

# Report of the Brazilian Society of Anesthesiology (SBA) on its actions regarding the implementation of the Helsinki Declaration on Patient Safety in Anaesthesiology

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Effective member of the Education Committee – WFSA

Co-opted member of the Publications Committee - WFSA

# About SBA

- Civilian society
- Founded 1948
- Headquarters in Rio de Janeiro
- Mission
  - to congregate anesthesiologists in Brazil, continuously promoting training, technical and scientific updating, implementation of professional defense actions, and encouraging the commitment of the specialty with the medical community and the society as a whole.



# Facts

- 10,500 associates
- 98 accredited anesthesia training centers
- 1500 trainees
- Official publication:
  - Revista Brasileira de Anestesiologia
    - Brazilian Journal of Anesthesiology
    - Printed and online versions
    - English/Portuguese
    - Online Spanish version
    - Currently indexed on MEDLINE, Web of Science, Scielo)

# Official Meetings



# Federal regulation of the practice of anaesthesia in Brazil

**Resolution 1802/2006 from the Federal Council of Medicine with technical assistance of SBA regulates the practice of anaesthesia in Brazil.**

**Main content:**

1. Pre-anaesthesia consultation
2. Perioperative records
3. No simultaneous anaesthesias by the same anaesthesiologist
4. Pre-anesthesia assessment of safety conditions of the surgical theatre
5. Providing means for safe anesthetic procedures is an obligation of the institution
6. Basic monitoring standards
  - a. Cardioscope
  - b. Blood pressure monitor
  - c. Pulse oximeter
  - d. Capnograph (deep sedation and general anaesthesia)
7. Post-anesthesia care unit
  - a. Standard monitoring equipment and procedures
  - b. Records
  - c. Discharge from PACU is anaesthesiologist's obligation

# HELSINKI DECLARATION ON PATIENT SAFETY IN ANAESTHESIOLOGY



## CONTINUITY

We invite anyone involved in healthcare to join us and sign up to this declaration.

NÁDIA OUA RTE  
BRASILIAN SOCIETY  
OF ANESTHESIOLOGY  
SBA

Nádia Ouarte

EUROANAESTHESIA 2010 ON SUNDAY, 13 JUNE 2010

# HELSINKI DECLARATION ON PATIENT SAFETY IN ANAESTHESIOLOGY

What have we done since then?

# The Helsinki Declaration on Patient Safety Heads of Agreement

## HEADS OF AGREEMENT

We, the leaders of societies representing the medical speciality of anaesthesiology, met in Helsinki on 13 June 2010 and all agree that:

- Patients have a right to expect to be safe and protected from harm during their medical care and anaesthesiology has a key role to play improving patient safety perioperatively. To this end we fully endorse the World Federation of Societies of Anaesthesiologists International Standards for a Safe Practice of Anaesthesia.<sup>2</sup>
- Patients have an important role to play in their safe care which they should be educated about and given opportunities to provide feedback to further improve the process for others.<sup>3,4</sup>
- The funders of healthcare have a right to expect that perioperative anaesthesia care will be delivered safely and therefore they must provide appropriate resources.
- Education has a key role to play in improving patient safety, and we fully support the development, dissemination and delivery of patient safety training.<sup>5</sup>
- Human factors play a large part in the delivery of safe care to patients, and we will work with our surgical, nursing and other clinical partners to reliably provide this.<sup>6</sup>
- Our partners in industry have an important role to play in developing, manufacturing and supplying safe drugs and equipment for our patients' care.
- Anaesthesiology has been a key specialty in medicine leading the development of patient safety. We are not complacent and know there are still more areas to improve through research and innovation.<sup>7</sup>
- No ethical, legal or regulatory requirement should reduce or eliminate any of the protections for safe care set forth in this Declaration.

# Implementing the WHO Safe Surgery Checklist

What about adherence and attitudes of Brazilian anaesthesiologists towards the Project?

Surgical Safety Checklist			World Health Organization	Patient Safety
<b>Before induction of anaesthesia</b> (with at least nurse and anaesthetist)	<b>Before skin incision</b> (with nurse, anaesthetist and surgeon)	<b>Before patient leaves operating room</b> (with nurse, anaesthetist and surgeon)		
<b>Has the patient confirmed his/her identity, site, procedure, and consent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Confirm all team members have introduced themselves by name and role.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Nurse Verbally Confirms:</b> <input type="checkbox"/> The name of the procedure <input type="checkbox"/> Completion of instrument, sponge and needle counts <input type="checkbox"/> Specimen labelling (read specimen labels aloud, including patient name) <input type="checkbox"/> Whether there are any equipment problems to be addressed		
<b>Is the site marked?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	<b>Has antibiotic prophylaxis been given within the last 60 minutes?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	<b>To Surgeon, Anaesthetist and Nurse:</b> <input type="checkbox"/> What are the key concerns for recovery and management of this patient?		
<b>Is the anaesthesia machine and medication check complete?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Anticipated Critical Events</b> <b>To Surgeon:</b> <input type="checkbox"/> What are the critical or non-routine steps? <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss? <b>To Anaesthetist:</b> <input type="checkbox"/> Are there any patient-specific concerns? <b>To Nursing Team:</b> <input type="checkbox"/> Has sterility (including indicator results) been confirmed? <input type="checkbox"/> Are there equipment issues or any concerns?			
<b>Is the pulse oximeter on the patient and functioning?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is essential imaging displayed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable			
<b>Does the patient have a:</b> <b>Known allergy?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Difficult airway or aspiration risk?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, and equipment/assistance available				
<b>Risk of &gt;500ml blood loss (Tooling in children)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, and two IV/central access and fluids planned				

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Revised 11/2009 © WHO, 2009

# A survey on the use of the WHO Surgical Safety Checklist

- 2012 Brazilian Congress of Anaesthesiology
- 500 subjects (anaesthesiologists and residents)
  - Around 15% of congress delegates
- Variables:
  - Demographic data
  - Attitudes towards the checklist
- Outcome variable:
  - Frequent use of the checklist
  - in 70% or more of cases



The image shows the WHO Surgical Safety Checklist form, which is organized into three main sections: 'Before induction of anaesthesia', 'Before skin incision', and 'Before patient leaves operating room'. Each section contains a list of items to be checked, with checkboxes for 'Yes', 'No', and 'Not applicable'. The form also includes a section for 'Anticipated Critical Events' and a section for 'Nurse Verbal Confirm'. The WHO logo and 'Patient Safety' text are visible in the top right corner. A footer note states: 'This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged. Reused 1/2009 © WHO, 2009'.

Before induction of anaesthesia (with at least nurse and anaesthetist)	Before skin incision (with nurse, anaesthetist and surgeon)	Before patient leaves operating room (with nurse, anaesthetist and surgeon)
<p>Has the patient confirmed his/her identity, site, procedure, and consent?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Not applicable</li></ul> <p>Has the site marked?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Not applicable</li></ul> <p>Has the anaesthesia machine and medication been checked?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Not applicable</li></ul> <p>Is the pulse oximeter on the patient and functioning?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Not applicable</li></ul> <p>Does the patient have a:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Allergic allergy?</li><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Yes</li></ul> <p>Default airway or aspiration risk?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Yes, and equipment/assistance available</li><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Yes, and team Vicentral access and fluids planned</li></ul>	<p>Confirm all team members have introduced themselves by name and role.</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Confirm the patient's name, procedure, and where the incision will be made.</li><li><input type="checkbox"/> Have antibiotic prophylaxis been given within the last 60 minutes?</li><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Not applicable</li></ul> <p>Anticipated Critical Events</p> <p>To Surgeon:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> What are the critical or non-critical steps?</li><li><input type="checkbox"/> How long will the case take?</li><li><input type="checkbox"/> What is the anticipated blood loss?</li></ul> <p>To Anaesthetist:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Are there any patient specific concerns?</li></ul> <p>To Nursing Team:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Has identity (including indicator results) been confirmed?</li><li><input type="checkbox"/> Are there equipment issues or any concerns?</li></ul> <p>Is essential imaging displayed?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Not applicable</li></ul>	<p>Nurse Verbal Confirm:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> The name of the procedure</li><li><input type="checkbox"/> Completion of instrument, sponge and needle counts</li><li><input type="checkbox"/> Specimen labelling (label specimen labels about, including patient name)</li><li><input type="checkbox"/> Whether there are any equipment problems to be addressed</li></ul> <p>To Surgeon, Anaesthetist and Nurse:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> What are the key concerns for recovery and management of the patient?</li></ul>

# A survey on the use of the WHO Surgical Safety Checklist

## Results

Participants who reported frequent use of the checklist: 45%

Independent predictors for the frequent use of the checklist	OR	95% C.I. for OR	
		Lower	Upper
Private practice	1.62	1.08	2.45
Major surgeries	1.76	1.22	2.53
Knowledge of the project	1.45	1.19	1.77
Beliefs on the benefit of the checklist in preventing anesthetic mishaps	1.36	1.04	1.78

Backward stepwise logistic regression. Overall correct classification at 0.5 cutoff = 64%

# A survey on the use of the WHO Surgical Safety Checklist

## Conclusions

To increase the frequent use of the checklist we must:

- Foster its use in public hospitals
- Foster its use in EVERY surgical procedure
- Educate people on the Project
- Educate people on the benefits

The image shows a thumbnail of the WHO Surgical Safety Checklist. It is a structured form with three main columns, each representing a different stage of the surgical process. The first column, 'Before induction of anesthesia', includes checks for patient identity, allergies, and anesthesia plans. The second column, 'Before skin incision', includes checks for antibiotic prophylaxis, equipment, and team readiness. The third column, 'Before patient leaves operating room', includes checks for wound closure, counts, and patient recovery. The form is titled 'Surgical Safety Checklist' and features the WHO logo and 'Patient Safety' branding. At the bottom, there is a disclaimer and a version number.

**Surgical Safety Checklist**

World Health Organization | Patient Safety

**Before induction of anesthesia** (with nurse and anesthetist)

Has the patient confirmed his/her identity?

• Yes

• No

Is the site marked?

• Yes

• No

Is the anesthesia machine and medication OK to use?

• Yes

• No

Is the patient positioned on the patient and monitored?

• Yes

• No

Does the patient have a known allergy?

• Yes

• No

Is there any respiratory risk?

• Yes

• No

Are all resuscitative supplies available?

• Yes

• No

Is the patient's medical history checked in advance?

• Yes

• No

Is the patient's medical history and family history reviewed?

• Yes

• No

**Before skin incision** (with nurse, anesthetist and surgeon)

• Confirm all team members have identified the patient by name and site.

• Confirm the patient's name, operation, and where the incision will be made.

Has antibiotic prophylaxis been given within the last 60 minutes?

• Yes

• No

• Not applicable

Anticipated critical events

To Surgeon:

• What are the critical or non-critical steps?

• How long will the case take?

• What is the anticipated blood loss?

To Anesthetist:

• Are there any patient specific concerns?

To Nursing Team:

• Are ready to follow orders from the anesthetist?

• Are there any equipment issues in the room?

Is essential staffing in place?

• Yes

• No

• Not applicable

**Before patient leaves operating room** (with nurse, anesthetist and surgeon)

Nurse Verbal Confirmation:

• The name of the procedure

• Location of incision, suture and wound

• Specimen labeling (and specimen leak, about, including patient name)

• Are there any equipment problems to be addressed?

To Surgeon, Anesthetist and Nurse:

• What are the key points for recovery and management of the patient?

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Revised 1 / 2019

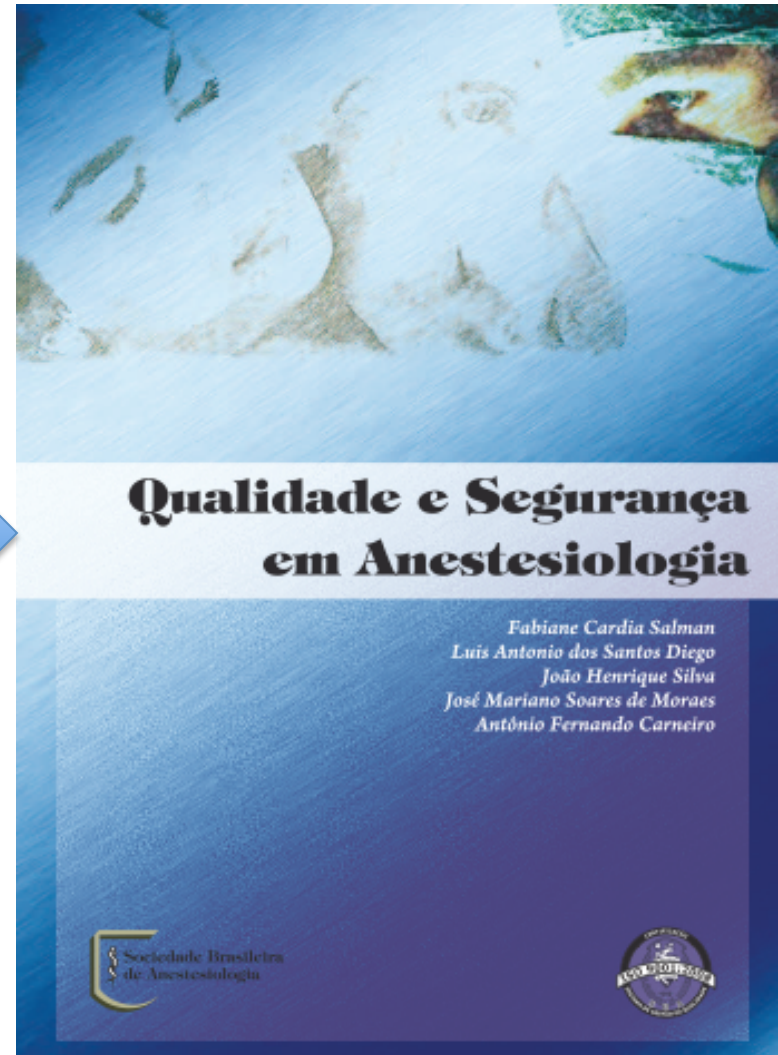
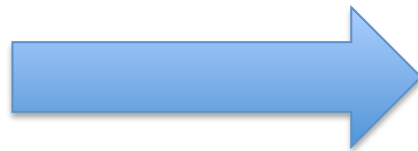
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... we fully support the development, dissemination and delivery of patient safety training.

- ✓ Insertion of lectures, workshops and forums on patient safety and quality management in every SBA-sponsored meeting throughout the country.
- ✓ Printed and web-based instructional material available to associates

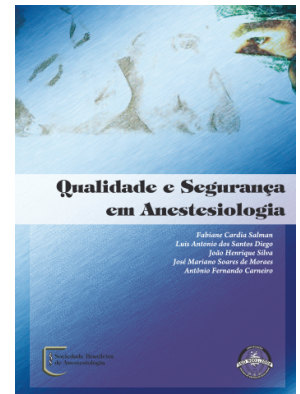
... we fully endorse the World Federation of Societies of Anaesthesiologists International Standards for a Safe Practice of Anaesthesia.

SBA  
Starter kit



# SBA starter kit content

- Quality and safety in health care
- Quality indicators
- Risk management
- Safety culture
- Organization and management of anesthesia services
- Safety Checklist (WHO), CRM
- Communication techniques
- Security checklist for general anesthesia
- Checklist safety in anesthesia
- Realistic simulation in anesthesia
- Computerized systems in Anesthesiology
- Informed Consent
- Avoiding medication errors
- Prevention of Infection
- Technology and management of anesthesia equipment
- Occupational risk and patient safety
- Hospital accreditation programs



## Qualidade e Segurança

### Artigos

- [Protocolos de segurança na prescrição, uso e administração de medicamentos](#)  
*Informações importantes*
- [RDC 36/2013](#)  
*Informações importantes*
- [Ode aos checklists no ASA](#)  
*Carlos Alberto da Silva Junior*
- [Incidentes críticos em anestesia](#)  
*Fabiane Cardia Salman*

### Checklist

- [A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population](#)  
*The New England Journal of Medicine*
- [Surgical Safety Checklist](#)  
*Organização Mundial da Saúde*
- [Manual Cirurgias Seguras Salvam Vidas](#)  
*Organização Mundial da Saúde*
- [The Helsinki Declaration on Patient Safety in Anaesthesiology](#)  
*European Society of Anaesthesiology*
- [Wrong-Site and Wrong-Patient Procedures in the Universal Protocol Era](#)  
*American Medical Association*

### Erros relacionados a Medicamentos

- [Development of a List of Look-alike Drug Names With Recommended Tall Man Letters](#)  
*Farmacia Hospitalar*
- [A tall man lettering project to enhance medication safety](#)  
*Farmacia Hospitalar*
- [Erros Farmacológicos na Prática Anestésica: Quatro Casos de Morbidades Não Fatais](#)  
*Revista Brasileira de Anestesiologia*
- [Guidelines for the Safe Administration of Injectable Drugs in Anaesthesia](#)  
*Australian and New Zealand College of Anaesthetists*
- [Erros de Medicação: Quem Foi?](#)  
*Revista da Associação Médica Brasileira*

### Comunicação

- [Patterns of Communication during the Preanesthesia Visit](#)  
*American Society of Anesthesiologists*
- [Communication between anesthesiologists, patients and the anesthesia team: a descriptive study of induction and emergence](#)  
*Canadian Journal of Anesthesia*
- [Teamwork and Communication in Surgical Teams: Implications for Patient Safety](#)  
*American College of Surgeons*
- [The Science and Economics of Improving Clinical Communication](#)  
*Anesthesiology Clinics*

Web-based  
instructional  
material  
available to  
associates

Sobre

... patients should be educated about ...



[http://www.sba.com.br/comunicacao/publico\\_geral.asp](http://www.sba.com.br/comunicacao/publico_geral.asp)

Kit contents:

Anaesthesia: useful information

Safe Anaesthesia

Intraoperative awareness: myths and truths

Consciousness during general anaesthesia

... perioperative anaesthesia care will be delivered safely

**SBA actions to implement Resolution 1802/2006 include:**

1. Educational initiatives using its channels of communication with associates:
  1. Homepage
  2. Meetings
2. Mandatory compliance with Resolution 1802/2006 at the 98 Anesthesia Training Centers accredited by SBA
  1. Annual report
  2. Periodical visitations
  3. Surveys
3. Publication of the book Civil Responsibility of the Anaesthesiologist (2013)
  1. Revises and comments Brazilian jurisprudence on legal aspects of the practice of anesthesia
  2. Most issues are related to violations of Resolution 1802
  3. Includes a best practices section



Human factors play a large part in the delivery of safe care to patients...



Human factors play a large part in the delivery of safe care to patients...

Training  
courses  
provided  
to  
associates

Núcleo  
SBA *Vida*

Advanced life support in anaesthesia

Airway management

Transesophageal ecocardiography

Crisis management

## Developing technical standards to industry

- 1. EQUIPMENT:** SBA is a member of the Brazilian Association of Technical Standards:
  - a. Revises, translates, and implement ISO standards for safety in anesthesia care
  - b. Creates national standards for anesthesia respiratory equipment
- 2. DEVICES:** SBA collaborates with the National Sanitary Agency of the Ministry of Health to produce regulation on properly labeling of latex-containing medical supplies and other issues regarding anesthesia devices
- 3. DRUGS:** SBA signed agreements of technical and scientific cooperation with the Institute of Safe Medication Practices and the Brazilian Society of Hospital Pharmacy and Health Care Services

# Further actions

- Improve SBA Critical Incident Reporting System
  - Currently collected only in the 98 accredited training centers
  - Underreported
  - Collaboration with the Ministry of Health
- Carry out follow-up surveys to measure the effectiveness of the educational actions on patient safety issues

# HELSINKI DECLARATION ON PATIENT SAFETY IN ANAESTHESIOLOGY

*SBA acknowledges that*

*... there are still more areas to  
improve through research and  
innovation.*

# HELSINKI DECLARATION ON PATIENT SAFETY IN ANAESTHESIOLOGY

*SBA reassures that*

*No ethical, legal or regulatory  
requirement should reduce or eliminate  
any of the protections for safe care set  
forth in this Declaration.*