



SAFE CARE: A THEORETICAL REFLECTION APPLIED TO PRACTICE
ASSISTÊNCIA SEGURA: UMA REFLEXÃO TEÓRICA APLICADA À PRÁTICA
CUIDADO SEGURO: UNA REFLEXIÓN TEÓRICA APLICADA A LA PRÁCTICA

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The book << Assistência segura: uma reflexão teórica aplicada a pratica >> released by Agência Nacional de Vigilância Sanitária - ANVISA (National Health Surveillance Agency) integrates a serie of publications produced by the agency about patient safety and quality in health services, providing the current scientific knowledge related to the topic.

With 167 pages, it was published in 2013 in first edition by the agency, being allowed the partial or total reproduction of the work, as long as the source is acknowledged and is not for sale or commercial purpose. Prepared by Aline Esper Zaghi da Escola de Enfermagem de Ribeirão Preto - Universidade de São Paulo - SP (Nursery School of Ribeirão Preto - University of São Paulo); Ana Clara Bello, Agência Nacional de Vigilância sanitária - ANVISA/DF (National Health Surveillance Agency - ANVISA/DF); Ana Maria Müller de Magalhães, Escola de Enfermagem da UFRGS-RS (Nursery School of Federal University of Rio Grande do Sul - UFRGS-RS); André Anderson Carvalho, Agência Nacional de Vigilância Sanitária - ANVISA/DF (National Health Surveillance Agency - ANVISA/DF); Bárbara Caldas, Proqualis - Icict/Fiocruz - RJ; Cláudia Travassos, Proqualis - Icict/Fiocruz - RJ;

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The book is preserved in the 1st edition of the Patient Safety and Quality in Health Care series, distributed in 12 chapters, with authorship composed of researchers and doctors of this scenario in Brazil. Presented by a simple, didactic and contemporary approach of the topics that allows the feedback the control systems, as well as guide the society and health professionals to risk prevention, supporting the safety of patients seen in the systems, public and private ones in the country.

Chapter I presents considerations of patient safety and quality in health services in the context of Latin America and Caribbean catalyzing the political commitment made at the 57th World Health Assembly, which, Brazil makes up as Member State with the main

objective to focus on promoting patient safety culture in health systems, such as protocols and guidelines, defining widely available and evidence-based solutions that promote the development of knowledge. With the structures of knowledge for strengthening the safety and care quality front to adverse events.

Chapter II notes that unsafe practices in health trigger the difference between the ideal and actual care. Patient safety area enables a new perspective on health care, this using concepts from other areas, such as administration and social sciences. Thus we consider the human being as the basis of the structures of the process and a key to improve care. It cannot be disconsidered the acceptability, optimization of resources, continuity, legitimacy, fairness, among others, as set out in the basic premises of SUS (Sistema Único de Saúde - Unified Health System).

Chapter III deals with the security of patient inserted in the quality management of health services. There is a real and growing interest in quality in all aspects that come to health. The managers use tools (resources, capital) to form a secure environment. Safety and quality are inseparable attributes wherein safety lists one of the various dimensions of quality of a health service, for when we undertake to mitigate the risk and/or harm to the patient to a minimum acceptable level we leverage the quality of service that has been offered to society providing a vital synergy for the construction of conceptual strategies strengthening the clarification of the epidemiology of adverse health events related to demographic factors such as type, severity.

Chapter IV discusses about the condition of human error in the provision of care in health area and in its prevention. Such damage can be disabling, with permanent sequelae, as well as lead to increase cost and hospital stay and even result in premature death as a direct consequence of unsafe health practices and therefore considered an important problem to the current public health. From there begins a movement to the publication of errors related to health care, "To err is human," thus making the society becomes aware of the importance of having patient safety in healthcare institutions. With these incidents, there was a new approach for encouraging notifications without ordering punishment for professionals. Thus, one should learn to prevent errors in health services, improving security processes. Institutional strategies as training, motivated employees, well-designed scientifically grounded processes that result in excellence assistance, in other words, quality of care.

Chapter V refers to strategies for patient safety in health care. The global movement for the accuracy of the safety and quality of care plans walks in search of accreditation of services and products that are offered by the system to society.

With the impact of iatrogenics by the media, there was pressure to the health sector for safe practices. According to the orientation of the World Health Organization (WHO) - the Adverse Events - A.E. are incidents that when they reach the patient results in damage and/or injury may be temporary and/or permanent in life of the individual and in any case generates a product negative, and above all, a significant financial loss to the health system.

Given the adverse events, quality indicators were adopted as an important management tool for implementation of preventive or corrective measures before the onset of A.E. In developed countries, studies show that there is a lack in infrastructure services, systematization of information, especially scientific research are fundamental to the subject of knowledge for health services. WHO in line with other related regulators agencies have encouraged the adoption of protocols and global patient safety goals as strategies for strengthening good practice in the establishments of the country's health services.

Chapter VI deals with the adverse events related to care in health services and their main types. The basic actions of this are focused on two priority blocks. The first focuses on the implementation of six security protocols that were based on statistical data on the circumstances occurring in practice as events of more incidence and thus provides: Secure surgery; Hygiene Practice of the hands of health services; Prevention of pressure ulcers; Prevention of falls in hospitalized patients Safety Patient Identification in the prescription, use and administration of medications. The publication of RDC 36/ANVISA in 2013 established the obligation of the creation of the Núcleo de Segurança do Paciente/NSP (Patient Safety Center) in health services and providences regarding the reporting of adverse events associated with care in order to ensure good practice in operation of the institutions and health services developing values, attitudes, skills and behavior that determine the commitment of health and safety management, replacing the guilt and punishment for the opportunity to learn from failures improving the standard response with respect to damages, offenses, illness, injury, suffering or any other event related to the body, including disability, and disorders or even death.

In Chapter VII the sanitary regulation in health services is broached superficially under the aegis of the work of the National Health Surveillance Agency (ANVISA). This is proposed as an agency that brings an interaction between consumer relations, managers and users with health technologies, recognizing that both security and health in quality are multidimensional terms with meanings of objective and subjective nature varying with the interests, actors, products, processes, and services.

The importance of the Sentinel Network creation for the country's health system is highlighted in Chapter VIII. This network has, since 2011, monitoring a number of adverse events in the service to users of the Unified Health System (SUS), advocating the culture of safety and preventing damage from the assistance. Allowing Brazil the development and launch of the Programa Nacional de Segurança do Paciente/PNSP (National Patient Safety Program) later.

The PNSP is regulated by Resolution 529 of 2013 of ANVISA. Considering the relevance and magnitude that adverse events have in our country, the priority given to patient safety in health care in our political agenda the attention to the Patient Safety theme took into consideration the importance of integrated work between SUS managers, professional council in health care as well as educational institutions and research on the area in question with a multidisciplinary focus on risk management, these measures were aimed at the quality and safety of patient care considering the basic principles and guidelines for creation of the safety culture with focus on the systematic execution of structured risk processes, quality, and management.

The Chapter IX broaches as a theme the safe surgery in health services in order to raise quality standards of safe care services covered by Safe Surgery Saves Lives program. This program calls for the prevention of infection in surgical site, safe anesthesia, surgical teams and surgical care indicators. These points raised gained strength from data surveys that shows in large-scale mortality cases arising from these surgical procedures. Studies show that ten in a hundred hospital admissions get complicated; 1 for any error, and about 50% of any adverse events are related to surgery and anesthesia, which affects 2% of all hospital admissions.

The proposal of the Ministry of Health to reduce adverse events is intended to guide the implementation of the safe surgery checklist in all health agencies, public or private ones, aligned with environmental conditions, the service organization. Thus, it is important to establish a responsive practice, with the development of a macro

environment that is therapeutic not only for the patient but also for their professional body.

The prevention of medication errors is the subject of Chapter X. These adverse events that occurred in the delivery of health care, call attention by high prevalence rates, iatrogenic effect unwieldy and costs to the health system. The stages of prescription, dispensing, preparation and administration of medicines require action strategies that integrate the knowledge and technical compliance in its various processes in response to technological detriment incorporated by health and in particular the need for relevant clinical management and capacity of the answers to chronic degenerative diseases making the medication system highly complex.

Researches seek to relate the occurrence of the medication errors to factors as: workload, attentional failures of the prescription and administration of the product, multidisciplinary communication deficit and factors relating to the structure of the service, including areas of preparation, lack of devices and supplies. In an attempt to mitigate its effects, the adoption of protocols to the standardization of practices relating to the purchase, identification, storage and distribution are important elements in the construction and implementation of quality management tools and collaborating to the best practices in health.

Chapter XI talks about the prevention and control of infection for patient safety based on the prevalence and incidence of infections related to the provision of health care (IRAs). The IRAs, according to WHO are infections acquired during the care process on admission, manifesting itself during or after the discharge being responsible for the increase of admission, readmission, indiscriminate use of antibiotics and the need for invasive interventions.

Epidemiological strategies proposing accuracy of management qualification techniques to health care in order to expand knowledge, adoption placements, skills and competencies based on evidence for a redesign of operational excellence in health care.

The dealings in Chapter XII refers to the patient by patient safety. They, as well as employees become protagonists and responsible for the good health practices in providing assistance. This recommendation comes as a proposal for the development of a program of health services in order to foster collaboration and involvement of patients, families, caregivers, and health care organizations in restructuring processes through information quality promotion communication for effective health education

as a management tool given the provisions of the federal law 8.142/90 relating to social participation in SUS.

Critical Review

According to the provisions, we conclude that improvements in patient safety area are successfully achieved in this context when health institutions not only set, but mainly incorporate an individual and organizational behavior that continually seeks to raise awareness and engagement of their patients, favoring exchange of experiences and the integration of care with its other services respecting ethical principles in the construction of a therapeutic and welcoming macro environment.

This research project prepared by ANVISA ranks first the realization of good health practices among the country's institutions joining the concepts and values related to safety and quality in the management of health care to the population, having as scope the institutional culture of safety and quality management in health through the training and qualification of the service.

The material presents current knowledge related to the subject according to the state of the art in an appropriate global environment considering the magnitude and the significance of adverse events to health care and the premises of public policies present in the health sector of the country and being therefore a rich and fundamental material for assessment of citizens, managers, educators and health professionals, providing patient safety by improving the quality of health through risk management and monitoring of adverse events related to the practice of health care services of the population.

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