

The perception of the nursing team regarding the use of the safe surgery checklist in the operating room at a maternity hospital in southern Brazil

La percepción del equipo de enfermería sobre el uso de la lista de verificación de cirugía segura en el quirófano de una maternidad en el sur de Brasil

A percepção da equipe de enfermagem acerca da utilização do checklist de cirurgia segura no centro cirúrgico em uma maternidade do Sul do Brasil

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Abstract

Objective: To know the perception of the nursing team about the use of the World Health Organization's safe surgery protocol (checklist) in gynecological surgeries at the Surgical Center in a maternity hospital in southern Brazil. **Methods:** Qualitative research with an exploratory, descriptive approach as it allows a better investigation on the research problem. The interview technique was used to produce the data and applied to ten nursing professionals in April and Thematic Content Analysis. **Results:** The research showed that the knowledge of nursing professionals about the safe surgery checklist led the nursing team in the sector to desire to implement this tool in their routines, given the benefit it will bring to patients undergoing surgical procedures at the institution. **Conclusion:** It was possible to observe that nursing professionals have knowledge about the safe surgery protocol and are known to observe the importance of using the checklist for the safety and well-being of patients undergoing surgical procedures. Being a systematic tool to identify potential adverse events, the interest for the implementation of the checklist in the routine of the Institution's Surgical Center became evident.

Descriptors: Nursing Team; Patient Safety; Safety; Checklist; Safe Surgery.

Resumen

Objetivo: Conocer la percepción del equipo de enfermería sobre el uso del protocolo de cirugía segura (checklist) de la Organización Mundial de la Salud en las cirugías ginecológicas del Centro Quirúrgico de una maternidad del sur de Brasil. **Métodos:** Investigación cualitativa con enfoque exploratorio y descriptivo, ya que permite una mejor investigación del problema de investigación. Para la elaboración de los datos se utilizó la técnica de entrevista y se aplicó a diez profesionales de enfermería en abril y Análisis de contenido temático. **Resultados:** La investigación mostró que el conocimiento de los profesionales de enfermería sobre el checklist de cirugía segura llevó al equipo de enfermería del sector a desear implementar esta herramienta en sus rutinas, dado el beneficio que traerá a los pacientes sometidos a procedimientos quirúrgicos en la institución. **Conclusión:** Se pudo observar que los profesionales de enfermería tienen conocimiento sobre el protocolo de cirugía segura y son conocidos por observar la importancia de utilizar el checklist para la seguridad y el bienestar de los pacientes sometidos a procedimientos quirúrgicos. Al ser una herramienta sistemática para identificar potenciales eventos adversos, se hizo evidente el interés por la implementación del checklist en la rutina del Centro Quirúrgico de la Institución.

Descriptores: Equipo de Enfermería; Seguridad del Paciente; Seguridad; Lista de Verificación; Cirugía Segura.

Resumo

Objetivo: Conhecer a percepção da equipe de enfermagem acerca da utilização do protocolo de cirurgia segura (*checklist*), da Organização Mundial de Saúde, nas cirurgias ginecológicas do Centro Cirúrgico em uma maternidade do sul do Brasil. **Métodos:** Pesquisa qualitativa com abordagem exploratória, descritiva por possibilitar uma melhor investigação sobre a problemática da pesquisa. Foi utilizada a técnica de entrevista para a produção dos dados e aplicada a dez profissionais da enfermagem no mês de abril e Análise Temática de Conteúdo. **Resultados:** A pesquisa mostrou que o conhecimento dos profissionais de enfermagem acerca do *checklist* de cirurgia segura levou à equipe de enfermagem do setor o desejo de implementar esta ferramenta em suas rotinas, frente ao benefício que trará para as pacientes submetidas a procedimentos cirúrgicos da instituição. **Conclusão:** Foi possível observar que os profissionais de enfermagem possuem conhecimento sobre o protocolo de cirurgia segura e sabidamente observam a importância do uso do *checklist* para a segurança e o bem-estar dos pacientes submetidos a procedimentos cirúrgicos. Sendo um instrumento sistemático para identificar potenciales eventos adversos, ficou evidente o interesse para a implementação do *checklist* na rotina do Centro Cirúrgico da Instituição.

Descritores: Equipe de Enfermagem; Segurança do Paciente; Segurança; Lista de Checagem; Cirurgia Segura.



Introduction

Patient safety is defined as the absence or reduction to an acceptable minimum of accidental damage or injury while providing service assistance. The losses associated with health care are those that result from care processes or structures, and not from the patient's conditions. Human error is inevitable and when these failures occur, they are called incidents, which may or may not cause harm to the patient¹. According to RDC No. 36, of July 25, 2013², that establishes actions for patient safety in health services and advocates the systematic dissemination of the safety culture, health institutions must implement safety protocols for the patient and monitor their indicators, establishing barriers for the prevention of incidents in health services. Statistical data report the rate of major complications in surgical procedures in 3 to 16% and the mortality rate is 0.4 to 0.8%, this in developed countries, however, half of these events can be considered preventable. In developing countries, mortality rates of 5 to 10% are estimated in major surgeries³.

Seeking to reduce adverse events, the Ministry of Health in partnership with the Pan American Health Organization of the World Health Organization (PAHO / WHO) launched the fundamentals and practices of surgical safety as one of the goals of the global challenge in reducing promoting safer surgery by adopting a checklist before, during and after the surgery^{3,4}.

Given this scenario and in partnership with the World Health Organization - WHO, the Ministry of Health launched the protocol for safe surgery² as a set of measures to be implemented to reduce the occurrence of incidents and adverse events and surgical mortality, enabling increased safety when performing surgical procedures, in the correct location and in the correct patient, through the use of the Health Check List. Safe Surgery. This protocol should be applied in all places of health establishments where procedures are performed, whether therapeutic or diagnostic, and which involve incision in the human body or the introduction of endoscopic equipment, inside or outside the Surgical Center, by any healthcare professional⁵.

This Surgical Safety Checklist proposed by the WHO aims to ensure that routine patterns in the operating room are inserted to increase the chance of better outcomes for patients, to help teams reduce the occurrence of damage and to be measured that all countries can use.

The implementation of the Surgical Safety Checklist (checklist) is of low cost, and there is an estimate of three minutes to check each phase of the process. The responsible professional must have knowledge about the surgical anesthetic process, and must interrupt activities at any time, if something is not correct⁶.

The Surgical Safety Checklist Implementation Manual points out that the "surgical team" is made up of surgeons, anesthesiologists, nursing staff, technicians and other people in the operating room who are involved in the surgery. Each member plays a key role in promoting patient safety. The Checklist must be the responsibility and applied by a single member of the surgical team, and it can be any

health professional participating in the surgery, where all steps will be checked verbally with the appropriate people⁴. It is an extremely important tool for patient safety, aiming to improve surgical care worldwide, so that standards can be applied in all countries universally. Scientific studies already prove the effectiveness of applying the checklist to reduce adverse events^{7,8}. However, most institutions are not yet using this tool, which could prevent irreversible errors with a simple check¹.

The insertion of a safe surgery checklist is still a little explored practice in hospital environments, and, for the success of the process, the entire team must work together, respecting all phases of checking the tool used^{8,9}.

Studies carried out at the Surgical Center of a hospital show us that the culture of patient safety must be improved, and it is necessary to encourage the attention of professionals in conducting their actions, in order to have knowledge of the causes of their errors and that, from these facts, we can devise strategies that minimize adverse events¹⁰ and institutions can create their protocols according to their professional vocation and for which they best adapt¹¹.

Nursing professionals must work in the best possible way, using their knowledge and skills in favor of the patient, avoiding errors, often irreparable. The daily routine of a Surgical Center requires qualified and trained professionals to perform their functions, in addition to communication between them, because when this factor is ineffective, it increases the risk of failures and the number of errors, causing an imbalance in the team, generating stress and reducing its efficiency¹⁰.

From the considerations made, we can say that the nurse has a fundamental role in this context. Being responsible for the nursing team and patient safety, the nurse is responsible for ensuring quality and safe care to the patient, to the detriment of all the technical demands of his responsibility¹².

Thus, taking as a starting point the knowledge acquired and experienced in professional practice, one realizes the importance of the process of assistance provided by the nursing team to the surgical patient during perioperative care, these being the fundamental piece for adverse events and iatrogenies to be addressed. avoided. We also emphasize the need for measures to prevent surgical errors, bringing the safe surgery checklist as a basic instrument for the nursing team, seeking to minimize the damage caused to the patient and showing the importance of its applicability in the routines of these professionals.

Thus, the present study aims to assess the understanding of the nursing team on the use of a safe surgery checklist, in a Surgical Center considered a reference in Santa Catarina in monitoring high-risk pregnant women, with a very high turnover of surgeries. elective and emergency, therefore, preventive measures are necessary for patient safety. Taking these aspects into consideration, we have the guiding question of the research: What is the perception of the nursing team regarding the use of the safe surgery protocol at the Institution's Surgical Center? For this



purpose, the objective of this research is "To know the perception of the nursing team about the use of the protocol of safe surgery (checklist), of the World Health Organization, in the gynecological surgeries performed in the Surgical Center in a Maternity in the south of Brazil.

Methodology

It is a qualitative research with an exploratory-descriptive approach, as it allows a better investigation on the research problem. Qualitative research is not concerned with numerical representation, but with the understanding of a certain group, seeking to explain the reason for things, expressing what should be done. In qualitative research, the researcher's knowledge is partial and limited, regardless of whether it is small or large, the important thing is that it brings new information¹³.

The research was developed in the south of Brazil, State of Santa Catarina, in a Surgical Center considered a reference in Santa Catarina in the monitoring of high-risk pregnant women, with an extremely high turnover of elective and emergency surgeries. The Surgical Center, the study site, is a public maternity unit in Santa Catarina, and has 112 beds for obstetric, gynecological, oncological and neonatal care. The institution is a reference in the care of high-risk and neonatal pregnant women and offers services such as the Human Milk Bank, Breast Feeding Center and Recanto da Mamãe, a place for breastfeeding babies who need specialized care.

According to the portal of the State Department of Health of Santa Catarina, approximately 320 births occur every year, 1,941 emergency visits, 1,056 outpatient visits and 158 surgeries¹⁴. The Institution has the title of Baby Friendly Hospital recognized by the MS, WHO and the United Nations Children's Fund (UNICEF). It is also a teaching center for health. In the State.

The research participants are technical nursing professionals and nurses from the Surgical Center Unit, out of a total of 30 invited nursing professionals who work at the site, ten accepted to participate in the research, of these three nurses and seven nursing technicians. Inclusion criteria were to be a nurse or nursing technician who is a member of the Surgical Center team; have at least six months of experience and accept participation in the research, by signing the Informed Consent Form. Exclusion criteria were absence from work due to vacation or sick leave for health reasons.

Data collection took place in April 2016, using the interview technique, using a semi-structured script as a collection instrument that enabled the proposed objective of this research to be achieved. Data collection took place in the workplace, in a private room, but in order not to interfere or hinder patient care. After presenting the research objectives and by agreeing to the Free and Informed Consent Term, the research was started. Data collection took place in three stages. Firstly presenting the protocol (checklist) established by the Ministry of Health and its correct use, after this stage it was the application of the protocol of safe surgery by the participant, and in the third

and last stage the interview, using the semi-structured script developed by the researchers, addressing topics such as : knowledge about the World Health Organization safe surgery checklist and about the actions developed by the nursing team regarding patient safety.

The data were analyzed through Thematic Content Analysis¹³ using all the steps proposed as pre-analysis, coding and categorization and put an end to interpretation in the light of literature. All the ethical precepts of CNS Resolution No. 466/201215 and of the Research Ethics Committee were observed, through the substantiated opinion No. 65745317.5.0000.0114. Anonymity of the participants was preserved using codenames such as E1, E2 for nurse 1 and 2 respectively and T1 and T2 and for Technician, and so on for all participants.

Results and Discussion

Initially, the ten participants were characterized as being all female, aged between 29 and 47 years old, a nurse and a nursing technician with a postgraduate degree in the operating room and the length of time in the place varied between two to 14 years . Since those with the longest experience in the area were nursing technicians, nurses had between two and six years of experience in the operating room.

We also emphasize that the Nursing Technicians of this Surgical Center who had a university degree in Nursing (three) had less difficulties in answering the questions applied on the safe surgery checklist, were attentive and managed to apply the Surgical Safety Checklist. with discipline, generating responses to this checklist in good quantity.

The protocol of safe surgery was described by health professionals as an instrument of importance for the routine and safety of the patient in the assistance provided during the surgical act. They stated that there were some changes after applying the checklist at the Surgical Center. As for the use of this tool and the benefits provided to the surgical process through the checklist, the meanings attributed by the subjects were classified into thematic categories, based on the answers of the semi-structured script. Thus, five categories emerged, described below.

Decrease in adverse events and iatrogenies

The protocol was described by the research subjects as especially useful, as it ensures patients free of iatrogenesis, prevents adverse events, brings security to the team, and seeks to inform about the procedure to be performed.

"It is interesting, to ensure that the patient is free of iatrogenesis and protected from adverse events, I found it important". (E1)

"Yes, I feel more secure and with the certainty that the team has the necessary information to ensure patient safety and prevent iatrogenic disorders". (E3)



"Well necessary, and it should be routine, because often neither the patient nor the doctor knows the procedure to be performed. And it gives us and the patient more security". (T2)

"Very useful. Protocol that should be implemented in the routine because it brings many points that in our routine are forgotten. Events that can be avoided by checking equipment. Correct shifts change for post-anesthetic recovery (bleeding risks) and, most importantly, patient safety". (T1)

"Yes, I have already seen the patient fall after sedation, as the position of the operating table was not verified. Certainly, this iatrogeny could have been avoided if there were this instrument". (T4)

Patient safety in the surgical procedure has become one of the basic criteria to guarantee the quality of patient care. In this sense, the adoption of measures to reduce errors and adverse events in Health Institutions is essential so that errors can be prevented. However, these simple and safe measures need to be disseminated and implemented in the routine of professionals, as one example is the shift shift that has an important role related to the process of passing on specific information about the patient, and it can occur in many contexts, since his admission, among doctors, between nursing in the shift change, in the transfer between units, in the postoperative period and even on discharge home or to another unit / establishment¹⁶.

The World Health Organization, based on studies, points to the checklist as an effective tool for the safety of health care in the Surgical Center. The checklist aims to ensure the surgical process, so that the correct procedure is performed, in the right patient and in the right place, to provide safe and high-quality care. Studies show the importance of using this protocol, being of low cost, not giving high time for its use and ensuring patient safety, with nurses being one of the main actors in this process^{17,18}.

According to the protocol included in the National Patient Safety Program, the health unit, guided by the Patient Safety Center, must define the professional (s) responsible for assessing the risk of falling and also the actions of preventive character for patients at risk. Individualized measures to prevent falls for each patient must be prescribed and implemented. In addition, policies and procedures must be established and implemented by the unit to ensure effective communication between professionals and services about the risk of falling and the risk of damage from falling on duty shifts, as well as the prevention measures implemented¹⁹.

One study demonstrated a reduction in surgery-related morbidity and mortality with the use of the checklist from 1.5% to 0.8%, and post-surgery complications dropped from 11% to 7%. There was also a drop in infection rates and unplanned return to the Surgical Center^{19,20}.

Promoting safety for the team as a whole

The results demonstrate that the checklist brings all the necessary information to make the team's work safer, explaining the complications that may occur. This tool is a culture that must be integrated as part of the surgical

process, as, as shown in the present study, 100% of the team of professionals in the Surgical Center interviewed stated that they would like the checklist to be applied, as it standardizes the routine, brings more information, systematizes the surgical procedure and avoids possible errors.

"Yes, because in this way, with the checklist, we can prepare for an eventual setback (equipment change, intercurrent with intubation ...), in addition to improving communication between the team, once the questions are answered". (T4)

"I believe so, because with it everyone is aware of information, such as surgical time and risks, and we can work more safely, thus being able to anticipate some care". (T1)

"Yes, better communication between the team; confirmation of data with the patient; ease for the team to know about the procedure performed and the risks to the patient". (E3)

"Yes, safety for the patient and staff. With the checklist, we can work with some possible complications and try to prevent them". (T2)

The implementation of institutional protocols may face organizational and cultural barriers, especially by professionals at the Surgical Center. Studies show that more training is still needed to implement the use of the protocol, and one of the biggest barriers is the lack of training of the team, in addition to the non-adherence of professionals to the protocol and the non-commitment of the institution. Thus, the education and continuous supervision of all professionals are fundamental aspects, as well as the adoption of the protocol as an institutional policy and adapted to each reality^{10,11,17}.

The North American Nurses Association (AORN) was the pioneer in the process of implementing the checklist, with the inclusion of a Surgical Safety Checklist at the time of pre-entry into the operating room, called check-in, with items related to the preparation of the patient, materials and equipment and the presence of specific documentation for the execution of the procedure. In comparison to the North American Nurses' Association instrument, the validated checklist presents more work process control items deemed pertinent by the judges at the time of check-in. In addition to contributing individually to the safety of the surgical patient, it is understood that a database assembled from the checklist meeting can support management decisions to improve the work process²¹.

Communication and interaction between the team

As we can see in the phrases described by the research participants, the effectiveness of the checklist as an instrument to encourage dialogue ensures communication and interaction between the surgical team and, although it is widely publicized, its implementation has not yet been adhered to in its praxis. Health professionals need to study ways to disseminate and apply this tool.

"Yes, they were more attentive, and the majority participated in the room". (E2)



"Yes, with the application of the checklist, the security parameters are highlighted, making communication more effective". (E3)

"There was greater communication between them". (T2)

"Communication has improved, for example: now the anesthetist knows if the surgery can have complications that can increase the surgical time; and technicians are better prepared for possible intubation difficulties". (T4)

"Yes, there is a union so that everything works perfectly". (T5)

"An interaction of the team in relation to the surgical act and the patient". (T6)

According to the literature, the most critical obstacle to the good performance of a surgical team is the team itself: surgeons, anesthesiologists, nurses, and other members must have a good relationship and effective communication. A team that works together to use their knowledge and skills to the benefit of the patient can prevent a considerable proportion of life-threatening complications^{22,23}.

The nurse must be proactive, to anticipate possible problems; make them visible, if they occur; and intervene effectively to minimize the effects. This step requires scientific knowledge and technological updating from nurses, due to the evolution of equipment and materials^{24,25}.

Patient safety

It was evidenced in the statements that the professionals know the importance of using safe measures to promote surgical safety of the patient, and that this instrument brings necessary information for the safety of the patient and the team, making the work more efficient, passing confidence and safety to the patient in relation to the assistance provided during the perioperative period.

"Yes, any assessment instrument should be applied to provide greater patient safety and facilitate the team's understanding of the procedure to be performed, confirming information, assessing risks". (E3)

"Yes, because working with patients is safer and more informative". (T5)

"Greater patient confidence, knowing the procedure and the team that will perform the procedure". (T2)

"Yes, patient safety should be a priority at all stages of treatment, especially in the operating room, which is where the patient is most vulnerable". (E3)

According to the WHO, patient safety is classified as a reduction to the minimum acceptable of factors that may cause harm to the patient. Some factors can contribute to the patient's insecurity, being they from variable sources, which can be: inappropriate behavior; lack or failure in communication; underperforming performance for the occasion; lack of training; work overload; workload in several locations; lack of protocols to be followed; complexity of the

surgical procedure; personality; failures or lack of communication; extremes of life and severity of the disease^{19,26}.

Thus, the good performance of the surgical team is related to the elimination or minimization of factors that cause insecurity for the patient. The quality of the assistance provided is related to the support processes, combining physical facilities, technology, appropriate equipment, and skilled, trained, and competent labor. This combination must be able to promote security and trust, information that guides the management process and signals possible deviations^{17,25,26}.

Difficulties encountered in using a safe surgery checklist

According to the present research, the members of the Surgical Center team responsible for applying the checklist during the surgical procedure reported that the difficulties encountered during the Surgical Safety Checklist conference were related to the team's lack of seriousness and commitment, in reason of the established purpose. Due to the professionals of that institution already knowing each other, the stage of confirmation of the professionals by name and function, were not answered seriously, being approached with jokes.

"Yes, team members were not willing to answer the checklist questions". (E1) "

"There was a little resistance". (E2)

"Yes, there was no good response to the checklist". (T3)

"Yes, especially when it comes to identifying the team, because as we already know each other, this moment has become unnecessary and a joke. I believe that an instrument adapted to our reality brings more seriousness". (T4)

"Yes, resistance". (T5)

"Yes, the surgeon did not have the patience to answer the questions". (T7)

Communication failure is one of the main factors that contribute to errors and adverse events, as there is no exchange of information. Good communication in work relationships develops when you know your own characteristics and needs, as well as those of others. When we believe in the ability of people to report, we can perceive anxiety symptoms in ourselves and in others, in addition to observing even the non-verbal characteristic^{17,26}.

The application of the checklist in 40,000 surgeries at a university hospital in France showed that professionals have difficulty sharing information orally during the surgical break, that is, in the second part of the checklist - before the surgical incision. During the experience of applying the checklist, it was noticed that few surgeons found it difficult to share information, especially at the same stage. Communication in the operating room remains insufficient and is an important feature to be improved. Investment in relationships is necessary, not only in the operating room,



but also with the patient, as the checklist detected a situation in which the person responsible for the patient was not fully aware of the surgical procedure to be performed. Competent communication provides humanization and builds care in a transformative way, arising from the interaction between patients and co-workers. People, more than architecture and finishing, are often the real obstacles to creating a safer environment¹⁷.

Final Considerations

The safe surgery checklist has been defined by the World Health Organization as a quality and effective tool for reducing adverse events and iatrogenies related to the surgical patient, and the Surgical Safety Checklist is low cost, easy to apply and can be adapted according to the needs of each health establishment. In this sense, we observed that the checklist must be adapted to the reality of that institution, since the main barrier evidenced from the statements mentioned in this study was the resistance of the professionals in relation to the confirmation and presentation of their identifications and functions within the Surgical Center for the patients. members of the surgical team, as there is no rotation between teams, creating a family environment.

Although the participants face barriers in the application of the checklist, we can observe that the nursing professionals really have knowledge about the safe surgery protocol and are known to observe the importance of using the checklist for the safety and well-being of the patients submitted to surgical procedures. Being a systematic instrument to identify potential adverse events, the interest for the implementation of the checklist in the routine of the Surgical Center of that institution was evident.

Among professionals interviewed, it was noted that Nursing Technicians who have a degree in Nursing had less difficulties in the application process and easier handling of the instrument, including the answers to the questionnaire applied after using the checklist were richer in details than professionals without a degree in Nursing. Thus, we observe that the level of education and training is a positive point that adds to patient care, even though they do not exercise the role of nurses in the sector, these professionals are able to observe, from a health education perspective, the importance of being training for work.

The barriers and difficulties encountered by health professionals in applying the checklist established by the World Health Organization have important impacts on the patient safety process. Changes in culture must be established through the encouragement of managers and the active participation of all health professionals, applying protocols that advocate patient safety in surgical procedures.

The multiprofessional team needs continuous training programs to apply the checklist, as resistance from

some surgical team members was observed, who showed no interest in answering the checklist items.

The role of nursing in the results of handling the checklist is of paramount importance, since the use of this instrument ensures the possibility of drastically reducing the occurrence of adverse events, in addition to facilitating the work, reducing hospital costs and providing the patient with greater safety, constituting the guarantee of a safe surgical procedure.

Despite the importance that the research subjects reported in relation to the checklist, they did not adhere to the tool as a work tool in their daily routines, as the safety culture of the surgical patient is not yet part of the activities of that institution.

The willingness of the nursing team to help the patient to face the surgery in an equitable manner shows that the closer to the effective safety of the patient, the closer to the excellence in the care provided. In this sense, the protocol brings nursing as a protagonist in patient care, which is the element that seeks knowledge and presents the necessary disposition in relation to the improvement of perioperative care.

However, the research, in addition to generating the researchers' knowledge about the perception of nursing professionals about the safe surgery checklist, brought to the nursing team of the Surgical Sector the desire to implement this tool in the routine, in view of the benefit it will bring for patients undergoing surgical procedures at the institution.

The manager of the Surgical Center of that institution, given the importance of the safe surgery checklist, where the objective is to reinforce daily practices to promote better communication and work between teams, asked the researchers to, in a second moment, participate as agents educators in the elaboration of lectures for the multiprofessional team, with the objective of implementing the safe surgery checklist to create an effective culture in the safety of surgical patients, in adapting this routine.

Thus, there was a need to sensitize the nursing team about safe practices for surgical patients, however, for this to be possible, the nursing team must encourage and adhere to these safe practices in their daily routines. It is essential to engage the entire nursing team to provide quality and safe care to the surgical patient, seeking to eliminate the possible risks and errors that occur frequently. It should also be emphasized the competence of nurses in the Surgical Center, in addition to making organizational practices happen and looking back at the relationship of these practices with patient safety.

Given the above, we hope that this research will contribute to the improvement and development of scientific knowledge about safe practices for surgical patients. Using the checklist as a dissemination, incentive and development tool to improve the care offered to surgical patients.



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