado em 2017 Abr 30] Available from: http://c.ymcdn.com/sites/www.npsf.org/resource/resmgr/PDF/Free_from_Harm.pdf

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