

Patient safety through proper application of the safe surgery checklist*Seguridad del paciente mediante la aplicación adecuada de la lista de verificación de cirugía segura**Segurança do paciente por meio da aplicação adequada do checklist de cirurgia segura***José Rafael Beordo¹**

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According to the World Health Organization (WHO), in October 2004, the “World Alliance for Patient Safety” was launched, which aims to raise awareness to improve the safety of care, in addition to the development of policies and strategies in health care. One of the ‘Worldwide Challenges for Patient Safety’, which aims to identify the most significant items of risk to patient safety, is ‘Safe Surgery Saves Lives’. This challenge was implemented in 2007 and 2008 to reduce the occurrence of damage to the surgical patient and to define safety standards that can be applied to all WHO member countries¹⁻³.

In this bias, experts have also created a surgical checklist whose aim is to prevent errors and complications that may occur during surgery or perioperatively. A variety of interventions have shown promise to improve patient safety. Being composed of three stages, the checklist contains: Identification (before anesthetic induction), Confirmation (before surgical incision - surgical pause, with the presence of all team members in the operating room) and Registration (before the patient leaves the operating room)⁴.

Above all, the essential objective established by the WHO is to reduce morbidity and mortality in surgical patients, providing surgical teams and hospital administrators with guidance on the function of each individual and the pattern of safe surgery^{2,5}.

The development of the Surgical Safety Checklist was guided by three principles: simplicity, wide applicability, and the possibility of measurement⁶. In this sense, this standardized checklist constitutes a strategy aimed at intraoperative safety measures, however, the pre and postoperative periods are also of paramount importance for the safety of the surgical patient. Nursing professionals are considered as:

“[...] responsible for the application of the 'checklist' - although it is possible for another professional to assume this role - it offers as a facilitating point his condition of going through all stages in patient care during the perioperative period and experiencing the bureaucratic and practical reality of the organization. Despite this, it is necessary that this professional has knowledge and is trained to use the list. You must be able to interrupt any of the steps, if deemed necessary, or proceed to the next phase. In the event of any type of breach in the check, the entire process will be lost. Observing the details is of utmost importance”^{4:38}.

Thus, it is understood that the nursing team is a fundamental part in the applicability of the checklist, however, if it is not prepared or does not have the knowledge about the instrument, this assessment is compromised. In this sense, the lack of scientific knowledge of the nursing team on the topic of safe surgery can be considered as an adverse factor.

In terms of patient safety, it sets up a set of actions to avoid, prevent and minimize adverse outcomes or preventable damage that originate in health care processes. Likewise, WHO indicates that this scope can be achieved through three complementary actions: avoiding the occurrence of adverse events; facilitate its visualization; and minimize the effects through effective measures^{1,4}.



Above all, highlighting the safety culture, the following characteristics should be pointed out:

- All workers including, including professionals involved in care and managers, take responsibility for their own safety, the safety of their colleagues, patients, and family members.
- Safety priority over financial and operational goals.
- Encouraging and rewarding security-related problem identification, notification, and resolution.
- Promotion of organizational learning from the occurrence of incidents.
- Availability of resources, structure, and accountability for the effective maintenance of security⁷.

Likewise, the following are considered as items of classification of patient safety, according to WHO: 1- the type of event (if adverse event / near failure / 30 sentinel event); 2- the type of patient's outcome (if damage: mild / moderate / severe / death); 3- the patient's clinical characteristics; 4- the characteristics of the notified event; 5- the outcomes that occurred in the Institution; 6- the detection of risks; 7- the mitigation factors; 8- the improvement actions and 9- the preventive risk actions adopted systematically throughout the institution⁸.

Above all, the WHO proposes as a strategy to consolidate surgical safety that the operative teams follow ten basic and essential objectives when carrying out any surgical procedure. They are:

1. The team will operate the correct patient's correct location.
2. The team will use known methods to prevent damage by administering anesthetic agents, while guaranteeing analgesia to the patient.
3. The team will effectively recognize and prepare for the risk of loss of the airway or respiratory function.
4. The team will recognize and effectively prepare for the risk of high blood loss.

5. The team will avoid inducing any allergy or adverse reaction to a medication known to be a significant risk to the patient.
6. The team will consistently use known methods to minimize the risk of infection of the surgical site.
7. The team will prevent inadvertent retention of instruments or compresses on surgical wounds.
8. The team will ensure the accurate identification of all surgical specimens.
9. The team will communicate effectively and exchange critical information about the patient to ensure safe conduct of the surgery.
10. Hospitals and public health systems will establish a surveillance routine for surgical capacity, surgical volume, and surgical results⁵.

Some difficulties can be found in relation to the application of the checklist, above all, the lack of communication is characterized as the greatest difficulty found for a better performance of the surgical team is in the team itself, which is responsible for maintaining a good relationship and, mainly, effective communication.

Through this, effective communication provides humanization and builds care in a transformative way, resulting from the interaction between patient and co-workers. The team that works together with the purpose of applying their knowledge and skills in favor of the patient ends up preventing complications related to the surgical process that can be life threatening. The integration between the team, the reduction of the chance of errors and the active participation of the nurse are among the main potentialities of the checklist^{9,10}.

Thus, the checklist for safe surgery is an instrument that guarantees the safety of patients who have undergone surgery, if they are performed in accordance with the guidelines established by WHO, in conjunction with the institution. It can be specified that it must establish an effective communication between the surgical team and guarantee safety standards for each patient.

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