SECURITY ATTITUDES OF A TEAM BEFORE AND AFTER SAFE SURGERY CHECKLIST IMPLEMENTATION

ATITUDES DE SEGURANÇA DE UMA EQUIPE ANTES E APÓS A IMPLANTAÇÃO DO *CHECKLIST* DE CIRURGIA SEGURA

ACTITUDES DE SEGURIDAD DE UN EQUIPO ANTES Y DESPUÉS DE LA IMPLANTACIÓN DEL *CHECKLIST* DE CIRUGÍA SEGURA

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ABSTRACT

Objective: to evaluate the safety attitudes of the multiprofessional team, which operates in a general hospital surgical center, about the patient's safety climate before and after the implantation of the safe surgery checklist. **Method:** a quantitative, descriptive and cross-sectional study to be carried out in the surgical center of a hospital of IV in the northwest of the State of Rio Grande do Sul. Data collection will take place in two moments, before and after the implantation of the safe surgery checklist with the teams. The data collection instrument used will be the "Attitude Questionnaire Safety Surgical Center Version", to be applied before the educational action and sixty days after the implantation of the safe surgery checklist. **Expected results:** knowledge production in the area of surgical patient safety, with more research on this subject, allied to different methodological approaches, with a view to obtaining more scientific evidence, besides the increase of the quality of patient care in the perioperative period based on implantation of the Safe Surgery Checklist, especially in Nursing, to ensure qualified and safe surgical care. **Descriptors:** Patient Safety; Surgery; Organizational Culture; Checklist; Perioperative Nursing; Surgicenters.

RESUMO

Objetivo: avaliar atitudes de segurança da equipe multiprofissional, que atua em um centro cirúrgico de um hospital geral, sobre o clima de segurança do paciente antes e após a implantação do *checklist* de cirurgia segura. **Método:** pesquisa quantitativa, descritiva e transversal, a ser desenvolvida no centro cirúrgico de um hospital porte IV do noroeste do Estado do Rio Grande do Sul. A coleta de dados se dará em dois momentos, antes e após a implantação do *checklist* de cirurgia segura com as equipes. O instrumento de coleta de dados utilizado será o "Questionário de Atitudes de Segurança versão Centro Cirúrgico", a ser aplicado antes da ação educacional e sessenta dias após a implantação do *checklist* de cirurgia segura. **Resultados esperados:** produção de conhecimento na área de segurança do paciente cirúrgico, com mais pesquisas sobre essa temática, aliadas a diferentes abordagens metodológicas, com vistas à obtenção de mais evidências científicas, além da ampliação da qualidade da assistência ao paciente no perioperatório baseada na implantação da Lista de Verificação de Cirurgia Segura, principalmente na Enfermagem, para garantir uma assistência cirúrgica qualificada e segura. **Descritores:** Segurança do paciente; Cirurgia; Cultura Organizacional; Lista de Checagem; Enfermagem Perioperatória; Centros Cirúrgicos.

RESUMEN

Objetivo: evaluar las actitudes de seguridad del equipo multiprofesional, que actúa en un centro quirúrgico de un hospital general sobre el clima de seguridad del paciente, antes y después de la implantación del checklist de cirugía segura. **Método:** investigación cuantitativa, descriptiva y transversal, a ser desarrollada en el centro quirúrgico de un hospital porte IV del noroeste del Estado de Rio Grande do Sul. La recolección de datos se dará en dos momentos, antes y después de la implantación del checklist de cirugía segura con los equipos. El instrumento de recolección de datos utilizado será el "Cuestionario de Actitudes de Seguridad versión Centro Quirúrgico", a aplicar antes de la acción educativa y sesenta días después de la implantación del checklist de cirugía segura. **Resultados esperados:** producción de conocimiento en el área de seguridad del paciente quirúrgico, con más investigaciones sobre esta temática, aliadas a diferentes abordajes metodológicos, con vistas a la obtención de más evidencias científicas, además de la ampliación de la calidad de la asistencia al paciente en el perioperatorio, basada en la implantación de la Lista de Verificación de Cirugía Segura, principalmente en la Enfermería, para garantizar una asistencia quirúrgica calificada y segura. **Descriptores:** Seguridad del Paciente; Cirugía; Cultura Organizacional; Lista de Verificación; Enfermería Perioperatoria; Centros Quirúrgicos.

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INTRODUCTION

The safety of the patient contributes to the improvement of health care and is an indicator of the quality of care associated with the reduction of health care risk.¹ With the incidence of traumatic injuries, cancer and cardiovascular diseases, the impact of surgical intervention has increased became more complex.² In a six-month period in a surgical center in the United States, it was found that the death rate related to medical errors was one in 270 errors (0.4%) and 65% of these errors were considered avoidable.³

Quality in health care in highly complex procedures has been a worldwide concern due to the high rates of adverse events and human errors associated with these procedures.⁴ Each year, tens of millions of patients worldwide are victims of disabling injuries or deaths from unsafe health practices.² These errors affect one in ten patients, with a higher average in developing countries. Of 300 patients admitted to hospitals, one of them is dead.¹

Numerous factors contribute to the occurrence of errors and endanger the safety of the patient. Among these factors, the following stand out: inadequate materials; ineffective sterilization method; foreign body forgotten in the patient; difficulty in recognizing complications during surgery; inadequate planning of post-operative care; perforations or hemorrhages and surgeries of the wrong site and / or individual, or even wrong procedure.⁵

In the meantime, the Pan American Health Organization has created the Global Patient Safety Alliance.¹ After two years, starting in 2004, new programs called "Global Challenge for Patient Safety" are launched, aimed at socializing solutions from international programs and initiatives. In January 2007, the World Health Organization launched the Second Global Challenge, that defines a set of surgical safety standards, named "SaveSurgerySavesLives" (Safe Surgery Saves Lives), which recommends the use of a checklist.^{1,6}

The checklist is an instrument based on surgical safety practices and aims to prevent surgical site infections, promote safe anesthesia, improve perioperative communication, use indicators and create a new culture in surgical care. It comprises three stages: identification, before anesthetic induction; confirmation prior to the surgical incision and recording, at which time the patient is released from the operating room.¹

A pre-and post-intervention pilot study by WHO, which used the checklist in eight

hospitals in eight cities of the world, showed a reduction in mortality rates and complications in patients undergoing various types of surgery.⁷ The reduction was 36% of complications and 47 % mortality after dochecklist surgery. Another investigation evidenced the reduction of 11 to 7% of surgical complications and of 1.5 to 0.8% of deaths associated with surgical procedures in places that use the checklist.⁸

The Ministry of Health, in 2013, instituted the National Patient Safety Program to promote, support the implementation of initiatives aimed at patient safety and strengthen the safety culture as an inductive strategy for the implementation of clinical guidelines and protocols which will guarantee health care, free from harm to patients.⁹ The safety culture has been evaluated with psychometric instruments of a safety climate perceived by the health team. In this sense, the security culture represents values and actions of the organization related to security. On the other hand, the security climate focuses on the professionals' perceptions regarding safety management in health care institutions.¹⁰

Based on these considerations, together with the authors' positions and the professional experience of the researcher as a surgical center nurse, this research seeks to answer the following question: What are the perceptions of a multiprofessional team that works in a surgical center of a general hospital, referring to the patient's safety climate before and after the implantation of the safe surgery checklist?

OBJECTIVES

- To evaluate the safety attitudes of the multiprofessional team, who work in a general hospital surgical center, on the patient's safety climate before and after the implantation of the safe surgery checklist through the Safety Attitude Questionnaire, surgical center version (SAQ / CC);
- Characterize the health professionals who work in the respective unit with socio-demographic data;
- identify and compare the safety attitudes of the referred staff in a surgical center, before and after the implantation of the safe surgery checklist;
- Perform educational action with professionals who work in the surgical center and implant the safe surgery checklist.

METHOD

It is a quantitative, descriptive and cross-sectional study. It will be developed in the

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surgical center of a philanthropic hospital, position IV, of the State of Rio Grande do Sul, with 250 beds. The study population is composed of approximately 140 professionals: physicians (ten anesthetists, 70 surgeons, ten residents and six pediatricians), six nurses and 42 nursing technicians.

The included inclusion criteria will be: to work for at least one month in the surgical center and to accept to sign the Informed Consent Term (TCLE). Exclusion criteria will be: to be away for health leave or not to have participated in the first stage. The data collection will be done by applying the Safety Attitudes Questionnaire (SAQ-CC),⁹ applied before the educational action and 60 days after the implementation of the surgical checklist safe.

The data, after being collected, will be inserted in the program Statistical Package for the Social Sciences (SPSS), version 15.0. For the analysis of the variables, the descriptive statistics, the absolute and percentage values, the mean, the standard deviation, the lower and upper limits, the range, graphs and tables will be used to better visualize the results. To compare the means, the t-Student and Mann-Whitney tests will be applied. Also to verify the normality of the data, the Kolmogorov-Smirnov test and the Levene test will be applied to verify the homogeneity of the variances, that is, if the variances present statistically significant differences in the two groups. The level of significance considered for the study was 0.05 and 0.01.

The research project was approved by the Hospital Institution Evaluation Committee and UNIJUÍ Ethics Committee under the number 1,834,908 and CAAE: 60803516.9.0000.5350. For the subjects of the research, the objectives and importance of this study will be clarified and, to those who agree to participate, the written consent will be requested, from the Informed Consent Form.

EXPECTED RESULTS

The research may contribute to the expansion and dissemination of knowledge about the area of safety of the surgical patient. The outcome of the study will deepen the knowledge about safe surgery, the professionals' perceptions about the patient's safety culture and climate, and subsequent implementation of the checklist, as well as ensuring patient safety, as well as adding to the research already done by the scientific community on this theme.

It is believed that the realization of this study will stimulate new research on the subject of patient safety that will bring contributions to patients, surgical team and, in particular, to Nursing, in order to provide subsidies to qualify care and improve safety in

the health institutions, especially in the hospital environment.

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