


IDENTIFICATION OF INCIDENTS AND STRATEGIES RELATED TO PATIENT SAFETY IN PRIMARY HEALTH CARE

 <https://doi.org/10.56238/arev7n3-190>

Submitted on: 02/19/2025

Publication date: 03/19/2025

Carla Helena Faioli Andrade¹, Camilo Amaro de Carvalho², Andréia Guerra Siman³, Catherine Marques Barros⁴, Joana Ribeiro⁵, Gabrielly Vaillant Quintão⁶, Beatriz Santana Caçador⁷ and Marilane de Oliveira Fani Amaro⁸

ABSTRACT

Objectives: To identify incidents and strategies related to safe care in Primary Health Care, from the perspective of nurses. **Method:** Descriptive-exploratory study with a qualitative approach, data collection occurred through interviews and data were submitted to content analysis. A study conducted with 17 nurses working in Primary Health Care. **Results:** Main incidents identified from the analysis of the collected data: ineffective reception, exchange of medical records, accidents with piercing and cutting material, errors in procedures, inadequate structure and technique, and lack of resources. **Main actions for security:** use of protective equipment, protocols, multiprofessional work and qualified listening. Also noteworthy is the concern with the physical and legal protection of health professionals. **Conclusion:** Patient safety in this scenario faces several weaknesses. The study contributes to the understanding of the challenges and opportunities for the implementation of safe practices in primary care.

Keywords: Nursing. Primary Health Care. Patient safety.

¹ Student, Department of Medicine and Nursing, Federal University of Viçosa, MG

² Professor, Department of Medicine and Nursing, Federal University of Viçosa, MG, Brazil

³ Professor, Department of Medicine and Nursing, Federal University of Viçosa, MG, Brazil

⁴ Student, Department of Medicine and Nursing, Federal University of Viçosa, MG

⁵ Student, Department of Medicine and Nursing, Federal University of Viçosa, MG

⁶ Student, Department of Medicine and Nursing, Federal University of Viçosa, MG

⁷ Professor, Department of Medicine and Nursing, Federal University of Viçosa, MG, Brazil

⁸ Professor, Department of Medicine and Nursing, Federal University of Viçosa, MG, Brazil

INTRODUCTION

Patient safety plays a key role in ensuring excellence in health care, as it involves implementing measures aimed at preventing adverse events to which patients may be subject. In this sense, patient safety assumes the role of an ongoing strategy to minimize the potential for harm in the health care process. To establish a culture of patient safety, it is crucial to understand the beliefs, values, and norms that the institution values, identify which actions and behaviors related to patient safety are encouraged and enforced. By promoting a positive culture of patient safety within the health institution, it contributes to the provision of high-quality care (1).

In Brazil, in 2013, the National Patient Safety Program (PNSP) was established, simultaneously with Collegiate Board Resolution No. 36, which outlined the need to develop protocols related to patient safety, as well as the creation of Patient Safety Centers (NPS) (2). The primary function of these centers is to foster and support the execution of measures aimed at improving patient safety in various health care delivery environments, including hospitals, basic health units, clinics, and specialized diagnostic and treatment services. This initiative represented a significant milestone in the Brazilian health system's commitment to raising safety standards to ensure the well-being of patients in all health care settings (3).

In PHC, the approach to patient safety is still in its early stages. In 2017, the National Primary Care Policy (PNAB) underwent significant revisions, resulting in the inclusion of Patient Safety as a responsibility of all professionals working in PHC. In the following year, the "Astana Declaration" of the World Health Organization (WHO) was renewed, highlighting that the success of PHC depends on the use of various technologies that promote improvement in the quality of services provided, ensure patient safety, strengthen the effectiveness and coordination of care provided in this care environment. Considering that PHC has four fundamental characteristics that include initial access, continuous monitoring, comprehensiveness and coordination of care, and three complementary characteristics that are family-oriented orientation, community orientation and cultural competence, addressing patient safety presents itself as a challenge, even if, Initially, the care offered is less dependent on advanced technologies (4).

When comparing Brazilian studies on the incidence of adverse events in hospitals and health units, it is noted that the rates seem to be higher in the hospital context. However, when we perform a calculation that involves the rate of adverse events in health

units multiplied by the monthly rate of medical consultations performed in PHC, it becomes evident that a greater number of people are affected by adverse events in a single month at this level of care. Many of these adverse events could be avoided if patient safety measures were systematically implemented in PHC. The WHO International Patient Safety Classification defines adverse events as incidents that caused harm to patients, occurring unintentionally and without prior intent (4).

The taxonomy applied to patient safety covers, within the concept of incident, the following categories: notifiable circumstances, near misses, incidents that did not result in damage, and adverse events (5). In this context, the professional nurse is an integral and indispensable part of the multiprofessional team and, even considering the complexity of the nurse's performance in this scenario, the incidents are still little known and explored in the literature. There are certain procedures such as dressings, collection of cytopathological tests, capillary glucose, administration of medications, among others, which, due to their invasive nature, are likely to result in an adverse event (6).

According to a 2022 survey, the concept of safe care involves reducing adverse events, increasing user and family satisfaction, reducing hospital costs, and valuing health care (7). In recent years, as the need to establish an effective structure for the administration of health units has intensified, deficiencies have become evident that emerge in the face of the complexity of implementing care in PHC. Both managers, health professionals and the users themselves have highlighted the importance of a patient safety culture that permeates the entire work process at this level of care (8).

It is understood that patient safety is a crucial element in meeting the challenge of accurately identifying deficiencies that result in harm to patients. The widespread perception is that patient safety should not be just an isolated component, but rather comprehensively integrated into all stages and aspects of PHC care. The importance of this approach transcends the technical aspects of medical care delivery, encompassing awareness, empowerment and commitment of all those involved to ensure the safety and well-being of patients. Understanding the failures and deviations that can cause harm to patients is essential for a more effective and preventive action. The patient safety culture not only promotes the identification of these challenges, but also the constant search for improvements in the health system. Therefore, its effective adoption in PHC is seen as a fundamental step to provide high-quality and safe care to users (8).

Given the significant reach of PHC, in 2012, WHO formed an expert committee called the "*Safer Primary Care Expert Working Group*" with the purpose of investigating incidents associated with primary health care and addressing issues related to patient safety in this context. The Basic Patient Safety Protocols emerged due to the need to invest in the creation and maintenance of patient safety policies, aiming to reduce adverse events. These protocols have similarities with the International Patient Safety Goals (MISP), which consist of 6 goals: correct patient identification, effective communication, safe use of medications, safe surgery, reduction of the risk of infection, and reduction of falls and pressure injuries. Despite the increased interest in patient safety, research on patient safety is predominantly centered on the provision of care in hospital settings (9).

In view of the above, it is necessary for PHC health professionals to understand the importance of patient safety, carrying out actions that reduce possible adverse events in this scenario. In view of the challenges mentioned, this study focused on the following question: what are the existing incidents and what actions are carried out within the scope of PHC, in order to offer the patient greater safety in the provision of services? Therefore, the objective of this research was to identify incidents and strategies related to safe care in PHC, from the perspective of nurses from a municipality in the Zona da Mata Mineira.

METHODS

This is a descriptive-exploratory study with a qualitative approach. The decision to employ a qualitative study is due to its ability to investigate aspects that involve both the subjective and relational spheres of social reality, exploring the history, context, meanings, motivations, beliefs, values and attitudes of the social participants involved (10).

The study was conducted according to the Consolidated *Criteria for Reporting Qualitative Research* (COREQ) checklist (11).

This research was developed in a municipality in the Zona da Mata of Minas Gerais, which has 22 PHC units, all of which operate according to the logic of the Family Health Strategy (ESF). The choice for these health units is due to the fact that they are fields of practical activities and curricular internships of the nursing and medical courses of a federal university.

All nurses in the municipality who worked in PHC were included in the study, including 22 professionals. Professionals who were away from work during the data

collection period were excluded. Thus, 5 nurses refused to participate in the study, totaling 17 participants.

Data collection took place through individual interviews, previously scheduled through telephone contact, according to the availability of each professional's time in the period from June to August 2022. A semi-structured script was used with guiding questions that addressed which incidents existed and actions taken to ensure safe care in PHC.

All interviews were digitally recorded and transcribed in full. In order to ensure the anonymity of the participants, the testimonies were identified by the word "nurse" followed by a number corresponding to the chronological order of the interviews.

For data analysis, the content analysis approach was used (12). Initially, in the pre-analysis stage, the data were structured, organizing and systematizing the initial ideas, while in the second stage, the material was explored, coding and establishing categories. Finally, the third phase involved inference and interpretation of the results in the light of the existing literature (12).

The research was approved by the Ethics Committee for Research with Human Beings of the Federal University proponent, opinion no.: 5.368.913, in accordance with Resolution 466/2012 of the National Health Council.

RESULTS

Of the 17 interviewees, 15 were female and 13 had some specialization in family health or collective health.

Three categories emerged from the analysis of the interviews: Incidents associated with patient safety in PHC; Actions carried out by nurses for safe care in PHC and Worker Safety as an interface of safe care.

INCIDENTS ASSOCIATED WITH PATIENT SAFETY IN PHC

Table 1 shows the association between the incidents reported by the participants and the international patient safety goals.

Table 1: Association of international patient safety goals with patient safety-related incidents identified by nurses.

Goal	Incidents	Nurses' reports
Effective communication	Ineffective reception	E16: "From the reception to anything from assistance, how you welcome to the procedure, the whole process matters." E10: "Depending on the approach, it can have a physical and emotional impact on the patient."
Patient identification	Medical record exchange	E17: "Sometimes we take the wrong medical record or administer medication to the wrong patient."
Reducing the risk of HAI	Sharps accident	E3: "If you don't know how to do it within the technique, it can cause harm to the patient."
Procedures performed properly	Inadequate procedures	E5: "Changing the wrong probe can injure the patient." E15: "Non-standard procedures without training are risky and should not be performed."
Safety in drug administration	Incorrect administration, Incorrect administration of vaccines	E5: "Intramuscular medication in the wrong place can cause risks." "Applying without checking for allergies can bring serious problems." E1: "Errors in the vaccine room can cause irreparable damage."
Fall prevention	Inadequate physical structure, ineffective material resources	E6: "The structure of the unit is not adequate to offer safe care as we would like." E9: "Poorly maintained stretchers and chairs hinder safe care."

Source: Data collected from interviews conducted in Primary Health Care in Zona da Mata Mineira, Brazil, 2024.

On the other hand, it is worth mentioning that one of the nurses reported that PHC is an incident-free workplace, as shown below:

Nurse 11: ... I don't know how to tell you... I don't think there is.

When asked about training related to patient safety in PHC, all the nurses interviewed stated that they had never had any training related to safe care, as shown below:

Nurse 14: Yes, in time... I have already had the opportunity to go through this type of training in hospitals, right? PSF no, UBS no, Public health no, in hospitals, per se.

Nurse 07: No. But I had a training once, but it's... In the other municipality I worked, but it was first aid. It didn't go back to patient safety, like, you know? In general.

Nurse 06: So, I had a closer approach in graduation, but since I entered here, no. I have nothing to do with it, I have never gone through any training, socialization about anything.

ACTIONS CARRIED OUT BY NURSES FOR SAFE CARE IN PHC

Regarding the actions taken for safe care, some professionals reported the importance of recording information in the medical record, the safe administration of

medications, the use of personal protective equipment (PPE) and the elaboration of standard operating procedures (SOPs), as reported:

Nurse 01: As I am taking over the unit now, we are adapting a lot of things. And I'm updating, in fact I'm doing the SOP for the unit, especially for the nursing team so that at least this way, it's standardizing care and avoiding any mistakes.

Nurse 04: First insurance for me, for the use of PPE. And for the patient, it's always the conference, right. The medication, the route. What is the correct prescription from the doctor, we still have to question even the medication, or the prescription itself, not only because it came from the doctor that it is correct, so we have to be aware of that too.

Nurse 17: We always try to treat the patient by the patient's name, always having his medical record in hand, recording it here in the medical record and always paying attention to the procedure, to the correct patient.

Nurse 10: Wear gloves, all PPE is constant, confidentiality is also care, confidentiality in relation to what the patient has, the patient himself is care for him. Is... we do our best to use all PPE, all protocols, we do our best to use everyone.

Some nurses emphasized the importance of multiprofessional teamwork and qualified listening as tools used to achieve safe care:

Nurse 09: We are always holding team meetings, multi-team meetings and also intersectoral meetings.

Nurse 11: An initial listen... A conversation with the patient, that when you look at the patient, you say like this, wow, he needs at least one conversation, like that. Right.... and a good quality work, you know, that shows him that you are capable and that you go after it and that you studied for it.

Nurse 16: Professional ethics, listening, welcoming, care with family management. All care in receiving the patient in his safety in the matter of contamination, contact with the unit, contact with health professionals.

WORKER SAFETY AS AN INTERFACE OF SAFE CARE

Most participants showed concern about the safety of the professional who is providing care:

Nurse 03: For the patient's well-being, for the protection of the patient and the professional? On both sides.

Nurse 07: [...] Safe care both for the patient, to avoid possible contamination, and for us as well, health professionals.

Nurse 09: The importance of both sides, both professional and patient. The professional supporting himself with ... to have the security of doing the correct procedure, of being done in a way that ... correct to be according to the need. And for the patient his benefit too, he takes both sides.

Nurse 16: Everything is safeguarded, both the patient and us. It's everything for us, for the professional, especially those who are in care, right?

Nurse 5: I think it's... What's most important in our area, you know? Because we live with lives, right? It is different from other areas. So safety has to come first.

Furthermore, in the interviews, safe care was associated not only with the physical protection of professionals, but also with legal protection, in which unsafe practices legally compromise the institution and the professionals:

Nurse 14: And this also implies, not only the patient, but for example even the issue, as I can tell you, legal of the company, of the institution as well, because it is compromised if we do an act that is not safe. It may be compromising the professional, the patient, the company, the entire community and the team as well.

DISCUSSION

Most investigations related to patient safety occur in hospital environments, as it is considered a more complex scenario. However, PHC plays a central role in most actions aimed at the population and, despite this, knowledge about patient safety at this level of care is still limited, reinforcing the lack of understanding about the risks faced by users in health services, taking into account the severity and frequency of adverse events, due to underreporting. (13)

Patient safety is crucial to ensure quality care in PHC. The WHO recognizes the importance of this topic, highlighting the fundamental role of health professionals, patients and managers in harm reduction. For this, it is essential to invest in permanent education and health promotion. Human and administrative errors are frequent in PHC and challenging to quantify, as they are often interconnected with communication problems and inadequate training of professionals, especially in electronic health records (4). In the present study, the participants reported incidents associated with patient safety that are related to human errors and the lack of adequate training, corroborating the findings in the literature.

Several studies have observed that conducts to improve safety with medications, care and communication at this level of care, as practical guidelines to be adopted in health

units (13). In this study, it was possible to identify that some actions that can result in incidents in PHC are medications administered incorrectly and errors related to patient identification, such as the exchange of medical records, which corroborates the findings of the existing literature.

It is notable throughout the testimonies that, in addition to human errors, there is also an important structural issue that represents a risk to patient safety in PHC, since many health units are still allocated to adapted and inadequate buildings, or to units that need renovations due to the action of time and other agents. A national study highlights the same fragility, presenting the structural component as a major obstacle that can contribute to the occurrence of errors in PHC, such as performing many different procedures in the same room, which can generate an accidental change of medication, risk of falling due to lack of adequate accessibility, and others (3). It is necessary to invest in infrastructure for quality service to users in the researched scenario.

PHC is widely recognized as the initial access point to the health system and plays a key role in organizing and coordinating the care needed to meet the population's individual and collective health demands over time. As the main gateway, characterized by its decentralization and widespread presence in the health system, PHC is rooted in the lives of people and communities, incorporating and respecting their cultural particularities throughout their life trajectory. These characteristics give PHC a prominent role in promoting the quality of health services, while presenting significant challenges in the implementation of good practices, including those related to patient safety (14).

It is undeniable that nursing plays a fundamental role in ensuring patient safety, positioning itself as the most suitable group to lead risk management. This position is due to the proximity of nurses to the provision of patient care and their central role in care. In fact, nurses have the ability to reduce the incidence of incidents and adverse events, since they introduce quality standards in services, monitor adherence to established standards, manage improvements in working conditions, and promote safety in patient care. As they are ultimately responsible for care, nursing represents the last barrier against adverse events in the health area(15). This is also highlighted in the present study, which can be observed in the results obtained.

It is possible to identify the importance of patient safety actions in the protocols of good practices for the functioning of health services, which are based on qualification, humanization of care and management, playing a crucial role in reducing incidents in PHC.

Some essential practices include proper patient accommodation, maintaining cleanliness, injury prevention, and prophylaxis measures. It is essential to use aseptic techniques, assess and minimize the risk of falls, identify patients at risk, and maintain safe environments (16). The results of this study identified several actions to ensure patient safety, such as correct identification, hand hygiene, fall prevention, safe handling of piercing and cutting material, correct administration of medications, and recording of care actions.

It is crucial to strengthen cooperation and collaboration among the PHC health team through the formation of a group of articulated professionals who are committed to critically analyzing viable solutions to build a culture of safety in their health unit. An institution that has a well-connected, cohesive team that is willing to collaborate together provides safe care and, as a result, reduces the likelihood of errors occurring (17). By emphasizing the importance of well-structured teamwork, the nurses interviewed demonstrate the relevance of this cooperation.

Worker safety and patient safety are two distinct areas. However, despite being different areas, they are interconnected within the context of health service delivery. Worker safety, when acting on the management of ergonomic risks, directly impacts patient safety, as risks to the health and safety of workers can lead to damage and adverse events to patients(4). The perception of the participants demonstrated in the present study reveals that nurses understand that patient and worker safety are interconnected and work together in the health system.

In Brazil, a significant increase in the judicialization of health has been observed, driven by the incidence of adverse events. The judicialization of health care is understood as the activation of the Judiciary by individuals or groups, with the objective of resolving conflicts related to the provision of care between individuals, companies or the executive branch (18).

A study on the judicialization of nursing errors showed that the most common legal outcome observed in the cases analyzed was the condemnation of the health service, in which the institution's responsibility for the errors of nursing professionals is made explicit(19). In this context, it is emphasized that the social implications of the judicialization of errors in the daily life of nursing professionals permeate the emotional suffering evidenced by the feeling of omission and lack of support in facing the judicial process.

These feelings often evolve into defensive practices at work, in which the focus is no longer on the quality of the care provided, but on legal support.

Unfortunately, there is a perception that the actions carried out in PHC do not generate incidents and do not have drastic consequences, which may influence the difficulty of some nurses in listing such incidents, but it is known that because they affect the largest number of people, they may end up having a greater magnitude(20).

Other important aspects mentioned were the lack of material resources for health care at this level of care, which directly affects patient safety, corroborating research carried out in another region of our country(21).

FINAL CONSIDERATIONS

In the present study, the focus on human error as the main risk observed by nurses was remarkable, which also translates into the main actions to reduce these risks, such as good hygiene practices, adequate technique and effective communication. Structural and material issues such as the physical inadequacies of the units and the lack of correct material were also cited as important points of risk in PHC.

According to the results obtained, it can be evaluated that there is a long way to go in relation to safe care in PHC. This translates into significant gaps in fundamental issues for patient safety on the part of nurses regarding safe care. It is necessary to work on the perception of incidents at this point of care, which can be done through the creation of a patient safety center and a permanent education program with all professionals.

Nurses in PHC face several challenges, such as a lack of effective processes, the need for ongoing education, and inadequate infrastructure. Understanding patient safety in PHC is essential to develop effective interventions that improve organizational and structural aspects, raising the quality of care provided. A detailed analysis of these elements allows you to identify areas for improvement and implement measures that strengthen patient safety, resulting in safer and more effective care.

In the sphere of worker safety, the direct connection of this area with safe care is evident, demonstrating a good level of understanding on the part of the participants. This favorable perception contributes significantly to the improvement of patient safety in PHC.

One limitation of this research is that the evaluation was carried out from the perspective of nurses from a single municipality only, which cannot represent a faithful cut of the country's reality.

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