DOI: https://doi.org/10.36489/saudecoletiva.2020v10i59p4442-4455

Patient safety in primary health care: a theoretical reflection

Seguridad del paciente em la atención primaria de salud: uma reflexión teórica

Segurança do paciente na atenção primária à saúde: uma reflexão teórica

ABSTRACT
Objective: To analyze, from a theoretical reflection, the main adverse events and the context of patient safety in primary health care. Method: This is a qualitative, descriptive study of the theoretical-reflective type developed from the narrative review approach with national and international scientific articles available in the LILACS, BDENF, SciELO and MEDLINE databases. Results: It was found that research related to patient safety is predominantly directed towards hospital care. However, the main adverse events that occurred in primary care are related to delayed diagnosis, medication, dental treatment, injections, vaccines, communication between doctor and patients, documentation and administrative processes. Conclusion: There is a need to expand discussions on patient safety in primary care in order to enable patients and professionals to recognize and manage adverse events and be sensitive to their shared capacity for change, reducing errors and tensions.
ESCRIPTORS: Patient safety; Primary health care; Quality of health care.

RESUMEN
Objetivo: Analizar, desde una reflexión teórica, los principales eventos adversos y el contexto de la seguridad del paciente en la atención primaria de salud. Método: Se trata de un estudio cualitativo, descriptivo de tipo teórico-reflexivo desarrollado a partir del enfoque de revisión narrativa con artículos científicos nacionales e internacionales disponibles en las bases de datos LILACS, BDENF, SciELO y MEDLINE. Resultados: Se encontró que la investigación relacionada con la seguridad del paciente se dirige predominantemente hacia la atención hospitalaria. Sin embargo, los principales eventos adversos que ocurrieron en atención primaria están relacionados con el retraso en el diagnóstico, medicación, tratamiento odontológico, inyecciones, vacunas, comunicación entre médico y pacientes, documentación y procesos administrativos. Conclusión: Es necesario ampliar los debates sobre la seguridad del paciente en atención primaria para que los pacientes y los profesionales puedan reconocer y gestionar los eventos adversos y ser sensibles a su capacidad compartida de cambio, reduciendo errores y tensiones.
DESCRIPTORES: Seguridad del paciente; Atención primaria de salud; Calidad de la atención de salud.

RESUMO
Objetivo: Analisar, a partir de uma reflexão teórica, os principais eventos adversos e o contexto da segurança do paciente na atenção primária à saúde. Método: Trata-se de um estudo qualitativo, descritivo do tipo teórico-reflexivo desenvolvido a partir da abordagem de revisão narrativa com artigos científicos nacionais e internacionais disponíveis nas bases de dados LILACS, BDENF, SciELO e MEDLINE. Resultados: Identificou-se que as pesquisas relacionadas à segurança do paciente estão predominantemente direcionadas para a assistência hospitalar. Contudo, os principais eventos adversos ocorridos na atenção primária estão relacionados ao atraso diagnóstico, medicação, tratamento odontológico, injeções, vacinas, comunicação entre médico e pacientes, documentação e processos administrativos. Conclusão: Tem-se a necessidade de ampliar as discussões sobre segurança do paciente na atenção primária de modo a possibilitar que pacientes e profissionais possam reconhecer e gerenciar os eventos adversos e serem sensíveis à sua capacidade compartilhada para a mudança reduzindo erros e tensões.
DESCRITORES: Segurança do paciente; Atenção primária à saúde; Qualidade da assistência à saúde.

RECEIVED ON: 10/27/2020 **APPROVED ON:** 11/ 04/2020

Ricardo Saraiva Aguiar
Catholic University of Brasilia (UCB). School of Health and Medicine, Postgraduate Program in Gerontology, Brasília-DF, Brazil.
ORCID: 0000-0003-0335-2194

Henrique Salmazo da Silva
Catholic University of Brasilia (UCB). School of Health and Medicine, Postgraduate Program in Gerontology, Brasília-DF, Brazil.
ORCID: 0000-0002-3888-4214

INTRODUCTION

The quality of care is present on the global health agenda, with patient safety being one of its components [1], as it comprises actions aimed at the management and prevention of risk and exposure during health care provided to patients in different contexts and needs. [2]

To achieve this care, said to be safe, health institutions have endeavored to improve the care processes offered to users, recognizing in the first instance the need to establish a patient safety culture as a routine in the health service. [2-3]

This became more present on the agendas of the agendas of public and private health services after the publication in 1999 of the North American report "To err is human: building a safer health system" of the Institute of Medicine (IOM). [4-5] The document presents the results of the study of medical records that indicated the occurrence of iatrogenesis in just over 3% of the total analyzed. In addition, 44 to 98 thousand patient deaths per year have been documented in the United States of America (USA). A large portion of them could have been avoided with the adoption of practices aimed at promoting safe care. [4]

Thus, it is understood that due to the diversity of health situations that are solved in Primary Health Care (PHC), there is a requirement for health professionals to have skill, technical knowledge and attitudes of empathy that involve qualified listening and personalization of care. However, professional performance in direct assistance is subject to failures, whether technical, or from the absence of attitudes of empathy. [6]

PHC is defined as a set of values, principles and structural attributes, and should be the basis of health systems as it is the best strategy to produce sustainable improvements and greater equity in the health status of a population. [7-8] It was proposed for the organization of services focusing on the health needs of the registered population and based on a multiprofessional and interprofessional action with social participation. [9]

It can be thought that PHC, as it does not work directly with high-tech procedures, is a protected and safe environment, but the occurrence of adverse events is also present at this level of care, a fact identified in a study conducted in Brazil that showed the incidence 82% of damage that affected patients, many of them with very high severity - permanent damage (25%) or death (7%). Among the identified errors that contributed to the adverse events, the following stand out: errors in administrative assistance, in the investigation of exams, with treatments, in communication, in the management of human resources, in the execution of a clinical and diagnostic task. [10-11]

Although PHC incidents may be less harmful than some that occur in hospitals, they can be of great magnitude, due to the high number of users served, services and procedures performed throughout the lives of people at this level of the network of attention. [12] PHC is considered the coordinator of care and the preferred gateway for users to different points of care in the health care networks (redes de atenção à saúde - RAS). [13] Despite this, the topic of patient safety in PHC has not been explored to the same extent as in hospital settings, and is still incipient in the literature. [10,12]

Thus, the use of specific actions aimed at the safety of care is recommended in order to standardize the work processes, the identification of risks, the planning of assistance, management commitment, communication between professionals and the implementation of a favorable culture education and changing behaviors that focus on reducing adverse events. [13]

Therefore, this article aims to analyze, from a theoretical reflection, the main adverse events and the context of patient safety in primary health care.

METHODS

It is a qualitative, descriptive study of the theoretical-reflective type developed from the narrative review approach with national and international scientific articles that address patient safety and adverse events in the context of PHC.

For the search for productions, the following research question was carried out: "What is the production, in the literature, about patient safety and adverse events in the context of PHC?". Thus, articles that addressed patient safety and adverse events in the context of PHC were selected.

The articles were searched from January to March 2020 using the databases Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Nursing Database (BDENF) and Scientific Eletronic Library Online (SciELO), refining the search for the period from 2008 to 2020 and using the following inclusion criteria: articles available online; in Portuguese, English or Spanish; and original research or literature review.

The study was divided into stages: searching for articles in the databases; reading the titles and abstracts to verify the convergence of the material to the study theme and the inclusion criteria; reading the entire article; search and

reading of the original studies found through the final references of the articles from the search in the databases. After all the readings, the materials were compiled, followed by the analysis and identification of adverse events in the elderly for reflection and, finally, the elaboration of the study's reflective syntheses.

With the selected articles, narrative synthesis was used for data analysis and discussion.

RESULTS

12 were used in this narrative review (Chart 1), and the results were interpreted and synthesized through a comparison of the data evidenced in the analysis of the articles.

DISCUSSION

The provision of health care is quite complex and requires the necessary balance between benefits and damages that accompany the entire process, in

Chart 1 – Distribution of articles according to the journal, year of publication, author (s), title, design and results. Brasília, Federal District, Brazil, 2020.

	PERIÓDICO E ANO DE PUBLICAÇÃO	AUTOR(ES)	TÍTULO	DELINEAMENTO	RESULTADOS
Artigo 1	Revista Gaúcha de Enfermagem, 2019	Silva APF, Backes DS, Magnago TSBS, Colomé JS	Segurança do paciente na atenção primária: concepções de enfermeiras da Estratégia Saúde da Família	Qualitativo	As enfermeiras relacionam a segurança do paciente a atitudes que não provoquem maiores danos ao usuário. Dentre as dificuldades encontradas, destacam-se: estrutura física inadequada, falta ou deficiência de material de consumo, falhas relativas à gestão e ou organização e sobrecarga de trabalho.
Artigo 2	Journal of Nursing and Health, 2018	Souza LM, Silva MCS, Zavalhia SR, Coppola IS, Rocha BP	Percepção de enfermeiros da Estratégia Saúde da Família sobre segurança do paciente	Qualitativo	Identificou-se falta de familiarização dos enfermeiros com o assunto. Erros de medicação e quedas foram problemas à segurança do paciente e a comunicação efetiva como fator promotor. A capacitação das equipes, implementação de instrumentos próprios voltados à segurança do paciente e diminuição de trabalho foram apontadas enquanto estratégias de melhoria.
Artigo 3	Research, Society and Development, 2020	Alves AS, Aguiar RS	Segurança do paciente no âmbito domiciliar: uma revisão integrativa	Revisão integrativa	A segurança no âmbito domiciliar constitui importante objeto de estudo, devendo ter sua relevância adequadamente compreendida por profissionais de enfermagem, cuidadores e familiares, visando o desenvolvimento de práticas adequadas de cuidado que possam proporcionar a construção de um ambiente seguro.
Artigo 4	Caderno de Saúde Pública, 2014	Marchon SG, Mendes Júnior WV	Segurança do paciente na atenção primária à saúde: revisão sistemática	Revisão sistemática	O método mais utilizado nos estudos foi a análise de incidentes em sistemas de notificação de incidentes, sendo que os tipos de incidentes mais encontrados na atenção primária estavam associados à medicação e diagnóstico. Os fatores contribuintes mais relevantes foram falhas de comunicação entre os membros da equipe de saúde.

Artigo 5	Cadernos de Saúde Pública, 2015	Marchon SG, Mendes Júnior WV, Pavão ALB	Características dos eventos adversos na atenção primária à saúde no Brasil	Prospectivo	A taxa de incidentes que não atingiram os pacientes foi de 0,11%. A taxa de incidência de incidentes que atingiram os pacientes, mas não causaram dano foi de 0,09%. A taxa de incidência de incidentes que atingiram os pacientes e causaram evento adverso foi de 0,9%.
Artigo 6	BMJ Quality & Safety, 2011	Wallis K, Dovey S	No-fault compensation for treatment injury in New Zealand: identifying threats to patient safety in primary care	Quantitativo	Houve 6007 reclamações de lesões por tratamento de cuidados primários; 64% foram aceitos como lesões de tratamento. A maioria das reclamações foi avaliada como menor (83%), 12% maior, 4% grave e 1% sentinela. Os medicamentos causaram a maioria das lesões (38%) e as lesões mais graves e sentinela (60%).
Artigo 7	Quality Safety Health Care, 2010	Mira JJ, Nebot C, Lorenzo S, Pérez-Jover V	Patient report on information given, consultation time and safety in primary care	Quantitativo	O tempo de consulta, a rotatividade do medico e informações sobre as precauções de tratamento determinam o maior risco de reações adversas ao tratamento.
Artigo 8	BMJ Quality & Safety, 2011	O`Beirne M, Sterling PD, Zwicker K, Hebert P, Norton PG	Safety incidents in family medicine	Qualitativo	A grande maioria dos incidents foi considerado como evitáveis. Danos foram associados a 50% dos incidentes. Apenas 1% dos incidentes tiveram um impacto severo. Os quatro principais tipos de incidentes relatados foram documentação, medicamentos, administração clínica e processo clinico.
Artigo 9	BMJ Quality & Safety, 2008	Kuo GM, Phillips RL, Graham D, Hickner JM	Medication errors reported by US family physicians and their office staff	Quantitativo	Os principais erros identificados estavam relacionados a medicação, prescrição, administração, documentação, dispensação e monitoramento. 72,4% dos erros não atingiu os pacientes e nenhuma morte foi relatada. O profissional que mais impediu que os erros chegassem aos pacientes foi o farmacêutico.
Artigo 10	Revista da Escola de Enfermagem da USP, 2014	Padoveze MC, Figueiredo RM	O papel da atenção primária na prevenção de infecções relacionadas à assistência à saúde	Estudo teórico	São indicados sete componentes essenciais para desenvolvimento de um programa de prevenção de IRAS na atenção primária: precauções padrão, precauções específicas, cuidado com medicamentos e imunobiológicos, saúde ocupacional, educação permanente, auditorias e resposta rápida.
Artigo 11	Revista Latino-Americana de Enfermagem, 2016	Paranaguá, TTB, Bezerra ALQ, Tobias GC, Ciosak SI	Suporte para aprendizagem na perspectiva da segurança do paciente na atenção primária em saúde	Transversal	Foram evidenciados pontos favoráveis de suporte à aprendizagem, como respeito mútuo, autonomia para organizar o trabalho e a valorização de novas ideias. As variáveis que dificultam o processo de aprendizagem no ambiente de trabalho foram a resistência às mudanças e o excesso de serviço.

Artigo 12	Cogitare Enfermagem, 2016	Mesquita KO, Silva LCC, Lira RCM, Freitas CASL, Lira GV	Segurança do paciente na atenção primária à saúde: revisão integrativa	Revisão integrativa	Observou-se que as publicações datavam de 2008 em diante, com temática variando entre investigação da cultura de segurança, relação da segurança do paciente com a prevenção de eventos adversos e avaliação de incidentes, e tradução de instrumento para avaliação da segurança do paciente. O conteúdo evidenciado pela análise permitiu concluir sobre a importância de discutir sobre segurança de modo a contribuir na melhoria da qualidade da assistência à saúde, assim como a necessidade de novos estudos, haja vista relevância do tema e pouca produção científica na área

Elaboration: AGUIAR; SALMAZO (2020).

order to provide the individual with the most complete well-being. [14] In this perspective, PHC should be considered a key component in the area of patient safety, since it is responsible for coordinating an integrated response to all levels of care in the health system. [15]

However, currently, research related to patient safety is predominantly directed towards hospital care; however, most care takes place outside this environment due to Brazil's investment in the implementation of the Family Health Strategy (FHS) for reorganizing and strengthening PHC. [16-18]

The World Health Organization (WHO), in 2012, formed a group to study issues related to patient safety in PHC in order to advance knowledge about the risks for patients in primary health care and to point out the magnitude and nature of adverse events due to unsafe practices. [19]

This group, through a systematic review, identified that there is still no more suitable method to investigate the manifestation of adverse events in PHC in developing countries. [20] In developed countries, the most used methods to check adverse events in PHC were: assessments of events in notification systems, questionnaires, interviews and focus groups. [19-20]

It is estimated that in PHC the occurrence of adverse events varies from 0,004 to 240 per thousand consultations and preventable errors vary from 45 to 76%. 20 In a Brazilian study carried out in a health micro-region in the state of Rio de Janeiro, it identified an adverse event ratio of 1.1% in a total of 11.233 consultations in PHC. Of these, 0,11% of the adverse events did not reach the patients; 0,09% reached the patients, but did not cause harm; and 0,91% reached the patients and caused damage. [10]

This group, through a systematic review, identified that there is still no more suitable method to investigate the manifestation of adverse events in PHC in developing countries.

The greatest number of adverse events was identified in older patients - over 40 years old (83%) and with chronic diseases (68%). Based on this, in a study carried out in Brazilian hospitals, it was identified that the age group above 60 years tends to be the one that suffers the most from adverse events due, precisely, to the increase in the prevalence of chronic diseases and the association of comorbidities. [21]

Wallis and Dovey [22] identified in their study that the types of adverse events in PHC were mainly related to delayed diagnosis (16%), medication (38%), dental treatment (16%), injections and vaccines (10%); Mira et al. [23] found errors related to communication between doctor and patients as the most frequent contributing factor (17,3%); O'Beirne et al. [24] identified adverse events related to documentation (41,4%) and administrative processes (29,3%); however Kuo et al. [25] identified errors related to medi-

cation, 70% related to prescription, 10% to administration, 10% to registration and 7% to dispensing.

In the systematic review carried out by Marchon and Mendes Júnior [19], the contributing factors to adverse events in the PHC scope were: failures in interprofessional communication and with the patient, failures in management, such as: lack of medical-surgical supplies and medicines, professionals pressured to be more productive in less time, failures in medical records and in the reception of patients, physical plant of the inadequate health unit, improper disposal of waste from the health unit, excessive tasks and failures in care. Failures in care involved failures in drug treatment (mainly error in prescription), failure in diagnosis, delay in making the diagnosis, delay in obtaining information and interpretation of laboratory findings, failures in recognizing the urgency of the disease or its complications and deficit of professional knowledge.

Marchon, Mendes Júnior and Pavão[10] identified that the factors that contributed to adverse events in PHC were 34% related to failures in care; 13% to management failures; and 53% to communication failures, with 24% being related to failures in communication with patients, 19% in the care network and 19% in interprofessional communication.

The risks associated with the most common procedures performed in PHC are little known, with the exception of those related to vaccination. Procedures with a certain degree of invasiveness are commonly performed, such as collection of Pap smear tests, insertion of an intrauterine device (IUD), cauterization of the uterine cervix, capillary blood glucose, inhalations, dressings, administration of injectables, for which an associated adverse event can be anticipated. However, to date there are no estimates in this regard. [26]

The risks associated with the most common procedures performed in PHC are little known, with the exception of those related to vaccination.

In view of the results presented and considering that PHC is characterized as the gateway to the health system and that it has the premise of solving about 85% of the population's problems, its professionals must act assertively in order to prevent the occurrence of Adverse events. [27]

It is emphasized that for the prevention of risks it is necessary to identify and analyze its origin, as well as to systematize preventive measures in a proactive way, and not only when errors happen. Establishing a risk management system is a way to seek better control and monitoring of work processes. [28]

Thus, the need to expand the safety culture in PHC is reiterated in order to enable patients and professionals to recognize and manage adverse events and be sensitive to their shared capacity for change, reducing errors and tensions between professionals and the population. [11]

Therefore, the importance of patient safety in PHC in the main international health organizations is growing. In this sense, there is space and there is a need for studies on the theme.

CONCLUSION

Despite the evolution in the approach on patient safety, investigations on adverse events in PHC are still scarce in Brazil. Thus, the adoption of strategies related to patient safety needs to be better developed at this level of care, in order to identify what are the opportunities and challenges for health professionals in providing resolutive, effective and quality health care. The theme has evolved among health professionals, including senior management, which encourages the involvement of the institution as a whole.

Therefore, the results of this study can support discussions between PHC managers and health professionals in order to identify the needs and limitations for promoting patient safety. ■

REFERENCES

1. Gama ZAS, Saturno-Hernandez PJ, Caldas ACSG, Freitas MR, Mendonça AEO, Medeiros CAS et al. Questionário AGRASS: avaliação da gestão de riscos assistenciais em serviços de saúde. Rev Saúde Pública. 2020;54(21):1-15. doi: https://doi.org/10.11606/s1518-8787.2020054001335

2. Raimondi DC, Bernal SCZ, Oliveira JLC, Matsuda LM. Patient safety culture in primary health care: analysis by professional categories. Rev Gaúcha Enferm. 2019;40(esp):e20180133. doi: https://doi.org/10.1590/1983-1447.2019.20180133

3. Silva EMA, Aguiar RS. Fatores relacionados à polimedicação

REFERENCES

em idosos e a segurança do paciente: uma revisão integrative. Nursing (São Paulo). 2020;23(265):4127-4133. doi: https://doi.org/10.36489/nursing.2020v23i265p4127-413

4. Institute of Medicine. To err is human: building a safer health system. Washington (DC): National Academic Press; 1999.

5. Lemos GC, Azevedo C, Bernardes MFVG, Ribeiro HCTC, Menezes AC, Mata LRF. A cultura de segurança do paciente no âmbito da enfermagem: reflexão teórica. Rev. enferm. Cent.-Oeste Min. 2018; 8:e2600. doi: https://doi.org/10.19175/recom.v8i0.2600

6. Macedo LL, Silva AMR, Silva JFM, Haddad MCFL, Girotto E. The culture regarding the safety of the patient in primary health care: distinctions among professional categories. Trab Educ Saúde. 2020;18(1):e0023368. doi: https://doi.org/10.1590/1981-7746-sol00233

7. Lima CS, Aguiar, RS. Acesso dos homens aos serviços de atenção primária à saúde: uma revisão integrativa. Research, Society anda Development. 2020;9(4):e157943027. Doi: http://dx.doi.org/10.33448/rsd-v9i4.3027

8. Marinho RAQC, Aguiar RS. A atenção primária como eixo estruturante da redução dos indicadores de violência contra crianças e adolescentes. REVISA. 2019;8(2):228-41. doi: https://doi.org/10.36239/revisa.v8.n2.p228a241

9. Aguiar RS, Santana DC, Santana PC. A percepção do enfermeiro da estratégia saúde da família sobre a saúde do homem. Rev Enferm Cent O Min. 2015;5(3):1844-1854. doi: https://doi.org/10.19175/recom.v5i3.872

10. Marchon SF, Mendes Júnior WV, Pavão ALB. Caracteristics of adverse events in primary health care in Brazil. Cad Saúde Pública. 2015;31(11):2313-2330. doi: https://doi.org/10.1590/0102-311X00194214

11. Mesquita KO, Silva LCC, Lira RCM, Freitas CASL, Lira GV. Patient safety primary health care: an integrative review. Cogitare Enferm [Internet]. 2016 [cited 2020 Feb 19];21(2):01-08. Available from: https://revistas.ufpr.br/cogitare/article/view/45665/28526

12. Verbakel NJ, Van Melle M, Langelaan M, Verheij TJM, Wagner C, Zwart ADLM. Exploring patient safety culture in primary care. Int J Qual Heal Care [Internet]. 2014 [cited 2019 Out 10];26(6):585-91. Available from: https://www.ncbi.nlm.nih.gov/pubmed/25085256

13. Oliveira JLC, Silva SV, Santos PE, Matsuda LM, Tonini NS, Nicola AL. Segurança do paciente: conhecimento entre residentes multiprofissionais. Einstein (São Paulo) [Internet]. 2020 [citec 2020 Feb 19];15(1):50-7. Available from: https://www.scielo.br/pdf/eins/v15n1/pt_1679-4508-eins-15-01-0050.pdf

14. Donabedian A. An introduction to quality assurance in health care. New York: Oxford University Press; 2003.

15. Organização Mundial de Saúde. Relatório Mundial de Saúde 2008: cuidados de saúde primários agora mais que nunca. Lisboa: Ministério da Saúde; 2008.

16. Silva APF, Backes DS, Magnago TSBS, Colomé JS. Segurança do paciente na atenção primária: concepções de enfermeiras da estratégia de saúde da família. Rev. gaúch. enferm. 2019;40(esp):e20180164. doi: https://doi.org/10.1590/1983-1447.2019.20180164

17. Souza LM, Silva MCS, Zavalhia SEM Coppola IS, Rocha BP. Percepção de enfermeiros da Estratégia de Saúde da Família sobre segurança do paciente. J. nurs. health, 2018;8(2):e188205. doi: https://doi.org/10.15210/jonah.v8i2.12721

18. Alves AS, Aguiar RS. Segurança do paciente no âmbito domiciliar: uma revisão integrativa. Research, Society and Development. 2020;9(3): e181932709. Avaiable from: https://rsd.unifei.edu.br/index.php/rsd/article/download/2700/2066

19. Marchon SG, Mendes Júnior WV. Segurança do paciente na atenção primária à saúde: revisão sistemática. Cad. Saúde Pública. 2014;30(9):1-21. doi: https://doi.org/10.1590/0102-311X00114113

20. Makeham M, Dovey S, Runciman W, Larizgoitia I. Methods and measures used in Primary Care Patient safety research. Dunedin, NZ: World Health Organization; 2008.

21. Mendes Júnior WV, Pavão ALB, Martins M, Moura MLO, Travassos C. The feature of preventable adverse events in hospitals in the State of Rio de Janeiro. Rev. Assoc. Med. Bras. 2013;59(5):421-8. doi: http://dx.doi.org/10.1016/j.ramb.2013.03.002

22. Wallis K, Dovey S. No-fault compensation for treatment injury in New Zealand: identifying threats to patient safety in primary care. BMJ Qual Saf. 2011;20:587-91. Available from: https://pubmed.ncbi.nlm.nih.gov/21228439/

23. Mira JJ, Nebot C, Lorenzo S, Pérez-Jover V. Patient report on information given, consultation time and safety in primary care. BMJ Qual Saf. 2010;19(5):e33. Available from: https://pubmed.ncbi.nlm.nih.gov/20511244/

24. O'Beirne M, Sterling PD, Zwicker K, Hebert P, Norton P. Safety incidents in family medicine. BMJ Qual Saf. 2011;20(12):1005-10. Available from: https://pubmed.ncbi.nlm.nih.gov/21893612/

25. Kuo GM, Phillips RL, Graham D, Hickner JM. Medication errors reported by US family physicians and their office staff. BMJ Qual Saf. 2008;17(4):286-90. Available from: https://qualitysafety.bmj.com/content/17/4/286

26. Padoveze MC, Figueiredo RM. O papel da Atenção Primária na prevenção de Infecções Relacionadas à Assistência à Saúde. Rev. Esc. Enferm. USP. 2014;48(6):1137-44. doi: https://doi.org/10.1590/S0080-623420140000700023

27. Paranaguá TTB, Bezerra ALQ, Tobias GC, Ciosak SI. Suporte para aprendizagem na perspectiva da segurança do paciente na Atenção Primária à Saúde. Rev. latino-am. enferm. 2016;24(e2771):01-09. doi: http://dx.doi.org/10.1590/1518-8345.0784.2771

28. Hinrichsen SL, Oliveira CLF, Campos M, Possas L, Sabino G, Vilella TAS. Gestão da Qualidade e dos riscos na segurança do paciente: estudo-piloto. RAHIS. 2011;7(7):10-7. doi: https://doi.org/10.21450/rahis.v3i7.1400