

C.SBA - 02404/2013

Rio de Janeiro, May 17th, 2013

Dr. David J Wilkinson

President of WFSA _ World Federation of Societies of Anesthesiologists

Dear Dr. David J Wilkinson,

We would like to inform you that the Brazilian Society of Anesthesiology went to Helsinki on June 13th, 2010, and, along with all the leaders of the Societies that represent our medical specialty, signed the Cooperation Agreement on the Increase of Patient Safety in Anesthesia.

Since then we have raised the quality of our actions toward the effectiveness of the patient quality and safety during the perioperative period. Thus, the report that has just been presented to you by SBA - the Brazilian Society of Anesthesiology - aims to describe all the actions carried out by SBA up to May, 2013.

With this report, we hope to show you all our efforts and care to abide by the rules established by the Helsinki Convention, which also requested an annual report on all the actions taken to guarantee the patient quality and safety in anesthesiology, as well as the results obtained.

Sincerely yours,



Dr. Airton Bagatini
President of SBA - the Brazilian Society of Anesthesiology

AB/mcs

REPORT ON QUALITY AND SAFETY MANAGEMENT SYSTEM



65anos

*Sociedade Brasileira
de Anestesiologia*

1948 - 2013



REPORT ON QUALITY AND SAFETY MANAGEMENT SYSTEM



65 anos
*Sociedade Brasileira
de Anestesiologia*

1948 - 2013

Report on quality and safety management system of the Brazilian Society of Anesthesiology (SBA)

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Report on quality and safety management system of the Brazilian Society of Anesthesiology (SBA)

The Brazilian Society of Anesthesiology (SBA), founded on February 25th, 1948 is an indefinite-term, nonprofit, civil association, which constitutes a federation of Regional Associations, with headquarters and jurisdiction in Rio de Janeiro city, Brazil.

Introduction

Customers' growing needs and expectations around the world have become a reality, which has been deemed a priority by the successive SBA Boards of Directors along the years.

Adopting a strategic planning has widened the view of the need to implement a Quality Management System, which allows the Brazilian Society of Anesthesiology to have a better understanding and management of its internal and external processes. Therefore, the ways of meeting the customers' needs satisfactorily are in the process of continuous improvement.

Quality Policy

SBA keeps a continuous commitment to management practices and organizational improvement, aiming at the creation of gains for customers and for the interested parties.

Mission

SBA's mission is to congregate the Brazilian anesthesiologists, promoting their ongoing career training, technical and scientific update and implementing professional defense actions, as well as encouraging the practitioners to commit themselves to the medical community and the society as a whole.

Goal for 2015

SBA means to be for the community in general a model entity in the field of knowledge, scientific update, professional defense, quality and safety of anesthesiology to have the scientific world acknowledgement.

Values

SBA's values are revealed by:

- **Quality:** training programs, scientific update and professional safety, living up to members' and customers' expectations and even surpassing them.
- **History and Tradition:** storage, organization and publishing of SBA history in order to get recognition and identification of SBA's traditions.

- **Entrepreneurship:** continuous search for improvement process with the implementation of practices and projects that will ensure profits for members and customers.
- **Image:** positive perception of SBA from other medical entities and from the society as a whole.
- **Union:** organizational improvement actions that seek the commitment, satisfaction and appreciation of all members and collaborators.
- **Ethics:** values of the Organization, of the individuals and the society.
- **Relationship:** development of partnerships with peers, suppliers and customers, based on mutual trust and shared gains.
- **Organization:** continuous development of tools that enable the members' capacity building, continually improving their scientific and professional skills.

Competence

In order to fulfill its Institutional Mission, SBA ...

- gathers the physicians who are interested in promoting the progress, the improvement and the diffusion of Anesthesiology, Intensive Care, Pain Management and Resuscitation, and establishes the guidelines for training in each specialty;
- enforces the Code of Medical Ethics, the Professional and Economic Code of SBA, and it also defends its members' professional interests;
- sponsors Congresses on the Specialty nationally and internationally;
- confers the Superior Title in Anesthesiology (TSA – Título Superior em Anestesiologia);
- confers the Title of Specialist in Anesthesiology (TEA- Título de Especialista em Anestesiologia) and grants the Certificate in Pain Management;
- publishes Revista Brasileira de Anestesiologia (The Brazilian Journal of Anesthesiology) and Anestesia em Revista (Anesthesia in a Journal/ Revised); and awards prizes according to specific rules.

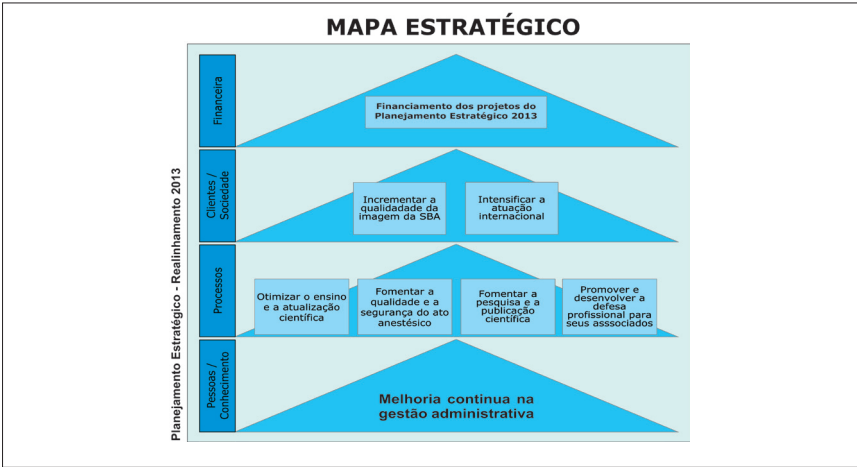
Throughout its existence, the Brazilian Society of Anesthesiology has sought to be aligned with the management practices that promote the raise in quality and safety healthcare.

Among the actions that aim at the “Search for Excellence in Administrative Management” is the definition and current revision of SBA's strategic planning with defined goals set for the following term, as well as the elaboration of the POP (*Procedimentos Operacionais*

Padrão/ Standard Operational Procedures). POP consists of internal process systems that seek to standardize and rationalize the documents procedures. In 2008, SBA’s goal was to elaborate and describe nine POPs, which was successfully accomplished. In 2009, more than 13 POPs were elaborated and described. In addition, the Quality Management Program has been defined, as previously mentioned in this report; the Quality Management System was implemented with a focus on NBR ISSO 9001, and the Strategic Mapping was based on *Balanced Scorecard*.

Quality Management System

The Brazilian Society of Anesthesiology (SBA)



It should be highlighted that, among the strategies established, the quality and safety of the anesthesia procedure must be put forward. The structuring of quality and safety indicators in Anesthesia, the capacity building of multiplying agents to pass on the theme **quality**, as well as educational activities and the availability of materials related to these topics are some of the actions initially taken by the Professional Defense Board of Directors and by the Committee for Quality and Safety in Anesthesia (CQSA/SBA).

In 2007, the implementation of the Quality Management Program at SBA based on 5 S Program was requested. In view of the evolution observed, the Final Audit was performed at standard level 3, and the percentage classification obtained for method suitability was 90,80.

SBA Organizational Chart consists of the following positions: President, Vice-President, General Secretary, Treasurer, Director of the Professional Defense Department, Director of the Administrative Department and Director of the Scientific Department. Councils: The Superior Council, Council for Professional Defense and the Audit Board. SBA also counts on Permanent Commissions and Committees that provide SBA Board of Directors with technical and scientific advisory services.

Commissions

- Examination Commission for the Superior Title in Anesthesiology (CETSA)
- Teaching and Training Commission (CET)
- Technical Standards Commission (CNT)
- Statute, Regulations and Rules Commission (CERR)
- Medical Fees Commission (CHM)
- Administrative Proceedings Inquiry Commission (CSPA)
- Occupational Health Commission (CSO)
- Continuing Education Commission (CEC)
- Commission for Pain Management Training and Therapeutics (CTTDOR)
- Commission for Quality and Safety in Anesthesia (CQSA)

Committees

- Ambulatory Anesthesia
- Cardiovascular e Thoracic Anesthesia
- Anesthesia in Obstetrics
- Pediatric Anesthesia
- Local and Regional Anesthesia
- Intravenous Anesthesia
- Malignant Hyperthermia
- Perioperative Medicine
- Resuscitation and Polytraumatized Patient Management
- Difficult Airway
- Sleep Disorders
- Anesthesia for Organ Transplant

In 2009, the Commission for Quality and Safety in Anesthesia was initially designated on a temporary basis, and it remained temporary through quarterly renewal. The Commission's purpose was to complete its project elaboration, to be reviewed and discussed during the Brazilian Congress of Anesthesiology in November, 2010, and throughout the whole year, aiming at the elaboration of a new proposal for the next Assembly of Representatives. The evolution of the Commission for Quality and Safety in Anesthesia reveals the strengthening of SBA's structures, leading to important issues that must be widely and democratically discussed.

The Commission for Quality and Safety in Anesthesia intends to encourage the Brazilian anesthesiologists to take actions that result in the continuous improvement of

quality and safety in patient care during the perioperative period through efficient risk management, knowledge, research, ethics and social responsibility.

SBA's Board of Directors has established a constant international agenda, expanding its relationship with the World Federal Societies of Anesthesiology (WFSA), and participating in the Executive Committee. It also keeps one of its members in the WFSA Education Committee, and it created an Occupational Health Commission, coordinated by an SBA member. Both proposals were approved during the World Congress 2012. Throughout the year, its agenda includes meetings for permanent communication with CLASA (Latin America Societies of Anesthesiology), ASA (American Society of Anesthesiology) and ESA (European Society of Anesthesiology). In 2011, SBA took part in the regular congresses organized by ASA, CLASA and ESA. As a CLASA affiliate member, it nominated members to work for and coordinate other CLASA's committees. In the ASA and ESA Congresses, SBA was hosted as an institution and, as such, presented partnership proposals for scientific projects, such as exchange programs for professional update, multicenter studies, participation in congresses, and established an agenda for revising and discussing their topics along the year. During the ESA Congress in Amsterdam, SBA, represented by its President Dr. Nádia Maria da Conceição Duarte, undersigned the Declaration of Helsinki, a document of recommendations for Quality and Safety in Anesthesia.

The Brazilian Society of Anesthesiology and the Declaration of Helsinki: Patient Safety in Anesthesiology

The Brazilian Society of Anesthesiology went to Helsinki and, together with the other Societies' leaders who represent anesthesiology, signed a cooperation agreement for safety improvement in the anesthesia procedure on June 13th, 2010. Since then SBA has taken actions that promote patient quality and safety in the perioperative period.

- The Brazilian Society of Anesthesiology understands that all patients have the right to expect to be safe and protected against any risks during the medical procedure, and anesthesia plays the fundamental role of improving their safety in the perioperative period. To this end, **SBA entirely endorses the international standards for Safe Practice of Anesthesia of the World Federal Societies of Anesthesiology (WFSA).**

➔ In a joint action with the World Federal Societies of Anesthesiology (WFSA), SBA - on its website: www.sba.com.br - has been publishing for the Brazilian anesthesiologists the Anesthesia Tutorial of the Week, intended to support their career training, especially in a developing world, where the access to the anesthesia literature is restricted. Among the principal themes, pediatric anesthesia, anesthesia in obstetrics, basic sciences, equipment and safety management are highlighted.



Tutorial de Anestesia da Semana – WFSA (WFSA-TAS)

<http://grofsc.net/wp/>

→ In 2006, the Federal Council of Anesthesiology discussed and wrote the Resolution No.1802, which intends to regulate the anesthesia procedure, and which provides for the minimum safety conditions for it. **RESOLUTION CFM No. 1.802/2006** (Published in the D.O.U. (FOB), dated of November 1st, 2006, Section I, Page 102) (Rectification published in the D.O.U. (FOB), dated of December, 20th, 2006, Section I, page 160), which provides on the anesthesia procedure and revokes Resolution CFM No.1363/1993.

→ The Commission for Quality and Safety in Anesthesia (CQSA/ SBA) analyzed and carried out a national proposal for quality and safety indicators in anesthesia, considering those already implemented by the other international societies of anesthesia. In addition, the implementation of a system for adverse events reporting through SBA was recommended. Thus, a system for recording complications was developed through the system of anesthesia management of the resident doctors (*Logbook*).

→ Aiming to spread information and concepts related to the topic, CQSA wrote a book entitled “Qualidade e Segurança em Anestesia” (*Quality and Safety in Anesthesia*), being the Commission responsible for writing the chapters, revising them and editing the book. This material involved a great number of authors from different Brazilian states, who took part in several SBA commissions and committees, including professionals of other sectors, such as pharmacy. CQSA also participated in other SBA publications, such as the chapter entitled “Iniciativas de Qualidade e Segurança” (Quality and Safety Initiatives) for the book **Educação Continuada em Anestesiologia** da SBA, 2012 (*SBA Continuing Education in Anesthesiology*).

- SBA understands that **patients have a fundamental role** to play in their own safe health care, for which they need to be guided. They must also be given the chance to give a feedback on it so that safety in the health care process can be improved. To this end, SBA has organized courses, produced informative materials and folders focused on the information and orientation of patients and their families in relation to anesthetic care.



MINISTÉRIO DA SAÚDE
SECRETARIA DE VIGILÂNCIA EM SAÚDE

Esclarecimentos sobre a vacina contra Influenza H1N1



http://www.sba.com.br/comunicacao/publico_geral.asp

• SBA has developed courses for the Community Education, such as the “**Curso Salve uma Vida**” (*Course Save one Life*), which is in consonance with SBA’s actions of social responsibility. The course aims at the capacity building of the lay people (non- doctors) so that they can identify a cardiac arrest and immediately request specialized medical services or even start the first aid treatment, which is, in fact, a training in Basic Life Support. This course has been taught in almost all the regions where SAVA courses have taken place. It is worth highlighting the one given at the pacified *favela* community Pavão – Pavãozinho – Cantagalo, in Rio de Janeiro, on October 1st, 2011, widely spread through different types of media nationwide, gaining importance as a relevant theme in the social networks. The course teaches the following skills:

- How to recognize the signs of and manage airway obstruction;
- How to diagnose a respiratory and a cardiac arrest;
- How to call for health care services;
- How to do high-quality CPR (cardiopulmonary resuscitation).

DEA - Desfibrilador Externo Automático


Deve estar disponível em locais públicos de grande circulação

Como desobstruir as vias aéreas


DEA - Desfibrilador Externo Automático


Pelo do adulto

Obstrução das Vias Aéreas por Corpo Estranho (OVACE)


- Com tosse vigorosa
→ Não intervir
- Sinal de obstrução grave
 - Toux não melhora
 - Dispneia progressiva
 - Estridor
 - Incontinença
 - Acionar SAMU
 - Manobras de Heimlich

Núcleo

SBA

Vida

Curso

Salve uma Vida

Iniciativa da

Sociedade Brasileira de

Anestesiologia

Agradecemos sua

participação





Realização: Sociedade Brasileira de Anestesiologia
www.sba.com.br

<http://www.sba.com.br/vida/index.asp>

- **SBA believes that healthcare sponsors have the right to expect the perioperative anesthesia care to be provided with safety; therefore, they must supply proper resources.**

The Resolution NO. 1802/ 2006 provides the minimum conditions for patient safety care during anesthesia, and it also interfaces with ANVISA and the Ministry of Health, seeking to improve the medical fees as well as the conditions for the anesthesia procedure.

- **SBA acknowledges that education has a major role in the improvement of safety, and hence, it entirely supports the patient safety development and training.**

The Commission for Quality and Safety participated actively in the elaboration of the themes on quality and safety in anesthesia and their applications in all official SBA Conferences (*Jornadas*), besides the ones held by the regional societies (JONNA, JOSULBRA, JAERJ, Jornada do Brasil Central). Besides taking part in the regional societies' activities, such as the opening of scientific events - SAEGO e SAEPI, the Commission carried out workshops on the theme and endeavored to optimize the teaching/learning process as well as the scientific update by means of didactic resources. CQSA has inserted articles, texts and references related to Safety in Anesthesia on SBA website, on the Board of Directors' page on Professional Defense, about the following main topics: Safety Checklist, Medication Error Prevention, Communication and Security.

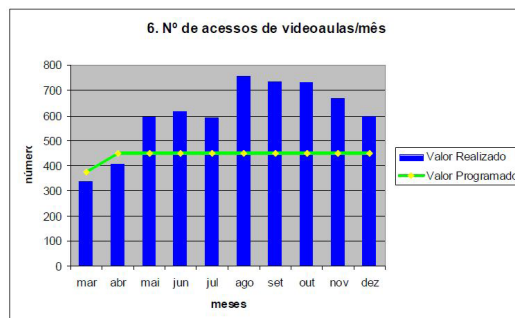
→ Using the Moodle platform, an online system for Distance Learning Continuing Education Courses was developed. Different themes were explored, including Quality and Safety.

→ CQSA worked together with the Teaching and Training Centers Commission (CET – *Centro de Ensino e Treinamento*) in the analysis and improvement of the centers'

and the specializing physicians' reports. Hard work has been done in order to provide the CETs with proper conditions for the training in anesthesiology according to SBA standards. The CET Commission has been monitoring the issues related to the education and degrees of the specialists in anesthesiology with regular inspections in order to obtain accreditation for courses, expand the training centers network and also check any possible irregularity. Besides, the Commission elaborates, applies and analyzes the tests for the specializing physicians (SP); it improves, monitors and publishes the results of all CETs annual reports; it also improves, monitors, analyzes and shares the logbook data of the specializing physicians with the Commission for Quality and Safety in Anesthesia, which will analyze the results regarding the complications reported.

➔ Viewing the promotion of continuous training and technical & scientific update, SBA has kept its good developed projects and added new ones, based on the guidelines established in its planning. In 2011, **Núcleo SBA Vida** (SBA Life Center) was created. This Center has sheltered, regulated and advertised the courses focused on the pillars of science: SAVA, Cardiac Resuscitation, Airway Management, Laryngeal Mask Airways, Save a Life, Intraoperative Transesophageal Echocardiography and SBA's Recommendations. In-class courses took place during the various events organized by SBA and the Regional Societies.

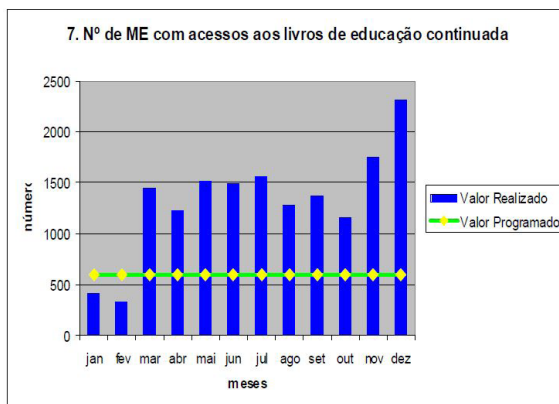
➔ The specializing physicians attended video classes, which contributed to the democratization of education by transmitting online classes to 84 training centers, even allowing the interactivity between the learners and the renowned guest lecturers who taught the classes of the syllabus. The goal set – 450 visitors per month – was surpassed. A significant percentage of the scientific program of the specialization course is expected to be offered along the three following years(C.SBA-1612/2008).



➔ The Commission for Continuing Education (CEC) has endeavored to offer the anesthesiologists efficient tools for the continual improvement of SBA members by means of online courses, videoconferences, and the publishing of books on specific topics. The results surpassed the set goal of 600 visitors/month. However, due to the high

cost of this program, other alternatives will be considered so that quality education in anesthesia can be ensured. There is a diverse array of themes approaching transplants in pediatrics, immune modulation and professional safety (radiation exposure).

➔ In order to leverage the scientific knowledge, in 2011, SBA edited and posted four books online for its members, keeping the ones already edited in the virtual format to be accessed through the continuing education area. The number of online courses and video classes were increased; new modules were added to the old ones. SBA Recommendations Course deserves to be highlighted, for it seeks to prepare and enable SBA members for scientific research, giving them the tools to write the recommendations (guidelines) for SBA. In the same year, the first SBA Recommendation about Safety in Regional Anesthesia was published.



➔ We should pay special attention to these books: Metodologia Científica (*Scientific Methodology*) - ISBN 978-85-98632-06-3 – and Curso de Educação à Distância – vol. VIII – (Distance Learning Continuing Education) - ISBN 978-85-352-3340-7, available at SBA physical library and on its site – www.sba.com.br, which will certainly help our members to expand their knowledge and develop new scientific work in our community. The Commission on Continuing Education has provided our members with the tools for scientific update through its website and its annual book. It has also monitored the recertification process of the title of specialist with the National Commission of Accreditation.

- SBA acknowledges that the **human factor** has great importance in patient safe care; thus, **it seeks to work with surgery partners, nursing personnel and any other healthcare professionals in order to ensure safety. It also recognizes that the industry partners also play a major role for developing, manufacturing and supplying safe drugs and equipment for the patients' healthcare.** SBA has interfaced with Sociedade Brasileira de Farmácia Hospitalar e Serviços de Saúde (SBRAFH – Brazilian Society of Hospital Pharmacy and Healthcare Services) and ISMP Brasil,

signing an Agreement of Technical and Scientific Cooperation with ISMP (Institute of Safe Medication Practices) for joint actions related to medication error prevention in anesthesia. SBA and the Society of Anesthesiology of Minas Gerais (SAMG) took part in the International Forum on Patient Safety with an exhibition booth that presented didactic material about medication error prevention in anesthesia. Currently, a computer system for reporting the errors related to medication in the perioperative period is being developed together with SBRAFH (Brazilian Society of Hospital Pharmacy and Healthcare Services) and ISMP Brasil. The manufacturers of equipment, materials and medication have established partnerships with SBA with focus on didactic activities for its members' training.

➔ The Commission on Technical Standards (CNT – *Comissão de Normas Técnicas*) together with the Brazilian Association of Technical Standards (*Associação Brasileira de Normas Técnicas* – NBR) participated in the revision, translation and creation of standards for safety in anesthesia. CNT has been permanently observing the standards for the equipment and instruments used in anesthesiology. Along the year, they took part in several meetings at ABNT (PE 7734/2008), and, together, they are revising the current standards (PE 10078/2008, PE 9193/2008) in an attempt to improve and update them.

• SBA understands that anesthesiology has been **an essential medical specialty that leads the evolution of patient safety and recognizes that there are still many other areas to be improved through research and innovation.**

➔ SBA's museum as well as its virtual and physical library are updated and available for members for free. At the beginning of 2011, the virtual library lost its Web portal OVID, but got the MD Consult, expanding the number and improving the quality of the periodicals and books about anesthesiology.

➔ Research on occupational health has been carried out by SBA, and its results have been published in national and international periodicals. CQSA researched on critical incidents in anesthesia during the Brazilian Congress of Anesthesia in 2011 and published its research in the journal *Anestesia em Revista*. A study on the “The Brazilian Anesthesiologists' Perception of the Culture of Safety” was carried out in the Brazilian Congress of Anesthesiology in 2012.

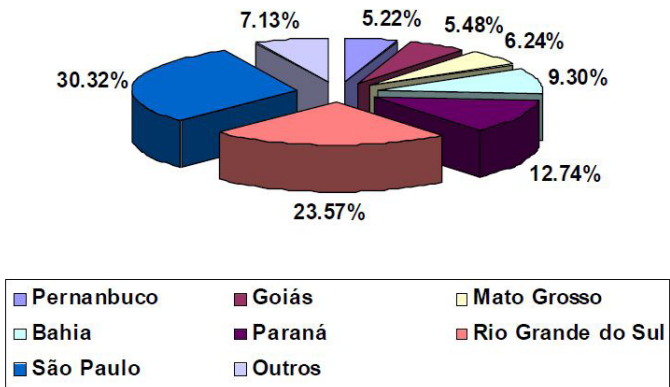
Principal Requirements

At present SBA acknowledges the importance of the close cooperation among the organizations that represent the Societies of Anesthesiology. Therefore, SBA has endeavored to reach its goals, deemed fundamental by the Declaration of Helsinki.

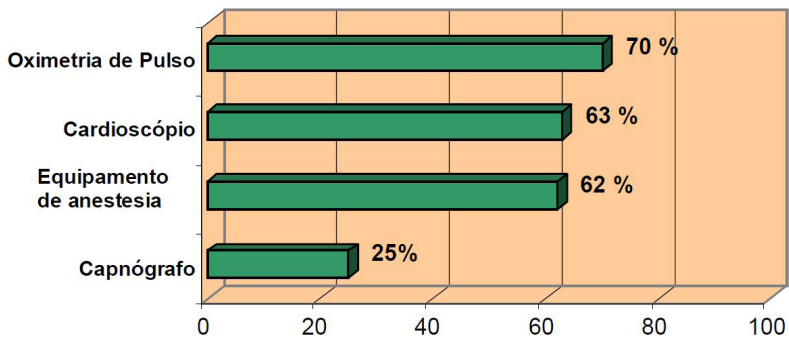
1- SBA understands that all institutions that provide the patients with perioperative anesthesia care must follow the minimum monitoring standards recommended in

the Resolution No.1802/2006, which is in consonance with the Council (EBA) both in the surgical centers and in the postanesthesia care units. After the Resolution promulgation, in 2008, there was a research to evaluate the compliance with the referred Resolution as to structural and technological suitability in the Brazilian hospitals. Out of 4775 hospitals registered at the Federação Brasileira de Hospitais (Brazilian Federation of Hospitals), 785 (16,5%) answered the questionnaire, which proves that a significant number of institutions does not meet the requirements considered the minimum safety conditions for the anesthesia procedure by the Resolution aforementioned (C.SBA 3891/2008).

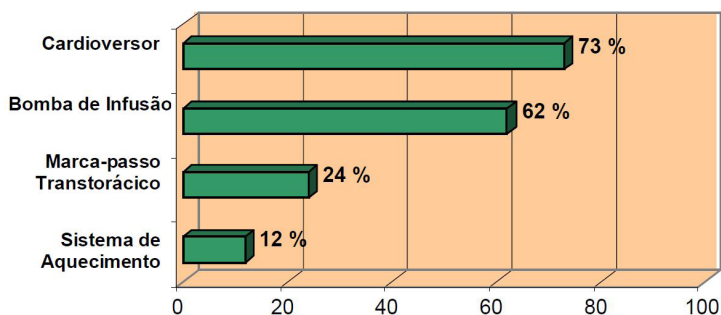
Geographical distribution of the hospitals that answered the questionnaire:



Percentage of hospitals that offer one unit per location for anesthesia practice



Percentage of hospitals that offer one unit in the Surgical Room



In view of this reality, SBA decided to send the Ministry of Health, through Coordenadoria Geral de Alta Complexidade Ambulatorial (General Department of High Complexity of Ambulatory Care), its recommendations for the institutions to comply with the Resolution No.CFM 1.802/06, in conformity with C.SBA – 06747/2008. Such intervention aims at the establishment of collaboration partnerships among the hospitals, the Health Manager of the city where the hospital is located and the Ministry of Health, who will provide the hospital institutions with the necessary resources so that they can meet the requirements set by the referred Resolution. This proposal aims to observe primarily the suitability of the SUS hospitals (Unified Health System)), the Philanthropic Hospitals, the Santas Casas and the University Hospitals - PE 6983/2008.

2. SBA understands that all institutions that provide perioperative anesthesia must also provide recommendations regarding the principal themes of anesthesiology.

SBA's technical and scientific advisory committees and commissions continued their action plans and became responsible for the recommendations of the Society about the following main topics:

• Preoperative Evaluation

The Committee on Perioperative Medicine wrote one chapter of the book *Educação Continuada em Anestesiologia* (Continuing Education in Anesthesiology) entitled: *Avaliação pré-anestésica* (Preoperative Evaluation), in 2011.

• Equipment and drugs inspection

CNT has participated in the meetings taking place at *Associação Brasileira de Normas Técnicas* - ABNT/SP (Brazilian Association of Technical Standards) to reach an agreement about a partnership that should include some standards in the interest of Anesthesia on SBA's Website. CNT members have been representing SBA in the meetings of the Commission for the Study of Anesthesia Respiratory Equipment (CE.26.060.01) of ABNT Medical, Dental and Hospital Brazilian Committee (CB-26), which takes place in São Paulo.

→ CNT and SBA have been working on several reports that focus on the Quality and Safety in Anesthesia, such as: the use of soda lime in the anesthesia equipment and waste management; anesthesiologists' exposure to ionizing radiation; use of warming blanket during the anesthesia procedure; definition, properties and use of catheters; use of reusable glass syringes for neuroaxis block; use of the FIO2 oxygen analyzer during anesthesia ; cleaning, disinfection and sterilization of the anesthesia equipment breathing systems.

→ CNT also drew up an opinion about the use of the brain electrical activity monitor in general anesthesia. It was recommended that every surgical center should have at least one equipment of the kind available so that the anesthesiologist can use it in the cases deemed relevant. Such recommendation aligns SBA with other international Societies of Anesthesiology.

→ In 2012, SBA published a chapter in the book *Qualidade e Segurança em Anestesia* (Quality and Safety in Anesthesia) entitled "*Incorporação de tecnologia e gerenciamento de equipamentos de anestesia*" (Technology Incorporation and Anesthesia Equipment Management).

→ CQSA has been discussing medication errors in the perioperative period, including the ones related to "*sound-alike, look-alike*" with SBRAFH and ISMP Brasil, and taking part in National and International Forums on this theme. It has also produced didactic material about Quality and Safety in Anesthesia with focus on medication error prevention, safety checklist (Safe Surgery Saves Life) and on concepts of quality and safety. CQSA participated in the Brazilian Congress of Anesthesiology 2012 with an exhibition booth presenting didactic material on Quality and Safety in Anesthesia.

A Comissão de Qualidade e Segurança em Anestesia (CQSA/SBA) oferece algumas orientações sobre a administração segura de medicamentos em anestesia.

Erro de medicação é uma das principais causas de morbidade e mortalidade em pacientes hospitalizados e a prática da anestesiologia requer a administração de uma ampla variedade de drogas.

Esses medicamentos são frequentemente administrados em ambientes com pouca visibilidade e múltiplas distrações. São administrados medicamentos com ações muito diferentes, tais como relaxantes musculares, opioides, vasopressores e vasodilatadores, que são, muitas vezes, administrados simultaneamente.

Devido à alta potência, variedade, frequência e semelhança das embalagens das drogas (*look e sound alike*) administradas em anestesia, existe grande possibilidade de erros, com consequências desastrosas.

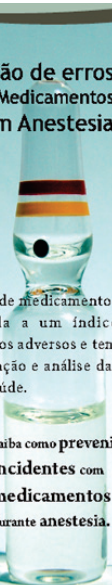


Comissão de Qualidade e Segurança em Anestesia (CQSA/SBA)




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Prevenção de erros relacionados a Medicamentos em Anestesia



A administração de medicamentos está relacionada a um índice elevado de eventos adversos e tem sido foco de atenção e análise das instituições de saúde.

Saiba como prevenir incidentes com medicamentos durante anestesia.



➔ SBA, by means of CQSA, has taken part in the *Programa Nacional de Segurança do Paciente* – PNSP (Patient Safety National Program), launched in 2013 by the Ministry of Health, by writing the National Protocol on Medication Safety and publishing it in the book “*Qualidade e Segurança em Anestesia*”, 2012 (Quality and Safety in Anesthesia).

• Syringe Labels

➔ Along with the Brazilian Society of Hospital Pharmacy, SBA signed a Protocol on Mutual Cooperation for medication error reporting and studies in order to reduce the complications resulting from medication administration error. The Department of Professional Defense has planned and added video classes, book chapters and different articles to the communication means of SBA and its Regional Societies, aiming to expand the range of information on this matter for their members. Among all the issues of the journal “*Anestesia em Revista*”, the one about Professional Defense stood out.

➔ CNT wrote the chapter “How to Prevent Medication Errors”, which will be inserted in the book published by the SBA Commission on Quality and Safety. This chapter emphasizes that the syringe labelling and the bottles used by the anesthesiologists must follow the international color standards recommended by the International Standards Organization (ISO) and the World Federal Societies of Anesthesiology (WFSA). In addition, the creation of satellite pharmacies in the surgical centers must be encouraged, with the participation of pharmacists, who should cooperate with the standardization and simplification of the operation processes and in the development of management systems for drug-related adverse events reporting.

➔ CQSA and CNT commissions took part in the Public Consultation No. 13 by ANVISA/ Ministério da Saúde (ANVISA and the Ministry of Health), which provides on the color standards for printing on the primary packaging of the Small Volume Parenteral Solutions (SPV) together with the Brazilian Society of Hospital Pharmacy and Healthcare Services (SBRAFH) and ISMP Brasil.

• Difficult or Failed Intubation

➔ SBA participated in the *Projeto Diretrizes* (Project Guidelines), a joint initiative between the Brazilian Medical Association and the Federal Medicine Council, whose purpose is to reconcile the medical information in order to standardize the conduct that will help the physician’s reasoning and decision-making capacity. The information provided in this project must be submitted to the critical evaluation of the physician responsible for the conduct to be followed in view of the reality and the clinical condition of each patient. “Difficult Tracheal Intubation” was the National Guideline described.

http://www.projtodiretrizes.org.br/projeto_diretrizes/070.pdf

→ SBA Committee on Difficult Airway has been working on the knowledge dissemination and training of the Brazilian anesthesiologists by means of:

- lectures and specific training courses during conferences and congresses (Course at the Centre of Excellence Padova (LMA): Department of Pharmacology and Anesthesiology, University of Padova, Advanced Simulation Unit. Syllabus of the course: The LMA™ Airways: Basic Principles, Conventional and Advanced uses. This course took place in Padova, Italy, April 11th – 13th, 2011; First Course on Laryngeal Masks, in partnership between SBA and LMA, held in Belo Horizonte, Minas Gerais State, Brazil, during the 45th JASB, on June 24th, 2011; Second Course on Laryngeal Masks, in partnership between SBA and LMA, held in Belém, Pará State, Brazil, on August 4th, 2011; Third Course on Laryngeal Masks, in partnership between SBA and LMA, held in Porto das Galinhas, Pernambuco State, Brazil, during XIX JAEPE, on September 9th, 2011; First SBA Course on Airway Management, held in Salvador, Bahia State, Brazil, during the 24th JORBA, on September 23rd, 2011; Workshop “Difficult Airway” presented in the 58th Brazilian Congress of Anesthesiology, in Fortaleza, Ceará State, Brazil, on November 10th, 2011; Fourth Course on Laryngeal Masks, in partnership between SBA and LMA, held in Fortaleza, Ceará State, Brazil, on November 12th, 2011; LIV Course on Advanced Life Support in Anesthesia – SAVA; coordination of the course, held in Campo Grande, MS, Brazil, in November, 2011.

- video classes available on SBA website: Difficult Tracheal Intubation. Each attended class corresponds to a scoring grade – one point per class - for SBA Continuing Medical Education and National Accreditation; and

- publishing of chapters in the book SBA Continuing Education: “Airways”, 2011; “Airway Management in the Morbidly Obese Patient”, and “Noninvasive Access to Airways”, for SAVA Course Book, 2011.

• Malignant Hyperthermia

SBA took part in the Project Guidelines, a joint initiative between the Brazilian Medical Association and the Federal Medicine Council, whose purpose is to reconcile the medical information in order to standardize the conduct that will help the physician’s reasoning and decision-making capacity. The information provided in this project must be submitted to the critical evaluation of the physician responsible for the conduct to be followed in view of the reality and the clinical condition of each patient. “Malignant Hyperthermia” was the National Guideline described.

http://www.projetodiretrizes.org.br/projeto_diretrizes/058.pdf

• Anaphylaxis

SBA participated in the Project Guidelines in agreement with the Brazilian Medical Association and the Federal Medicine Council seeking to help physicians in their

decision-making, and hence optimize patient care, which triggered the elaboration of the Medical Guidelines based on the current scientific evidence by the Specialty Societies. Two National Guidelines were written: “Anaphylaxis – Diagnosis” and “Anaphylaxis – Management”.

http://www.projetodiretrizes.org.br/diretrizes11/anafilaxia_diagnostico.pdf

http://www.projetodiretrizes.org.br/diretrizes11/anafilaxia_tratamento.pdf

• Toxicity of Local Anesthetics

➤ In September, 2011, the Brazilian Journal of Anesthesiology (Revista Brasileira de Anestesiologia) published the first recommendation entitled “The Recommendations of the Brazilian Society of Anesthesiology – Safety in the Regional Anesthesia”, where conducts were discussed in order to ensure safety in the regional block anesthesia.

➤ In addition, the chapter “Resuscitation in Special Conditions V: Cardiorespiratory Arrest related to Exogenous Intoxication” was published in the book SAVA - Advanced Life Support in Anesthesia, 2011.

• Acute Hemorrhage

➤ SBA Commission on Continuing Education published in the Distance Learning Continuing Education Program on SBA website: “Anesthetic Management in Obstetric Hemorrhage Syndrome – Part 1 and Part 2”, 2011 plus video-classes: “Trauma and Emergency Anesthesia”.

➤ The chapter entitled “Hypovolemic Shock, Physiopathology and Treatment” was published in the SAVA book (Advanced Life Support in Anesthesia), 2011.

➤ The Committee on Resuscitation and Care of the Polytraumatized Patient has given courses on Advanced Life Support in Anesthesia – SAVA – during several SBA official conferences and congresses.

• Infection Control

➤ The Distance & Continuing Education courses “Infection and Anesthesia – Part I” and “Infection and Anesthesia Part II”, promoted by CEC, are available on SBA website.

➤ The chapter entitled “Surgical Patient Infection – How Can we Contribute to Prevention?” was published in the book “Quality and Safety in Anesthesia” (SBA, 2012).

• Postoperative Management and Pain Relief

➤ The Commission on Pain Training and Therapeutics (*CTTD - Comissão de Treinamento e Terapêutica da Dor*) assisted the Board of Directors in all issues related

to pain management , leading to an expansion of specialty societies that offer courses and certificates in this area. Examinations to obtain a certificate of Pain Management were elaborated and applied; their results were analyzed and published. The CTTD also inspected the opening of new SBA Centers of Pain Training and Therapeutics (CTT) and analyzed the existing ones.

→ Distance Learning and Continuing Education courses were offered by the Distance Learning Program, promoted by CEC, on SBA website, such as: Pharmacological Management of the Neuropathic Pain”.

→ During SBA official conferences (*Jornadas Oficiais SBA* - JONNA, JOSULBRA, JASB) meetings with the coordinators of the CTTs were held for the elaboration of proposals to alter the CTTD bylaws and the Regulation of SBA Pain Training and Therapeutics Centers.

→ Elaboration of the guidelines for the Pain Management Examination.

→ SBA Commision on Pain Training and Therapeutics, along with the Brazilian Society for the Study of Pain, inquired the Ministry of Health about the Public Consultation No. 7, dated of December, 2011.

→ Elaboration of the Clinical Protocol and Therapeutic Guidelines – “Chronic Pain”.

→ The chapter entitled “Chronic Postoperative Pain” was written and published in SBA Book of Continuing Education.

→ Report Draft and Logbook for the Pain Training and Therapeutics Centers.

→ Elaboration of the course “Interventional Techniques for Pain Management” – *Núcleo SBA Vida* (SBA Life Center).

3. SBA understands that all institutions that submit the patient to sedation must follow the anesthesiology standards regarded as safe practice of anesthesia.

- SBA has interfaced with the Brazilian Society of Digestive Endoscopy (SOBED) and discussed the minimum safety standards for sedation by non-anesthesiologists.

- SBA participated in the *Projeto Diretrizes* (Project Guidelines) together with the Brazilian Medical Association and the Federal Medicine Council. The objective of the Project Guidelines is to reconcile the medical information in order to standardize the conduct that will help the physician’s reasoning and decision-making capacity. The information provided in this project must be submitted to the critical evaluation of the physician responsible for the conduct to be followed in view of the reality and the clinical


condition of each patient. “Total Intravenous Anesthesia for Sedation” was the National Guideline described.

http://www.projetodiretrizes.org.br/8_volume/08-Anestesia.pdf


4- To SBA, all institutions must support WHO’s initiatives: “Safe Surgery Saves Lives” and the Surgical Safety Checklist.

- SBA has developed didactic material related to Quality and Safety in Anesthesia with focus on the prevention of drug-related errors, on Safety Checklist (Safe Surgery) and on concepts of quality and safety. During the Brazilian Congress of Anesthesiology (BCA), the material shown at an exhibition booth was handed out, and a survey on safety perception of the Brazilian anesthesiologists was performed. This perception was related to WHO’s Safe Surgery and the Surgical Safety Checklist.

Folder and support material for Safe Surgery Checklist



LISTA DE VERIFICAÇÃO DE SEGURANÇA CIRÚRGICA



A **Sociedade Brasileira de Anestesiologia (SBA)** por meio da **Comissão de Qualidade e Segurança em Anestesia (COSA/SBA)** apoia as ações de segurança da **Organização Mundial da Saúde (OMS)** e recomenda aos anestesiológicos brasileiros a sua participação na aplicação da **Lista de Verificação de Segurança Cirúrgica**.

- A aplicação da lista deve ser realizada por uma única pessoa em cada um dos três momentos. **Esta pessoa** poderá ser qualquer membro do time cirúrgico, desde que **esteja** familiarizada com as etapas envolvidas. O anestesista encontra-se inserido em todas as etapas.

ANTES DA INDUÇÃO ANESTÉSICA

- Atenção à correta identificação do paciente, assim como o procedimento a ser realizado e sua lateralidade, se houver (conferir a marcação do cirúrgico).
- Verificação da segurança anestésica ➔ O anestesista deve certificar-se de estar cumprindo os itens de segurança relacionados na Resolução CFM 1802/06.
- **Art. 3º.** Entende-se por condições mínimas de segurança para a prática da anestesia a disponibilidade de:
 - I – Monitoração da circulação, incluindo a determinação da pressão arterial e dos batimentos cardíacos, e determinação contínua do ritmo cardíaco, incluindo cardioscopia;
 - II – Monitoração contínua da oxigenação do sangue arterial, incluindo a oximetria de pulso;
 - III – Monitoração contínua da ventilação, incluindo os teores de gás carbônico exalados nas seguintes situações: anestesia sob via aérea artificial (como intubação traqueal, brônquica ou máscara laríngea) e/ou ventilação artificial e/ou exposição a agentes capazes de desencadear hipertensão maligna;
 - IV – Equipamentos (ANEXO II), instrumental e materiais (ANEXO III) e fármacos (ANEXO IV) que permitam a realização de qualquer ato anestésico com segurança, bem como a realização de procedimentos de recuperação cardiorespiratória.
- Certificar-se sobre possíveis alergias do paciente, assim como a existência de Via Aérea Difícil ou Risco de Aspiração, assim como conferir a disponibilização de material apropriado.
- **Verificar se o paciente possui** acesso venoso satisfatório e compatível com possíveis perdas sanguíneas e se **encontram-se disponíveis** fluidos adequados para reposição.




ANTES DA INCISÃO CIRÚRGICA

- O anestesista e outros membros do time cirúrgico devem identificar-se **nominalmente entre si**, mesmo que já se conheçam.
- Reconfirmar a identificação do paciente, sítio cirúrgico e procedimento a ser realizado.
- Revisar, com todos os outros membros do time cirúrgico, se **ocorreu, na indução, algum evento crítico, assim como a possibilidade de algum outro momento** de maior atenção durante o procedimento.
- Confirmar a realização adequada da profilaxia antimicrobiana, **caso** necessária ao procedimento proposto.
- Verificar a disponibilização de exames de imagem na Sala Operatória.

ANTES DE O PACIENTE SAIR DA SALA DE OPERAÇÕES

- Relatar **eventual problema** de funcionamento **com equipamento(s)** durante o procedimento e solicitar a devida substituição.
- Revisar, com todo o time cirúrgico e antes do encaminhamento à RPA, o procedimento realizado e **as** preocupações clínico-cirúrgicas, principalmente em relação ao controle da dor aguda, no pós-operatório.

Frente

<div>    </div> <div> LISTA DE VERIFICAÇÃO DE SEGURANÇA CIRÚRGICA (PRIMEIRA EDIÇÃO) </div>		
Antes de indução anestésica	Antes do incisão cirúrgica	Antes do paciente sair da sala de operações
IDENTIFICAÇÃO <ul style="list-style-type: none"> <input type="checkbox"/> PACIENTE CONFIRMOU: <ul style="list-style-type: none"> • Identidade • Sítio cirúrgico • Procedimento • Consentimento <input type="checkbox"/> SÍTIO DEMARCADO/NÃO SE APLICA <input type="checkbox"/> VERIFICAÇÃO DE SEGURANÇA ANESTÉSICA CONCLUÍDA <input type="checkbox"/> MONITORIZAÇÃO NO PACIENTE E EM FUNCIONAMENTO <p>O PACIENTE POSSUI:</p> <p>ALERGIA CONHECIDA?</p> <p><input type="checkbox"/> Não</p> <p><input type="checkbox"/> Sim</p> <p>VIA AÉREA DIFÍCIL/RISCO DE ASPIRAÇÃO?</p> <p><input type="checkbox"/> Não</p> <p><input type="checkbox"/> Sim, e equipamento/assistência disponíveis</p> <p>RISCO DE PERDA SANGÜÍNEA > 500 ML (7 ML/KG EM CRIANÇAS)?</p> <p><input type="checkbox"/> Não</p> <p><input type="checkbox"/> Sim, e acesso endovenoso adequado e planejamento para fluidos</p>	CONFIRMAÇÃO <ul style="list-style-type: none"> <input type="checkbox"/> CONFIRMAR QUE TODOS OS MEMBROS DA EQUIPE SE APRESENTARAM PELO NOME E FUNÇÃO <input type="checkbox"/> CIRURGIÃO, ANESTESIOLOGISTA E A EQUIPE DE ENFERMAGEM CONFIRMAM VERBALMENTE: <ul style="list-style-type: none"> • Identificação do paciente • Sítio cirúrgico • Procedimento <p>EVENTOS CRÍTICOS PREVISTOS:</p> <p><input type="checkbox"/> REVISÃO DO CIRURGIÃO: <p>Quais são as etapas críticas ou inesperadas, duração da operação, perda sanguínea prevista?</p> </p> <p><input type="checkbox"/> REVISÃO DA EQUIPE DE ANESTESIOLOGIA: <p>Há alguma preocupação específica em relação ao paciente?</p> </p> <p><input type="checkbox"/> REVISÃO DA EQUIPE DE ENFERMAGEM: <p>Os materiais necessários (ex. instrumentais, próteses) estão presentes e dentro do prazo de esterilização? (Incluindo resultados do indicador)?</p> <p>Há questões relacionadas a equipamentos ou quaisquer preocupações?</p> </p> <p>A PROFILAXIA ANTIMICROBIANA FOI REALIZADA NOS ÚLTIMOS 60 MINUTOS?</p> <p><input type="checkbox"/> Sim</p> <p><input type="checkbox"/> Não se aplica</p> <p>AS IMAGENS ESSENCIAIS ESTÃO DISPONÍVEIS?</p> <p><input type="checkbox"/> Sim</p> <p><input type="checkbox"/> Não se aplica</p>	REGISTRO <p>O PROFISSIONAL DA EQUIPE DE ENFERMAGEM OU DA EQUIPE MÉDICA CONFIRMA VERBALMENTE COM A EQUIPE:</p> <p><input type="checkbox"/> REGISTRO COMPLETO DO PROCEDIMENTO INTRA-OPERATÓRIO, INCLUINDO PROCEDIMENTO EXECUTADO</p> <p><input type="checkbox"/> SE AS CONTAGENS DE INSTRUMENTAIS CIRÚRGICOS, COMPRESSAS E AGULHAS ESTÃO CORRETAS (Ou não se aplicam)</p> <p><input type="checkbox"/> COMO A AMOSTRA PARA ANATOMIA PATOLÓGICA ESTÁ IDENTIFICADA (Incluindo o nome do paciente)</p> <p><input type="checkbox"/> SE HÁ ALGUM PROBLEMA COM EQUIPAMENTO PARA SER RESOLVIDO</p> <p><input type="checkbox"/> O CIRURGIÃO, O ANESTESIOLOGISTA E A EQUIPE DE ENFERMAGEM REVISAM PREOCUPAÇÕES ESSENCIAIS PARA A RECUPERAÇÃO E O MANEJO DO PACIENTE (Especificar critérios mínimos a serem observados, ex.: dor)</p> <p>Assinatura _____</p>

ESTA LISTA DE VERIFICAÇÃO NÃO TEM A INTENÇÃO DE SER ARRABENTADA. ACRESCIMOS E MODIFICAÇÕES PARA ADAPTAÇÃO À PRÁTICA LOCAL SÃO RECOMENDADOS.

Verso

• Workshops on the theme “Safe Surgery and Safe Surgery Checklist” were carried out, including simulation activities during the conference “Jornada JOSULBRA”, in 2011 and during the “The Paulista Congress of Anesthesiology” (COPA), held in Sao Paulo city, in 2012 and 2013.

• The chapter entitled “Safety Checklist (WHO), CRM and Other Structured Communication Techniques for Patient Safety” was published in the book “Quality and Safety in Anesthesia” (SBA, 2012).

5- All anesthesiology departments in Europe must be able to write a local, annual report on the actions taken to improve safety and the results obtained.

• SBA Commissions and Committees write quarterly reports on their activities to be discussed in meetings with the Board of Directors annually for analysis, monitoring of actions and action plans development.

• Regular analyses of quality and safety indicators in anesthesia validated by SBA are carried out. Such indicators acknowledge those ones already implemented by other international societies of anesthesia. The importance of the results of these indicators for SBA's action plans has been discussed. CET- SBA databank of 2009 and 2010 (partial) was analyzed, being the total number of allocated patients 1.555.446. The events were observed and discussed, followed by a critical evaluation and the reallocation of events in the indicators previously consensed with their definitions.

6- All institutions that provide anesthesia care must collect the necessary data to elaborate an annual report on patient morbidity and mortality.

- Along the years, SBA has encouraged the anesthesiology residents and the coordinators of the Teaching and Training Centers to record the data referring to morbidity and mortality in Anesthesiology in a computer system named Logbook. They are indicators that are uploaded to subsidize the actions taken by SBA Committee on Quality and Safety in Anesthesia and other SBA committees and commissions.



[Clique aqui para efetuar o Logoff](#)

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EVENTOS ADVERSOS

Total de procedimentos cadastrados no período de 01/02/2012 a 31/01/2013: **687647**

Total de eventos adversos cadastrados no período de 01/02/2012 a 31/01/2013: **1236**

Sistema Respiratório	Ocorrências	%
Aspiração Pulmonar Perioperatória	43	0,000063%
Extubação acidental	62	0,000090%
Reintubação não planejada	99	0,000144%
Trauma dentário	10	0,000015%
Via aérea difícil (VAD) não reconhecida	119	0,000173%
Material	Ocorrências	%
Anafilaxia	32	0,000047%
Ocorrência relacionada a Medicamentos (erro dispensação/ administração)	18	0,000026%
Queixa técnica (medicamentos/ materiais/ equipamentos)	22	0,000032%
Reação Transfusional perioperatória - RPA	1	0,000001%
Toxicidade por anestésico local	12	0,000017%

7- All institutions that provide anesthesia care must cooperate with the reknown national organizations or with the principal audits of safety practices and systems of reporting critical incidents. To this end, they must provide resources.

- SBA, along with the Brazilian Society of Hospital Pharmacy and Healthcare Services and ISMP Brasil, has developed the parameterization of a system for reporting medication-related adverse events. SBA is also seeking to interface this system with ANVISA (National Agency of Sanitary Surveillance) and the Ministry of Health.

The Brazilian Society of Anesthesiology acknowledges that it is fundamental to continue its joint actions with the Brazilian anesthesiologists, the patients and their families, the National and International Societies of Anesthesiologist and the other healthcare professionals and institutions, the Ministry of Health, ANVISA and the manufacturers, as well as the industry of drugs, materials and equipment. SBA understands that only a sustained joint effort can lead it to success in its permanent search for quality and safety in anesthesia in the perioperative period.

This is the report of SBA's activities herein detailed and undersigned by:



Dr. Airton Bagatini

President of the Brazilian Society of Anaesthesiology



65 anos

*Sociedade Brasileira
de Anestesiologia*

1948 - 2013



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