

PATIENT SAFETY IN THE SURGICAL CENTER: NURSING PROFESSIONALS PERCEPTIONS

Segurança do paciente em centro cirúrgico: percepção dos profissionais de enfermagem

Seguridad del paciente en centro quirúrgico: percepción de los profesionales de enfermería

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ABSTRACT: Objective: To know the actions aimed at patient safety performed by nursing professionals in Surgical Centers (SC), and in accordance with these professionals' perceptions. **Method:** This is an exploratory and descriptive field research with a qualitative approach. Data were collected in a SC through a recorded interview guided by a structured script with four open questions based on the Discourse of the Collective Subject (DCS) method, focusing on patient safe care practices in the SC. The sample was constituted by 12 nursing professionals, one of which was an auxiliary and 11 were technicians. Data were organized and analyzed according to the DCS method. **Results:** The answers resulted in six discourses that revealed concern with patient safety regarding identification, communication between multiprofessional team and patient, fall prevention, safe practices, intersectoral communication, and equipment maintenance. **Conclusion:** Nursing professionals understand the importance of patient safety in the SC, and consider that the set of practices performed should be aligned in a way that will minimize adverse events and provide qualified assistance in the benefit of the patient's quality of life. **Keywords:** Patient safety. Surgicenters. Nursing.

RESUMO: Objetivo: Conhecer as ações realizadas pelos profissionais de enfermagem direcionadas à segurança do paciente no ambiente de centro cirúrgico (CC), segundo discurso desses profissionais. **Método:** Trata-se de uma pesquisa de campo, de caráter exploratório e descritivo, com abordagem qualitativa. Os dados foram coletados em um CC por meio de entrevista gravada norteada por roteiro estruturado com quatro questões abertas fundamentadas no método do discurso do sujeito coletivo (DSC), com foco na prática da assistência segura para o paciente no CC. A amostra foi composta de 12 profissionais de enfermagem, sendo um auxiliar e 11 técnicos. Os dados foram organizados e analisados segundo método do DSC. **Resultados:** As respostas deram origem a seis discursos, que revelaram preocupação em manter a segurança do paciente por meio de identificação, comunicação entre equipe multiprofissional e paciente, prevenção de quedas, ações para a prática segura, comunicação intersectorial e manutenção de equipamentos. **Conclusão:** Os profissionais de enfermagem compreendem a importância da segurança do paciente no CC e consideram que o conjunto de práticas realizadas deve estar alinhado, de modo que minimize eventos adversos e proporcione assistência qualificada, em benefício da qualidade de vida do paciente. **Palavras-chave:** Segurança do paciente. Centros cirúrgicos. Enfermagem.

RESUMEN: Objetivo: Conocer las acciones tomadas por los profesionales de enfermería para la seguridad del paciente en el entorno del Centro Quirúrgico (CQ), según el discurso de estos profesionales. **Método:** Esta es una investigación de campo exploratoria y descriptiva, con un enfoque cualitativo. Los datos se recopilieron en un CQ a través de una entrevista grabada guiada por un guión estructurado con cuatro preguntas abiertas basadas en el método del Discurso del Sujeto Colectivo (CSD), con un enfoque en la práctica de la atención segura de los pacientes en el CQ. La muestra estuvo compuesta por 12

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Received: 12/30/2019 – Approved: 04/02/2020
DOI: 10.5327/Z1414-4425202000020003

profesionales de enfermería, un asistente y 11 técnicos. Los datos fueron organizados y analizados de acuerdo con el método DSC. **Resultados:** Las respuestas dieron lugar a seis discursos, que revelaron preocupación por mantener la seguridad del paciente a través de la identificación, la comunicación entre el equipo multidisciplinario y el paciente, la prevención de caídas, las acciones para la práctica segura, la comunicación intersectorial y el mantenimiento del equipo. **Conclusión:** Los profesionales de enfermería entienden la importancia de la seguridad del paciente en el CQ y consideran que el conjunto de prácticas realizadas debe estar alineado, para minimizar los eventos adversos y proporcionar asistencia calificada, en beneficio de la calidad de vida del paciente.

Palabras clave: Seguridad del paciente. Centros quirúrgicos. Enfermería.

INTRODUCTION

Safe surgery corresponds to the Second Global Patient Safety Challenge, a campaign proposed by the World Health Organization (WHO) aiming to promote the improvement of surgical safety and to reduce deaths and complications rates during surgery^{1,2}.

The concept of safe surgery involves measures adopted to reduce the risk of adverse events that may occur before, during and after surgery, such as: Surgical Site Infection (SSI) prevention, safe anesthesia, well-prepared surgical team, and surgical care evaluation².

Faced with this, the WHO developed the Surgical Safety Checklist, which should be followed by teams of health professionals in order to reduce errors that jeopardize the life and well-being of surgical patients^{2,3}.

Thus, the implementation of the Surgical Safety Checklist should occur at three different moments: in the period that precedes anesthetic induction (identification – sign in), before the surgical incision (confirmation – timeout), and after the surgical procedure, with the patient still in the operating room (OR) (registration – sign out)².

According to the WHO, this task may be performed by a member of the nursing team in the OR or by a physician taking part in the surgical procedure⁴.

Among adverse events in the hospital environment, SSI may be highlighted, which increase mortality rate and costs as well as readmission, and may be related to the pathology itself or to the invasive procedures performed⁵. In critical sectors such as surgical centers (SC), there is high incidence of infections, since surgical wounds can be an entry gateway for microorganisms⁶.

In this context, the Brazilian Association of Surgical Center Nurses, Anesthesia Recovery and Material and Sterilization Center (SOBECC) describes that the performance of a team in a SC exceeds the technical capacity and interaction with patients and their family⁷.

Data from a study conducted in two hospitals in Rio Grande do Norte showed that low adherence to the Surgical Safety Checklist possibly had a reflection on the occurrence of adverse events in surgery, such as prolonged stay in the hospital environment, risk of readmission, need for intensive care, mortality rate, among other events⁸.

It should be noted, in SC, that there is a representative number of nursing professionals working in continuous care sectors, playing an important role in surgical patient safety.

OBJECTIVE

To know patient safety actions performed by nursing professionals in the SC environment, according to the point of view of these professionals.

METHOD

This is an exploratory and descriptive field research, with a qualitative approach, conducted in a SC of a philanthropic hospital in the countryside of the state of São Paulo, Brazil.

The 35 nursing professionals (nurses, auxiliaries, and technicians) working in the SC according to the schedule of service were invited to participate in the study. The inclusion criteria were: professionals working in the sector for a period equal to or longer than 12 months, considering here the necessary time to adapt to their routines, who agreed to participate in the study, and signed the informed consent form. Absentees due to absence, vacation or leave were excluded at the time of data collection.

Among these 35 professionals, 23 did not meet the inclusion criteria, totaling 12 participants remaining: one nursing

auxiliary (8.3%) and 11 nursing technicians (91.7%); predominantly women (9/75.0%) in comparison to the number of men (3/25.0%).

Their age ranged from 21 to 51 years, with a predominant group (8/66.7%) ranging from 21 and 30 years. Regarding their qualification, nine (75%) were nursing technicians with 1 to 10 years of technical degree; two (16.7%) of them graduated 10 years ago; and one (8.3%) was a nursing auxiliary with more than 10 years of training.

In relation to the function in the sector, 83.3% (10) were circulating and 16.7% (2) did patient transportation. With regard to time in the function, 41.7% (5) had been working for one or two years; 25% (3) for three or four years; and 33.3% (4) for more than five years.

The researchers conducted the interviews in periods of morning, afternoon and night, using the schedule of service of the sector as a reference to identify and invite professionals to participate in the study.

Data collection took place in a reserved area of the SC, previously indicated by the nurse in charge for the sector. The instrument used for data collection was constituted of items intended to characterize the participant, and a structured interview script with four open guiding questions, according to the proposal of the Discourse of the Collective Subject (DCS) method⁹:

1. You know that safe care practices in health care facilities are on the agenda of priorities, as it directly reflects the quality of care provided to the patient. Could you talk about patient safety?
2. Are you aware that the nursing team, during patient care, continuously carries out actions aimed at promoting patient safety in the SC environment? Could you talk about these actions?
3. Safe care practices implemented by the nursing team intends to promote patient safety. Tell me about the importance of these actions in the SC environment.
4. Do you consider that in your daily work at the SC there is the possibility of developing new actions aimed at patient safety? Could you talk a little about that?

The answers obtained were registered in a voice recorder and transcribed in its entirety after exhaustive listening. Data were analyzed according to the DCS method, which guides the selection of key expressions (KE) and central ideas (CI) from the interview transcripts based on the theory of social representations⁹.

This research took into account ethical aspects in accordance with the determinations of Resolution no. 466/2012 of the National Health Council¹⁰, and it was evaluated and approved by the Research Ethics Committee, under statement No. 1.768.388 and Certificate of Presentation for Ethical Appreciation (CPEA) No. 59561516.9.0000.5383.

RESULTS

The six discourses below resulted from the analysis of the four guiding questions of the interviews.

DCS 1: Concern about patient data identification and check in the surgical center

Nursing professionals stated that the correct identification of the patient is a primordial factor for safe care in the SC.

For me, patient safety here in the SC is to check the bracelet [...], patients arrive [...] you ask their name [...], identification before they enter. Asking their name is a security you have, the medical chart, date of birth, age [...], the name of the doctor, if he or she is the correct surgeon, these are some security measures we have. You'll use the name patients tell you as a reference in the paperwork, the surgery they will undergo [...], you ask them: are you going to undergo surgery on your right leg? He or she: no, [...] it is on the left one. So they know, most of them have this knowledge [...], you have to be very concerned in order to have no error in the surgery, [...] if they take any medication, if they have allergies from any medications, [...] sometimes they can't say [...], ask them if they have any diseases, [...] diabetes, high blood pressure, whether they have already been submitted to any kind of surgery other than that one, [...] identify if the patient remains fasting, [...] without dental prostheses, [...] check medical charts. The anesthesiologist asks the questions again in the operating room to be sure. The highest priority here in the SC, [...] is safe care by checking if you are with the correct patient, paying attention to his or her complaints, and trying to provide them with the best assistance.

DCS 2: Importance of verbal communication between the multiprofessional team and patients in the surgical center

The participants also pointed out the importance of verbal communication among the professionals working in the SC, focusing on patient safety.

I believe that patient safety is extremely important in the SC, sometimes communication fails [...] with patients and [...] with doctors, [when] they do not know if the patient has any disease, sometimes the patient is confused, aged [...], this safety is very important to avoid failures both in the procedure and in the care provided.

DCS 3: Patient safety related to fall risk

Nursing professionals also expressed concern in relation to fall risk in patients in the SC while they remain either on the stretcher or on the operating table.

So security is: [...] the patient is on a stretcher, it has to be with the bars up, [...] you have to be near the patient [...] on the operating table, because the patient may fall [...], you have to pay a lot of attention, to take good care of the patient in the SC.

DCS 4: Actions for safe care practices in the surgical center

Another remark from the participants was related to the importance of actions aimed at ensuring safe care in the SC, minimizing adverse events.

In the SC [...] patients will undergo surgery, so everything has to be correct. Safety is everything [...] because we have to make sure we are with the right patient, in the correct surgery. Patients often arrive at the SC with a pre-anesthesia [...] so we cannot confirm all their data, and you can lead patients into what [...] will be done, [...] which doctor, you have to know the correct identification of the patient, [...] because there can be

two patients with the same name, [...] and they [...] being under pre-anesthesia cannot confirm anything. You have to get other information like [...] the surgical map, for example, directly from the surgeon. Safety is everything, [...] because with these actions you avoid errors in the surgery, [...] of patient, whether or not patients really have allergies from any medication [...], identify the accesses [...], surgical count during the surgery is safety. So it ends up turning into a sequence [...], you do the right thing, doctors do the right thing, anesthesiologists do the right thing, and then it turns into a circle where everything works, [...] and even if someone suddenly fails, nurse identify and manage to avoid [...] anything from happening with the patient, and we must ensure patient safety, always asking questions to prevent any disorder from happening. [...] As I have been talking about patient safety, [...] when they are on a stretcher or in a crib, you have to lift the bars so that patient do not fall [...], because patients ends up coming back from anesthesia very agitated, [...] with the bars lifted [...] patient will not fall.

DCS 5: Relevance of intersectoral communication focusing on patient safety in the surgical center

The concern about maintaining effective multiprofessional communication between different sectors in favor of patient safety should be emphasized.

I think [...] you need information exchange for improvements [...] from the SC to the sector [...] to always correctly pass duty to others. And this kind of information is missing, [...] it would be hospitalization, emergency, SC, one thing has to be connected to the other, [...] information exchange, when one of these areas fails, the other has to provide it anyway [...], imagine if at the end of the surgery you find out that the patient has hepatitis, HIV, sure, you have primary protection [...] but there might be something you don't wear at the moment of the surgery, like goggles for example, and sometimes patients have [...] tuberculosis, pseudomonas, acinetobacter,

H1N1, and nobody uses an N95 all day long here at the SC, we only wear it when necessary. To explain the surgery to patients, [...] what exams they have to bring to the SC, to explain about trichotomy, whether it has to be done or not, about the need for fasting to take medication, because we face a lot of problems, there are patients who don't take the high blood pressure medication because they say they couldn't drink water, [...] but we have to walk them through it. Many times patients have medication allergies, so [...] I think that information and communication are very important and should be reinforced, [...] both in the medical chart and verbally, [...] this link between the sectors, should always be communicated to the supervision or to the doctor in case of any intercurrentence.

DCS 6: The importance of equipment maintenance for patient physical safety in the surgical center

The need for equipment maintenance in the SC was another fact evidenced by the participants as important to keep patient physical safety while they remain in the sector.

I think [...] the only thing we could help to improve [...] is in relation to the [...] rooms, [...] I think patients should at least go up directly to their room, [...] patients will come out of the surgery [...] if they go to such a room, or when there's not a room, sometimes we hold patients here all night because we feel bad for sending them there to be lying on a stretcher [...] understand? [...] Sometimes stretchers are not suitable, sometimes you move the patient and the wheel of the stretcher rolls like [...] a pogo stick, it happens. I think it would be better for patients, because sometimes they undergo surgery and you take them to the room, the stretcher's wheels start swinging, and I think it is not good for patients, [...] the stretchers aren't safe [...], you lift the stretcher, and a wheel may fall off, so there is the risk of causing an accident with the patient, [...] it has never happened to me, but it could happen, sometimes we [...] take an empty stretcher out of here, then a wheel

falls off. What if there was a patient on that stretcher? It's dangerous, the risk of causing an accident with the patient, so I think these things have to be improved.

DISCUSSION

The hospital environment offers several types of risks to patients' health, which could extend the recovery process. Therefore, the role of professionals in identifying and checking situations that may compromise the patient safety is essential, as well as the importance of evaluating and implementing measures to prevent exposure to risks and harm resulting from incorrect care¹¹.

The Surgical Safety Checklist aims to ensure a routine of basic actions targeted at patients in compliance with the International Patient Safety Goals, and to allow improvements in the communication process and in the activities developed among the professional teams, in the place where assistance is provided, regardless of the characteristics of the health institution^{2,3}.

According to the professionals' report, this study presented with the concern with a correct patients identification in the SC, as a way of minimizing adverse events and damaging patients' health.

A study conducted in Porto Alegre (Rio Grande do Sul) with the purpose of knowing about the use of identification bracelets in hospitalized patients revealed that information such as name, registration number, and integrity were contemplated. The authors also emphasized the importance of participation and awareness of the patients, staff, and family members in order to comply with practices related to the culture of patient safety¹².

Another study, conducted in Rio de Janeiro with the objective of analyzing procedures of critically ill patients identification focusing on the identification bracelet, pointed out that 96% of the patients investigated had identification bracelets properly placed, strengthening the patient safety practices and the quality of nursing care¹³.

Correct patient identification is considered to correspond to the first step of all the actions in the perioperative period and is determinant for ensuring patient safety in a SC.

The research also demonstrated the participants' concern in relation to the communication process between patients

and the multiprofessional team as a way of reducing adverse events in the care process.

According to the determinations described in the Surgical Safety Checklist, the safe practices reinforcement associated with effective communication among the professionals working in the area is essential^{2,3}.

An integrative review conducted in national databases aiming to analyze scientific publications that approached nurses' performance with a focus on promoting surgical patient safety, revealed that, among the 28 studies analyzed, there is still an absence of dialogue between patients and professionals about patients' fears, anxieties, and doubts in the postoperative period⁴.

Effective communication between patients and the surgical team is essential, as it contributes to early identification of possible adverse events, reducing or preventing their occurrence.

The concern with patients' falls was another aspect explored by the study. This type of occurrence may cause negative impacts on patients' mobility, including fear, anxiety, and depression, predisposing them to an increased risks for other falls¹⁴.

WHO data point out that falls are responsible for 646,000 deaths worldwide, especially among elderly patients, suggesting practices such as education, safe environments, and policies aimed at reducing this type of occurrence¹⁵.

Patients falls in hospital areas are related to physical environmental factors such as uneven floors, objects on the ground, inadequate height of the furniture, age over 85 years, recent fall history, reduced mobility, urinary incontinence, postural hypotension, and use of medicines¹⁴.

The importance of preventing patient fall in SC should be emphasized, since, according to the reports of the participants in this study, patients are sedated or in a situation of mental confusion related to anesthetics that increase fall risks, since they are found on stretchers, operating tables or beds with reduced space for their accommodation and mobility.

Permanent patient monitoring in the SC as well as a routine of maintaining the stretcher bars raised is an important alternative to reduce fall risks. Another suggestion is staying by the patients side until they are in a safe condition.

Complex tasks that require attention to patients care as well as agility and precision in the execution of care practices are performed by the SC professionals⁴. There is a worldwide concern about the quality of care related to surgical and anesthetic procedures due to the high number of adverse events³.

In relation the nurses' role in patient safety practices, an integrative review identified, in articles published from 2013 to 2017, that the implementation of protocols such as the Systematization of Perioperative Nursing Care (SPNC) and the Surgical Safety Checklist were fundamental to ensure the patient safety, serving as facilitators for the identification and reporting of adverse events, especially by nurses. It was also highlighted the relevance of training as a way of qualifying assistance and reducing adverse events¹⁶.

In such a context, it is possible to affirm that nurses play a key role in leading the nursing team to achieve qualified safe care in the perioperative period. Therefore, the importance of SC professionals' training and qualification IS noted, reinforcing safe care practices for the benefit of the patient.

It is important to emphasize that effective communication among the members of the surgical team benefits patients, and communication between the sectors at the time of patient transportation is crucial for the safety of both patients and professionals. Communication failures due to lack of necessary information are reported as the main causes which contribute to adverse events¹⁷.

The Surgical Safety Checklist is fundamental for communication in the SC routine, considering the International Patient Safety Goals preconizations, emphasizing the need for effective communication among teams³.

The results of a study conducted in a philanthropic hospital in the city of São Paulo with the objective of knowing the professionals who built protocols for on-call duty in the SC and in the Intensive Care Unit revealed that communication between professionals is essential for an appropriate planning of the needs and for the critically ill patients care sector safety¹⁸.

The nurses' role in keeping updated and recorded information about preventive maintenance of equipment for patients' transportation and accommodation, aiming to reduce falls and other adverse events is also worth mentioning.

A study conducted with 220 SC nurses from different regions in Brazil indicated in order to describe the recommendations of nurses regarding patient safety practices pointed out that adequate physical, human and material resources contribute to the quality of care¹⁹. Thus, routines aimed at assessment and maintenance of ideal environmental conditions in the SC are necessary for suitable patient safety care practices.

FINAL CONSIDERATIONS

The results of this study showed that nursing professionals understand the importance of patient safety in the SC, since they pointed out that essential care practices such as patient identification, medical chart review, interpersonal communication between multiprofessional teams and patients, check and equipment maintenance, aiming to minimize adverse events, are essential for that purpose.

Therefore, patient safety should be considered as more comprehensive than just checks, since it involves a set of practices that must be aligned so that adverse events can be

reduced and care can be qualified in an integral way for the benefit of patient quality of life.

The absence of nurses in the research was considered a limiting factor in this study, since their managerial role in the SC contributes directly to patient safe care practices, a fact that would improve for sure the results of this study.

Another fact to be considered is the non-inclusion of other professionals of the SC due to the short time for the research. Future studies approaching this theme may expand the knowledge about an area with a still limited number of publications.

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