

Perception of the nursing staff about the contributions of using safety surgery checklists

Percepção da equipe de enfermagem quanto as contribuições da utilização do checklist de cirurgia segura

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RESUMO

Objetivou-se identificar as contribuições da utilização do checklist de cirurgia segura para assistência de enfermagem e determinar o momento da aplicação do checklist de cirurgia segura. A pesquisa foi realizada no modelo exploratório, descritivo com abordagem qualitativa; a coleta de dados foi realizada em um hospital geral privado do estado do Rio de Janeiro, mediante aprovação do comitê de ética. Para a análise dos dados foi utilizado o estudo de conteúdo temático proposto por Bardin. Após análise dos dados, emergiram duas categorias: contribuições da utilização do checklist de cirurgia segura; e aplicando o checklist de cirurgia segura. Este estudo permitiu compreender a importância da utilização da escala de checklist para o momento cirúrgico, pontuando aspectos importantes para tornar o momento perioperatório mais seguro, e favorece a assistência de enfermagem de forma direcionada e holística. Concluiu-se que a equipe pontua as contribuições da utilização do checklist, favorecendo a segurança para o paciente e também para a equipe de enfermagem. Destaca também o momento da aplicação do checklist na chegada do paciente ao centro cirúrgico.

Palavras-chave: Cirurgia, Enfermagem, Segurança do Paciente.

ABSTRACT

The objective was to identify the contributions of utilization of the safety checklist's for nursing assistance and to determine the moment of the safety checklist's application. The research conducted in the exploratory model, descriptive with a qualitative approach, whose data were collected in a private general hospital of the Rio de Janeiro state and carried out after approval of the ethics committee. For the analysis of the data was used the study of thematic content proposed by Bardin. After the data analysis, two categories emerged: contributions of the safety checklist's utilization and applying the safety surgery checklist. This study allowed us to understand the importance of using the checklist scale for the surgical moment, pointing out important aspects to make the perioperative period safer and favoring nursing care in a directed and holistic way. It is concluded that the application of the checklist in the unit shows the need for an improvement in its use, perceiving the superficiality through the answers.

keywords: Surgery, Nursing, Patient safety.

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INTRODUCTION

In the 1930s, the US Air Force found that fatal accidents were prevented by creating checklists. With the success and the reduction of errors, the industries and the institutions of health decided to adopt this practice. They contribute to avoid situations that could put the client's life at risk, bringing practicality to the surgical team and quality in nursing care ⁽¹⁾.

The increasing number of complications and deaths resulting from errors in customer assistance have contributed to the emergence of a global movement to ensure its safety in minimizing healthcare damage. In the surgical client service, it was evidenced that half of the postoperative complications could be avoided ⁽²⁾.

Obtaining healthcare with quality is a citizen's right, and these services are responsible for providing a service that is safe, effective, efficient, low cost and with total customer satisfaction ⁽³⁾.

Worldwide, one surgery is performed for every 25 people, of whom 44,000 to 98,000 annual deaths occur due to errors in the care process, which illustrates the importance of the Safe Surgery Checklist (LVCS). From this scenario, governments and international organizations organized, promoting strategies for prevention and reduction of occurrences of adverse events ⁽⁴⁾.

In 2008, the World Health Organization launched the global challenge "Safe Surgeries Save Lives," and among several recommendations, the Safe Surgery checklist is cited to minimize adverse events and deaths. The overall challenge plan is based on a set of safety standards for the prevention of post-surgical infections, the safety of anesthetic techniques and surgical teams. At each elective surgical procedure, an integral evaluation of the client must be performed in advance, and in cases of urgency and emergency, it must be performed depending on the patient's physical condition ⁽⁵⁾.

However, the inclusion of the tool is not yet widespread in most cases due to the lack of initiatives by health institutions on the prevention and reduction of errors in operating rooms. Among the possible errors and consequently the occurrence of adverse events, the following stand out: inadequate materials due to incorrect sterilization or malfunction; forgetting a foreign body in the client, for example gauze, compress and instruments; failure to recognize adversity during surgery; inadequate planning of nursing care in the postoperative period; perforations or bleeding; long-term intervention and wrong site and / or individual surgeries, or even wrong procedure. No less important, there is the work overload ⁽⁴⁾.

The goal of the Safe Surgery campaign is to reduce morbidity and mortality during and after surgical procedures to an acceptable number, pointing out guidelines that must be followed by the multidisciplinary team for

the surgical procedure to occur safely, with a standardization of this service worldwide. adapted according to each hospital establishment ⁽⁴⁾.

Although the concern for the occurrence of safe surgery and prevention of adverse events with the help of the checklist are spread worldwide, in Brazil there is still resistance regarding the reception and implantation of this tool. The theme began to be discussed due to errors that are not only trivial but also irreversible, and has as relevance the difficulty of acceptance and understanding of the nursing team regarding the importance of collecting useful information to avoid failures in the care provided ⁽⁷⁾. It is necessary for the professionals to understand the importance of adding this practice to their routine, and something that the institution imposes. The success of this strategy occurs with integral participation of the patient with the multidisciplinary team ⁽⁵⁾.

The checklist is a methodical verification of all steps of a procedure, so that it occurs with maximum safety. It has the function of checking and pointing out items that could compromise customer safety. The use of the checklist demonstrated the reduction of 11 to 7% of surgical complications and of 1.5 to 0.8% of deaths associated with surgical procedures. In Brazil, the Ministry of Health instituted the Safe Surgery Protocol in 2013, which advocates the systematic use of the checklist and constitutes the National Patient Safety Program ⁽⁶⁾.

Identifying the client and the location where the procedure will be performed is a key duty to certify that the assistance is being provided in the right person and in the right place. Thus, the Patient Identification protocol is recommended by the Brazilian Ministry of Health for all institutions that provide healthcare ⁽⁷⁾.

Confirmation of the identity of the client is essential to the administration of the correct medicines, avoiding damages. The pre-anesthetic evaluation verifies if the client has clinical conditions for the procedure to be performed, the preoperative fasting has the function of guaranteeing the gastric emptying avoiding broncho-aspiration and the intercurrent triggering of airway occlusion. The blood reserve and the intravenous access are very important elements so that no error occurs, leaving the team prepared in case of major loss of volume ⁽⁷⁾.

Early screening for allergic reactions results in promoting safety, preventing complications, and reducing the risk of death. Minimizing the risk of infection at the surgical site occurs when the team confirms the use of prophylaxis within 60 minutes before the surgical incision, at which time the antibiotic is having its greatest tissue exposure to microorganisms ⁽⁷⁾.

Before the client leaves the operating room, a check of the items used in the surgical procedure must be per-

formed, ensuring the absence of any of them in the operative field, avoiding future complications to the client such as surgical interventions or even death ⁽⁷⁾.

The checklist process has three verification phases and takes an average of 3 minutes to complete, it is recommended that it be performed by a single professional, who is called the list coordinator. The list coordinator must have knowledge of the entire anesthetic-surgical process and be able to interrupt the process or prevent the advance in case of any unsatisfactory item. When the coordinator checks the list together with the multiprofessional team and the client, the procedure is performed successfully ⁽⁸⁾.

The implementation of the checklist is low cost, its inclusion is a breakthrough for a new culture of safety in the operating room. Its purpose is to intervene in unanswered or confused situations, ensuring the performance of a safe and quality care. We next observe the three phases proposed for the carrying out of the checklist ⁽⁸⁾.

“Sign in” or “identification” is applied prior to anesthetic induction, the client’s name and the place where the procedure will be performed must be verified verbally. At this time, it is correct to check if the consent form is signed and the procedure authorized, then it should be checked with the anesthesiology team if there is difficulty in accessing the client’s airway, if there is a risk of major loss of volume and the existence of some allergic reaction previously reported ⁽⁸⁾.

The “time out” or “confirmation” is performed before the skin incision, it is the moment of the surgical pause, where the client’s name is confirmed again, the procedure which will be performed, the incision site, the use of the prophylactic antibiotic in the last 60 minutes, and the availability of laboratory and imaging tests. All the professionals who are composed in the operating room should present themselves with name and function, then the anesthesiologist and the professional of the nursing team review the critical points for the surgery ⁽⁸⁾.

The “sign out” or “registration” should be applied before the client leaves the operating room, checking the number of compresses and instruments, identifying the anatomical parts or samples obtained, evaluating any damage information in equipment, before the client is sent to the room. anesthetic recovery (PACU) the care plans are defined in relation to the immediate postoperative period ⁽⁸⁾. In this way, the guiding question is presented: What are the contributions of using the safe surgery checklist for nursing care? When is the time to apply for a safe surgery checklist?

The objectives of the study were: To identify the contributions of the use of the safe surgery checklist and to determine when the safe surgery checklist should be applied.

METHOD

This is an exploratory descriptive study with a qualitative approach. The opinion of the nursing team regarding the identification and use of safety measures in the immediate perioperative scenario was evaluated and the nurses’ perception regarding the importance of using the safe surgery checklist was analyzed ⁽⁹⁾.

The qualitative research works with a set of values, attitudes, aspirations, definitions, beliefs and motives, which unite an extensive space of relationships, methods and phenomena that cannot be summarized to the operationalization of variables ⁽¹⁰⁾.

The goal of the exploratory research is to promote greater interaction with the problem, with the idea of contributing to hypotheses or making it more effective. A large part of these searches involves the bibliographic survey; the conversations with individuals who have experiences and routine with the researched problem; and the analysis of patterns that encourage understanding. These analyses can be categorized as bibliographic research and case study ⁽¹¹⁾.

The profile of the descriptive research is to instruct the researcher to represent the events and manifestations of a particular practice, charging the author with a series of references regarding what he or she intends to investigate. Descriptive researches can be criticized because it may contain a definite description of phenomena and events. These escape the opportunity of conferencing through investigations. Still, for the author, the researcher does not persist a critical inquiry of the knowledge, and the conclusions can be confusing in the techniques of data collection, such as questionnaires, scales and interviews, being subjective, only quantifiable, which generates questions ⁽¹⁰⁾.

The field research was performed at the surgical center of a Private Hospital in the state of Rio de Janeiro, in order to evaluate the interaction of the nursing team regarding the safe surgery checklist.

The subjects of the study were the components of the nursing team (Nursing technicians and Nurses). The following inclusion criteria were taken into account: Training time (at least one year), they have access to the instrument at the perioperative moment. It was defined as exclusion criterion, the professionals of the nursing team who did not fit the criteria of inclusion.

The sample consisted of ten female deputies, with an average age of 38.2 years old and 9.3 years of work in the unit as a professional in the surgical center, fulfilled the hourly workload of 24x72 hours, where 08 maintain ties with another institution and 02 acts only in this unit.

The data collection period occurred from July to September 2017. Data collection was performed with the prior approval of the ethics committee under opinion

No. 2,217,613, in which the standards governing research with human beings were used. in accordance with resolution 422/12, which involve the ethical issues raised by the progress and advancement of science and technology, rooted in all areas of human knowledge. The benefits of the research have direct or indirect, immediate or subsequent benefit, obtained by the participant and / or their community as a result of their participation in the research ⁽¹²⁾.

A semistructured interview was formulated, where the questions were answered and the answers were directed to reach the objectives, such as: relations, perceptions and opinions of nursing technicians and nurses regarding the safe surgery checklist, allowing to work with the universe of meanings, favoring investigations field. They were analyzed later, in order to evidence the knowledge of volunteers questioned about nursing care and nursing care.

The data were collected after the signatures of the respondents through the free and informed consent term, being written, containing all the necessary information, in clear and objective language and easy to understand, being obligatory to keep the identities in secrecy.

A pesquisa foi iniciada frente a autorização do gestor do comitê de ética e pesquisa, destaque o teste piloto realizado para verificação da coerência do instrumento para o alcance dos objetivos⁽¹²⁾.

For the data analysis, the thematic content study proposed by Bardin was used, which includes screen reading of all the material. Cut-outs containing the answers of the semi-structured interview were made, where indirect questions were asked to the volunteers and subsequently converted into registration units. Data were then classified and aggregated, giving rise to categories ⁽⁹⁾.

RESULTS

According to the study, 10 questionnaires were presented and answered by nursing professionals, being 08 nursing technicians and 02 nurses.

The contents were grouped and emerged 2 categories, which are presented as follows: Contributions of the use of the safe surgery checklist, applying the safe surgery checklist.

Category 1 - Contributions of the use of the safe surgery checklist.

According to the statements of the deponents, we observed the use of the tool to ensure the safety of the patient and the team. The professionals point out the importance of the implementation and systematization of the checklist in all sectors, but with superficiality. It is important to carry out updates regarding the use of the instrument. They report in advance about the right

patient, right location, laterality and allergic processes, so that nursing care is provided with quality. The following section portrays the aspects presented:

“To develop better patient care.” (T4)

“A safety measure for the patient and the professionals.” (T8)

“Let there be no doubt about laterality, right patient and certain course of surgery.” (E1)

We also observed that some subjects of the study have clarified information regarding the knowledge of the tool. They present the importance of targeted and individualized nursing care, providing quality care and preventing errors.

“The checklist is a way of knowing each case and treat it with the best performance, where the questions must be adapted to each work environment so that it provides the patient with an efficient care.” (T5)

From a study published in the New England Journal of Medicine conducted in 2009, 7,688 patients were observed before and after using the Safe Surgery Checklist. The analyzed sites were: (Boston, Seattle, Toronto, London, New Delhi, Auckland, Aman, Manila, Tanzania), where a 36% reduction in major complications was confirmed and a 47% mortality rate, with statistical significance ⁽³⁾.

In 2010, WHO estimated a decrease of 500,000 deaths from the use of the Surgical Safety Checklist ⁽³⁾.

The application of the tool demonstrated a significant decrease in the occurrence of major complications. The importance of the measurement before and after the application of the checklist in the procedure is also presented ⁽³⁾.

Category 2 - Applying Safe Surgery Checklist

According to the subjects, the application of the checklist should occur at the admission of the patient in the surgical center. If he is unable to respond, it is important that information is collected with the companion. They also emphasize the relevance of the accomplishment before anesthetic induction, of the beginning of the surgery and exit of room, without the steps being exceeded.

The deponents report that good communication between the multiprofessional team maintains the patient's safety, thus generating an integral and individualized view according to the needs of each one, thus maintaining their safety. We also note that the deponents cite as important the communication between the team. In the following sections we observe the inferences:

“At the moment of their entry, with the aid of the patient himself or his companion when he is unable to respond.” (T5)

“Total importance, because without the communication, the surgery becomes dangerous, jumping the steps.” (T3)

According to the deponents' reports, patient safety is related to the minimization of risks during nursing

care, and highlights the possibility of eliminating them. The team exposes the importance of attention to the patient's needs, reports that nursing professionals must be attentive to nursing practices by applying them in the correct technique. Another punctuated factor is their preparation to act in adverse situations during the surgical procedures. We can highlight the lines in the sections below.

"These are practices for the reduction or elimination of risks in healthcare that can cause harm to the patient." (T8)

"Always keep the attention and focus on the patient's needs while always being careful with the technique, always be prepared to act in the varied situations during the procedures to meet the needs of the patient and the team." (T5)

DISCUSSION

A major advantage of using the checklist is its benefit to patient safety, depending on whether the tool handlers have greater attention and responsibility in their application. Communication between multiprofessional teams is fundamental to reduce failures due to lack of information and directly impedes nursing care to the patient, providing that unintentional and undesirable errors cause permanent or temporary injuries, or even death⁽¹³⁾.

According to the information collected, we observe that there is a need for orientation and awareness of the team regarding the instrument by the institution, allowing them to develop their activities in a more secure, communicative, productive and effective way. It is important to promote reflections and debates about the applicability of the checklist to improve nursing care and to minimize errors and complications during the perioperative period⁽¹³⁾.

The safe surgery checklist, most of the time, is filled incorrectly. According to information collected, its applicability is fragmented into three stages: Identification, confirmation and registration⁽¹³⁾.

"Identification" or "Sign in" (prior to anesthetic induction): This step is initiated when the patient is admitted to the surgical center; the identification of the patient is confirmed, the surgery's consent form is signed, the procedure to be performed, laterality and correct location. At this stage, it is also verified if the pulse oximeter is functioning, if the team of anesthesiologists checked the diversities of the airways, risk of bleeding and allergic reactions⁽¹⁴⁾.

"Confirmation" or "Timeout" (before skin incision - surgical pause): The name and function of each participant involved in the procedure is spoken aloud by them at this stage, there is a component in the operating room (Room Circulator), responsible for presenting aloud the procedure and its due locality, as well as the identity of

the patient. At this moment, the multiprofessional team uses the checklist to check if the imaging tests are in the room, and if antibiotic therapy has been performed in the last 60 minutes, also reviewing the critical points that can be found during the operative process⁽¹⁴⁾.

"Registration" or "Sign-out" (before the patient leaves the operating room): At this moment, the counts of compresses and instruments used are performed, the samples and removed anatomical pieces are identified. Subsequently, the patient is sent to the PACU (recovery room after anesthetic), where the team draws the care plans⁽⁴⁾.

When observing participants' concerns regarding the timing of the application, we realized that even with superficiality, some of them know the importance of using the tool for good nursing care.

The deponents report that the moment for the application of the tool should occur at the admission of the patient in the surgical center. According to the literature, we verified that the exact moment for the application of the tool should occur exactly at the time of the admission of the patient in the surgical center, where the patient identification process is performed. At that moment, the consent term is also checked for the surgery. If it is completed and signed correctly, the procedure to be followed is locality and laterality⁽¹⁴⁾.

Besides the moment that the patient enters the surgical center, we must pay attention to the other two times, which are: Timeout and Sign out. Timeout is the moment when everyone stops, and a member of the ward speaks out the patient's name, procedure, location, and laterality in which the procedure will be performed, as well as imaging and laboratory tests. Subsequently, it checks on the use of the antibiotic, and reviews the adverse events that may occur during the procedure.

Sign out is the last step of the checklist, but not the least. In this step, all the material that was used, such as: compresses, instruments, orthoses and prostheses, identification of the anatomical pieces is verified. After this phase, the patient is referred to PACU, where he recovers and awaits discharge to his due bed.

Professionals do not describe these steps, only emphasizing the "sign in" stage. Communication and exchange of information between the staff during the shift contributes to the reduction of adverse events. Communication failures sometimes do not just happen among the team, and between the team and the patient when they do not have the capacity to respond. In such cases, communication between the team and the companion is extremely important⁽¹³⁾.

The work overload generated by the execution of different simultaneous tasks, entails the need to emphasize the exchange of information. For this reason, the use of

the checklist is paramount in every surgical procedure, so that the steps are completed successfully.

Regardless of the degree of complexity, the checklist is an instrument to be used in any hospital unit, where its goal is to assist surgical teams in the systematic segment of critical safety steps. The tool presents the objective of providing safety to the patient, attached in the routine of the surgical center. This is advocated by the institutional goals of daily practices, which provide satisfactory communication and multiprofessional interaction ⁽¹³⁾.

Good interpersonal communication allows patient care to be facilitated, considering that the lack of interaction between the teams is a difficult factor for quality nursing care ⁽¹³⁾.

Based on the considerations raised, we observed that the team that was analyzed has knowledge about communication and interaction among the professionals involved, thus helping to avoid mistakes ⁽¹⁴⁾.

It is important to highlight the achievement of the correct identification of each patient, providing well-being and safety in the act of surgery. The team should be prepared for any and all situations, performing practices to prevent accidents, such as: checking equipment to be used in surgery, checking the medical chart, procedure to be performed, possible allergic drug processes, use of prostheses, preoperative exams, the doctor who will perform the procedure and monitor the patient, keeping the focus and attention on the applicability of care ⁽¹⁵⁾.

Another factor that directly implies in the safety is the attention of the professionals in the positioning of the plate of the electric scalpel, so as not to cause burns, to evaluate the surgical position and average time of the surgery, placing cushions in the extremities that may be in friction ⁽¹⁴⁾.

In cases of ongoing surgeries, the professional of the nursing team has the responsibility of communicating to the member of the nursing team that he / she is taking on duty the appropriate characteristics of the patient who is in the procedure ⁽¹⁵⁾.

Nursing care at the surgical center requires focus and

attention, making communication between the multiprofessional team paramount, so that it is prepared for any and all adverse events at the perioperative period ⁽¹⁵⁾.

The analyzed team does not expose in its reports specific safety nursing care, such as: attention with the safety grid, investigation of the equipment before surgery, integrity of the material to be used, etc. ⁽¹⁶⁾.

CONCLUSION

This study allowed us to understand the importance of using the checklist scale for the surgical moment, pointing out important aspects to make the perioperative period safer and favoring nursing care in a directed and holistic way. The team evaluates the contributions of the use of the checklist, favoring safety for the patient and also the nursing team. They also highlight the moment of the application of the checklist on the arrival of the patient to the surgical center.

There are many advantages regarding the use of the tool, among them we can highlight the conclusion of the surgical procedure without steps being overcome or forgotten, minimizing errors and providing well-being to the patient.

The application of the checklist in the unit shows the need for an improvement in its use, because we perceive the superficiality through the answers regarding the understanding and functioning. With this, it is fundamental that the professionals of the nursing team know and apply the instrument correctly, in the search to minimize complications in the trans-operative and postoperative period.

The result of the research suggests that the institution should develop training and continuing education regarding the correct application and relevance of the safe surgery checklist. After the training and awareness of the team, it will be possible to guarantee a more secure nursing assistance. In addition, we emphasize the importance of conducting new studies to further improve and disseminate the application of the safe surgery checklist, in order to promote assistance with safer surgeries and to expand academic publications in the area.

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