

SAFETY IN SURGERY CARE: WHERE ARE WE?

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The subject of safety in surgery has emerged as the second global patient safety challenge launched by the World Alliance for Patient Safety, World Health Organization (WHO), between 2007 and 2008, whose landmark is the “Safe Surgery Saves Lives” campaign. This campaign aimed to encourage hospital managers and health-care providers to mobilize efforts in listing a pattern of practices that promotes safety in surgery, is applicable anywhere in the world and in different surgical scenarios, and allows the measurement of indicators aimed at promoting epidemiological surveillance. From these efforts emerged surgical care protocols and checklists applicable during surgery. The best-known checklist is “Time Out,” and its use is one of the requirements of various accreditation institutions, among them the Joint Commission, which created its universal protocol. The satisfactory results of the application of Time Out are undeniable, and every day, more health professionals involved in the surgical setting are changing their habits and taking a time to go through the checklist and confirming if the patient undergoing surgery is the right patient, if the procedure to be performed is the correct one, and if the surgical site to be addressed is the right one, among other important information. However, other activities related to surgical

anesthesia that do not occur at the beginning of the surgery are of paramount importance for the promotion of patient safety and should be valued. We can highlight the management of environmental cleanliness, cost management, proper processing of health-care products, proper sizing of staff in the surgery room, ongoing training of the nursing staff on new technologies, nursing care in anesthetic recovery, and communication between the teams. Although the “Safe Surgery Saves Lives” global challenge was launched 8 years ago, there is still a long way to go in promoting safety in surgery and, more than just completing the checklist, the professionals involved in the surgical/anesthetic act must get in touch with the roots of their humanistic and ethical education. This is a task for all those involved in the process: professionals, educators, researchers, patients, and managers. I suggest a simple question, to measure how much are we contributing to this process: “If I ever needed an anesthetic/surgical procedure, how safe would I feel about undergoing the procedure in my own workplace?”

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