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INTRODUCTION:

The World Health Organization, confronted with worldwide evidence of damage in public health due to poor patient safety, adopted a resolution in 2002 to encourage countries to increase health care safety and to implement monitoring systems (WHO, 2009). The operating room is one of the most complex units of a hospital institution, due to the numerous processes and subprocesses linked, directly or indirectly, to the production of surgeries (Duarte and Ferreira, 2006). The introduction of modern techniques and management models and the use of new instruments and methods for assessing the quality of health services with the aim of ensuring efficiency, effectiveness and accuracy in the management of resources, as well as meeting the expectations of patients, requires increasing responsibilities, namely from nurses (Gomes et al., 2016). The construction and monitoring of specific quality indicators can thus guide the management process, signalling deviations (Jericó et al., 2011). Conscious of this need, this study sought to gather the consensus of some experts on operating rooms, through a focus group, analyzing the set of items to be integrated in a comprehensive and representative instrument to measure the "Quality in the Operating Room".

Keywords: Quality, Operating Room, Health Care, Nurse.

METHODOLOGY:

This is a qualitative, exploratory and descriptive study, whose method of data collection used the focus group. Focus groups provide an open and accessible debate around a topic of common interest to participants, are preferably adopted in exploratory research, and can be used as the main source of data (Trad, 2009). Participants in the study should have more than two years of professional experience in the operating room and be physicians and nurses. The ethical procedures associated with any investigation, including authorization through informed consent, have been guaranteed.

DISCUSSION:

The implementation of quality and efficiency efforts should be a concern of all professionals. Progress requires a cultural change in the operating room environment in order to prioritize health quality and safety. Given the multiplicity of variables to be integrated in this instrument, its design would be unattainable without a previous qualitative analysis. The use of a focus group with experts on the field proved to be especially useful in this research, emphasizing the need to consider the perspective of the different actors of the phenomenon under analysis, incorporating the set of knowledge of each participant.

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RESULTS:

The Focus Group was composed of 5 nurses and three physicians, with an average of 17.5 years of specific professional experience in the operating room. Discussion of 42 items from 71 indicators that had not obtained absolute consensus from the participants was conducted. Some indicators were changed. Regarding the structure, the associated issues were: dimensions required for the operating room and dimensions of the recovery unit; preoperative and immediate postoperative activities, namely the pre and postoperative visit of the nurse of the operating room and the preoperative visit of the anaesthesiologist. With regard to the process, the indicator associated with leadership was changed. Finally, the results were changed in the indicators associated with waiting times between surgeries, the monitoring of teamwork and the performance evaluation of the operating room professionals. After about two hours of discussion of the topics, the final instrument consisted of 58 items.

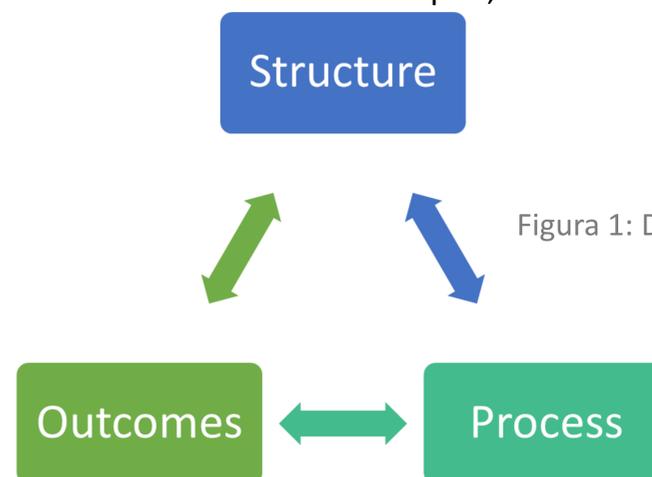


Figura 1: Donabedian Model

The instrument presented in this journey is inspired by the Donabedian model, which proposes the creation and use of quality indicators based on the triad: structure, process and outcome. In 1966, Donabedian introduced for the first time a health quality evaluation model based on three essential pillars: structure, process and outcome. This model is still a reference in the evaluation of health quality and is used by several organizations. It should be emphasized, however, that the strength of the Donabedian model lies in the relationships between these indicators, that is, the structure influences the process and the process, in turn, influences the outcome. Therefore, the global evaluation of health care requires an understanding of the three elements individually, but also the relationships between them (Gomes et al., 2016).