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**11th LATIN AMERICAN
FORUM ON QUALITY
AND SAFETY IN
HEALTHCARE**

CONFERENCE ABSTRACTS

July 28-30, 2026
São Paulo, Brazil

A focus
on the
patient

Connections that
transform

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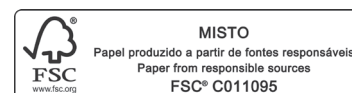
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Welcome Address



Welcome

It is our great pleasure to welcome you to the 11th Latin American Forum on Quality and Safety in Healthcare, taking place at the Albert Einstein Education and Research Center in São Paulo, Brazil.

This year's theme, "A Focus on the Patient: Connections that Transform," reflects the growing need to strengthen connections across healthcare systems and among all stakeholders. It highlights fundamental pillars such as person-centered care, safety, and equity, while embracing the technologies and emerging trends that will shape the future of healthcare.

Through the longstanding partnership between *Hospital Israelita Albert Einstein* and the Institute for Healthcare Improvement (IHI), the Forum fosters discussions on the challenges and opportunities driving quality improvement across healthcare systems. Topics include innovation, digital transformation, emerging therapies, sustainability, and collaboration among leaders. In this context, the Forum also reinforces the strategic role of leadership in building more integrated, efficient, and patient-centered models of care.

Now established as one of Latin America's leading events in the field, the Forum's 11th edition brings together more than 60 international speakers and 360 national speakers, providing a unique platform for sharing experiences,

exchanging knowledge, and developing high-impact solutions.

Throughout the event, participants are invited to reflect on how stronger connections among healthcare professionals, institutions, technologies, and patients can serve as catalysts for transformation, advancing quality and safety in healthcare in a sustainable way.

This year's Forum also highlights the importance of scalability and the application of global knowledge within the Latin American context. Collaboration remains a guiding principle for accelerating meaningful and lasting improvements in healthcare.

In addition, technology-driven transformation and the use of collaborative data help accelerate the translation of scientific knowledge into practice, supporting more rapid and effective improvements aligned with this year's theme and reinforcing our commitment to safe, equitable, and human-centered care.

Hospital Israelita Albert Einstein and the IHI warmly welcome healthcare professionals, specialists, and all those committed to contributing ideas, experience, and innovative solutions to today's most pressing healthcare challenges. Together, we aim to foster an environment of dialogue, learning, and collaboration that drives meaningful transformation across healthcare systems.



Sidney Klajner
President
Hospital Israelita Albert Einstein



Henrique Neves
Chief Executive Officer
Hospital Israelita Albert Einstein

Event mission

The Latin American Forum on Quality and Safety in Healthcare was first held in 2015 as a joint initiative between *Hospital Israelita Albert Einstein* and the Institute for Healthcare Improvement (IHI). Since then, it has become a leading platform for discussing key issues in quality and safety, establishing itself as the largest event of its kind in Latin America.

Now in its 11th edition, the Forum is being held in São Paulo, Brazil, built around the theme “A Focus on the Patient: Connections That Transform,” reflecting its commitment to building more integrated, collaborative, and patient-centered healthcare systems.

The Forum’s mission is to promote informed discussion and the dissemination of knowledge on the challenges and opportunities shaping the evolution of healthcare systems. By fostering innovation, collaboration, and leadership, it supports the development of more efficient, sustainable, and patient-centered models of care.

Guided by this mission, the Forum seeks to provide a unique and transformative experience by bringing together healthcare professionals, specialists, and leaders in healthcare, technology, and innovation. It explores how stronger connections among people, knowledge, and solutions can drive tangible improvements in the quality and safety of care.

Over the course of two days at Einstein’s facilities, the Forum will address key aspects that contribute to building a more just and equitable society, highlighting how stronger connections among practices, knowledge, and technologies – in line with this year’s theme – can promote consistent improvements in healthcare systems. Discussions will explore topics such as innovation, health promotion and education, equity, environmental sustainability, patient safety, digital data platforms, and artificial intelligence.

Transformative connections: from collaboration to impact in healthcare quality and safety

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Improvements in healthcare quality and safety have never been the result of isolated efforts by individuals or institutions. They arise from the ability to connect people, experiences, knowledge, and evidence around a common purpose: to provide care that is increasingly safe, effective, person-centered, equitable, and sustainable. In the context of increasingly complex healthcare systems, quality is no longer merely a set of specific initiatives or projects but has become a central element of organizational strategy, guiding decisions, priorities, and learning processes at all levels of the system.^(1,2) This vision recognizes that creating value for patients, healthcare professionals, and communities depends on organizations' ability to continuously learn, adapt, and respond resiliently to ever-changing needs.⁽²⁾

It is in this spirit that the journal **einstein** (São Paulo) presents this special issue, featuring the scientific abstracts from the 11th Latin American Forum on Quality and Safety in Healthcare, organized by *Hospital Israelita Albert Einstein* in partnership with the Institute for Healthcare Improvement (IHI). Under the theme "A Focus on the Patient:

Connections That Transform," the Forum reaffirms the conviction that has guided its journey since its first edition: the transformation of healthcare systems occurs when different perspectives come together to learn, co-create, and innovate.

The theme of this issue aligns with the contemporary understanding of quality in healthcare: that sustainable outcomes are achieved when different stakeholders share a sense of purpose, engage in collective learning, and develop solutions collaboratively.^(2,3) More than simply connecting institutions, it is about connecting perspectives, experiences, and knowledge capable of transforming entire healthcare systems. The fundamental question guiding this transformation remains the same question that has inspired generations of healthcare professionals: how does every decision, innovation, or change contribute to improving the health of the people our healthcare systems serve?⁽⁴⁾

Over the course of more than a decade, the Forum has established itself as one of the leading platforms for knowledge exchange on quality and safety in Latin America. By bringing together healthcare

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professionals, managers, researchers, patients, public policymakers, and leaders of healthcare organizations, the event strengthens a community committed to the continuous improvement of care and the building of more resilient healthcare systems. This ability to bring together professionals from diverse fields and contexts also reflects one of the most important attributes of learning organizations: creating spaces where dialogue, curiosity, and the exchange of experiences foster innovation, the development of local capacities, and the dissemination of successful practices.⁽²⁾

It is important that the connections made during the Forum not be limited to the event itself. Their true potential lies in their ability to generate shared knowledge, foster new collaborations, and disseminate practices that can be adapted and replicated in different contexts. The dissemination of knowledge is one of the most powerful mechanisms for accelerating large-scale improvements. By sharing experiences, successes, and challenges, organizations contribute to building healthcare systems that are more responsive, resilient, and capable of meeting the needs of patients and communities in a continuous, reliable, and sustainable manner.⁽²⁾ It is in this sense that this collection of abstracts plays a role that goes beyond scientific documentation: it provides a living snapshot of the initiatives currently being developed in hospitals, healthcare services, universities, and public and private organizations throughout Latin America.

In this issue of journal **einstein** (São Paulo), we present the selected scientific abstracts from the Forum, reflecting the maturity of initiatives in the region. The abstracts highlight the diversity of challenges faced by contemporary healthcare systems. Although they address different contexts, they all share a common element: a commitment to creating value for patients, healthcare professionals, and society. This diversity highlights that quality improvement is not the sole responsibility of specialists or specific departments, but rather a collective effort involving leadership, organizational culture, continuous learning, and the active participation of all stakeholders in the healthcare system.^(2,5,6) The development of organizational capacities

to simultaneously improve the quality of care, the health of populations, and the sustainability of healthcare systems depends on leaders capable of mobilizing people around shared and enduring goals.^(5,6)

We hope this special issue will inspire new questions, foster partnerships among institutions, strengthen collaborative networks, and encourage researchers and professionals to transform local experiences into shared knowledge. In a field where challenges are increasingly complex, no organization can evolve on its own. Collective learning remains one of the most powerful drivers of innovation in healthcare.⁽²⁾ Similarly, the leadership required to address these challenges demands steadfast purpose, a commitment to people's well-being, the ability to listen, and the creation of environments that foster trust, collaboration, and a safe space for learning.⁽⁶⁾ These are the elements that underpin the lasting transformation of healthcare systems and expand their capacity to generate better outcomes for patients, healthcare professionals, and society.⁽³⁾

May the abstracts gathered here broaden the dialogue between science and practice and help ensure that the connections forged during the 11th Latin American Forum on Quality and Safety in Healthcare continue to have an impact far beyond the event itself. After all, when knowledge, collaboration, purpose, and a commitment to people come together, the conditions are created for improvement to cease being a collection of isolated initiatives and become an integral part of the culture, leadership, and strategy of healthcare systems. It is in this convergence that connections truly bring about transformation.

Enjoy your reading!

DATA AVAILABILITY

Data are available to reviewers upon request.

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Scientific Program

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Tuesday, July 28, 2026

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Tracks 4th Floor 1:30 p.m. - 3:30 p.m. AFTERNOON	Room 401 T 9 - Health Equity: A Strategy for Sustainable Health System Transformation	Room 402 T 10 - Safety Across the Birth Journey	Room 403 T 11 - From Clinical Decision-Making to Outcomes: Data and Innovation for Patient Safety	Room 410 VIP Lounge / Media Desk	Room 411 Mindray Space	Room 412 T 12 - Costs: From Measurement to Value Delivery in Healthcare
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Presentation Abstracts

001

Search for better outcomes: an automated intraoperative hypotension indicator for clinical safety

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ABSTRACT

Introduction: Intraoperative hypotension is associated with tissue hypoperfusion and adverse postoperative outcomes.^(1,2) Despite its clinical relevance, standardized identification, monitoring, and reporting of significant hypotensive events remain challenging in routine practice. Recent recommendations from the Anesthesia Patient Safety Foundation (APSF) have highlighted the importance of continuous monitoring and systematic use of intraoperative data to improve patient safety and clinical outcomes.⁽³⁾

Objective: To develop and implement an automated quality and safety indicator capable of identifying significant sustained episodes of intraoperative hypotension and supporting continuous performance monitoring within an anesthesia service.

Methods: A phased quality improvement project was conducted within an anesthesia service. The initiative

was initially implemented as a pilot in a single hospital and subsequently expanded to additional institutions following conceptual and operational validation. Patients older than 12 years undergoing non-cardiac surgical procedures classified as surgical grades 0 to 3 were included. Significant hypotension was defined as a mean arterial pressure (MAP) ≤ 55 mmHg in two or more consecutive measurements. Data were initially reviewed manually to validate the methodology and later analyzed through an automated process developed in collaboration with the data intelligence team, ensuring confidentiality, anonymization, and data protection.

Results: In 2025, 290 eligible patients were analyzed. Most patients were between 21 and 64 years of age (64%), and 44% were classified as American Society of Anesthesiologists (ASA) Physical Status II. The incidence of significant intraoperative hypotension decreased from 14.0% in the first quarter of 2025 to 9.1% in the third quarter, without reaching statistical significance ($p=0.305$). Orthopedic, vascular, and otorhinolaryngologic procedures accounted for 60% of the low- and intermediate-complexity surgeries associated with hypotensive episodes. Following automation, the indicator enabled continuous large-scale monitoring of intraoperative hypotension and was incorporated into professional performance metrics. In addition to regular distribution of individualized performance reports, personalized feedback was provided to each clinician, promoting data-driven reflection, professional engagement, and continuous improvement in perioperative care.

Conclusion: The implementation of an automated intraoperative hypotension indicator was feasible and scalable across multiple institutions. Beyond event detection, the initiative strengthened data-driven clinical governance by enabling continuous surveillance of hemodynamic performance, individualized professional feedback, and identification of higher-risk surgical specialties. Automated monitoring of intraoperative

hypotension represents a feasible strategy to support patient safety, strengthen clinical governance, and facilitate continuous quality improvement in perioperative care.

Keywords: Intraoperative hypotension; Patient safety; Quality indicators, Perioperative care; Hemodynamics

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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Presentation Abstracts

002

Descriptive analysis of incidents identified by patients in a high-complexity hospital

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ABSTRACT

Introduction: In high-complexity hospitals, patient safety depends on robust reporting systems. Although staff reporting is the standard, the patient voice provides a unique perspective on latent failures.

Objective: The objective of this study is to analyze safety incidents identified through complaints in 2024, using the WHO taxonomy and the NCCMERP index, to evaluate their impact on institutional quality management.

Methods: A descriptive and retrospective study was conducted on the total number of safety reports for the year 2024 (n=3,441). During this period, the institution cared for 301,159 patients, 45% aged between 18 and 50 years, and 78.9% with university or tertiary education, predominantly female. The subgroup of complaints classified as incidents was selected (n=242), and classified according to type of incident (WHO)

and severity (NCCMERP). The analysis included descriptive statistics for frequencies and qualitative analysis to associate types of failures with critical areas. Cases with harm (Categories E–H) were subjected to interdisciplinary systemic review according to the Quality Department policy.

Results: Out of the total 3,441 reports, the patient voice represented 7.03% (n=242) of incident detection. According to the WHO taxonomy, 45% of complaints were related to information management and documentation. According to NCCMERP, low-risk categories predominated, accounting for more than 70% of the sample. An association between care area and event severity was identified. While outpatient centers and imaging concentrated administrative/informational incidents, Emergency and Operating Room services showed a higher probability of reporting events with actual harm. Serious events related to care processes and procedures were detected, which had not initially been captured by conventional staff reporting channels.

Conclusion: The integration of complaints into safety management enables the identification of process failures. Although they represent only 7% of the total, their ability to identify adverse events and failures in care makes them a cornerstone for maintaining quality standards and ensuring person-centered care.

Keywords: Patient safety; Incident reporting; Quality management

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

003

Inventory management: financial sustainability and operational efficiency in a food service unit

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ABSTRACT

Introduction: Efficient inventory management is a strategic component essential to the sustainability and safety of hospital operations. The adoption of agile and integrated practices enables demand forecasting, prevents stock shortages, and optimizes resource utilization. In Hospital Food and Nutrition Services (HFNS), inventory management directly impacts meal quality, cost control, and service sustainability. Effective management reduces waste, ensures continuous supply, and supports more accurate decision-making regarding menu planning and procurement.⁽¹⁻³⁾

Objective: To implement active inventory management strategies focused on agility, visibility, and real-time decision-making, including the use of the safety huddle tool, aiming to promote financial sustainability and optimize resource utilization within the unit.

Methods: This study was conducted in the Food and Nutrition Service of a public hospital in the state of São Paulo, Brazil. In January 2024, several strategies were implemented to improve inventory management, including: mapping the supply flow to identify risks and opportunities; establishing daily huddles between production and warehouse teams; reducing the safety stock lead time from five to three days; implementing

daily control of requisitions and inventory deductions for consumed items; and introducing weekly inventory accuracy assessments. Outcomes were analyzed from January 2023 to December 2025.

Results: Following implementation of the strategies, no supply shortages were recorded. Inventory accuracy increased from 81.6% in 2023 to 99.3% in 2024–2025, enhancing data reliability. In 2023, the average production was 38.964 meals/month, with an average inventory value of R\$ 140.811,80/month. After implementation, average production increased to 42.581 meals/month (9.3%), while the average inventory value decreased to R\$ 129.220,35/month, representing a reduction of R\$ 11.591,45/month (8.2%). Comparison between periods demonstrated total savings of R\$ 182.212,80 with no impact on meal production. Greater accuracy in provisioning and more rational use of supplies were also observed.

Conclusion: Strategic inventory management proved effective in promoting operational efficiency, cost reduction, and financial sustainability within a HFNS. The implemented actions ensured continuous supply, improved data reliability, and supported decision-making processes, representing a replicable model of best logistical practices for healthcare support services.

Keywords: Inventory control; Food services; Hospitals; Materials management, Hospital; Cost control

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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004

Non-therapeutic fasting: the impact of early nutritional intervention on quality of care

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ABSTRACT

Introduction: Prolonged fasting is defined as the absence of oral or enteral intake for more than 48 hours. It may be therapeutic, when clinically indicated, or non-therapeutic, when unnecessarily prolonged. Non-therapeutic fasting is associated with adverse outcomes, including worsening nutritional status, increased catabolism, impaired immune function, and a higher risk of clinical complications. These effects negatively impact patient recovery and may prolong hospital length of stay.⁽¹⁻³⁾

Objective: To implement and evaluate a monitoring system for the identification of patients undergoing prolonged non-therapeutic fasting and to facilitate early intervention for the initiation of nutritional therapy.

Methods: This study was conducted in a public hospital in the state of São Paulo, Brazil. In January 2025, a prolonged fasting monitoring program was implemented, including qualitative assessment by a physician specialized in clinical nutrition, who classified fasting episodes as therapeutic or non-therapeutic. Monitoring was performed using a spreadsheet

containing the date and time of fasting initiation, reason for fasting, medical specialty, total fasting duration, outcome, and classification. In cases of non-therapeutic fasting, the nutrition and clinical nutrition teams alerted the attending physician and suggested alternative routes for nutritional therapy, aiming to reduce fasting duration and prevent its deleterious effects.

Results: In 2024, monitoring of patients undergoing prolonged fasting was exclusively quantitative, identifying 420 patients who remained fasting for an average of 199 hours and 47 minutes (8.3 days). In 2025, following the implementation of qualitative assessment, 274 patients were identified as undergoing prolonged fasting, of whom 78 (28.8%) were classified as experiencing non-therapeutic fasting and received nutritional therapy after intervention. During the first half of 2025, 46 patients experienced non-therapeutic fasting, with an average duration of 151 hours and 59 minutes (6.3 days). In the second half of the year, this number decreased to 32 patients, with an average fasting duration of 92 hours and 22 minutes (3.8 days). The observed reduction was associated with interventions including physician training on alternative feeding routes and appropriate parenteral nutrition prescription, systematic discussions with the multidisciplinary team, and reinforcement of the importance of early nutritional support for favorable patient outcomes.

Conclusion: The improvement in outcomes throughout 2025 demonstrates the positive impact of structured monitoring and integrated multidisciplinary teamwork. These findings reinforce that systematic monitoring of prolonged fasting contributes to the early identification of care-related gaps, facilitates timely interventions, and improves clinical outcomes, thereby strengthening the quality and safety of patient care.

Keywords: Fasting; Nutritional support; Patient care; Hospitals; Quality of health care

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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005

Environmental and financial sustainability through the review of meal production processes

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ABSTRACT

Introduction: In hospital food and nutrition services, measuring losses and non-value-added activities is essential for operational efficiency, including food waste and the unnecessary consumption of resources such as water, energy, and labor, in line with environmental and social responsibility principles. Prepared but undistributed food, known as “unserved surplus food,” generates significant economic and environmental impacts. Identifying these losses enables the detection of practices that increase costs and supports the implementation of management strategies aimed at optimizing resources and improving outcomes.⁽¹⁻³⁾

Objective: To reduce food waste resulting from unserved surplus food in a hospital Food and Nutrition Service through the review of meal production processes, promoting environmental and financial sustainability.

Methods: This study was conducted in the Food and Nutrition Service of a public hospital in the state of São Paulo, Brazil, with an average production of 1.400 meals per day. In January 2024, overestimation of production

volumes was identified as the main factor associated with the high rate of unserved surplus food. Strategies were implemented to improve production accuracy, including: meal counts by patient, meal time, and diet type performed by dietitians; monitoring the number of diners through turnstile reports; adjustment of portioning utensils to standardize serving sizes; training of food service staff; and revision of standardized recipes to optimize yield estimates.

Results: Data were analyzed from January 2023 to December 2025. In 2023, the average unserved surplus food rate was 8%. Following the identification of improvement opportunities, a reduction target of 4% was established. After implementation of the proposed actions and continuous monitoring, the average rate decreased to 1,5% in 2024 and to 0,5% in 2025, exceeding the established target. Process review resulted in a cost reduction of R\$ 193.502,50 for the hospital food and nutrition services, despite an increase in the number of meals produced. From an environmental perspective, the volume of unserved surplus food decreased from 11.232kg in 2023 to 3.344kg in 2024–2025, representing a 70,2% reduction in waste sent to landfill. Additionally, a 5.9% reduction in disposable item consumption was observed.

Conclusion: The implemented strategies demonstrated high effectiveness in reducing unserved surplus food, with positive impacts on operational efficiency, cost reduction, and environmental sustainability. The study highlights the importance of continuous process review and strategic resource management in hospital food and nutrition services.

Keywords: Food waste; Food services; Hospitals; Sustainability; Cost control

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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Presentation Abstracts

006

Improving waste segregation and reducing plate waste: a sustainable strategy in a hospital cafeteria

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ABSTRACT

Introduction: Plate waste management in institutional food services is a strategic indicator that reflects both operational efficiency and the acceptance of meals provided. Simultaneously, proper waste segregation has emerged as an essential sustainability practice, enabling appropriate waste disposal, reducing environmental impacts, and strengthening institutional commitments to social and environmental responsibility.^(1,2)

Objective: To implement waste bins for the segregation of organic and recyclable waste in a hospital cafeteria, aiming to promote sustainability, reduce improper waste disposal, and improve institutional waste management practices.

Methods: This project was conducted in a public hospital in the state of São Paulo, Brazil. In June 2025, the Sustainability Committee implemented a corrective strategy aligned with institutional guidelines, including the installation of standardized waste bins for organic and recyclable materials in the hospital cafeteria. In addition, educational interventions were carried out with employees and cafeteria users during lunch and dinner periods, providing guidance on proper waste

disposal, waste segregation, and good self-service practices. Indicators were continuously monitored, allowing a comparative analysis of outcomes before and after the intervention.

Results: From January 2024 to May 2025, the mean plate waste rate was 15.5%, totaling 13.570.7kg of waste, with a monthly average of 798.3kg and no segregation of organic and recyclable waste. Following implementation of the intervention, an immediate reduction in plate waste was observed in June 2025, reaching 8.7%, while organic waste decreased to 441kg. From June to December 2025, a total of 3.886,3kg of organic waste was generated, corresponding to a monthly average of 555kg and a plate waste rate of 10.3%, representing a 5.2 percentage-point reduction. Additionally, 1.730.4kg of recyclable waste (247.2kg/month) was successfully segregated and sent to specialized recycling cooperatives, generating environmental and socioeconomic benefits. These findings demonstrate the effectiveness of educational interventions and the standardization of waste disposal practices.

Conclusion: The implementation of waste segregation bins, combined with educational interventions and continuous monitoring, had a positive impact on reducing plate waste and improving waste management practices. The intervention resulted in reduced food waste and greater adherence to proper waste segregation, indicating user engagement and the effectiveness of the adopted strategies. This initiative reinforces sustainability as a strategic institutional pillar and has the potential to be expanded to other sectors, promoting operational efficiency and environmental and social responsibility.

Keywords: Food waste; Waste management; Hospitals; Food services; Sustainability

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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007

Nurse-led care coordination in primary health care increases prenatal HIV and syphilis screening

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ABSTRACT

Introduction: Care coordination, an essential attribute of primary health care,⁽¹⁾ ensures continuity of care and the management of individuals' health needs.⁽²⁾ Evidence has demonstrated the benefits of care coordination models in prenatal care for several maternal and neonatal outcomes.⁽³⁾ Nurse-led care coordination has emerged as a promising strategy, particularly when integrated into health systems and grounded in equity principles, contributing to improvements in patient safety and quality of care.⁽⁴⁾

Objective: This study aimed to advance the understanding of the impact of care coordination on prenatal care by assessing the effect of a nurse-led program on the number of HIV and syphilis tests performed.

Methods: This quasi-experimental study included 229 participants divided into two independent groups: an intervention group (n=131) and a historical control group (n=98), followed between 2021 and 2023 at a PHC facility in the outskirts of São Paulo, Brazil. The

intervention consisted of a nurse-led prenatal care coordination program structured around multimodal strategies, including the use of a computerized system, indicator monitoring, weekly medical record reviews, active follow-up of pregnant women with delayed care or clinical or laboratory abnormalities, use of epidemiological bulletins, and internal initiatives to promote team engagement. The number of HIV and syphilis tests was dichotomized as <3 or ≥3, a cutoff consistent with most Brazilian prenatal care recommendations. Data were retrospectively analyzed using Poisson regression to estimate crude prevalence ratios (PRs) and adjusted prevalence ratios (aPRs), with 95% confidence intervals.

Results: Prenatal HIV and syphilis testing indicators improved, with 99.2% and 98.5% of pregnant women in the intervention group undergoing three or more HIV and syphilis tests, respectively, compared with 32.7% and 35.7% in the historical control group. In the multivariable model adjusted for age group, race/skin color, nationality, years of education, employment status, and previous pregnancies, the prevalence of undergoing at least three tests was approximately threefold higher for both HIV (aPR=3.03; 95%CI=2.28–4.04; p<0.001) and syphilis (aPR=3.03; 95%CI=2.28–4.04; p<0.001).

Conclusion: Nurse-led care coordination in primary health care was associated with significant improvements in prenatal HIV and syphilis testing, contributing to higher quality of care and improved patient safety in maternal and child health.

Keywords: Case management; Prenatal care; Primary health care; HIV testing; Syphilis

SGPP number: Not applicable.

CAAE: 90952625.5.0000.8097

Research funding: This study received support from the *Universidade Federal de Mato Grosso (UFMT)*.

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008

Nurse-led care coordination in primary health care increases adherence to prenatal care

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ABSTRACT

Introduction: Care coordination, an essential attribute of primary health care,⁽¹⁾ ensures continuity and comprehensiveness of care through action planning, the establishment of care pathways, information exchange, and the monitoring of health needs.⁽²⁾ Evidence shows that care coordination models, particularly when led by nurses and integrated into health systems, provide benefits in prenatal care, contributing to improved maternal and neonatal outcomes, patient safety, and quality of care.^(3,4)

Objective: this study aimed to further investigate the role of nurse-led care coordination in prenatal care by assessing the effect of a program conducted by nurses on the performance of procedures recommended in clinical care protocols.

Methods: This quasi-experimental study included 229 participants divided into two independent groups: an intervention group (n=131) and a historical control group (n=98), followed between 2021 and 2023 at a PHC facility in the outskirts of São Paulo, Brazil. The

intervention consisted of a nurse-led prenatal care coordination program structured around multimodal strategies, including the use of a computerized system, indicator monitoring, weekly medical record reviews, active follow-up of pregnant women with delayed care or clinical or laboratory abnormalities, the use of epidemiological bulletins, and internal initiatives to promote team engagement. The outcomes assessed were calcium carbonate supplementation, cervical cytology screening, group B Streptococcus screening, and dental assessment. Data were retrospectively analyzed using Poisson regression to estimate crude prevalence ratios (PRs) and adjusted prevalence ratios (aPRs), with 95% confidence intervals.

Results: Improvements were observed in calcium carbonate supplementation, cervical cytology screening, group B Streptococcus screening, and dental assessment, with rates of 96.2%, 67.9%, 82.4%, and 60.3%, respectively, in the intervention group, compared with 14.3%, 15.3%, 55.1%, and 2.04% in the historical control group. In the multivariable model adjusted for age group, race/skin color, nationality, years of education, employment status, and previous pregnancies, the prevalence was 6.49 times higher for calcium carbonate supplementation (aPR=6.49; 95%CI=3.98–10.59; p<0.001), 4.43 times higher for cervical cytology screening (aPR=4.43; 95%CI=2.75–7.14; p<0.001), 1.50 times higher for group B Streptococcus screening (aPR=1.50; 95%CI=1.23–1.81; p<0.001), and 28.2 times higher for dental assessment (aPR=28.2; 95%CI=7.05–113.6; p<0.001).

Conclusion: Nurse-led care coordination in primary health care was associated with significant improvements in the performance of recommended prenatal care procedures and, in the maternal and child health context, strengthened quality of care and patient safety.

Keywords: Case management; Prenatal care; Primary health care

SGPP number: Not applicable.

CAAE: 90952625.5.0000.8097

Research funding: This study received support from the *Universidade Federal de Mato Grosso (UFMT)*.

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Presentation Abstracts

009

Measurement of gastric residual volume using portable ultrasound by nurses

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ABSTRACT

Introduction: Pulmonary aspiration of gastric contents remains a significant cause of perioperative morbidity and mortality. Traditional preoperative assessment relies on patient self-report, which is inherently unreliable, particularly in patients using glucagon-like peptide-1 (GLP-1) receptor agonists, known to delay gastric emptying. Point-of-care ultrasound (POCUS) has emerged as a validated, non-invasive tool for objective assessment of gastric contents. Despite international evidence supporting this practice, validated protocols guiding nurses to perform portable gastric ultrasonography are still absent in Brazil.

Objective: To develop and validate the content of a protocol for assessing gastric residual volume through portable ultrasonography performed by nurses.

Methods: A mixed-methods study was conducted in two sequential phases. Phase 1 comprised a literature review to support protocol development. Phase 2 involved content validation by a panel of 16 expert nurses using a structured six-point Likert scale instrument organized into three domains: Content, Structure and Presentation, and Relevance. Content validity was assessed using the Content Validity Index (CVI), with an agreement threshold of $\geq 80\%$ ($CVI \geq 0.80$) as the acceptance criterion.

Results: All 17 protocol items achieved CVI values between 0.88 and 1.00. Over 93.5% of responses across all items were rated as adequate, partially adequate, or fully adequate. Item 1.5 («The protocol meets patient-centered care objectives») achieved unanimous agreement ($CVI=1.00$; 100% fully adequate). Additionally, a website was developed to automate calculation of gastric antral cross-sectional area and estimated gastric volume at the point of care.

Conclusion: The protocol demonstrated strong content validity and is ready for clinical implementation. Its use may contribute to patient safety, reduce surgical cancellations related to aspiration risk, and expand the role of advanced nursing practice in perioperative POCUS assessment.

Keywords: Point-of-care ultrasound; Patient safety; Perioperative nursing

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

010

Automating sepsis indicator data collection: time optimization

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ABSTRACT

Introduction: Sepsis is a life-threatening condition that requires timely recognition and adherence to evidence-based care bundles.⁽¹⁾ Monitoring sepsis quality indicators is essential to evaluate compliance and support continuous improvement initiatives. At *Hospital Municipal Dr. Moysés Deutsch*, investigation of sepsis cases was performed manually through electronic health record review, requiring approximately 20 to 60 minutes per case and resulting in delays in data consolidation and increased workload for quality teams.

Objective: To reduce the investigation time required for sepsis protocol quality indicator reviews by 75%, from a baseline average of 30 minutes to 7,5 minutes per case, through the implementation of an automated electronic health record data extraction solution by August 2025.

Methods: A quality improvement initiative was conducted using the Plan-Do-Study-Act (PDSA) methodology.⁽²⁾ In partnership with the Digital Health and Analytics team, an SQL/PLSQL algorithm was developed and integrated into the electronic health record system (Tasy) to automatically extract relevant clinical and process data, including antibiotic

prescription times, fluid administration, laboratory collection times, demographic information, patient outcomes, and predicted SOFA scores. Structured data were automatically collected, while non-structured information remained subject to manual review. Data were consolidated and displayed through a Power BI dashboard. The solution underwent iterative testing and refinement using real-world clinical data.

Results: The automated solution demonstrated operational feasibility and substantially reduced manual workload. The number of manually analyzed variables decreased from 38 to 15, while average investigation time per case was reduced from 30 to 5 minutes, representing an 83% reduction. The intervention improved the timeliness of indicator consolidation and increased data availability for performance monitoring. Successive PDSA cycles enabled optimization of data collection criteria and improved alignment with clinical workflows.

Conclusion: Automating data collection for sepsis quality indicators significantly improved process efficiency and supported quality management activities. The reduction in investigation time allowed greater focus on improvement actions and frontline patient safety initiatives. Following successful validation, the solution demonstrates potential for expansion to other institutional quality indicators.

Keywords: Sepsis; Electronic health records; Quality improvement

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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Presentation Abstracts

011

Engagement and value creation in the optimization of care processes

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ABSTRACT

Introduction: According to the IHI, promoting joy at work means developing systems in which professionals feel physically and emotionally safe, respected, valued, and connected to the purpose of their role. In this context, actively listening to the team through the question “What matters to you?” makes it possible to identify barriers affecting employee well-being and the quality of patient care. However, it has been observed that improvements in some areas occur in a fragmented manner, without integration between data, practices, and team perceptions. Therefore, the Pulmonology Unit of *Hospital Israelita Albert Einstein* was selected as a pilot area, given its strategic role within the Medical-Surgical Clinic (CMC) and its potential impact on care delivery and operational efficiency.

Objective: The project aimed to reduce by 90% the number of staff trips to retrieve materials and medications from Pyxis stations outside the work unit, thereby improving the loss of care time over a period of six months.

Methods: Through group dynamics and structured listening sessions with employees, one of the main problems identified in the area was the delay in restocking materials in the Pyxis system, which disrupted the nursing workflow due to the time staff spent traveling to other Pyxis stations in search of materials and medications. To achieve the proposed objective, the PDSA cycle applied consisted of reviewing and adjusting the minimum and maximum parameters of the Pyxis, based on the unit’s actual consumption and with the direct involvement of the nursing and pharmacy teams. Data were collected from the first half of October 2024 to the second half of April 2025.

Results: During this period, a reduction was observed in the indicators related to staff displacements (a decrease of 86,8%), directly reflected in the reduction of total time spent, which dropped from 71 to 9,3 monthly hours on indirect activities (a decrease of 86,9%). The impact on the employee’s workday fell from 40% to 5,2% (a drop of 87%), also contributing to a reduction in the area’s annual costs, a decrease of 87%.

Conclusion: The project demonstrated that small changes and adjustments to processes, when aligned with what truly matters to employees, can generate significant impacts on care routines, the time devoted to patient care, and the overall team experience.

Keywords: Quality improvement; Job satisfaction; Efficiency organizational; Medication systems hospital

SGPP number: Not applicable

CAAE: Not applicable

Research funding: Not applicable.

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012

Safe deimplementation of disposable mealware for patients under transmission-based precautions

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ABSTRACT

Introduction: The routine use of disposable mealware for patients under contact, droplet, and airborne precautions is widespread but costly and environmentally unsustainable. Emerging evidence suggests that, in the absence of outbreaks, such practice may be unnecessary.

Objective: This study aimed to evaluate the safety, economic impact, patient satisfaction, and sustainability of replacing disposable items with reprocessable utensils subjected to validated thermal disinfection.

Methods: A quasi-experimental before-and-after study was conducted in a tertiary hospital. The intervention (initiated on November 17, 2025) replaced disposable mealware with reusable utensils processed in institutional dishwashers with thermal disinfection ($\geq 82^{\circ}\text{C}$), standardized detergents, and process traceability.

Safety validation included microbiological surface swab testing of utensils, confirming adequate decontamination prior to full implementation. Continuous audits ensured compliance with temperature, workflow, and infection

prevention protocols. Outcomes measured: Healthcare-associated infection (HAI) rates; Monthly cost of disposable materials; Patient satisfaction (institutional survey); Process reliability (temperature compliance).

Results: The intervention resulted in a 24% reduction in monthly costs, with no increase in infection rates (Table 1). Microbiological validation confirmed safe reprocessing. Patient satisfaction improved, particularly regarding meal quality and experience.

Conclusion: The safe removal of disposable mealware for patients under transmission-based precautions is feasible, safe, and sustainable when supported by validated reprocessing protocols. This initiative reduced costs, improved patient experience, and aligned with ESG principles by decreasing healthcare waste. The model is scalable and highlights the importance of evidence-based deimplementation of low-value practices in healthcare, contributing to high-value care and environmental stewardship.

Keywords: Infection control; Transmission-based precautions; Reusable medical devices

SGPP number: Not applicable

CAAE: Not applicable

Research funding: Not applicable.

Table 1. Outcomes following the intervention

Indicator	Pre-intervention	Post-intervention	Outcome
Mean monthly cost	R\$ 108,160.33	R\$ 87,461.97	↓ 24%
Healthcare-associated infection (HAI) rate	Stable	Stable	No increase
Process compliance	Not measured	>95% (audits)	High compliance
Patient satisfaction	Baseline	Improved (qualitative assessment)	↑

013

Nurse-led care coordination in primary health care increases adherence to prenatal care visits

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ABSTRACT

Introduction: Care coordination is an essential attribute of primary health care⁽¹⁾ and is related to the comprehensive management of care provided to individuals and communities through care planning, the establishment of care pathways, the exchange of information with and about service users, and the monitoring of therapeutic plans and health needs.⁽²⁾ Evidence indicates that nurse-led care coordination provides benefits across different care settings, contributing to improvements in patient safety and quality of care.^(3,4)

Objective: This study aimed to advance the understanding of the impact of care coordination on prenatal care by assessing the effect of a nurse-led program on the number of prenatal care visits attended.

Methods: This quasi-experimental study included 229 participants divided into two independent groups: an intervention group (n=131) and a historical control group (n=98), followed between 2021 and 2023 at

a primary health care facility in the outskirts of São Paulo, Brazil. The intervention consisted of a nurse-led prenatal care coordination program structured around multimodal strategies, including the use of a computerized system, indicator monitoring, weekly medical record reviews, active follow-up of pregnant women with delayed care or clinical or laboratory abnormalities, the use of epidemiological bulletins, and internal initiatives to promote team engagement. The number of prenatal care visits was dichotomized as <7 or ≥7, a cutoff consistent with most Brazilian prenatal care recommendations. Data were retrospectively analyzed using Poisson regression to estimate crude prevalence ratios (PRs) and adjusted prevalence ratios (aPRs), with 95% confidence intervals.

Results: The prenatal care visit indicator improved, with 94.6% of pregnant women in the intervention group attending seven or more visits, compared with 77.5% in the historical control group. In the univariable model, the prevalence of attending at least seven visits was 22% higher in the intervention group (PR=1.22; 95%CI=1.07–1.36; p=0.002). In the multivariable model adjusted for age group, race/skin color, nationality, years of education, employment status, and previous pregnancies, the prevalence remained 21% higher and statistically significant (aPR=1.21; 95%CI=1.07–1.36; p=0.002).

Conclusion: Nurse-led care coordination in primary health care was associated with a significant improvement in prenatal care visit attendance, strengthening the quality of care and maternal and child safety.

Keywords: Case management; Prenatal care; Primary health care

SGPP number: Not applicable.

CAAE: 90952625.5.0000.8097

Research funding: This study received support from the Universidade Federal de Mato Grosso (UFMT).

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014

Appropriateness of care – the Einstein approach to value-based healthcare

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ABSTRACT

Introduction: The healthcare system faces significant challenges related to fraud, waste, overutilization, and upcoding of procedures, compromising financial sustainability, quality of care, and patient safety. National and international evidence shows that a substantial portion of healthcare costs is driven by inappropriate practices, process failures, excessive use of resources, and distortions in the continuum of care. These factors contribute to increased costs, inefficiencies, risks to patient safety, and reduced trust among payers, providers, and patients.

Objective: To ensure patient safety and healthcare system sustainability through the implementation of an Appropriateness of Care Program, guaranteeing that elective exams and surgical procedures are indicated according to evidence-based clinical criteria, while reducing overutilization and upcoding as strategies to prevent fraud and waste.

Methods: This study was conducted in a high-complexity hospital within Medical Practice, integrating multidisciplinary teams through clinical audits initiated at the scheduling stage of surgeries and diagnostic exams. Clinical documentation was systematically reviewed based on institutional Care Pathways, ensuring appropriate indications and adherence to best practices. The methodology focused on variability reduction, root cause analysis, process standardization, and waste elimination. Key actions included process mapping, definition of clinical criteria, structured documentation review, and continuous monitoring of performance indicators throughout the patient care journey.

Results: The program monitored more than 6000 procedures, identifying 1.4% as potentially avoidable. This resulted in more than US\$ 1.544.000 in cost avoidance for the healthcare system. These outcomes demonstrate improved efficiency, reduced unnecessary procedures, and greater alignment with evidence-based practices, contributing to increased quality and safety in care delivery.

Conclusion: The Appropriateness of Care Program proved to be an effective strategy to enhance patient safety, improve quality of care, and promote healthcare system sustainability. The structured use of clinical criteria and continuous monitoring supports better decision-making and reduces variability in practice. For 2026, the program is expected to expand beyond the Morumbi Unit to all Einstein Health System hospital units, including public and private settings. This expansion aims to scale best practices, strengthen governance, and reinforce a culture of value-based care across the organization. Additionally the program reinforces transparency accountability and data driven governance by integrating clinical and financial perspectives and engaging physicians in shared decision making Continuous feedback loops education and benchmarking further support adherence to guidelines and sustained improvement enabling replication across diverse settings and long term impact on value outcomes and resource optimization while

maintaining patient centered care principles and equity across populations served.

Keywords: Patient safety; Utilization review; Critical pathways; Insurance fraud; Cost control

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015

ONA voice: gamification as a cultural transformation strategy for ONA accreditation

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ABSTRACT

Introduction: The implementation of more than 1,300 requirements from the Brazilian Accreditation Manual¹ constitutes a large-scale organizational challenge, especially in contexts with low prioritization of the Quality Management System (QMS), recurring delays, and resistance to change. Following an initial initiative

with limited engagement, Santa Casa BH developed ONA Voice, an intervention based on gamification and distributed leadership.

Objective: To increase institutional engagement, accelerate the implementation of accreditation requirements, and achieve the compliance rates required for ONA Level II – Accredited Full ($\geq 85\%$ of total requirements and $\geq 90\%$ of CORE requirements).

Methods: The project involved approximately 1,750 employees distributed across 28 multidisciplinary teams, covering six institutional units over a period of 19 months (June 2024 to December 2025). Inspired by the competitive format of “The Voice,” the model defined clear roles (superintendents, managers, coordinators, roadies, supporters, and Quality consultants) and structured thematic battles with objective deliverables, transparent scoring, and monitoring through Business Intelligence. The primary indicators were compliance rates for total and CORE requirements, monitored through an initial diagnostic audit and standardized periodic internal reassessments. Secondary indicators included nonconformity management, document regularization, and attendance at strategic meetings.

Results: Compliance with CORE requirements increased from 35.8% in the diagnostic audit to 96.89% in the accreditation audit. Compliance with total requirements increased from 48.0% to 96.37%, demonstrating progressive improvement throughout the quarterly cycles. In the “Zero Nonconformity Operation” battle, 529 of the 639 pending nonconformities were addressed (an 82.8% reduction), with the remaining 110 higher-complexity cases managed through a structured resolution plan. In the “Documentation Challenge” battle, expired documents were reduced by 70% (from 1,058 to 323). Average attendance at strategic meetings was approximately 80%, with multilevel engagement and increased spontaneous demand for support from the Quality team. The process culminated in ONA Level II certification for all healthcare units.

Conclusion: Structured gamification proved to be a catalyst for cultural transformation, promoting large-scale engagement, significant improvement in compliance indicators, and sustainable strengthening of the QMS. By integrating healthy competition, transparency, and shared leadership, ONA Voice established itself as a replicable strategy for institutional mobilization toward accreditation in complex healthcare organizations.

Keywords: Organizational culture; Quality improvement; Leadership; Health facilities; Program evaluation

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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016

A standardized ventilator weaning and extubation protocol to reduce ventilator-associated pneumonia: a quality improvement initiative in neonatal intensive care

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ABSTRACT

Introduction: Invasive mechanical ventilation is an essential therapeutic intervention in the management of critically ill neonates. However, prolonged exposure to ventilatory support is associated with significant adverse outcomes, particularly ventilator-associated pneumonia (VAP). Variability in clinical decision-making regarding the optimal timing of extubation may unnecessarily prolong mechanical ventilation duration, thereby increasing the risk of ventilator-related complications and compromising patient safety.

Objective: To implement a standardized protocol for assessing extubation readiness in a Neonatal Intensive Care Unit (NICU), with the aim of reducing reintubation rates and decreasing the incidence density of ventilator-associated pneumonia.

Methods: This study describes a quality improvement initiative conducted using Improvement Science

methodology within the framework of the *Saúde em Nossas Mãos* collaborative project. The intervention was implemented in the NICU of a university hospital in Alagoas, Brazil, between July and December 2025. A structured protocol for ventilator weaning and extubation readiness assessment was developed and introduced, incorporating a standardized daily checklist to evaluate neonatal readiness for extubation based on predefined clinical, ventilatory, and arterial blood gas parameters. Outcome measures included VAP incidence density (per 1,000 ventilator-days), 48-hour reintubation rate, and compliance with evidence-based VAP prevention bundles.

Results: Following implementation of the intervention, an 83.9% relative reduction in VAP incidence density was observed compared with baseline performance, with rates decreasing from a mean of 5.84 to 0.94 per 1,000 ventilator-days. The 48-hour reintubation rate, which demonstrated a baseline average of 18.03%, showed complete elimination of variability related to clinical decision-making during the intervention period. These findings suggest greater consistency in extubation practices and improved reliability of the ventilatory management process. Implementation and Sustainability Strategies: Implementation was conducted through iterative Plan-Do-Study-Act (PDSA) cycles, supported by multidisciplinary team training, integration of the daily extubation readiness checklist into routine clinical documentation, and continuous performance feedback during team meetings. Local clinical champions were identified to support frontline engagement, and weekly adherence monitoring was established. Sustainability strategies included periodic auditing, ongoing professional education, quarterly protocol review, and formal incorporation of the intervention into institutional clinical governance processes.

Conclusion: Transparent sharing of performance outcomes and strong engagement of the multidisciplinary care team were fundamental to sustaining improvements

and strengthening the institutional culture of patient safety. Standardization of daily extubation readiness assessment through a structured checklist contributed to reducing variability in clinical decision-making and may have shortened unnecessary exposure to invasive mechanical ventilation. The substantial reduction in VAP incidence density suggests a positive impact of the intervention on neonatal patient safety, although the contribution of additional factors related to the broader VAP prevention bundle cannot be excluded.

Structured clinical protocols, combined with continuous monitoring of quality indicators, represent essential strategies for promoting safer, more reliable, and more efficient neonatal intensive care delivery.

Keywords: Extubation; Ventilator-associated pneumonia; Neonatal intensive care units

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

017

Sustained reduction of HAIs in an adult ICU through structured systemic proactive management

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ABSTRACT

Introduction: Healthcare-Associated Infections (HAIs) remain major adverse events, associated with invasive devices and increased morbidity, mortality, costs, and length of hospital stay. Their prevention requires a systemic approach involving proactive risk management, standardization of practices, and strengthening of the safety culture, aligned with the International Patient Safety Goals.

Objective: To demonstrate the impact of a structured intervention on the sustained reduction of HAI incidence rates (IR) and on the control of invasive device use in an adult ICU (Intensive Care Unit).

Methods: An intervention study conducted in an adult ICU of a public hospital in Santa Catarina, starting in December 2024, within the context of the *Saúde em Nossas Mãos* (Health in Our Hands) Project. The Institute for Healthcare Improvement (IHI) Model for Improvement was applied, utilizing PDSA cycles, driver diagrams, and visual management (Kamishibai). Prevention bundles were implemented for Ventilator-Associated Pneumonia (VAP), Laboratory-Confirmed Central Line-Associated Bloodstream Infection (CLABSI), and Catheter-

Associated Urinary Tract Infection (CAUTI), featuring care standardization, multidisciplinary training, and integrated action between executive leadership and the Patient Safety Center. Proactive risk management included event analysis, systematic audits, compliance monitoring, and strengthening of the notification system and organizational learning. Outcome and process indicators were used for continuous monitoring.

Results: Between December 2024 and April 2025, a 75.1% reduction was observed in the IR of VAP (from 12.4 to 3.04) and a 100% reduction in the IR of CLABSI (from 0.46 to zero), while maintaining zero cases of CAUTI. The monitoring of risk associated with device use showed 2,580 central lines/day across 408 days, with systematic follow-up and targeted actions. Implementation and Sustainability Strategies: Sustainability was ensured through continuous monitoring of prevention bundle process indicators, structured feedback, strengthening of the safety culture, and consolidation of safe practices. Executive leadership engagement was achieved through active listening during in-person leadership walkrounds in the ICU, root cause analysis, and active surveillance of infection events. Process standardization and successive PDSA cycles favored the consolidation of practices and the maintenance of the achieved results.

Conclusion: The adoption of a systemic approach, integrated with proactive risk management and structured measurement, resulted in a significant and sustained reduction in HAIs. The model demonstrated effectiveness, scalability potential, and the ability to promote a safety culture and data-driven decision-making in critical care environments.

Keywords: Healthcare-associated infections; Intensive care units; Patient safety

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.



018

Shared accountability and queue management for surgical governance in university hospitals

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ABSTRACT

Introduction: Managing surgical production in a public university hospital is fundamentally a governance challenge: it involves multiple actors with competing priorities, disputed resources, and a patient queue not always visible to decision-makers.⁽¹⁾ When accountability is fragmented and indicators are scarce, inefficiencies become invisible, and patients bear the consequences.^(2,3) Drawing on the experience of CH-HUCFF in 2025.

Objective: This study aimed to develop and apply a data-driven surgical governance framework capable of identifying system failures, assigning responsibilities, and proposing actions with institutional transformation potential.

Methods: The study used data from the surgical scheduling system (Forms 2025) and the hospital information system ProntHU, covering 3,709 procedures scheduled between February and December 2025. The analysis combined monitoring of monthly production indicators, Pareto analysis to stratify cancellation

causes by domain (structural, patient-related, and human resources), and cross-referencing between the scheduling system and the final operative map.⁽⁴⁾ This cross-reference identified patients registered in the system but absent from the operative schedule, revealing a hidden waiting list generated by absent queue planning by surgical specialty. A Shared Accountability Matrix was constructed across four actors (surgeon, Internal Bed Regulation Unit, operating room, and anesthesia), defining key processes, derived indicators, and governance actions for each.^(5,6)

Results: Systematic monitoring demonstrated a 23-percentage-point improvement in the surgical performance rate (from 46.5% in February to 69.9% in November), indicating that data visibility alone drives change (Figure 1). Pareto analysis showed that operative time overrun and ICU bed unavailability explain over 70% of structural cancellations, concentrating the improvement effort on two actionable causes (Figure 2).^(2,7) The most significant finding was 801 patients (21.6%) registered in the scheduling system but absent from the final operative map, a hidden waiting list driven by absent queue management and capacity planning by specialty, with direct impact on equitable access (Figure 3).^(1,8) The Shared Accountability Matrix structured five key processes with defined roles, indicators, and actions, producing seven derived indicators that translate root causes into measurable metrics.⁽⁶⁾

Conclusion: This study demonstrated that robust surgical governance can be built from data the institution already produces, provided those data are read with methodological rigor and intent to drive change.⁽³⁾ The hidden waiting list is not merely a recording problem: it expresses absent capacity planning by specialty, with real consequences for waiting patients.⁽⁶⁾ The Shared Accountability Matrix offers a replicable model for public university hospitals where fragmented accountability remains a primary obstacle to quality improvement.⁽⁸⁾ When data are well interpreted and responsibilities are shared, surgical management shifts from reactive to strategic.

Keywords: General surgery; Waiting lists; Clinical governance; Hospitals, university; Quality indicators, Health care

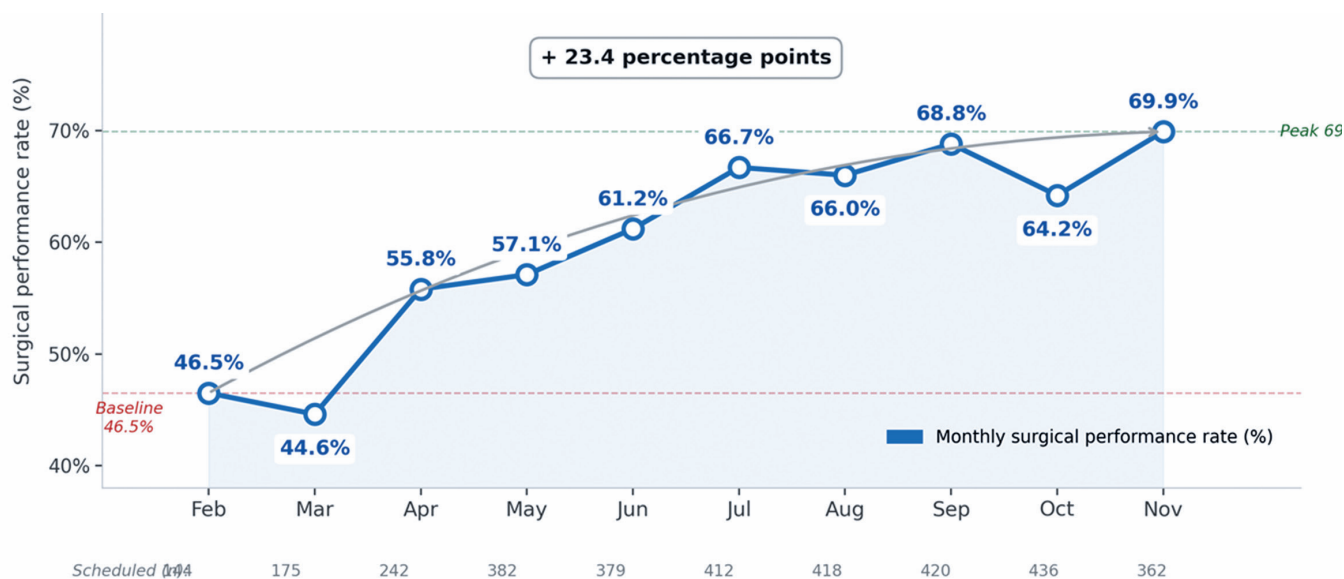
SGPP number: Not applicable.

CAAE: Not applicable.

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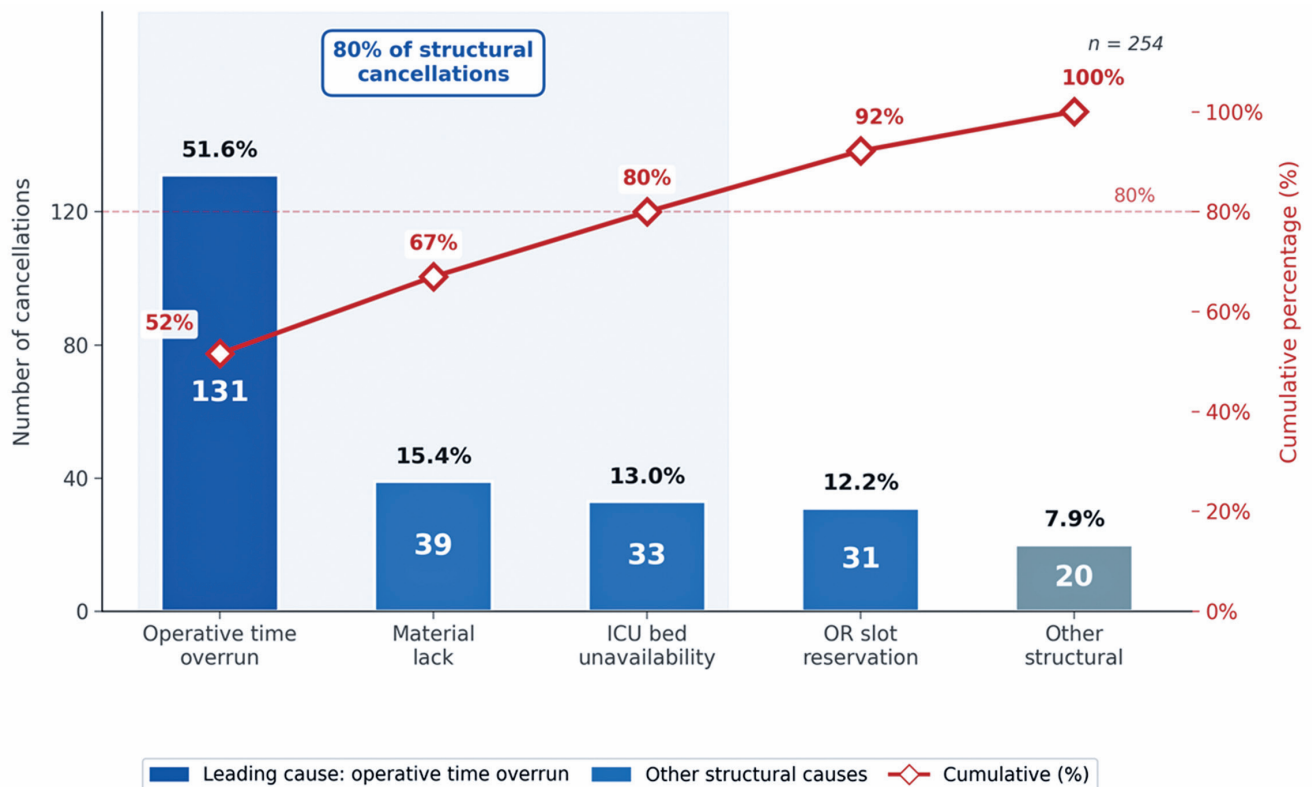


Source: Surgical scheduling system (Forms 2025) and ProntHU, CH-HUCFF. Performance rate = procedures performed / procedures scheduled × 100.

Source: surgical scheduling system (Forms 2025) and ProntHU

Performance rate = procedures performed / procedures scheduled × 100.

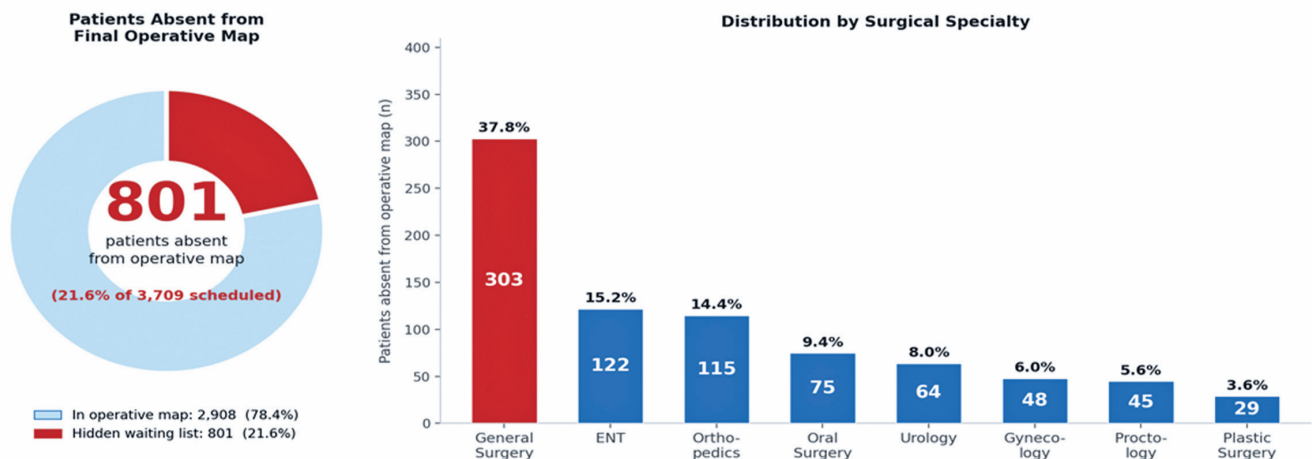
Figure 1. Evolution of the surgical performance rate between February and November 2025 at CH-HUCFF, showing a 23-percentage-point improvement



Source: Surgical scheduling system (Forms 2025), CH-HUCFF, February–December 2025. Structural domain. Total non-performed procedures: 1,383.

Source: surgical scheduling system (Forms 2025), CH-HUCFF, February–December 2025.

Figure 2. Pareto analysis of structural surgical cancellation causes (n=254): operative time overrun and ICU bed unavailability account for over 70% of structural cancellations



Source: Cross-referencing of surgical scheduling system (Forms 2025) and final operative map, CH-HUCFF, February–December 2025. Distribution by specialty is proportional to scheduling volume per specialty (Forms 2025).

Source: cross-referencing of Forms 2025 and the final operative map, CH-HUCFF, February–December 2025.

Figure 3. Hidden waiting list: of 3,709 patients registered in the surgical scheduling system, 801 (21.6%) were absent from the final operative map, distributed across surgical specialties

019

Increasing adherence to the hospital therapeutic plan and enhancing quality of care

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ABSTRACT

Introduction: Low adherence to and inconsistency in the construction of the Hospital Therapeutic Plan (HTP) were identified across the hospital, affecting multidisciplinary communication and continuity of care. Evidence suggests that shared development of a therapeutic plan improves clinical outcomes and patient experience. Multiprofessional therapeutic plans have been associated with improved coordination of care and greater integration among healthcare professionals, contributing to safer and more patient-centered care.⁽¹⁾ In addition, multidisciplinary collaboration has been linked to better patient-reported outcomes in inpatient settings,⁽²⁾ while active patient participation during hospitalization has been recognized as an important factor in improving care quality and engagement.^(3,4) The project was based on the hypothesis that process standardization, combined with team engagement and active patient inclusion, would increase adherence to

and quality of the HTP. The intervention was initially tested in a gastroenterology inpatient unit.

Objective: To increase the percentage of completed Hospital Therapeutic Plans from less than 10% to at least 80% between March 2025 and March 2026.

Methods: This quality improvement project was implemented in a gastroenterology inpatient unit using the Model for Improvement and Plan-Do-Study-Act (PDSA) cycles. Key drivers included process standardization, team engagement, and patient inclusion. Interventions comprised HTP hospital therapeutic plan, staff training, integration of the plan into routine care, performance monitoring through indicators, and identification of the care partner. Outcome, process, and balancing measures were monitored using data extracted from the electronic health record and analyzed through statistical process control charts (p-charts).

Results: The outcome measure increased from less than 10% to values ranging between 50% and 90%, with evidence of special cause variation and sustained performance above 70%, reaching 90–100% during the final period. Process measures improved consistently, with documentation of the care partner and patient goals reaching 100%, while documentation of problems and goals remained above 90%. The balancing measure achieved approximately 90%, although with greater variability. Team engagement and incorporation of the Hospital Therapeutic Plan HTP into routine practice were key contributors to success.

Conclusion: Application of the Model for Improvement effectively increased adherence to the Hospital Therapeutic Plan and enhanced quality of care through process standardization, strengthened multidisciplinary collaboration, and patient inclusion. The initiative demonstrated potential for replication across other hospital units and is aligned with the principles of the Quintuple Aim, improving patient experience, quality of care, and support for healthcare teams.

Keywords: Care plans; Quality improvement; Multidisciplinary relations; Patient participation; Patient safety; Patient-centered care

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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020

All in, one day less: a hospital-wide project to reduce length of stay at hospital serena del mar, Colombia

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ABSTRACT

Introduction: Centro Hospitalario Serena del Mar (HSM) is a highcomplexity hospital in northern Colombia, located in Cartagena and operated by Fundación Santa Fe de Bogotá (FSFB). It recently faced a major challenge in optimizing installed capacity, as evidenced by the identification of a sustained increase in hospital length of stay (LOS) that emerged in the second half of 2023 and reached its peak of 7.27 days in August 2025, without corresponding changes in case-mix complexity and suggesting structural inefficiencies across administrative and clinical care processes. In response to this challenge, we designed and implemented a hospital-wide LOS reduction initiative named “All in, one day less” as part of a broader quality improvement and operational-efficiency strategy.

Objective: Reduce average LOS by one day from September 2025 to May 2026 through concrete actions targeting operational efficiency.

Methods: “All in, one day less” was designed as a mobilization campaign aligning clinical and administrative teams around the one-day goal. The Institute for Healthcare Improvement (IHI) Model for Improvement guided this project, organizing it around

three operational focuses: hospital-flow optimization, proactive operating-room management, and alignment of clinical–administrative processes for LOS reduction. Length of stay was analyzed from a Minimum Data Set, grouped with IR-DRG and risk-adjusted against the FSFB case-mix-adjusted expected LOS (observed-to-expected, O/E, index). A fixed pre-intervention baseline (January–August 2025) was compared with the intervention period (September 2025–May 2026), overall and by insurance scheme (public/basic vs. private).

Results: At baseline, mean LOS was 7.3 days, equivalent to ~27% inefficiency versus FSFB-adjusted expected LOS. This burden was concentrated in the public/basic scheme (mean LOS 8.8 days, ~45% inefficiency, with unchanged case-mix), whereas private patients were already efficient (mean LOS 4.80 days, 2% better than FSFB) (Table 1). During the intervention, until May 2026, mean LOS fell 15% (1.1 days), discharges rose 10%, the O/E index improved 18.2%, and the average financial ticket per night rose 8.5%. The reduction was efficiency-driven rather than case-mix-driven: in the public/basic scheme, despite an increase in case-mix, LOS fell 1.2 days and O/E improved 22%; among private patients, LOS fell 0.9 days and efficiency improved 10% versus FSFB.

Conclusion: “All in, one day less” met its target of an approximately one-day LOS reduction, improving operational efficiency, operating margin, and patient experience, with the largest gains among the more complex public/basic population. The initiative continues through 2026 to consolidate and scale the implemented solutions.

Keywords: Length of stay; Hospital efficiency; Quality improvement

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

Table 1. Comparison of hospital length of stay and operational efficiency indicators before and after the intervention

Indicator	Baseline (Jan–Aug 2025)	Intervention (Sep 2025–May 2026)
Mean LOS (days)	7.3	6.2 (–1.1; –15%)
O/E LOS index (vs. FSFB)	≈ 1.27 (27% ineff.)	–18.2%
Inpatient discharges	—	+7%
Public/basic — mean LOS	8.8	–1.2 d; O/E –22%
Private — mean LOS	4.8	–0.9 d; O/E –10%

021

Reduction of infections and improvement of outcomes in a Brazilian regional intensive care unit

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ABSTRACT

Introduction: Healthcare-associated infections (HAIs) remain a major challenge in intensive care units (ICUs), particularly in regional healthcare settings. Structured improvement methods are essential to reduce care variability and enhance clinical outcomes.

Objective: To reduce the incidence densities of laboratory-confirmed central line-associated bloodstream infections (CLABSI), ventilator-associated pneumonia (VAP), and catheter-associated urinary tract infections (CAUTI), while improving hand hygiene compliance and clinical outcomes in a regional ICU within the Brazilian public healthcare system.

Methods: This improvement study was conducted in a 10-bed adult ICU of a regional public hospital in Goiás, Brazil, serving as a referral center for 72 municipalities, between September 2024 and January 2026. The unit is characterized by high clinical complexity, with

standardized indicators estimated by SAPS 3 (predicted mortality: 57.3% and length of stay: 94.3%). The Standardized Mortality Ratio (SMR) and Standardized Resource Use Ratio (SRUR) were used to evaluate outcomes. The Improvement Model was applied within the framework of the *Saúde em Nossas Mãos* (Patients for Patient Safety) Project, using Plan-Do-Study-Act (PDSA) cycles, a driver diagram, Kamishibai boards, Daily Management for Improvement Sustainability, and active-learning training strategies. The theory of change focused on process standardization, increased bundle reliability, and systematic use of data. Outcomes assessed included incidence densities of CLABSI, VAP, and CAUTI (per 1,000 device-days), as well as hand hygiene compliance.

Results: CLABSI incidence decreased from 11.67 to 0 (100% reduction), sustained for six months. VAP incidence decreased from 30.66 to 10.78 (64% reduction), sustained for fifteen months. CAUTI incidence decreased from 13.83 to 0 (100% reduction), sustained for eight months. Hand hygiene compliance increased from 63.23% to 80.34% (27.1% relative improvement), sustained for six months. The standardized mortality ratio was 0.70, and the length-of-stay ratio was 0.68.

Conclusion: Contextualized management based on the Improvement Model, supported by evidence-based bundles and daily management practices, was associated with significant and sustained reductions in HAIs. This experience demonstrates that the structured application of improvement science, combined with data-driven decision-making and clinical governance, can achieve substantial results in regional ICUs and has strong potential for replication in similar healthcare settings.

Keywords: Healthcare-associated infections; Intensive care units

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.



Presentation Abstracts

022

Integrated dashboard: employee health and safety indicators – leadership, human factors, and sustainability

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ABSTRACT

Introduction: Employee Health and Safety management has historically been based on reactive indicators, such as incidents, work absences, and events that had already occurred. Although relevant, these metrics limited preventive actions and leadership autonomy, while also hindering an integrated view of safety, physical health, mental health, and human factors. In this context, the need was identified to evolve toward a more proactive model aligned with the principles of Human Factors and High Reliability Organizations (HRO), strengthening situational awareness, risk management, teamwork, and leadership.

Objective: The objective of this study was to implement a new integrated Employee Health and Safety indicator dashboard, expanding the use of proactive metrics and supporting leadership in risk prevention and in strengthening a safer and more resilient organizational culture.

Methods: This organizational improvement project involved the Occupational Safety, Employee Health, Mental Health and Well-being, Continuous Improvement, and institutional leadership teams. Initially, existing

initiatives were mapped and correlated with Human Factors and HRO principles. Subsequently, the indicator dashboard was redesigned to incorporate metrics related to situational awareness, risk management, teamwork, leadership engagement, participation in training programs, and mental health and well-being initiatives.

Historical data were collected to define indicators and targets, which were validated by senior leadership. Implementation included structured communication, leadership training, and continuous monitoring through strategic and analytical dashboards, enabling comparisons before and after the intervention.

Results: The new integrated dashboard achieved the best safety results since 2022, with an 18% reduction in lost-time occupational incidents, a 23% reduction in biological exposure incidents, and a 24% reduction in lost-time commuting incidents. All leading indicators related to human factors, including situational awareness, risk management, and teamwork, met or exceeded the established targets, maintaining performance within the 100% target range. The overall dashboard performance reached 119% of the planned target. Increased leadership engagement and a strengthened preventive culture were also observed.

Conclusion: The implementation of an integrated dashboard of leading indicators, driven by engaged leadership, generated a sustainable impact on Employee Health and Safety management. The integration of data, human factors, and high reliability practices enhanced prevention capabilities and strengthened organizational culture, demonstrating potential for replication in other institutional settings.

Keywords: Occupational health; Occupational safety; Safety management

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

023

Huddle in supply chain: enhancing operational efficiency through agile communication

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ABSTRACT

Introduction: Supply chain management in healthcare institutions is a highly complex process, characterized by multiple interfaces, integrated systems, and a wide range of SKUs (Stock Keeping Units). Weak communication between these links represents a critical risk, potentially leading to stockouts and compromising patient safety.

Objective: This project aimed to implement the Huddle methodology in the supply chain, optimizing processes, anticipating the analysis of critical items, and establishing early strategies for maintaining inventory balance.

Methods: The initiative integrated the areas of Warehouse, Registration, Purchasing, Medical Supplies, Pharmacy (Logistics and Clinical), Planning, Quality, and IT. Adapted from the already consolidated Safety Huddle model in the institution, the process was structured with a monitoring script. The monitored items include: Incident system; Technovigilance notifications; Increased consumption; Delays in delivery by suppliers; Market

disruptions; Daily analysis of the supply management platform; Management of non-standardized items; Definition of emergency purchases/loans. The meetings take place daily online, lasting 20 minutes. The script completion process alternates between areas, with real-time updates via chat. Monthly, the consolidated data is shared to support strategic interventions.

Results: From the start of implementation (November 25, 2025) until March 2026, 245 SKUs were analyzed, with the following distribution: 61% Materials, 36% Medications, 2% Nutrition, and 1% Medical Supplies. The main results:

- **Zero Stockouts:** There were no shortages of items due to the early definition of substitutes with the medical care team.
- **Reduction in Healthcare Huddle Alerts:** The monthly average of critical items fell from 7.5 to 2.8 (a 63% reduction). After implementation, 62% of the flagged items relate to technovigilance or market shortages, situations in which the supply team was already acting preventively before the problem reached the point of care.

Conclusion: The implementation of the methodology proved to be a game-changer in supply chain management by transferring a care tool to logistics, improving previously fragmented communication into a real-time flow of collective intelligence. The 63% reduction in care-related signals and the absence of stockouts demonstrate that the daily meetings allowed the supply team to move from being reactive to being predictive, optimizing inventory levels and strengthening patient safety.

Keywords: Supply and distribution; Communication

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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Presentation Abstracts

024

Motorcyclist training: increased participation and risk reduction

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ABSTRACT

Introduction: The growth in the number of motorcyclists and increased exposure to road traffic have raised the risk of commuting accidents, with a significant impact on work absences, healthcare costs, and lost workdays. In response to this scenario, the institution invested in a structured motorcyclist training program associated with continuous awareness and risk mitigation actions. It became necessary to evaluate whether the increase in training participation was effectively associated with a reduction in accident risk.

Objective: The objective of this study was to increase participation in motorcyclist training and demonstrate its effectiveness in reducing the probability and severity of commuting accidents through integrated data analysis and preventive actions.

Methods: The project included the analysis of commuting accident data involving motorcyclists from 2023 to 2025, integrating incident notifications recorded in the institutional system with training participation records. Motorcyclists were classified according to their training status, allowing comparisons between trained and untrained groups.

Simultaneously, structured actions were developed to increase participation, including specialized defensive riding training, awareness campaigns, periodic safety

checklists, educational materials, safety talks, institutional communications, and the integration of multidisciplinary teams. The analyses considered variables such as age, length of employment, location, commuting period, and risk exposure profile.

Results: A progressive increase in training participation was observed, reaching 48% of active motorcyclists, with an institutional goal of continuous expansion. The analysis showed that the probability of accidents was significantly lower among trained motorcyclists, with a risk up to 6.8 times lower compared with untrained individuals. A reduction in accident severity and associated work absences was also observed.

Profile-based analyses indicated relevant differences in risk according to age, length of employment, region, and commuting period, allowing preventive actions to be targeted toward more vulnerable groups. The results confirmed the effectiveness of the training program combined with educational and operational actions in mitigating risk.

Conclusion: The increase in participation in motorcyclist training, combined with continuous awareness actions and operational measures, demonstrated a positive and measurable impact on reducing the risk of commuting accidents. Integrated data analysis made it possible to demonstrate the effectiveness of the program and guide preventive strategies more accurately.

As next steps, the institution plans to further increase participation, refine profile-based analyses, and prioritize interventions for higher-risk groups, strengthening prevention efforts and the sustainability of the results.

Keywords: Occupational safety; Motorcycle safety; Accident prevention

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

025

Transforming patient experience in the hospital journey

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ABSTRACT

Introduction: Since 2001, patient-centered care has been recognized as a key dimension of healthcare quality by the Institute of Medicine, yet its implementation remains a challenge in many healthcare settings. This study discusses the concept of patient experience and explores strategies applicable to the hospital environment, including professional training, transparent access to clinical information, and patient involvement in decision-making processes. This topic is highly relevant to healthcare quality, patient safety, and the sustainability of health services, contributing to improved outcomes and greater patient engagement.

Objective: To understand the patient experience as a strategic axis of quality care; To identify institutional practices to strengthen person-centered care; To evaluate opportunities for improvement in the patient journey within their organizational contexts.

Methods: A literature review was conducted based on publications from the last five years addressing

patient experience and person-centered care. The analysis identified key practices, including empathetic communication, access to information, and shared decision-making. The findings highlight the conceptual relevance of patient-centered approaches, their inclusive nature, and their potential impact on improving healthcare quality and patient experience.

Results: The findings demonstrate that a person-centered culture enhances clinical quality and operational efficiency, strengthens patient safety, increases staff engagement, and positively influences financial performance. Patient experience emerged as a strategic indicator for hospital management and continuous improvement. The proposed practices are sustainable because they rely on effective communication, active listening, and ongoing professional development. Furthermore, these practices can be scaled across different healthcare settings through training initiatives, the use of patient experience indicators, and the integration of patients as active partners in care delivery.

Conclusion: Patient-centered care improves quality, safety, efficiency, and engagement, promoting sustainable healthcare outcomes and supporting continuous improvement in healthcare organizations.

Keywords: Patient-centered care; Patient experience; Healthcare quality

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.



Presentation Abstracts

026

Implementation of a humanized obstetric analgesia program to improve maternal experience and optimize the vaginal birth – cesarean ratio

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ABSTRACT

Introduction: Labor pain is one of the leading causes of maternal dissatisfaction and may influence maternal requests for cesarean delivery. At Camino Bosque de María (MiRed IPS, Barranquilla, Colombia), a specialized maternal-perinatal care center, the need to strengthen comprehensive pain management was identified as an opportunity to improve patient experience and optimize obstetric outcomes.

Objective: To implement a humanized obstetric analgesia model integrating pharmacological pain management, effective communication, patient autonomy, and continuous support, and to evaluate its impact on maternal satisfaction and the vaginal birth–cesarean ratio.

Methods: A retrospective evaluation of a quality improvement intervention was conducted over a 12-month period at Camino Bosque de María (MiRed IPS), Barranquilla, Colombia. The study population

included 310 women in labor classified within Robson Groups 1 to 4a who accepted and received obstetric analgesia during 2025.

The intervention was developed using the Plan–Do–Study–Act (PDSA) methodology and included standardization of the “Dignified and Humanized Birth” protocol, multidisciplinary staff training, prenatal education regarding analgesia options, and strengthening of physician–patient communication. Maternal satisfaction and service recommendation rates were assessed among the women receiving the intervention. Institutional indicators, including obstetric analgesia coverage and the vaginal birth–cesarean ratio, were also evaluated.

Results A total of 310 women received obstetric analgesia and were included in the analysis. Among the intervention cohort, dissatisfaction reports were eliminated, with 100% of participants rating their experience as “good” or “very good.” Positive recommendation of the service increased from 95.7% to 100%.

At the institutional level, obstetric analgesia coverage reached an annual average of 45.5% during 2025, with a peak of 71.6% in December. Following implementation of the protocol, the institutional vaginal birth rate increased from 32.8% in 2024 to 43.0% in 2025, approaching the institutional target of 45%.

Conclusion: Implementation of a humanized obstetric analgesia program was associated with improved maternal experience among participating women and favorable institutional outcomes regarding the vaginal birth–cesarean ratio. Effective communication, prenatal education, and multidisciplinary collaboration were critical to the success of the intervention. This strategy proved to be a feasible and replicable approach for strengthening the quality of obstetric care.

Keywords: Labor analgesia; Humanized childbirth; Maternal satisfaction; Cesarean section; Quality improvement

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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027

Safe use of transdermal opioids in the postoperative period: an implementation study

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ABSTRACT

Introduction: Despite the availability of evidence-based recommendations regarding the use of transdermal opioid patches, challenges remain in their systematic implementation in clinical practice.

Objective: The aim of this study was to implement evidence-based best practices for the use of transdermal opioids in postoperative pain management.

Methods: This implementation study was based on the Joanna Briggs Institute (JBI) model and was conducted in a private hospital in São Paulo, between May and August 2025. A non-probabilistic convenience sample was composed of 20 orthopedic surgery patients using transdermal opioids and 158 multidisciplinary healthcare professionals (physicians and nurses). A baseline audit (May 27 to June 13) was conducted using JBI evidence-based criteria. The audit evaluated patch administration, medical record documentation, patient education and understanding, professional training, preoperative assessment, and pain management planning through chart reviews, direct observation, and structured questionnaires. The intervention consisted of on-site multidisciplinary training sessions using a

board game entitled “Operation Analgesia”, which addressed indications, contraindications, onset of action, application techniques, major adverse effects, disposal procedures, and signs of overdose. Each session lasted approximately 20 minutes. Educational printed materials were provided to healthcare professionals, while standardized guidance and patient educational resources were incorporated into the electronic medical record system. A follow-up audit (July 7 to August 8) applied the same criteria. Descriptive comparative analyses comparing pre- and post-intervention periods were performed using JBI PACES software.

Results: Improvements were observed in the pre- and post-intervention comparison between the following criteria: documentation of the administration route (10% *versus* 50%), patient understanding (0% *versus* 50%), and patient education (50% *versus* 100%). Among healthcare professionals, training compliance increased from 29.7% to 100%. Criteria that were already satisfactory, such as preoperative assessment and correct medication administration, remained at 100%. Documentation of pain management plans increased from 90% to 100%.

Conclusion: The implementation of evidence-based best practices combined with gamification contributed to improvements in patient safety, quality of care, and standardization of transdermal opioid use. The findings highlight the importance of interactive educational strategies and the potential replicability of the intervention. However, challenges related to documentation practices and patient understanding still remain.

Keywords: Transdermal opioids; Postoperative pain management; Patient safety

SGPP number: Not applicable.

CAAE: 87444425.8.0000.5487.

Research funding: Not applicable.

028

Excellence in the management of chronic patient care in primary health care

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ABSTRACT

Introduction: Noncommunicable chronic conditions are the main cause of morbidity and mortality in Brazil, requiring integrated and longitudinal care models within Primary Health Care (PHC).^(1,2) In Campo Limpo and Vila Andrade districts, the Einstein Program, in partnership with the São Paulo Municipal Health Department, has managed 14 PHC units and three urgent care services since 2001, covering more than 411,000 inhabitants. The high prevalence of hypertension and diabetes highlighted the need to improve risk stratification, reduce preventable decompensations, and strengthen care transitions between PHC and urgent care, supported by reliable data.^(1,3,4)

Objective: To describe the application of the Lean Six Sigma methodology to organize care for patients with hypertension and diabetes in PHC, focusing on improving risk stratification, clinical monitoring, and

integration across care levels, aiming to achieve clinical targets in 60% of high-risk hypertensive patients and 45% of high-risk diabetic patients, and ensure follow-up of 80% of decompensated cases seen in urgent care within one month.^(5,6)

Methods: Descriptive study based on the Lean Six Sigma DMAIC cycle.^(5,6) In the Define phase, gaps were identified in risk stratification, protocol adherence, and care integration. Measure/Analyze included process mapping, Ishikawa diagram, and analysis of clinical data, revealing failures in monitoring, documentation, and care transitions. In Improve, interventions included protocol standardization, multidisciplinary training, validation of blood pressure measurement technique, educational materials, clinical alerts, population dashboards, and systematic follow-up of urgent care cases by PHC teams.⁽³⁻⁶⁾ In Control, indicators were incorporated into routine management with monthly monitoring, case discussions, and action plans.

Results: Clinical outcomes improved after implementation. Eleven PHC units showed better performance in blood pressure and glycemic control in 2024 versus 2023. Blood pressure control in high-risk patients reached 61.6% in 2024 and 69.6% in 2025; glycemic control reached 50.3% and 52.6%, respectively, both above national benchmarks.^(3,4) Care transitions also improved, with 88% of urgent care cases followed in PHC (89% in 2025). Monitoring identified over 40,000 hypertensive and 17,000 diabetic patients, with follow-up rates of 72% and 77%. Most were older adults, with predominance of high cardiovascular risk.

Conclusion: Lean Six Sigma, combined with population dashboards and multidisciplinary governance, improved care organization, integration across services, and data-driven decision-making.^(5,6) Low-cost, high-impact interventions strengthened care pathways, enhanced adherence, and improved patient outcomes, demonstrating a scalable and sustainable model for chronic care management.

Keywords: Primary health care; Hypertension; Diabetes mellitus; Disease management; Quality improvement

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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029

Improvement strategies for maternal-perinatal care among migrant populations

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ABSTRACT

Introduction: Venezuelan migrant pregnant women with irregular migration status in Barranquilla face critical barriers to healthcare access, increasing preventable maternal and perinatal risks and revealing gaps in continuity, equity, and timeliness of prenatal care. Improvement strategies were required to strengthen comprehensive care, enable early risk identification, reduce severe maternal morbidity, and avoid preventable maternal deaths.

Objective: To implement a comprehensive care model for migrant pregnant women with irregular status and no health-system affiliation through intervention packages structured according to the Maternal-Perinatal Care Pathway. The model aimed to standardize maternal care, improve quality, clinical safety, and humanized care, identify and address obstetric risks in a timely manner, and prevent maternal and perinatal complications.

Methods: A performance-based population health management model was implemented from April 2024 to March 2025 using PDSA continuous-improvement cycles and Lean Healthcare principles. Eligible participants were migrant pregnant women with irregular status living in Barranquilla, without affiliation to the Colombian health system and not receiving care from another international partner or nongovernmental organization. Integrated services included general

medicine, nursing, obstetrics and gynecology, dental care, laboratory testing, obstetric ultrasound, nutrition and breastfeeding counseling, psychosocial care, and childbirth preparation. Community workers and social managers supported active case finding. Maternal early-warning tools guided risk classification and timely intervention for conditions associated with severe maternal morbidity, particularly hypertensive disorders, maternal sepsis, and obstetric hemorrhage.

Results: Overall, 426 migrant pregnant women with irregular status received comprehensive prenatal care. Early enrollment before 16 weeks reached 67%. Screening adherence was 100% for HIV and gestational syphilis and 99% for hepatitis B. Specialized care was provided to 94% of women with high obstetric risk. Thirty-six adolescents aged 14-17 years (8%) received psychosocial support and sexual and reproductive rights counseling. Outcomes included 153 cesarean deliveries (35.9%), 119 vaginal births (27.9%), 11 miscarriages (2.6%), and 2 voluntary pregnancy terminations (0.5%). Seventy-seven women (18.1%) achieved formal health-system affiliation. Zero preventable direct maternal deaths were reported in the target population, representing a 100% reduction compared with the historical baseline.

Conclusion: Integrated, performance-based maternal-perinatal care improved access, clinical safety, risk management, and equity in a highly vulnerable migrant population. Standardized intervention packages reduced variation in care delivery, strengthened continuity, and enabled timely obstetric-risk intervention. In alignment with the Quintuple Aim, the model contributed to better maternal-perinatal outcomes, improved user experience, equity, efficient resource use, and stronger interdisciplinary teamwork. This experience represents a scalable and replicable strategy for health systems facing migration-related inequities.

Keywords: Pregnant women; Prenatal care; Transients and migrants; Maternal morbidity; Maternal mortality

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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030

Mitigation of risks in critical medications through strategic prioritization

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ABSTRACT

Introduction: The safe management of critical medications is essential for patient safety, as they have an immediate clinical impact in the event of shortages, stability or quality failures, and require a differentiated approach within the supply chain.^(1,2)

Objective: To develop a risk matrix to identify, quantify, and prioritize risks associated with critical medications and to assess variations in overall risk by comparing inherent risk with expected residual risk after mitigation.

Methods: A descriptive implementation study of a risk management tool was conducted in a high-complexity hospital. The Pharmacy and Therapeutics Committee defined 46 critical medications, classified into criticality level 1 (n=25), representing essential medications with no equivalent therapeutic alternatives or with immediate clinical impact if unavailable, and criticality level 2 (n=21), representing medications of high clinical relevance with greater substitution possibilities.⁽³⁾

The risk matrix included five dimensions: loss of stability, contamination, deterioration, falsification, and shortage, weighted according to probability of occurrence and potential clinical impact, resulting in a global score. Inherent risk was defined as the baseline

score without control barriers. Expected residual risk was estimated by applying mitigation measures focused on shortage, including safety stock, alternative suppliers, therapeutic substitution, inter-institutional loan, and emergency procurement, which are widely recommended strategies in shortage management.^(1,4) Risk was categorized as low (≤ 1.5), medium (> 1.5 and ≤ 2.5), or high (> 2.5).

Results: Mean inherent risk was 2.08 for criticality level 1 medications and 1.55 for criticality level 2 medications. After mitigation, expected residual risk decreased to 1.22 and 1.00, respectively. Mean relative reductions were 40.7% and 34.9%, with absolute reductions of 0.86 and 0.55. Both categories were reclassified as low risk. No stockouts were recorded, consistent with effective proactive mitigation strategies described in the literature.⁽³⁾

Conclusion: The risk matrix enabled quantification of inherent and residual risk and demonstrated a significant reduction in overall risk after mitigation, particularly in higher-criticality medications. This tool represents a reproducible approach aligned with proactive risk management, medication safety, and resilient supply chain strategies.^(1,4,5)

Keywords: Critical medications; Risk management; Patient safety; Supply chain; Drug shortages

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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Presentation Abstracts

031

Application of the Improvement Model for Standardizing Medical Protocols Across a Healthcare Network

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ABSTRACT

Introduction: Einstein, a Brazilian private hospital renowned for its high standards of healthcare quality and patient care, has expanded its operations by taking over the management of public and private hospitals across several regions of the country. This expansion has introduced challenges related to variability in clinical practice and the lack of standardized care protocols, which may adversely affect the quality and safety of healthcare delivery. Evidence demonstrates that the implementation of standardized clinical protocols improves patient outcomes, reduces unwarranted practice variation, and promotes consistent, evidence-based clinical decision-making.

Objective: To increase the standardization of clinical protocols across a healthcare network by improving the standardization of clinical pathways and promoting consistency in medical practice between March 2025 and March 2026.

Methods: This quality improvement project was conducted across a network of public and private hospitals and involved multidisciplinary healthcare teams. The initiative followed the Institute for Healthcare Improvement (IHI) Model for Improvement, including the development of a driver diagram and iterative Plan-Do-Study-Act (PDSA) cycles. Key interventions included collaborative protocol development with local representatives, creation of clinical decision-support pathways, review and validation by subject-matter experts and institutional committees, standardization of document structure, dissemination through digital platforms, and implementation of structured communication strategies.

Results: The project improved the standardization of clinical practice across the network, resulting in the standardization of 52% of clinical pathways and the development of 428 standardized clinical protocols. Protocol-based PowerPlans (electronic health record order sets) were implemented, and communication and alignment between public and private units improved. Increased use of protocols as clinical decision-support tools and the strengthening of a culture of standardization were observed. Important contextual factors included regional diversity, the need for local adaptation, and progressive engagement of multidisciplinary teams.

Conclusion: The structured application of the IHI Model for Improvement substantially contributed to the standardization of clinical protocols across a complex healthcare network. The interventions enhanced alignment of care processes, supported evidence-based clinical decision-making, and improved integration among participating units. Ongoing challenges include local practice variability and sustaining long-term team engagement. Collaborative protocol development and structured clinical governance appear to be key elements for scalability and sustainability.

Keywords: Clinical protocols; Practice guidelines as topic; Quality improvement; Decision support systems clinical; Patient safety

SGPP number: Not applicable.

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Research funding: Not applicable.

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032

Impact of structured assertive communication interventions on patient experience in a radiology service

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ABSTRACT

Introduction: Communication failures are among the leading causes of complaints in healthcare services, negatively impacting patient experience, organizational climate, and staff well-being. In high-demand settings such as radiology departments, the absence of clear communication regarding delays may increase patient dissatisfaction and contribute to emotional burden among healthcare professionals.

Objective: To increase the Net Promoter Score (NPS) by 10 percentage points (from 79% to 89%) and reduce complaints related to delay communication by 20% (from 3.28 to 2.62 complaints per month) in the Radiology Department of a tertiary hospital in São

Paulo, Brazil, through the implementation of structured communication strategies.

Methods: This quality improvement project was conducted using the Model for Improvement framework. The intervention included the development and implementation of structured communication scripts based on assertive and empathetic communication principles, staff training on proactively communicating delays, and a pilot test of a patient navigator professional to support communication with patients. The scripts were used at two key points in the patient journey: before and after the examination. Patient satisfaction was monitored using a structured questionnaire.

Results: After seven months of implementation, the Computed Tomography (CT) department demonstrated a 54% reduction in the average number of complaints related to delay communication, evidenced by a shift in the control chart centerline from 3.17 to 1.44 complaints. Compared with the same period in the previous year, the total number of complaints decreased by 36.4%, exceeding the initial reduction target of 20%. In the Magnetic Resonance Imaging (MRI) department, an improvement trend was observed following script implementation, although additional monitoring is required to confirm the sustainability of results. Key challenges included partial staff resistance to script adoption and operational changes related to insurance authorization processes. NPS increased from 79% to 84%, with a corresponding shift in the control chart centerline, suggesting sustained improvement in patient experience. Among 90 surveyed patients, 76.4% reported satisfaction with how waiting times were communicated, and 75.5% stated that the information provided by staff contributed to a calmer and more comfortable experience.

Conclusion: Structured communication interventions demonstrated a positive impact on patient experience. This project highlights communication as a critical component of healthcare quality, whose improvement

requires a systems-based approach, process integration, and staff engagement. Simple, low-cost strategies such as structured communication scripts have strong potential for scalability, sustainability, and replication across different healthcare settings.

Keywords: Health communication; Assertiveness; Quality improvement

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.



Presentation Abstracts

033

Climate transition and decarbonization of healthcare at Einstein Hospital Israelita

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ABSTRACT

Introduction: The growing impacts of climate change on human health have driven organizations to adopt consistent mitigation and adaptation strategies. In this context, Einstein structured its Climate Agenda based on its Environmental and Energy Management System and its public net-zero commitment: a 50% GHG reduction by 2026 and 100% by 2034.

Objective: This work presents Einstein's Climate Transition Plan, including targets, timelines, actions, and key performance indicators.

Methods: Einstein's Climate Transition Plan was developed following the standards set by the Paris Agreement and the United Nations's Race-to-Zero program. Carbon emissions accounting follows the GHG Protocol framework, ensuring assertiveness. The best practices set by the Carbon Disclosure Project (CDP) were also taken into account. The key decarbonization indicator is the total volume of scope 1 and 2 GHG emissions, measured in tCO₂e. The baseline adopted corresponds to scope 1 and 2 emissions recorded in 2017, totaling 16,463 tCO₂e. To

achieve this target, the planned projects and actions were structured according to the PDCA cycle, ensuring continuous improvement.

Results: In 2024 and 2025, projects to reduce nitrous oxide (N₂O) consumption were implemented at the Morumbi and Hospital M'Boi Mirim units, mitigating over 95% of N₂O related GHG emissions, a significant advance in the decarbonization pathway. In 2025, the institution also fully mitigated its scope 2 emissions through the acquisition of clean energy in the Free Energy Market, installation of photovoltaic power stations, I-REC certification, and an agreement for wind energy self-production. As a result, GHG emissions were reduced from 16,463 in 2017 to 12,219 tCO₂e in 2024 and 7,977 tCO₂e in 2025, effectively achieving the 50% decarbonization goal ahead of schedule. Between 2026 and 2029, projects are planned for the decommissioning of GHP systems, switching from natural gas to biogas, and the replacement of diesel backup generators with BESS (Battery Energy Storage System). Additionally, a carbon capture (insetting) project is planned to eliminate residual emissions by 2034.

Conclusion: As stated, Einstein has a well structured and documented Climate Transition Plan, having had its leadership in climate action recognized by the CDP. This strategy is publicly available, serving as a reference for decarbonization in the healthcare sector. The carbon emission indicator demonstrates the possibility of bringing forward the goals of the 2030 Agenda to 2026, considering that the reduction in GHG emissions between 2017 and 2025 was 51.5%.

Keywords: Climate change; Greenhouse gases; Carbon footprint; Energy resources; Renewable; Environmental management

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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034

Digital transformation in ambulatory surgical procedures: impact of telehealth

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ABSTRACT

Introduction: Information and communication technologies have become a cornerstone for healthcare transformation. Telehealth has emerged as a powerful strategy to improve access, efficiency, quality, and continuity of care, particularly in Ambulatory Surgical Procedures (ASP). This study aimed to describe the

outcomes of telehealth implementation at different stages of an ASP program and assess its impact on patient follow-up and care delivery.

Objective: To describe the results and implications of telehealth implementation within an interdisciplinary Ambulatory Surgical Procedures program.

Methods: A descriptive, retrospective, cross-sectional study was conducted including patients evaluated between November 2023 and February 2026. Eligibility criteria considered surgical indications, psychosocial aspects, and clinical characteristics. Data were obtained from multiple records and collection tools used by the interdisciplinary team.

Results: Among 373 evaluated patients, 91.0% (340/373) underwent surgery through the ASP program. Telehealth was used for preoperative social work assessment in 25.2% (94/373) of cases. The effective response rate to the 24-hour postoperative telephone follow-up performed by Emergency Medical Technicians reached 99.1% (337/340). 78 patient consultations were received, of which 77% (60) were surgery-related. The ASP team achieved a 96% response rate. 17 patients were referred to the emergency department, 8 required earlier medical evaluation, and 1 patient received home assessment by Emergency Medical Technicians. The remaining 52 consultations were managed through telehealth. No hospital admissions were recorded.

Conclusion: Telehealth proved to be a strategic tool to enhance efficiency, quality, safety, and continuity of care in ambulatory surgery. Its incorporation into the ASP program enabled communication and monitoring of patients during the immediate postoperative period outside the hospital setting, improving adherence, reducing face-to-face consultations and hospital readmissions, and contributing to lower healthcare costs. The integration of telehealth with progressive and continuous care models strengthened interdisciplinary management and optimized patient-centered care.

Keywords: Telehealth; Ambulatory surgical procedures; Health care quality; Postoperative care

SGPP number: Not applicable.

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Research funding: Not applicable.

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035

Implementation of a training management and effectiveness assessment model

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ABSTRACT

Introduction: Continuous professional development is essential to ensure patient safety and high-quality healthcare delivery. However, healthcare institutions often face challenges in structuring Training Needs Assessments (TNA) and evaluating the effectiveness of educational interventions.⁽¹⁾ The Kirkpatrick model and Oribe's training typology provide theoretical frameworks to improve these processes.^(2,3)

Objective: To implement and evaluate a strategic TNA model integrated with training classification and effectiveness evaluation to improve educational management in a public hospital.

Methods: This descriptive quantitative experience report was conducted at Jundiaí Regional Hospital, Brazil, between November 2023 and December 2024. The project consisted of restructuring the institutional Training Needs Assessment (TNA) process by incorporating the definition of learning objectives and classifying training activities according to Oribe's

training typology, aligned with the evaluation levels proposed by the Kirkpatrick model. Interventions were developed to standardize training planning, delivery, documentation, and evaluation processes. Monitoring indicators were established to track implementation and effectiveness, and corrective action plans were designed to support continuous improvement. The model also sought to strengthen alignment between educational activities and institutional priorities, promoting greater accountability in educational management.

Results: During the study period, 138 training activities were planned, of which 97 were delivered (70.3%). Effectiveness evaluation was performed for 65 training sessions (67.0%). Among these, 62 (95.4%) were considered effective and 3 (4.6%) ineffective according to predefined evaluation criteria. Seven activities, classified as educational campaigns, were not eligible for effectiveness assessment, while 25 training sessions were not evaluated. The main factors associated with the non-execution of planned activities were high clinical workload and budget constraints. For ineffective and non-evaluated training, corrective action plans were implemented to address identified gaps and improve future educational initiatives. The structured model contributed to better organization of educational processes, improved managerial decision-making, enhanced monitoring of training outcomes, and strengthened the institutional culture of evaluation.

Conclusion: The implementation of a structured TNA model combined with training classification and systematic effectiveness evaluation proved to be an effective strategy for improving healthcare education management. The initiative enabled the identification of weaknesses, guided improvement actions, and enhanced alignment with institutional goals. The model has potential for replication in other healthcare settings, contributing to patient safety, organizational efficiency, and continuous professional development.

Keywords: Inservice training; Education, Continuing; Quality improvement; Hospital administration

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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Presentation Abstracts

036

Implementation of lean philosophy to optimize patient flow in fixed prehospital emergency care units

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ABSTRACT

Introduction: Background: Fixed prehospital emergency care units play a strategic role in emergency response in Brazil, particularly in the management of Acute Coronary Syndrome (ACS), Stroke, and Sepsis. Prolonged patient stays in these services contribute to overcrowding, delays in diagnostic and therapeutic interventions, and poorer clinical outcomes. Lean philosophy, adapted to healthcare settings (Lean Healthcare) and grounded in Improvement Science and the System of Profound Knowledge (SoPK), provides a methodological framework for process redesign, waste reduction, and flow optimization.

Objective: To describe the implementation of process and workflow improvements using Lean philosophy supported by the SoPK framework and to evaluate its impact on the length of stay of adult patients diagnosed with ACS, Stroke, or Sepsis, aiming for at least a 10% reduction.

Methods: This quality improvement study was conducted between June 2024 and December 2025 and included 99 fixed prehospital emergency care units across

Brazil. Interventions focused on optimizing patient flow, reducing waste, and improving timeliness of care for time-sensitive conditions through iterative Plan-Do-Study-Act (PDSA) cycles, systematic use of data, and engagement of multidisciplinary teams over an 18-month period. The intervention consisted of a 12-month implementation phase (two in-person visits and ten virtual learning sessions), followed by six months of monitoring and reporting through an electronic data platform. The primary outcome was patient length of stay, compared with baseline performance.

Results: A total of 23,954 patient admissions were analyzed. The median length of stay decreased by 21%, from 665 to 528 minutes. Key improvement strategies included implementation of a fast-track protocol for low-risk patients; segmentation of care pathways according to stages of care, with particular attention to critically ill patients; implementation and revision of managed clinical protocols; and standardization of work processes. These interventions improved patient flow by eliminating non-value-added steps and enhancing communication among teams through the use of Kanban boards and daily huddles. A reduction in indicator variability was also observed, resulting in greater predictability and safety of care delivery.

Conclusion: The application of Lean philosophy, supported by the SoPK framework and combined with effective daily management practices, was associated with reduced length of stay and improved patient flow. These findings highlight the potential of continuous improvement methodologies as a strategy to enhance care delivery and patient safety in time-sensitive clinical conditions.

Keywords: Lean healthcare; Patient flow; Length of stay; Quality improvement

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

037

Pressure injury reduction through clinical governance and structured care surveillance

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ABSTRACT

Introduction: Describe your work: Pressure injuries (PIs) remain one of the most prevalent adverse events in the hospital setting, being associated with increased morbidity, prolonged length of stay, and higher direct and indirect healthcare costs. Evidence indicates a prevalence range 7% to 23% in acute care units, highlighting that up to 95% of PIs are potentially preventable when there is systematic adherence to recommended preventive measures. In the institutional setting analyzed, the year 2024 showed a high incidence of skin injuries, revealing weaknesses in care processes. These, particularly related to inadequate risk assessment, inconsistent application of preventive bundles, and limited case tracking in this context, a clinical governance strategy led by the Skin Care Committee (SCC) was established, aiming to reduce the institutional incidence of PIs through active surveillance, improvement of care processes, and strengthening of multiprofessional training.

Objective: The study was conducted in a private general hospital from January 2024 to December 2025 and is characterized as a continuous quality improvement project.

Methods: Among the main interventions, one that stands out is the designation of a nurse to the SCC, with the responsibility of Performing daily audits and monitoring preventive actions. A structured surveillance model was implemented, using an instrument based on National Pressure Injury Advisory Panel (NPIAP) recommendations and the Braden Scale for risk stratification. Additionally, a standardized institutional form was implemented for reporting new and pre-existing injuries, allowing longitudinal monitoring and analysis of indicators such as incidence and severity. In parallel, multiprofessional training was intensified, focusing on early mobilization, appropriate nutritional support, safe management of medical devices, and proper use of skin protection technologies.

Results: The results demonstrated a significant impact following the interventions. The absolute number of PIs decreased from 87 cases in 2024 to 43 in 2025, representing a reduction of 50.6%. Considering the institutional rate, there was a decrease from 4.96 to 0.77 cases per 1,000 patient-days, corresponding to a relative reduction of 84.5%. Regarding more severe injuries (stages 3 and 4), the period without occurrences increased from 78 to 245 days, representing a 214% improvement. Pareto analysis showed that 72% of PIs were associated with three predominant factors: limited mobility (38%), high nutritional risk (23%), and failures in nutritional support (11%). Clinical governance led by the SCC demonstrated a consistent and sustained impact on reducing PIs.

Conclusion: The integration of active surveillance, structured monitoring, and continuous education strengthened the safety culture and consolidated an effective and institutionally replicable model.

Keywords: Pressure injury; Quality improvement; Patient safety; Clinical Governance; Nursing

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.



038

From vulnerability to care: the impact of institutional listening on the well-being of operational employees

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ABSTRACT

Introduction: Hospital support service workers are exposed to significant workplace stressors and conditions of social vulnerability. Occupational health literature associates insufficient institutional support with burnout, reduced engagement, absenteeism, and mental illness, while structured listening initiatives targeting operational teams remain limited. This project aimed to implement a structured listening program combined with psychosocial vulnerability assessment among operational employees in a large private hospital in Brazil between 2025 and 2026.

Objective: The objective was to understand social determinants affecting hospital hygiene staff, address perceived needs, and identify psychosocial vulnerabilities.

Methods: The study population consisted of workers from the Environmental Services (EVS). The diagnostic phase involved semi-structured interviews conducted by

a social worker, assessing family functioning, financial vulnerability, spirituality, leisure, and support needs. Data from Occupational Health and Integrated and Accessible Care Teams, part of the institution's primary care network, complemented the analysis. The implementation of the listening initiative was accompanied by improvements in well-being and mental health, as assessed by the institutional Engagement Survey, with the indicator increasing from 73.4% to 88.4% by November 2025.

Results: Of 386 eligible workers, 323 participated (83.7%). Most were women (70%), with a mean age of 38 years; 65% self-identified as Black or mixed race, 63% were single, and 82% had completed high school. Mental health conditions accounted for 63% of sick leave. The main reported stressors were family caregiving responsibilities, work demands, and financial difficulties. Additionally, 40% reported having no time for leisure, and 50% screened positive for depressive symptoms. Only 58.4% accessed primary care services in 2025. In the workplace, peer relationships and perceived mental health stigma emerged as critical issues; 44% reported the need for greater peer support.

Conclusion: Hospital hygiene workers constitute a group exposed to social determinants that increase the risk of mental illness and work absenteeism. The main psychosocial stressor was related to peer relationships, marked by stigma and feelings of isolation. These findings align with the Quintuple Aim, emphasizing workforce well-being and health equity. As a next step, a structured peer-support program will be implemented to strengthen interpersonal bonds and promote a more supportive work environment.

Keywords: Mental health; Burnout, Professional; Occupational health; Support services, Hospital; Stress, Psychological; Social determinants of health

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

039

Strengthening quality and governance: experience in technical and healthcare monitoring

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ABSTRACT

Introduction: Healthcare regionalization constitutes one of the organizing principles of Brazil's Unified Health (SUS), aiming to guarantee equitable access, coordination of care, and efficient use of resources. In the State of São Paulo, the Coordination of Contract Management for Health Services (CGCSS), responsible for managing and monitoring contracts with Social Health Organizations (OSS), identified the need to strengthen governance and healthcare quality monitoring mechanisms across services within the state network.

Objective: To implement a standardized technical and healthcare monitoring model for the assessment of quality, patient safety, and clinical governance across the state healthcare network.

Methods: Descriptive study based on the implementation of technical and healthcare monitoring. On-site technical visits and document analysis were carried out using standardized instruments, assessing care processes, quality of care, patient safety, clinical governance, and efficiency. The findings were consolidated into reports containing supporting evidence, compliance classifications, and recommendations. This process included feedback to the services, support for the development of action plans, monitoring of improvement initiatives, and development of indicator dashboards.

Results: In the 1st phase, 129 healthcare services were evaluated (54 hospitals, 63 AMEs and 12 units of the Lucy Montoro Network), establishing a baseline for governance and quality maturity. Average compliance rates by service type were Hospitals (82.75%), AMEs (85.67%) and Rede Lucy (77.63%). The average global compliance rate was 83.91%. The most frequent nonconformities identified included: underreporting of incidents; fragile risk mapping; low adherence to, and weaknesses in the governance of patient safety and clinical protocols; incomplete management of documents and indicators (definitions, targets, analysis and managerial use); weaknesses in the medication management processes, infrastructure and clinical equipment management.

Conclusion: The implementation of a standardized technical and healthcare monitoring model proved to be a relevant strategy for strengthening governance and quality management within Regional Healthcare Networks. The project enhanced the institutional capacity for performance analysis, strengthened integration between the central management level and healthcare services, and promoted the adoption

of evidence-based practices. The consolidation of this model contributes to the sustainability of the improvements implemented, supporting decision-making by state health authorities and enhancing the monitoring of healthcare service contracts, as well as the quality and safety of care provided within the public health system.

Keywords: Healthcare governance, quality management, patient safety, Health services assessment, Clinical governance

SGPP number: Not applicable.

CAAE: Not applicable.

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040

Reducing pressure injuries in an adult intensive care unit through the model for Improvement

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ABSTRACT

Introduction: Pressure injuries (PIs) are a significant healthcare problem and a major patient safety concern, particularly among critically ill patients with multiple risk factors.^(1,2) They are a sensitive indicator of care quality and are often associated with failures in preventive care processes.⁽³⁾ In an adult intensive care unit (ICU) of a public hospital, a high incidence of PIs was observed, indicating low reliability in prevention processes. This project was conducted using the Model for Improvement and Plan-Do-Study-Act (PDSA) cycles to test changes and improve process reliability.

Objective: To reduce the incidence of pressure injuries from 5.05 to 2.02 per 1,000 patient-days in an adult ICU of a public hospital between May 2025 and February 2026.

Methods: A quality improvement project was conducted in an adult ICU involving critically ill patients and a multidisciplinary team. Eight PDSA cycles were implemented, guided by a key driver diagram. Primary drivers included staff engagement, process standardization, implementation of safety barriers, and enhanced collaboration among healthcare professionals, patients, and families. Interventions included protocol standardization, performance feedback, safety audits (Kamishibai), preventive bundle monitoring, repositioning strategies (turning clock and 15° positioning), resource optimization, nutritional support, and physiotherapy-led prevention of medical device-related pressure injuries. Outcome measures included PI incidence per 1,000 patient-days. Process measures included compliance with risk assessment, moisture management, and repositioning. The balancing measure was the interval between Never Events. Data were analyzed using statistical process control charts (QI Macros).

Results: PI incidence decreased from 5.05 to zero per 1,000 patient-days, with sustained improvement demonstrated by nine consecutive weeks without a hospital-acquired pressure injury. Outlier (astronomical) data points were observed during periods of increased patient complexity. Risk assessment compliance remained high (~100%) with common-cause variation. Moisture management compliance ranged between 50% and 100% without consistent sustained improvement. Repositioning compliance initially declined to below 20% and later partially improved to 60–80%, with evidence of special-cause variation. The balancing measure remained stable. Limitations included variability in care delivery, sustainability challenges, and potential documentation inconsistencies.

Conclusion: Multifaceted interventions guided by the Model for Improvement led to a sustained reduction in pressure injury incidence, improving patient safety and quality of care. Staff engagement, leadership involvement, and data-driven decision-making were key contributors. Ongoing monitoring is required to address remaining gaps in process reliability and ensure long-term sustainability.

Keywords: Pressure ulcer; Intensive care units; Patient safety; Quality improvement; Critical care

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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041

Psychosocial risk assessment: integrating qualitative and quantitative indicators

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ABSTRACT

Introduction: Regulatory Standard No. 1 (NR-1) establishes that organizations must identify, assess, and control occupational risks, including psychosocial risks arising from the organization of work.⁽¹⁾ In this context, Mental Health Visits (MHV) act as a support tool for Occupational Risk Management (ORM) and the Risk Management Program (RMP) to identify factors that impact the collective well-being and mental health of work teams.⁽²⁾

Objective: To assess and qualify psychosocial risks and protective factors in areas with an index below 75% in the 2024 Organizational Climate Survey, related to

mental health, through the systematic implementation of the visits, reaching at least 80% of the eligible population between May and December 2025, integrating quantitative and qualitative analyses into the ORM/RMP process.⁽³⁾

Methods: Based on Evidence-Based Practice, 49 areas were selected for conducting semi-structured, confidential, diagnostic group interviews, carried out by psychologists during visits, using the Health, Safety and Environment (HSE) model as a framework.⁽⁴⁾ The qualitative findings were systematized using the HSE taxonomy of psychosocial risks, considering the axes of Demand, Control, Support, Relationships, Role and Function, Change and Uncertainty, as well as Protective Factors. The quantitative dimension included the number of areas visited, visits made, and employees reached, enabling integration between measurable indicators and subjective experiences in the workplace.⁽³⁾ The intervention took place within the institutional context, with collective consent, use of aggregated data, preservation of professional confidentiality, and absence of conflicts of interest.

Results: 256 mental health visits were conducted, covering 41 areas and reaching 1,384 employees, corresponding to 83.67% of the target. The most frequent psychosocial risks included work overload, insufficient time, high emotional demands, limited autonomy, insufficient support from leadership and peers, interpersonal conflicts, and inadequate communication about changes.⁽⁵⁾ Protective factors highlighted included support among colleagues, support from immediate leadership, transparent communication, a collaborative climate, a sense of belonging, and purpose in work.⁽²⁾ The findings supported the construction of psychosocial risk map to guide the interventions.

Conclusion: The results suggest a contribution to employee well-being and an improved work experience, in line with the Quintuple Aim. The strategy incorporated principles of equity by prioritizing areas with greater

psychosocial vulnerability, identified by poorer organizational climate outcomes. Mental Health Visits are an essential component of the GRO/PGR process, integrating quantitative indicators and qualified listening, strengthening mental health surveillance, and guiding preventive interventions aligned with the real needs of the teams, in accordance with national and international frameworks for psychosocial risk management.^(1,2)

Keywords: Mental health, Occupational health, Psychosocial risk, Workplace well-being

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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042

The RITMO Program: from predictive analysis to an integrated safety culture

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ABSTRACT

Introduction: In highly complex hospital environments, risk management demands an analytical capacity for anticipation. At Hcor, it was identified that safety data, although available, were dispersed and predominantly descriptive, which limited strategic guidance. The RITMO Program – an acronym in Portuguese for Responsibility, Inspection, Training, Maintenance, and Organization – was developed to transform data into applied intelligence.

Objective: This was achieved by structuring a predictive, integrated, and behavior-oriented model focused on the systemic causes of accidents and the evolution of the safety culture.

Methods: The program was structured by consolidating a strategic database with standardized variables, historical series, and root-cause categorizations, alongside the construction of predictive and reactive indicators, thereby enabling diagnostic, predictive, and prescriptive analyses.

The modeling identified a convergence of causes across five structural dimensions – Responsibility, Inspection, Training, Maintenance, and Organization – which began to guide the institutional strategy. Cognitive Load Theory was incorporated into the framework, considering that higher variability and stimuli increase the probability of error, thereby directing actions toward reducing variability and increasing operational

predictability. Furthermore, the model integrated cultural foundations aligned with Geert Hofstede's cultural dimensions theory, utilizing the concept of "rhythm" as a connecting element between biological, cultural, and operational dimensions, which favored the adherence to and internalization of safety practices.

Results: Implementation of the program led to a consistent reduction in occupational accidents:

A 37% decrease in accidents involving biological material; A 17% decrease in typical workplace accidents; A 13% decrease in commuting accidents. Furthermore, there was a significant strengthening of process indicators: +23% in CIPA (Internal Accident Prevention Commission) technical visits; +42% in SIPAT (Internal Week for the Prevention of Occupational Accidents) participation. Additionally, a reduction in the recurrence of root causes was observed, along with a transition from a reactive to a predictive model, greater integration of safety into healthcare processes, and the strategic repositioning of Occupational Health and Safety (OHS) within the institution.

Conclusion: The RITMO program demonstrates that the transformation of safety culture is not associated with the quantity of actions, but rather with the quality of the structure that sustains them, effectively converting data into strategic guidance and behavior. By integrating data science, neuroscience, and cultural theory, the model surpasses traditional approaches and addresses systemic causes, successfully shifting the focus from the isolated event to the entire system. The findings show that accidents are predictable manifestations of structural weaknesses, allowing for early and sustainable intervention, with high potential for replicability in other highly complex environments.

Keywords: Occupational health; Safety management; Accident prevention; Organizational culture

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.



043

Healthcare innovation applied to public outpatient care

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ABSTRACT

Introduction: Innovation in healthcare has become a strategic pillar for the modernization of care delivery models, particularly in high-demand outpatient settings within the public health system. The Outpatient Clinic for Discharged Patients at the public hospital HMMD faced significant challenges related to operational efficiency and patient experience, including long waiting times, excessive manual activities, limited process automation, and an average Net Promoter Score (NPS) of 57 points.

Objective: In this context, the objective of this study was to develop and implement an innovative outpatient care model grounded in digital health, process automation, and care flow redesign, with the aim of improving patient experience, increasing operational efficiency, and promoting service sustainability.

Methods: The Lean Six Sigma methodology, structured around the DMAIC cycle, was adopted and integrated with principles of healthcare innovation and patient experience. The diagnostic phase included patient journey mapping, analysis of institutional performance indicators, Ombudsman data, and satisfaction surveys. The analytical phase identified key root causes, including

fragmented care flows, inadequate physical layout, low levels of digitalization, recurrent technological failures, and lack of standardization in administrative processes. The innovative interventions implemented comprised the deployment of a self-service kiosk for digital check-in and patient identification, reorganization of the physical layout with flow-oriented zoning, standardization of administrative procedures, staff training, and the systematic use of performance indicators for monitoring. The solutions prioritized low-cost technologies with high applicability and strong potential for replication in other public healthcare services.

Results: Following the implementation of the new care model, the average check-in time was reduced by approximately 90%, decreasing from 5 minutes and 50 seconds to about 40 seconds as a result of digital self-service. There was a significant increase in administrative productivity, enabling staff reallocation and generating an estimated annual cost saving of BRL 104,000. Patient experience improved substantially, with 100% promoters in the new care flow and an increase in the NPS score from 57 points in 2024 to 68.1 points in 2025.

Conclusion: The findings demonstrate that healthcare innovation, when combined with process automation, strategic use of digital technologies, and data-driven management, has a strong transformative potential for outpatient care delivery. The developed model shows high relevance, practical applicability, and scalability, contributing to the advancement of more efficient, sustainable, and patient-centered services within the public health system.

Keywords: Ambulatory care; Digital health; Patient satisfaction; Quality improvement

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

044

Eliminating paper, reducing healthcare risks with increased operational performance

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ABSTRACT

Introduction: Oncological care involves complex processes related to medications and time-to-treatment initiation. Analog models limit traceability and increase process variability, contributing to patient safety failures. Digital transformation promotes greater safety, efficiency, and sustainability, in line with global guidelines for more resilient and digitally integrated healthcare systems.

Objective: This project aimed to implement an integrated digital ecosystem in the oncology sector, focusing on patient safety, end-to-end traceability, and the reduction of time and resource waste, utilizing technologies and healthcare process automation.

Methods: A brainstorming session was conducted to gather actions and map all processes. A Project

Management Office monitored the entire project, acting as the facilitator and fulfilling the planned goals at each stage, based on the PDSA methodology. The main interventions included: Sending prescriptions to the authorization sector and health insurance providers via the system; Electronic administration of chemotherapy protocols using handheld devices (palms), associated with dispensing automation through an intelligent system; Implementation of a digital double-check model for prescriptions involving two professionals, which enhanced medication process safety. Treatment prescription analysis was performed at all stages with evaluator traceability, allowing full visualization of the prescription path and its corrections within the system. The project also included the development of interactive dashboards with real-time operational/healthcare indicators, enabling continuous monitoring and data-driven decision-making. Implementation was structured, involving medical stakeholders and a multidisciplinary team, with staff training during the implementation stages and continuous data-driven monitoring.

Results: The project advanced healthcare safety and operational efficiency, increasing process reliability and reducing variability

Key outcomes include: Full traceability, reduced rework, standardization of healthcare practices, and data for decision-making. In the sustainability pillar: Reduction of 3,302 prints/month, an annual saving of 38,224 A4 sheets (approx. 4–5 trees preserved), and an estimated cost reduction of R\$ 32,632.72/year.

Conclusion: The implementation demonstrated high innovative potential by integrating technology, automation, and data-driven management, transforming the traditional care model. It represents a solution with the potential for expansion to other complex healthcare contexts, as it supports the patient's complete journey without the need for paper.

Keywords: Digital transformation; Medication safety; Oncology; Operational efficiency; Sustainability

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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045

Enhancing the oncology patient experience through the use of Net Promoter Score (NPS)

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ABSTRACT

Introduction: Transforming the patient's voice into action is a challenge in oncology. The implementation of a digital Net Promoter Score (NPS) solution expanded the reach of active listening and established the patient experience as a driver of care improvement initiatives.

Objective: To establish patient experience as a strategic management tool by expanding active listening, strengthening patient engagement, and translating feedback into effective actions for improving oncology care.

Methods: A digital survey model was implemented with the automated delivery of messages following each patient encounter. Feedback received, particularly negative evaluations, is systematically analyzed and addressed through a structured process, ensuring a response to patients within five business days and

fostering continuous improvements in care processes. Supported by a multidisciplinary team, humanization practices, and continuous improvement cycles, the model expanded active listening and transformed patient feedback into concrete actions to enhance the quality of care.

Results: The Net Promoter Score (NPS) increased from 95.8 in 2023 to 97.2 in 2025, consistently remaining within the excellence zone. In 2025, more than 20,000 patients shared their experience, representing a 31% response rate. One of the most significant outcomes was the redesign of the Infusion Center. Based on patient feedback regarding delays, care profiles were mapped according to infusion duration (short, medium, and long), enabling the reorganization of schedules by healthcare professional and treatment chair. This initiative resulted in reduced waiting times and improved operational efficiency, demonstrating the value of patient experience as a management tool and a catalyst for care transformation.

Conclusion: The experience demonstrated that active listening goes beyond measuring patient satisfaction. When integrated into management practices, it transforms perceptions into tangible improvements, strengthens patient trust, and drives excellence in care delivery. Supported by a patient-centered culture, the model established patient experience as a strategic pillar for decision-making and the transformation of oncology care.

Keywords: Patient experience; Patient satisfaction; Oncology

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.



046

Focus groups as a strategy for primary mental health interventions

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ABSTRACT

Introduction: In a philanthropic healthcare institution with a large number of employees, individual psychological care would require a high level of specialized resources. Therefore, group intervention proves to be a strategic approach with a high potential for reach and coverage when compared to the individual approach. During group meetings, conducted by psychologists and psychiatrists, it is possible to hear different perspectives, feelings, observe group cohesion, interactions, and levels of knowledge based on a proposed theme.

Objective: The purpose of the focus group is to organize participants around a specific task. In this institution, its main purpose is to ensure access to primary mental

health care, including health literacy, guidance, health promotion, and various resources. Focus groups are conducted by psychologists and psychiatrists and have proven to be a valuable resource for promoting mental health and engaging employees on a large scale.

Methods: Descriptive case report of an institutional experience using focus groups as a collective mental health intervention strategy in a private healthcare institution.

Results: From January to December 2025, organizational mental health professionals actively approached the areas prioritized according to the results of the 2024 Climate Survey. Through this initiative, they accessed different areas of the institution that proved to be available and aligned with organizational objectives, including goals related to employees' mental health. The department was also available and open to receiving requests for support regarding specific issues and challenges experienced by each department. Through this mobilization, focus groups were conducted throughout 2025, establishing partnerships with 49 departments and their leadership teams.

Conclusion: Through significant mobilization and dedication, 1,392 individuals participated in the initiatives. With the implementation of these interventions, the 2025 Climate Survey showed an increase of 30 points in mental health indicators compared to the previous year.

Keywords: Occupational health; Mental health; Health promotion; Health literacy; Focus groups

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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047

Care is resistance: racial equity as a pillar for transforming healthcare

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ABSTRACT

Introduction: Achieving excellence in healthcare requires addressing structural inequities within the workforce. At *Hospital Israelita Albert Einstein*, internal assessments identified disparities in representation, visibility, and sense of belonging among Black professionals. Recognizing racial equity as a strategic ESG priority, the institution implemented an equity-driven initiative to foster inclusion, strengthen organizational culture, and amplify underrepresented voices.

Objective: To implement and sustain a system-level intervention that advances racial equity by increasing engagement, visibility, and belonging among Black professionals while embedding equity principles into organizational culture and governance.

Methods: The initiative was developed using the Institute for Healthcare Improvement (IHI) Model for Improvement and guided by a Theory of Change. The intervention was structured in four phases: (1) assessment through listening sessions and analysis of equity gaps; (2) co-design involving Black professionals, leaders, and affinity groups; (3) implementation of institutional panels, facilitated dialogues, and inclusive communication strategies; and (4) evaluation and sustainability through continuous feedback, engagement monitoring, and integration into ESG

indicators. Improvement was supported by iterative Plan-Do-Study-Act (PDSA) cycles and measurement for improvement.

Results: The initiative achieved significant organizational impact. Employee engagement in racial equity actions increased by 38%, exceeding the established target of 25%. Participation of Black professionals as speakers and facilitators grew by 60% compared with the previous edition. Internal communication actions reached more than 3,500 views and generated 280 interactions, surpassing the expected target. Furthermore, 96% of participants rated the initiative as excellent regarding relevance and applicability. Enrollment in Diversity and Inclusion programs and affinity groups increased by 27%, while the perception of belonging and pride among Black employees improved by 5 percentage points. Qualitative findings demonstrated greater psychological safety, visibility, institutional recognition, and a stronger sense of inclusion among Black professionals.

Conclusion: Embedding racial equity into ESG strategy through improvement science generated measurable and sustainable cultural transformation. By combining leadership engagement, co-design, and robust measurement, the initiative strengthened inclusion, increased participation, and promoted organizational learning. The model is scalable, replicable, and adaptable to other healthcare organizations seeking to advance equity as a driver of quality and system performance. More importantly, it demonstrated that fostering equity within the workforce is a critical pathway to delivering safer, more person-centered, and more equitable healthcare for all.

Keywords: Racial equity; Diversity, Equity and inclusion; Organizational culture; Healthcare quality improvement; ESG

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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048

Implementation of a computerized system strengthens risk management in primary health care

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ABSTRACT

Introduction: Primary Health Care (PHC) is the main gateway to the Brazilian Unified Health System (SUS), responsible for coordinating care and promoting patient safety.^(1,2)

In the evaluated Primary Health Care Units (PHCUs), risk management presented weaknesses such as underreporting, lack of standardization, limited traceability, and delays in incident analysis due to the use of manual records. These factors compromised the effectiveness of interventions and the consolidation of a patient safety culture. In this context, the implementation of a computerized quality management system was proposed to enhance risk management and support evidence-based decision-making.

Objective: To report the experience of implementing a computerized quality management system as a strategy to strengthen risk management, patient safety, and decision-making in Primary Health Care.

Methods: This experience report adopted a qualitative and quantitative approach and was conducted in 17 Primary Health Care Units in the northern region of São Paulo, Brazil. Implementation began in March 2025 and was structured around three pillars: staff training, process standardization, and strengthening of risk

analysis tools. A total of 377 professionals were trained using active learning methodologies. The process included implementation of the Interact SA system, standardization of reporting criteria, application of analytical tools (Ishikawa Diagram and 6M Method), development of action plans using the 5W2H methodology, and monitoring through institutional indicators. The evaluation compared pre- and post-implementation periods based on notifications, audits, and performance indicators.

Results: A 259% increase in notifications was observed (from 1,325 in 2024 to 4,757 in 2025), accompanied by a reduction in delays in incident analysis, standardization of incident and nonconformity records, and enhanced monitoring of action plans. Patient Safety Centers were strengthened, professional engagement increased, and traceability improved, demonstrating greater organizational sensitivity to risks and more qualified decision-making processes. Sustainability was ensured through leadership support, simultaneous implementation across all 17 units, continuing education initiatives, integration with internal audits and clinical governance processes, institutional use of the system, and continuous monitoring through performance indicators. This strategy promoted standardization, replicability, and scalability.

Conclusion: Incident reporting systems are essential tools for risk management and organizational learning.^(3,4)

The implementation of the computerized system proved effective in strengthening risk management and patient safety in Primary Health Care, promoting organizational maturity, team engagement, and process improvement, with strong potential for replication throughout the Brazilian Unified Health System (SUS).

Keywords: Primary health care; Risk management; Patient safety; Quality improvement; Health information systems

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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Collaborative improvement strategy to optimize hand hygiene compliance

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ABSTRACT

Introduction: Collaborative improvement is a shared learning model that brings together teams to achieve measurable improvements by replicating an “implementation bundle.” Each team operationalizes this bundle and can adapt it with their own insights, which are then integrated and scaled across other teams if they demonstrate a proven impact. We utilized this strategy to engage all clinical units in a collaborative learning and improvement process, initially deploying the WHO Multimodal Hand Hygiene Improvement Strategy as the foundational bundle to increase compliance.

Objective: To implement a collaborative improvement strategy that facilitates the simultaneous closure of performance gaps across multiple units through shared learning and cooperation, aiming to increase hand hygiene compliance from 77% to 85%.

Methods: A collaborative improvement strategy was designed as a shared learning system involving 26 inpatient and outpatient units. It is grounded in the selection and systematic application of an evidence-based implementation bundle that strengthens the World Health Organization’s multimodal strategy. An extended bundle was incorporated, which included patient and family education, direct observation sessions with real-time field performance feedback on the “My 5 Moments for Hand Hygiene” model, leadership engagement (hospital management triads), written learning interventions, simulation-based training to enhance the understanding of specific care-process moments within each unit, and the development of non-structural unit champions as hand hygiene instructors. Monthly learning sessions were conducted to evaluate compliance rates across all units. The teams demonstrated remarkable participation and commitment, ultimately achieving the institutional target by the conclusion of the strategy.

Results: Hand hygiene compliance increased to 87% by the end of 2025 and 2026, with improvement observed in 80% of the units. This correlated with a significant reduction in healthcare-associated infection (HAI) rates. Specifically, the HAI rate decreased from 4.53 per 1,000 patient-days in 2023 to 3.38 by 2026, representing a 24% reduction in infections.

Conclusion: Collaborative improvement is a highly feasible and implementable strategy within healthcare institution departments. It fosters teamwork and innovation, while significantly impacting institutional culture and the sustainability of achieved improvements.

Keywords: Hand hygiene; Quality improvement; Formative feedback; Compliance; Healthcare-Associated Infections

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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050

Improving safety in neonatal vascular access through structured identification

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ABSTRACT

Introduction: Neonates with Difficult Intravenous Access (DIVA) are at increased risk of multiple puncture attempts, pain, delayed therapy, and adverse events.^(1,2) In Neonatal Intensive Care Unit (NICU) practice, early identification of these patients and structured decision-making regarding the indication of a Peripherally Inserted Central Catheter (PICC) remain inconsistent.^(2,3) This project aimed to improve neonatal vascular access safety through the systematic identification of DIVA patients, integration of DIVA assessment into daily safety huddles, and increased reliability of care processes.

Methods: A quality improvement project (PDSA cycle) was conducted in the NICU of a private hospital. Thirty-five structured vascular access audits were performed between February and March 2026, distributed across

24 collection days (14 in February and 21 in March). Interventions included: (1) incorporation of the Pedi-Neo DIVA Scale assessment into daily safety huddles;^(1,2) (2) prospective auditing with continuous feedback to the healthcare team; and (3) promotion of risk-based decision-making for early PICC indication.^(3,4) In parallel, 20 PICC insertion procedures performed between January and March 2026 were analyzed, including patient characteristics, insertion technique, complications, and success rates according to the number of attempts.

Results: Among the 35 audits performed, compliance indicators showed the following results: dynamic field completion (100%), needleless connector in place (97%), active care plan (97%), nursing documentation (86%), documented DIVA assessment (71.4%), documented dressing change (62%), flushing using the push-pause technique (57%), and scheduled needleless connector replacement (29%). The incidence of phlebitis was 5.7%, and first-attempt peripheral venipuncture success reached 57%. Among the 20 PICC insertion procedures, the overall success rate was 85% (17/20). Success according to the number of attempts was 100% during the first three attempts (1st, 2nd, and 3rd), with a marked decline to 33% on the fourth attempt. DIVA score 6 predominated, being identified in 55% of patients.

Conclusion: The integration of DIVA assessment into daily safety huddles, combined with structured auditing and continuous feedback to the healthcare team, demonstrated improvement in care process reliability, professional engagement, and neonatal patient safety. The identification of critical gaps, such as low compliance with scheduled needleless connector replacement (29%) and failure to apply the DIVA scale in 28.6% of cases, provides direction for future improvement cycles. This intervention is low-cost, scalable, and has the potential to be replicated in other neonatal intensive care units.

Keywords: Infant, Newborn; Intensive care units, Neonatal; Peripherally inserted central catheters; Patient safety; Quality improvement

SGPP number: Not applicable.

CAAE: Not applicable.

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051

Improvement project to reduce door-to-balloon time

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ABSTRACT

Introduction: Acute myocardial infarction is a time-dependent emergency. A low performance in the hospital chest pain protocol was identified, with a median door-to-balloon time of 130 minutes and a 43% adherence to the door-to-ECG time. A diagnostic delay was noted in women due to atypical clinical presentations.

Objective: The objective was to reduce the median door-to-balloon time from 130 to 90 minutes at Hospital Unimed Grande Florianópolis by February 2026, maintaining the sustainability of these improvements throughout 2026.

Methods: The project was conducted by the Care Practices Center using the Model for Improvement methodology. In the problem diagnosis phase, tools such as SIPOC, Flowcharts, Brainstorming, and the Ishikawa Diagram were utilized. Interventions were tested and validated through PDSA cycles. Data analysis was performed via Run Charts using the QI Macros software. The structured changes focused on four axes: 1) Education and Culture: Remote night training, practical simulations, and immediate debriefing after real cases. 2) Infrastructure: Designation of an exclusive location for the first ECG and standardization of an exclusive

wheelchair for the protocol. 3) Care Flow: Inversion of the triage step (preceding patient registration) and dissemination of informational materials on atypical symptoms. 4) Communication and Processes: Direct activation of the interventional cardiologist by the emergency physician, and responsibility for the ECG report assigned to the observation physician.

Results: After 12 months of interventions and testing cycles, the results demonstrated consistent improvements, showing an increase in door-to-ECG adherence from 43% to 61% (a 41.8% improvement). In medical decision-making, there was a 70.5% reduction in the average time (from 78 min to 23 min). The primary outcome (Door-to-Balloon) showed a 27.7% reduction, dropping from 130 to 94 minutes, thereby aligning the institution with SBC/AHA guidelines. Next steps include the digitalization of activation via the system for real-time protocol initiation, conduction, and monitoring.

Conclusion: We learned that immediate debriefing surpasses theoretical training in driving cultural change. Frontline engagement was the critical success factor. The main challenge for sustainability is staff turnover. To ensure the maintenance of the implemented processes, the changes were institutionalized in the onboarding seminar and annual refresher courses. The project united the clinical and administrative areas towards efficiency and patient safety. Despite the low N of STEMI, the integration consolidated a flow focused on quality and the prevention of unfavorable outcomes due to delayed care.

Keywords: ST-elevation myocardial infarction; Quality improvement; Primary percutaneous coronary intervention

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.



Presentation Abstracts

052

Optimizing baby bottle use and reducing the hospital carbon footprint

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ABSTRACT

Introduction: This study was conducted in human preparation room of the Nutrition and Dietetics Department at Fundación Valle del Lili, a tertiary care hospital in Colombia, as part of an institutional environmental sustainability strategy.

Objective: The objective was to implement an extended baby bottle use strategy aimed at optimizing procurement, reducing environmental impact, and lowering operational costs without compromising patient safety or biosafety standards.

Methods: An action research approach was employed. During 2024, a comprehensive analysis of baby bottle consumption was performed, including the number of units purchased according to size, purchasing frequency, and handling practices. Beginning in January 2025, the

extended use strategy was implemented, accompanied by educational interventions for staff to reinforce safe practices related to handling, cleaning, sterilization, and responsible reuse.

The carbon footprint was estimated based on the polypropylene content of the bottles, using an emission factor of 6.2kg CO₂-equivalent per kilogram of material.

Results: The intervention resulted in a substantial reduction in bottle procurement, decreasing from 5,800 units in 2024 to 3,080 units in 2025. The associated carbon footprint declined from 915.74kg CO₂-equivalent to 491.66kg CO₂-equivalent, representing an absolute reduction of 424.08kg CO₂-equivalent. This environmental benefit is comparable to avoiding the consumption of approximately 42 gallons of gasoline.

Conclusion: Overall, the findings demonstrate that the strategy improved procurement efficiency, reduced plastic consumption, and generated a measurable environmental benefit. This initiative represents a sustainable and scalable practice that can be replicated in other healthcare settings while supporting ESG principles, high-quality patient care, and institutional commitments to environmental sustainability.

Keywords: Sustainability; Carbon footprint; Neonatal care

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

053

Optimization of the supply return process to reduce waste

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ABSTRACT

Introduction: The process of medication dispensing, administration, and return is critical to patient safety and susceptible to errors that can lead to loss, waste, and clinical risks. An assessment of the process revealed weaknesses in the workflow involving the pharmacy, electronic systems, and nursing staff—particularly regarding the return of supplies and medications and the composition of medication kits.

Objective: This project aims to restructure the medication process with a focus on reducing risks, waste, and operational inefficiencies.

Methods: This is a continuous improvement project based on the DMAIC methodology (Define, Measure, Analyze, Improve, Control), conducted by a

multidisciplinary team comprising logistics pharmacy, clinical pharmacy, nursing, quality, and operational excellence staff.⁽¹⁾

In the Define phase, the problem and process indicators were established. In the Measure phase, the workflow was mapped using SIPOC diagrams and flowcharts. In the Analyze phase, business intelligence tools were used to identify the primary sources of issues. In the Improve phase, interventions were implemented between April 2025 and March 2026, including: integrating the handheld device (PDA) with the electronic dispensing cabinet; automating billing for critical items; reviewing and standardizing medication kits (directing reconstitution supplies to specific cost centers and stocking them at care units); implementing a system to reverse administration checks within 30 minutes; standardizing administration sets (tubing) by medication type; and staff training.

In the Control phase, continuous monitoring of indicators and a multidisciplinary governance structure were established.

Results: A progressive reduction in the return rate was observed, dropping from approximately 14–15% in 2025 to 8% in March 2026, representing a relative reduction of over 40%. The interventions fostered greater process control and traceability, a reduction in unnecessary returns, and improved adherence to safe administration practices. Reviewing kits and allocating supplies to specific cost centers contributed to waste reduction and logistical optimization, in addition to lowering the consumption of operational supplies.

Conclusion: Restructuring the medication process, combined with technological integration and multidisciplinary engagement, demonstrated a positive impact on patient safety and operational efficiency. The model contributes to risk and waste reduction, resulting in a decrease in operational supply costs of R\$ 16,819.00 when comparing the months of January, February, and March across 2025 and 2026.

Keywords: Pharmacy service, Hospital; Patient safety; Quality improvement; Process assessment; Medication systems

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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054

Impact of bed regulation on response time in the emergency care network

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ABSTRACT

Introduction: The organization of hospital access within emergency care networks represents a significant challenge for Brazil's Unified Health System (SUS), affecting response times in care delivery, bed utilization, and clinical outcomes. The absence of structured regulation contributes to overcrowding, inefficient patient flow, and inequities in access to healthcare services.⁽¹⁻⁴⁾ In this context, the implementation of regulatory centers combined with the organization of care pathways emerges as an essential strategy for improving the quality of care.⁽³⁻⁵⁾

Objective: This study aimed to improve care flow, response times, and access to hospital beds in São Luís, Maranhão, with a focus on the Bequimão Mixed Healthcare Unit, through the implementation of a Bed Regulation Center integrated into the emergency care network.

Methods: This was a quality improvement study conducted in São Luís, Maranhão, Brazil. The intervention was structured based on the Improvement Model, using PDSA (Plan-Do-Study-Act) cycles, including situational assessment, implementation of the Bed Regulation Center, organization of care flows, and continuous monitoring.⁽⁶⁾ Strategies adopted included clinical prioritization according to severity, integration across levels of care, coordination with the Mobile Emergency Care Service (SAMU), and the organization of care pathways, with emphasis on acute coronary syndrome and mental health.⁽²⁻³⁾ Process and outcome indicators were defined, including the number of requests, bed allocations, conversion rate, and average regulation time. Data analysis was performed through temporal comparison.

Results: A total of 3,945 requests were processed, resulting in 2,606 bed allocations (a conversion rate of 66.1%). In the most recent period, improved efficiency was observed, with a conversion rate of 72.5% and an average regulation time of 2.56 days. The Bequimão Mixed Healthcare Unit played a strategic role, with 33 regulated transfers and an average regulation time of 3 days, contributing to the organization of patient flow. A notable reduction in response time for critical cases was observed, with authorization for hemodynamic procedures granted in an average of 42 minutes, demonstrating a substantial improvement in the care pathway for acute myocardial infarction.^(7,8) Greater integration among healthcare units, reduced overcrowding in emergency departments, optimized bed utilization, and improved access to care were also observed.^(5,6)

Conclusion: The implementation of the Bed Regulation Center demonstrated a positive impact on the organization of patient flow, the reduction of response times, and the efficiency of bed utilization. The strategy contributed to reducing overcrowding, promoting greater equity in access, and improving the quality of care. The findings highlight the potential of integrated

regulation as a management tool for improving clinical outcomes, optimizing resource utilization, and strengthening healthcare networks.⁽³⁻⁹⁾

Keywords: Health care coordination and monitoring; Effective access to health services; Emergency medical services; Health management; Inferior wall myocardial infarction

SGPP number: Not applicable.

CAAE: Not applicable.

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055

Reducing outpatient no-show rates through a whatsapp-based chatbot appointment confirmation strategy in a Public Hospital

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ABSTRACT

Introduction: Outpatient appointment no-shows are a major source of inefficiency in healthcare systems, particularly in public settings, as they reduce access to care, waste resources, and increase waiting times. Addressing this challenge is aligned with the Quintuple Aim framework, which seeks to improve population health, patient experience, cost efficiency, workforce sustainability, and equitable access to healthcare resources. Reducing no-show rates directly improves patient access to specialist consultations and contributes to shorter waiting lists.

Objective: To evaluate the effectiveness of a scalable digital intervention designed to reduce no-show rates in cardiology outpatient appointments at a public hospital over a six-month period.

Methods: A cross-sectional study was conducted in a public hospital between October 2025 and March 2026. The intervention consisted of implementing an automated chatbot integrated with WhatsApp Business to send appointment reminders and request confirmation of attendance. Messages were sent five days before the scheduled appointment and included appointment details, reporting time, and required documents and examinations. Unlike conventional messaging systems, the chatbot enabled two-way communication, allowing patients to confirm attendance or report inability to attend. Vacant slots identified in advance were reassigned to patients on the waiting list according to chronological order, optimizing appointment utilization and reducing effective no-show rates. Monthly no-show indicators in cardiology outpatient clinics were monitored throughout the study period.

Results: The intervention resulted in a substantial and continuous reduction in no-show rates, decreasing from 33% in the month immediately preceding implementation to 20% in the final month analyzed. This 13-percentage-point reduction over six months enabled the scheduling of 1,080 additional patients who otherwise would not have received care. The intervention improved scheduling efficiency, reduced idle capacity, increased predictability of outpatient flow, and enhanced dynamic management of waiting lists without requiring expansion of structural capacity. The strategy demonstrated high scalability and low operational cost, averaging BRL 0.70 per message while leveraging a widely used communication platform.

Conclusion: A WhatsApp-based chatbot proved to be an effective, scalable, and cost-effective strategy for reducing outpatient appointment no-shows. The intervention improved access to care, optimized

resource utilization, and strengthened patient-centered care. Consistent with digital health and improvement science principles, this approach can be replicated in different healthcare settings and represents a high-impact solution for public health services.

Keywords: Appointment adherence; Ambulatory care; Digital health; Artificial Intelligence; Waiting lists

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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056

Reduction in loss to follow-up in tuberculosis treatment among socially vulnerable populations

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ABSTRACT

Introduction: Treating tuberculosis patients living in conditions of socioeconomic vulnerability remains a challenge in primary healthcare settings.⁽¹⁾ Interruptions in pharmacological therapy increase disease transmissibility and generate excessive demand on healthcare services.⁽²⁾ Management strategies and patient tracking are essential for improving quality of care and promoting equity in the Brazilian Unified Health System.

Objective: To reduce treatment default by 30% among people experiencing homelessness who are receiving treatment and are registered in a Family Health Unit (FHU) in São Paulo during a six-month period.

Methods: This quality improvement project was conducted at a Primary Healthcare Unit (PHU) in the state of São Paulo during the second half of 2024 and the first half of 2025. Pharmacists, pharmacy assistants, nurses, nursing assistants, doctors, and community health workers participated in the project, focusing on people experiencing homelessness who were receiving tuberculosis treatment at the unit. In 2024, a daily patient tracking and monitoring spreadsheet was implemented, integrating social data, therapeutic regimens, treatment status, and records of medical, pharmaceutical, and nursing follow-up. Based on the data obtained during monitoring phase, the strategies were implemented: (1) monthly educational interventions combined with biological sample collection and referral to the healthcare unit; (2) monthly active outreach in the community targeting patients with treatment default; and (3) restructuring of the medication dispensing workflow.

Results: In 2024 (baseline), the loss to follow-up rate in the Tuberculosis Program reached 50%, regardless of the treatment phase. The majority of the cohort (67%) was experiencing homelessness, and 33% had substance use disorders. During this period, 4,771 medication units were dispensed, and 64% of patients completed therapeutic follow-up. In 2025, following implementation of the proposed improvement strategies, the loss to follow up rate decreased by 66% compared with the previous period. A total of 95% of patients completed treatment, representing a 30% increase in adherence, while medication dispensing increased to 8,870 units, corresponding to an 86% increase.

Conclusion: Through proactive treatment management and patient tracking among the populations experiencing homelessness, the primary healthcare team demonstrated that it is possible to develop strategies that reduce treatment default, improve the quality of care, and promote equity within the Brazilian Unified Health System.

Keywords: Tuberculosis; Ill-housed persons; Medication adherence; Primary health care

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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057

Implementation of a hospital discharge project in a healthcare unit

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ABSTRACT

Introduction: The Hospital Discharge Project is a management strategy designed to optimize bed turnover and operational efficiency. It is based on early discharge planning and the integrated performance of multidisciplinary teams,⁽¹⁾ reducing administrative and care-related delays that may affect hospital discharge, decreasing length of stay, optimizing hospital capacity utilization, expanding access for new patients, and reducing readmissions and hospital costs.⁽²⁾

Objective: To increase hospital discharge prediction accuracy by 20% in the inpatient ward of a private hospital over a six-month period.

Methods: A cross-sectional study was conducted in a high-complexity hospital from September 2025 to February 2026. The project involved corporate leadership, managers, and the healthcare team. The implementation was structured based on the following change strategies: a meeting to develop the Ishikawa Diagram, creation of a monitoring spreadsheet containing discharge prediction data, medical discharges performed by 10:00 a.m., pending consultations, average turnaround time for test results, development of a project indicators dashboard, implementation of the Bed Huddle involving the multidisciplinary team, and optimization of diagnostic testing and consultation workflows.

Results: At the beginning of the project, discharge prediction accuracy was 29%. After implementing the proposed change strategies, this indicator increased to 51%, representing a 22% improvement. Regarding medical discharges performed by 10:00 a.m., there was a 9% increase, from 33% to 41%. Response times for consultations and diagnostic tests showed reductions of 12 hours and 106 hours, respectively. The bed turnover indicator remained stable throughout the period (4.51), which may be associated with the profile of long-stay patients admitted to the institution during the analyzed period. When compared with data reported by the National Association of Private Hospitals (ANAHP), the average bed turnover was 6.36 in the Northeast region and 5.94 nationwide, demonstrating results within the expected range. **Conclusion:** The implementation of the Hospital Discharge Project represents a strategic tool for process organization, resource optimization, and improvement of hospital unit efficiency.

Keywords: Patient Discharge; Health Management; Quality Indicators, Health Care; Efficiency, Organizational.

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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058

Patient safety: reducing ICU infections through improvement science

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ABSTRACT

Introduction: Healthcare-Associated Infections (HAIs) continue to represent a substantial challenge to patient safety, especially in contexts where structural limitations hinder the consistent application of evidence-based practices. The prevention of these events relies on cost-effective measures that emphasize process standardization and the reinforcement of a safety-oriented culture. In this context, Improvement Science has emerged as a practical and effective framework for implementing and sustaining improvements in healthcare practice.

Objective: This study aimed to implement and monitor Improvement Science-based interventions to reduce Healthcare-Associated Infections, including Central Line-Associated Bloodstream Infections (CLABSI), Ventilator-Associated Pneumonia (VAP), and Catheter-Associated Urinary Tract Infections (CAUTIs), in an adult Intensive Care Unit (ICU) of a philanthropic hospital in the Zona da Mata region of Minas Gerais, Brazil, with a target reduction of 50% compared to baseline rates.

Methods: This study was conducted as a quality improvement initiative in the adult intensive care unit

of a philanthropic hospital. The Institute for Healthcare Improvement (IHI) Model for Improvement was used to support the change process, with Plan-Do-Study-Act (PDSA) cycles facilitating the testing and adoption of interventions. The initiative emphasized the integration of evidence-based care bundles to prevent healthcare-associated infections (HAIs). Adherence to these measures was reinforced through the use of the Kamishibai visual management tool, which enabled daily monitoring of key care processes. Baseline data were obtained from August 2024 through February 2025. Changes in HAI incidence density rates were assessed using longitudinal tracking and comparative analyses conducted before and after the intervention period.

Results: Following 19 months of observation, marked declines in healthcare-associated infections were achieved, including a 100% reduction in CAUTI (from 1.3 to 0), an 82% decrease in CLABSI (from 10.6 to 1.8), and a 67.9% decline in VAP rates (from 12.2 to 3.9). The visual management approach enhanced compliance with preventive care bundles, fostered multidisciplinary collaboration, and strengthened communication across the healthcare team. Integrated into daily multidisciplinary rounds, the tool facilitated ongoing surveillance of care processes and enabled timely identification and correction of deviations. Long-term maintenance of these improvements was supported by the standardization of clinical practices and strong leadership involvement. While challenges related to compliance were initially encountered, they were successfully addressed through staff education and continuous performance feedback. Team commitment emerged as a critical factor in supporting the success of the initiative.

Conclusion: The integration of Improvement Science, combined with visual management tools and evidence-based practices, resulted in a significant reduction in HAIs in an adult ICU setting. These findings demonstrate that structured, low-cost interventions can

produce meaningful improvements in patient safety and may be replicated in similar healthcare environments.

Keywords: Healthcare-associated infections; Quality improvement; Intensive care units

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

059

Safe care: improvement science applied in a coronary care unit

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ABSTRACT

Introduction: Healthcare-associated infections (HAIs) represent adverse events in healthcare services that, in addition to subjecting the patient to a longer hospital stay and exposure to new iatrogenic events, also represent increased costs to the healthcare system.

Objective: To present the reduction in the incidence densities of Laboratory-confirmed Primary Bloodstream Infection (LC-PBSI), Catheter-Associated Urinary Tract Infection (CAUTI), and Ventilator-Associated Pneumonia (VAP) in a Coronary Care Unit.

Methods: The setting was a Coronary Care Unit operating at full capacity in a tertiary hospital located in the metropolitan region of Rio de Janeiro, enrolled in the Institutional Development Support Program of the Unified Health System (PROADI SUS). To achieve the objective, the improvement model of the

Institute of Healthcare Improvement (IHI) associated with PDSA cycles was used to conduct change tests. The identification of priorities for conducting the PDSAs occurred through the analysis of the kamishibai (a visual management board with cards for the daily collection of care-data). The aforementioned data have been collected by the multidisciplinary team based on electronic medical record entries (AGHUX) and observation of bedside care processes during the period from September 2023 to May 2026.

Results: After 18 months, the unit had already achieved a 100% reduction in the densities of CAUTI and LC-PBSI (5 to 0 and 4 to 0, respectively) and a 100% reduction in VAP (10 to 0). Furthermore, there was greater team engagement with the topic through data collection in the kamishibai, as well as greater awareness of the results of the tested changes during meetings held in front of the visual management board and through the discussion of successes and challenges. Additionally, the unit was able, through cost-effectiveness studies, to incorporate new technologies into the unit in order to improve care.

Conclusion: The tools provided by PROADI-SUS facilitated the reduction of HAIs in the unit, enhanced outcomes, and demonstrated the significant impact of the implemented changes on patient safety and cost reduction, creating opportunities for investment in greater quality and safety.

Keywords: Healthcare-associated infections; Quality improvement; Patient safety

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.



060

Leading through care: bringing together healthcare teams and families to improve pediatric sepsis recognition in emergency care units

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ABSTRACT

Introduction: Sepsis remains a leading cause of pediatric morbidity and mortality, and early recognition is critical to improving outcomes.⁽¹⁾ Audits of the Pediatric Sepsis Management Program conducted in Einstein Emergency Care Units (ECUs) identified diagnostic delays in approximately 15% of cases, revealing vulnerabilities in triage processes and vital sign assessment. This quality improvement initiative aimed to reduce diagnostic delays from 15% to less than 5% by strengthening clinical surveillance through collaborative leadership, multidisciplinary engagement, and family partnership.

Methods: This quality improvement project was conducted across Einstein pediatric ECUs. In March 2024, a multidisciplinary improvement team was established, comprising physicians, nurses, information technology specialists, and a parent partner. Interventions included data-driven clinical education, enhancement of vital sign assessment practices, redesign of clinical workflows, and implementation of an automated triage system integrated into the electronic health record. Outcome and process measures included delayed sepsis diagnosis, respiratory rate assessment, and blood pressure measurement, monitored through monthly audits.

Results: Sustained improvement in care processes and a shift in the pattern of failures related to sepsis recognition were observed. In 2023, 68 sepsis cases were identified, with 9 diagnostic delays (13.2%). In 2024, 44 cases and 7 delays (15.9%) were recorded. In 2025, 213 sepsis cases were identified, with 11 diagnostic delays (5.2%), representing a 67% reduction compared with baseline. The automated triage system increased sensitivity for identifying patients eligible for the sepsis protocol. Following implementation, only one triage-related diagnostic delay was observed. By April 2026, 48 patients had been hospitalized with suspected sepsis, with 6 diagnostic delays, including 2 related to triage (Figure 1). Respiratory rate assessment increased from 30% to 95% among children under five years of age and reached 100% among older children. Blood pressure measurement improved from 30% to 60% in children under five years and to 95% in older children. The improvement team expanded from 11 to 36 members, including nursing technicians.

Conclusion: This project demonstrated that complex healthcare improvements can be achieved through influence-based leadership, even in the absence of formal authority.⁽²⁾ The engagement of multidisciplinary teams, family partners, and support departments transformed care delivery failures into opportunities for learning and innovation. The combination of multidisciplinary collaboration, family engagement, and technological support reduced diagnostic delays and altered the pattern of system failures. This experience provides a scalable and replicable model of practical leadership to enhance early sepsis recognition in emergency care settings.

Keywords: Sepsis; Pediatrics; Quality Improvement; Emergency Medical Services; Patient Participation

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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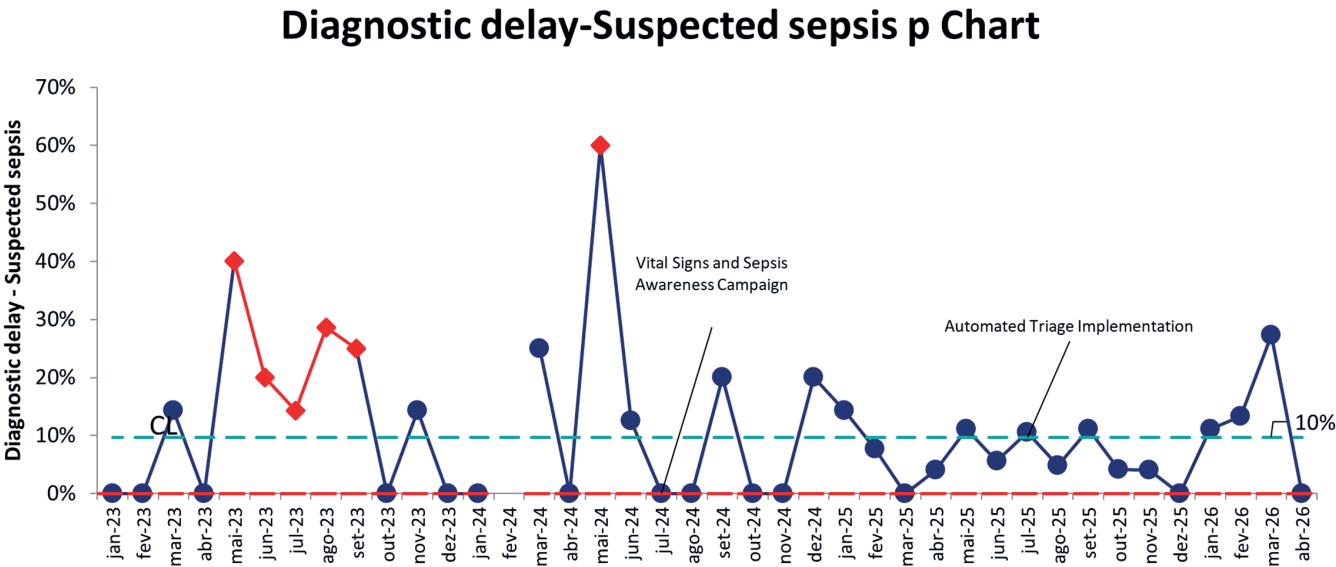


Figure 1. Temporal trend in the percentage of diagnostic delays among pediatric sepsis cases, showing the association between key improvement interventions—Vital Signs and Pediatric Sepsis Awareness Initiative (July 2024) and Automated Triage implementation (July 2025) – and changes in diagnostic performance



061

Care transition service reduces hospital admissions in older adults

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ABSTRACT

Introduction: Fragmented care for older adults during acute episodes increases the risk of avoidable hospitalizations and adverse events. In healthcare systems where General Emergency Departments (EDs) lack access to patients' clinical history, defensive medical practices and polypharmacy are common. To mitigate discontinuity of care within a network of 9,000 older adults, Pronto-Cuidar was created: an urgent care service with an integrated electronic health record and a specialized geriatric care team.

Objective: To evaluate the effectiveness of the Pronto-Cuidar model compared with General Emergency Departments, using the hospitalization rate within 7 days after the visit as an outcome and safety indicator, between January and December 2025.

Methods: A retrospective cohort study was conducted in a healthcare organization focused on primary care for older adults. The intervention consisted of monitoring patient outcomes in Pronto-Cuidar, an urgent care service with scheduled appointments and prior telephone triage. High-complexity cases were referred directly to hospitals, while low- and medium-complexity cases were scheduled within 24 hours at the organization's own

urgent care service. The main intervention consisted of maintaining a unified electronic health record and continuity of care through the same multidisciplinary team responsible for outpatient management. For comparative analysis, visits related to high-complexity emergency conditions were excluded, since these patients were preferentially triaged to hospitals. Therefore, the analysis was restricted to lower-complexity conditions potentially manageable within Pronto-Cuidar, ensuring comparability between groups. The primary outcome was hospitalization within 7 days after the visit, validated through a unique patient identifier and cross-auditing between the clinical information system and claims database. A two-proportion Z-test was used for statistical analysis.

Results: In 2025, Pronto-Cuidar presented a hospitalization rate of 3.22% (643 events), compared with 5.15% (509 events) in the General Emergency Department group. A 37.5% Relative Risk Reduction was observed in favor of the specialized geriatric service, with high statistical significance ($p < 0.0001$).

The model prevented approximately 386 hospital admissions, promoting better health outcomes for the older population, reducing healthcare costs (medical loss ratio), improving patient experience, and ensuring equitable access based on clinical severity.

Implementation of Strategy and Sustainability: The program was implemented in 2020 and is supported by standardized operational protocols and a permanent performance indicator dashboard. Financial sustainability is based on a Value-Based Healthcare model, with incentives linked to reductions in healthcare utilization and medical costs.

Conclusion: The Pronto-Cuidar model proved to be safer and more efficient than a general emergency department. The integration of data and geriatric specialization in urgent care reduces hospital admissions, demonstrating that continuity of care enhances patient safety and improves the efficiency of the healthcare system.

Keywords: Geriatric care; Continuity of care; Hospitalization

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.



062

Joy in Work at Vila Santa Catarina Emergency Care Unit (UPA VSC)

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ABSTRACT

Introduction: Emergency care settings are characterized by high workload, emotional demands, workplace violence, and operational complexity, which may negatively impact healthcare professionals' well-being, engagement, and psychological safety. In the Vila Santa Catarina Emergency Care Unit (UPA VSC), managed by *Hospital Israelita Albert Einstein*, organizational climate assessments identified opportunities related to employee well-being, teamwork, sense of purpose, and psychological safety.

Objective: To improve psychological safety and employee experience among UPA VSC professionals through the implementation of a Joy in Work quality improvement initiative.

Methods: A quality improvement project was conducted between July 2025 and January 2026 using the Institute for Healthcare Improvement (IHI) Model for Improvement. Root cause analysis was performed using an Ishikawa diagram, identifying key drivers related to communication, leadership, recognition, teamwork, and workplace well-being. Interventions included the "What Matters to You?" initiative, empathy card activities, promotion of event reporting through the "Good Goalkeeper" project, team integration activities,

leadership engagement, conflict mediation, and actions to strengthen a just and non-punitive culture. Monthly organizational climate indicators were monitored to assess well-being, purpose, teamwork, and psychological safety.

Results: The project demonstrated progressive improvement across key indicators. Well-being increased from 22% in July 2025 to 40% in January 2026. Purpose improved from 43% to 52% during the same period, demonstrating enhanced employee engagement and meaning at work. Teamwork remained stable, recovering from an initial decline and reaching 40% by the end of the evaluation period. Staff reported greater feelings of inclusion, recognition, support from leadership, and confidence in expressing concerns and reporting adverse events. Leadership engagement and active employee participation were identified as critical factors contributing to the observed improvements.

Conclusion: The Joy in Work initiative contributed to meaningful improvements in employee well-being, sense of purpose, teamwork, and psychological safety within a high-demand emergency care environment. Interventions focused on employee experience, recognition, communication, and leadership engagement proved feasible and effective, supporting the development of a healthier, safer, and more resilient workplace culture.

Keywords: Psychological safety; Workplace well-being; Employee engagement; Quality improvement; Emergency medical services

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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063

C3-PHC: Connected clinical knowledge that replaces referrals and improves equity

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ABSTRACT

Introduction: Healthcare systems across Latin America face fragmentation, variability in clinical practice, and inefficient use of specialized care, affecting quality, timeliness, and equity of access. To address these challenges, Sumimedical developed a person-centered care model supported by care pathways, risk management, and the strengthening of Primary Health Care (PHC). The C3-PHC model was implemented, integrating tele-guidance, tele-support, and synchronous and asynchronous tele-expertise as a continuous clinical monitoring system, knowledge management platform, and distributed clinical governance strategy.⁽¹⁻³⁾

Objective: To evaluate the impact of the model on case resolution, clinical variability, referral appropriateness, access to specialty care, and the experience of both patients and healthcare professionals.

Methods: A quality improvement study was conducted using a pre-post experimental design based on PDSA (Plan-Do-Study-Act) cycles within a network of primary care and advanced complementary care centers. The model promoted continuous interaction

between general practitioners and specialists in family medicine, psychiatry, urology, dermatology, and obstetrics-gynecology. This interaction was supported by clinical protocols, real-time mentoring, structured feedback, and continuous learning. Data analytics were used to monitor clinical performance and assess user and workforce experience.

Results: Clinical resolution increased from 65.3% in 2022 to 90.6% in 2025, remaining consistently above 90% since 2024. Referral appropriateness improved from 69.7% in 2021 to 82.8% in 2025, while inappropriate referrals declined from 30.3% to 17.2%. Case resolution increased from 65.28% in 2022 to 90.6% in 2025 and has remained above 90% since 2024. Referral appropriateness improved from 69.7% in 2021 to 82.8% in 2025, while inappropriate referrals decreased from 30.3% to 17.2%. Clinical variability was reduced by approximately 79%, promoting more consistent care across centers. An estimated 3,455 unnecessary referrals will be avoided this year, representing a 44% reduction. Reverse referrals (specialist-to-primary care transitions) increased from 3% to 30%, strengthening continuity of care. Patient satisfaction exceeded 90%, and positive perceptions of mentoring among healthcare professionals increased from approximately 50% to over 90%, fostering greater clinical autonomy. Annual savings are estimated at approximately USD 1 million through optimized scheduling, reduced waiting times, and fewer duplicated diagnostic tests.

Conclusion: The C3-PHC model demonstrates that strengthening healthcare services for patients with acute conditions does not depend solely on increasing the number of specialists, but rather on ensuring timely access to clinical knowledge. Its implementation improves case resolution, reduces clinical variability, and optimizes referral processes, contributing to more equitable, sustainable, and person-centered healthcare systems.

Keywords: Primary health care; Telehealth; Referral management; Health equity; Clinical governance

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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064

Impact of trigger-based monitoring on quality of care

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ABSTRACT

Introduction: Hypertension is a highly prevalent chronic condition associated with preventable cardiovascular outcomes. In care coordination models, proactive and data-driven monitoring is essential to improve clinical outcomes and optimize resource allocation. At Alice Health, a member-centered healthcare organization, 7.5% of the covered population had a diagnosis of hypertension and were previously monitored through a manual and non-standardized process, limiting the ability to systematically identify members requiring intervention.

Objective: To evaluate the impact of implementing a trigger-based monitoring system on operational capacity and quality of care among members with hypertension.

Methods: This study was conducted between June and October 2025 at Alice Health, a healthcare organization, using the Plan-Do-Check-Act (PDCA) cycle. During the Plan phase, the existing monitoring model was analyzed, identifying limitations related to subjective prioritization of patients. During the Do phase, an automated trigger-based monitoring system was implemented using clinical and behavioral criteria,

including elevated blood pressure levels, absence of medical consultations, and hospitalization history. Members were assigned to a reference nurse, and follow-up intensity was stratified according to risk level. During the Check phase, pre- and post-implementation indicators were analyzed, including the number of monitored members, medical consultations performed, blood pressure recording rates in the electronic health record, and blood pressure control rates. During the Act phase, the trigger criteria were reviewed and refined according to clinical guidelines, consolidating a continuous quality improvement process.

Results: The number of members monitored weekly increased from 23 to 62 (+169%) without any expansion of the care team. The proportion of members with SAH who had at least one medical consultation within the previous 12 months increased from 54% to 70%. Consequently, the rate of blood pressure documentation in the electronic health record rose from 33% to 36%. Blood pressure control rates improved from 55% to 63%.

Implementation strategy and sustainability: The sustainability of the intervention relies on standardized care processes, technological integration, and continuous application of the PDCA methodology. The assignment of members to a reference nurse ensures continuity, accountability, and traceability of care. Future strategies include expanding the use of artificial intelligence for clinical data extraction and integrating triggers directly into the electronic health record, enhancing operational efficiency and predictive capabilities.

Conclusion: Trigger-based monitoring improved operational efficiency and enhanced both process and outcome indicators. The model proved to be scalable, sustainable, and potentially replicable across other chronic disease populations.

Keywords: Hypertension; Healthcare management; Artificial intelligence; Healthcare

SGPP number: Not applicable.

CAAE: Not applicable.

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065

Agile squads: multiprofessional integration in healthcare

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ABSTRACT

Introduction: Fragmentation among clinical, operational, and technological areas directly impacts the agility and effectiveness of healthcare improvement initiatives. Traditional sequential approaches often result in rework, misalignment, and limited adoption of solutions in clinical practice.⁽¹⁾

Objective: This project aimed to implement an Agile Performance Squad model to accelerate improvement delivery, increase solution effectiveness, and yield measurable impact on clinical and operational indicators while preserving patient safety.^(2,3)

Methods: Multidisciplinary Agile Performance Squads were established, integrating Information Technology, Operational Excellence, and Quality teams. Squads were organized into four following workstreams:

clinical care, supply chain, revenue cycle, and human resources. Projects were prioritized according to their potential financial impact and/or contribution to patient safety. Regular alignment meetings, process mapping, bottleneck identification, and Plan-Do-Study-Act (PDSA) cycles were conducted, with progress monitored by senior leadership.⁽¹⁾ Beginning in September 2025, the squads addressed several institutional priorities. Within the patient discharge process, challenges related to limited predictability, rework, and operational delays were identified. In the supply chain, a high volume of supply returns revealed opportunities for process improvement. Within the revenue cycle squad, artificial intelligence was implemented to support outpatient exam processing, improving the efficiency of patient registration workflows. Interventions included process mapping, bottleneck analysis, pilot testing, and system enhancements supported by the Information Technology team. The integrated approach enabled the simultaneous development and implementation of solutions, reducing the time from problem identification and deployment compared with traditional sequential models.⁽¹⁾

Results: Between January and March 2026, a total of 2,429 hospital discharges were analyzed, of which 956 (38%) were classified as optimized discharges, demonstrating improved process efficiency.

Improvements in the material and medication return process resulted in a 7% reduction in return volume. In the outpatient registration workflow, the implementation of artificial intelligence reduced auxiliary staff processing time by an average of 42%, indicating a consistent gain in operational efficiency.

Conclusion: The implementation of Agile Performance Squads proved effective in integrating multidisciplinary teams, promoting greater agility, alignment, and sustainability in improvement initiatives. The model supported a collaborative approach with a direct impact on operational efficiency and patient safety.^(2,3)

Keywords: Quality improvement; Interprofessional relations; Patient safety; Medical informatics; Workflow

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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066

Transforming care transition: validation, technological integration, and tool impact

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ABSTRACT

Introduction: Hospital discharge is a critical stage in the transition of care, associated with communication failures and risks of adverse events. Few instruments incorporate the patient's perspective and support nursing staff in the educational process. Grounded in Transition Theory, the Discharge Readiness Tool was developed.

Objective: This study aimed to evaluate its impact on staff compliance and on the qualification of the educational process, targeting 80% compliance and improvement in preparation for self-care within 90 days.

Methods: Multi-method study conducted in three phases: I) validation by Delphi (18 experts); II) implementation in 16 units (approx 300 beds) with integration into the electronic health record; III) retrospective quasi-experimental (n=1,254), comparing Experimental Group (EG; n=568) and Comparison Group (CG; n=686). The intervention consisted of applying the Discharge Readiness Tool integrated into the electronic health record, with decision support for the nurse to qualify patient education. A P-chart was used to monitor compliance and sustainability, with implementation supported by problem-posing education and continuous feedback.

Results: The Discharge Readiness Tool comprises 14 items distributed into: Warning Signs, Self-Care, Support Network, and Safety. In the pre-intervention period, there was no systematized process. After implementation, compliance evolved from 2.63% to 90.47% in 90 days, with a special cause variation in the P-chart, indicating a sustained shift in performance. There was high fidelity (>99%) and incorporation into practice, maintained over 6 months. The intervention qualified health education, fostering communication and safety in self-care. Regarding experience outcomes (HCAHPS), there was a non-significant improvement (61% *versus* 57%; p=0,162). In the EG, 98.8% reported safety for discharge, and 100% understood the therapeutic plan.

Implementation strategy and sustainability: Integration into the electronic health record favored the incorporation of the Discharge Readiness Tool into the care workflow. Barriers were overcome by *in situ* problem-posing education, with team engagement. The tool promotes equity by allowing an individualized assessment of the patient. Sustainability is ensured by monthly compliance monitoring, use of control charts, and action plans. The practice was institutionalized in protocols and routine care.

Conclusion: The Discharge Readiness Tool transformed the discharge process, with high compliance, fidelity, and incorporation into practice. By qualifying communication and health education, it contributes to safety in the transition of care, supporting the nurse and patient self-care. Despite statistically non-significant results in the patient experience, there was process improvement and potential clinical impact. It presents potential for scalability and institutionalization as a safety practice in discharge.

Keywords: Patient discharge. Continuity of patient care; Health education; Electronic health record

SGPP number: Not applicable.

CAAE: 54848722.8.0000.5078 and 88885825.0.0000.5461.

Research funding: Not applicable.

067

Improving patient identification compliance in an emergency care unit in São Paulo

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ABSTRACT

Introduction: Accurate patient identification is an essential International Patient Safety Goal for preventing adverse events, as established by RDC No. 36/2013. In emergency care settings, failures in this process are associated with increased patient safety risks due to high patient turnover, workload, and complexity of care. Audits conducted in an Emergency Care Unit (UPA) identified low adherence to Patient Safety Goal 1 (correct patient identification), with a potential impact on the quality of care. During the baseline period (January 2024 to June 2025), the average compliance rate was 72%, and the rate of identification-related events was 5.71 per 10,000 visits.

Objective: This study aimed to increase compliance with Patient Safety Goal 1 to 95% and reduce identification-related events by 50% between July 2025 and January 2026 in a high-demand Emergency Care Unit.

Methods: This is a quality improvement project conducted in a 24-hour Emergency Care Unit with a multidisciplinary team, using Lean Six Sigma methodology, structured based on the DMAIC cycle (Define, Measure, Analyze, Improve, Control). Tools such as process mapping, Ishikawa diagram, and

effort-impact matrix were applied to identify root causes and prioritize interventions. Key identified gaps included low situational awareness, lack of process standardization, communication failures, and issues related to the quality and availability of supplies.

Interventions included: standardization of the patient identification process

- systematic wristband verification at the beginning of each shift; replacement of illegible wristbands; revision of wristband printing workflow, including implementation of contingency plans; inventory adjustments and removal of low-quality ribbon supplies; redistribution of printers with backup equipment
- periodic training and simulation exercises; in loco audits with continuous feedback; educational actions targeting healthcare professionals and patients.

Results: Following the interventions, patient identification compliance increased from 72% to 90% (an 18% point improvement). The rate of identification-related events decreased from 5.71 to 0.17 per 10,000 visits, representing a 97% reduction. Process indicators also improved, including an increase in wristband legibility from 92% to 98% and compliance with identification checks prior to procedures from 15% to 35%.

Conclusion: Multifactorial interventions involving process standardization, supply optimization, continuous training, and structured feedback significantly improved patient identification compliance and reduced adverse events.

This project strengthened the safety culture, improved process reliability, and demonstrates potential for replication in emergency care settings.

Keywords: Patient identification systems; Patient safety; Emergency service, hospital

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.

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Transforming the employee experience in healthcare

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ABSTRACT

Introduction: Clínica aviva achieved Great Place to Work® (GPTW) certification for the first time in 2023 (74%). In 2024, the Trust Index declined to 68%, resulting in the loss of certification. The assessment identified opportunities to improve employee experience, organizational culture, and well-being, prompting a sustainable improvement strategy.

Objective: To implement a sustainable employee experience strategy at Clínica aviva focused on strengthening organizational culture, employee well-being, and engagement, with the aim of regaining Great Place to Work® (GPTW) certification after the 2024 assessment identified key improvement opportunities.

Methods: Results Analysis Based on Three Strategic Pillars.

Active Listening: Climate committee; Employee feedback; Improvement proposals.

Well-Being: Physical well-being; Mental health; Work-life balance; Multiple dimensions of well-being.

Culture & Recognition: Values board and recognition programs; Employee commitment and dedication.

Results: Results Analysis Based on GPTW.

Results based on the Great Place to Work® (GPTW) assessment showed that the Trust Index increased from 68% in 2024 to 80% in 2025, representing an improvement of 12 percentage points. The results demonstrated stronger recognition (Respect), a greater sense of belonging (Pride), improved employee experience (Credibility), higher employee satisfaction (Camaraderie), and well-being levels exceeding 90%.

Conclusion: This result highlights that great workplaces are built by listening to and acting on employee experiences. The challenge for the following year is to align GPTW results with other institutional studies, such as the Patient Safety Culture Survey, in order to strengthen a people-centered model that integrates employee well-being and patient safety.

Keywords: Employee engagement; Organizational culture; Occupational health

SGPP number: Not applicable.

CAAE: Not applicable.

Research funding: Not applicable.



069

Communication practices following serious adverse events

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ABSTRACT

Introduction: The Brazilian Patient Rights Statute was recently published, reinforcing the right to quality healthcare, qualified professionals, and access to clear information, allowing patients to ask questions about the safety practices adopted.⁽¹⁾ Transparency in the communication of adverse events is essential for credibility and consequent organizational learning. In situations with media repercussions, institutional communication becomes even more critical, potentially directly impacting public trust and the reputation of healthcare services.⁽²⁾

Objective: This study aimed to analyze the perceptions of nurse technical managers (TMs) regarding institutional practices implemented for communication with the media following a serious adverse event (SAE), identifying weaknesses in nursing services in Brazil.

Methods: This exploratory-descriptive study was conducted with 252 nurse TMs from nursing services in Brazil, who were invited to complete an online questionnaire composed of eight structured questions on communication and institutional image, using a five-point Likert scale. Data collection was facilitated by the Federal Nursing Council (COFEN). Descriptive statistics were used, adopting a significance level of $p \leq 0.05$. A mean score ≥ 4 was defined as satisfactory implementation.⁽³⁾ The study was approved by the Research Ethics Committee of the Federal University of São Paulo and by COFEN.

Results: The following implementation mean scores were identified: care and protection of personal information (3.20 ± 1.31); non-disclosure of information to the media before event analysis and dialogue with the professionals involved (3.18 ± 1.44); multidisciplinary training on how to act following an SAE (2.88 ± 1.98); internal communication to professionals regarding SAEs (2.64 ± 1.35); proactive media communication strategies (2.58 ± 1.37); designation of a spokesperson (2.56 ± 1.39); preparation of a press release as soon as possible (2.53 ± 1.37); and training on communicating adverse events to patients and families (2.19 ± 1.29). The findings reflect perceived institutional practices rather than the direct experiences of patients.

Conclusion: Weaknesses were identified, and no item achieved a satisfactory implementation mean score. The findings highlight opportunities for institutional training and the development of a media communication plan following an SAE. Although confidentiality-related aspects appear to be more consolidated, gaps remain in effective institutional communication to build trust among patients and healthcare professionals. This study highlights the importance of developing institutional policies for adverse event communication and training leaders in healthcare services in Brazil.

Keywords: Patient safety; Nursing; Organizational culture; Medical errors

SGPP number: Not applicable.

CAAE: 286640025.2.0000.5505.

Research funding: Chamada CNPq/MCTI Nº 10/2023 – Faixa A – Grupos Emergentes – Processo 402129/2023.

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070

Organizational context (Model for Understanding Success in Quality – MUSIQ) and performance in reducing healthcare-associated infections

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ABSTRACT

Introduction. Improving outcomes in critically ill populations depends not only on adopting evidence-based interventions but also on organizational conditions that support the implementation and sustainability of

changes.^(1,2) In intensive care units (ICUs), leadership, a culture of improvement, data infrastructure, and team functioning can influence care outcomes.⁽³⁾

Objective: We evaluated contextual factors for quality improvement using the Model for Understanding Success in Quality – MUSIQ⁽⁴⁾ in ICUs participating in the ‘Saúde em Nossas Mãos’ (SNM) initiative and examined their relationship with indicators of primary bloodstream infection (BSI), ventilator-associated pneumonia (VAP), and catheter-associated urinary tract infection (CAUTI).

Methods. A cross-sectional study using the MUSIQ application in December 2024 was followed by a longitudinal analysis of monthly healthcare-associated infection indicators from September 2023 to August 2025. The questionnaire was completed voluntarily and anonymously. ICUs were initially classified into three categories: “project with a reasonable chance of success,” “potentially successful project, but with possible contextual barriers,” and “project with serious contextual issues.” For outcome analysis, these categories were grouped into two strata, corresponding to “project with a reasonable chance of success” (MUSIQ ≥ 120) and MUSIQ < 120 , which included the other categories. For each stratum, statistical process control charts with monthly aggregation were constructed, comparing the baseline and intervention periods and calculating the relative reduction of the indicators.

Results. 246 ICUs participated (82% of SNM ICUs). Of these, 150 (60.9%) were classified as “project with a reasonable chance of success”, 92 as “potentially successful project, but with possible contextual barriers”, and 5 as “project with serious contextual issues”. The highest average scores were observed for diversity of the improvement team (6.4 ± 0.7), sponsorship from senior leadership (6.3 ± 0.9), and team decision-making processes (6.2 ± 0.6). The lowest scores were observed for organizational culture for improvement (1.6 ± 1.1), external sponsorship (3.0 ± 2.1), and data infrastructure

(4.4 ± 1.7). Among ICUs with MUSIQ < 120 , a 32.6% reduction in CLABSI and a 24.7% reduction in CAUTI were observed, but only a 1.2% reduction in VAP. Among those with MUSIQ ≥ 120 , the reductions were 15.8% in CLABSI, 27.3% in CAUTI, and 11.4% in VAP.

Conclusion. The participating ICUs generally had favorable organizational conditions, though persistent weaknesses remained in improvement culture and organizational support. Stratification using MUSIQ revealed distinct performance patterns across groups, suggesting that these factors may influence population outcomes heterogeneously by infection type. Incorporating assessments of these elements into national collaborative programs could guide more targeted support and broaden the impact on population health.

Keywords: Cross infection; Organizational models; Quality improvement.

SGPP number: Not applicable.

CAAE: 82621024.6.0000.0070.

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Articles from journals

Moniz MH, Low LK, Stout MJ. Intensive nurse home visiting program and adverse birth outcomes. *JAMA*. 2022;328(1):23-4.

Oliveira MM, Andrade KF, Lima GH, Rocha TC. Metformin versus glyburide in treatment and control of gestational diabetes mellitus: a systematic review with meta-analysis. *einstein* (São Paulo). 2022;20:eRW6155.

Books

Ritchie S. Science fictions: how fraud, bias, negligence, and hype undermine the search for truth. New York: Metropolitan Books; 2020.

Chapters of books

Josephson CD, Strauss RG. Plasma transfusions. In: Behrman RE, Editor. *Nelson textbook of pediatrics*. 21st ed. Philadelphia (PA): Elsevier; c2020. p.2585-6.

Works presented in conferences

Rivarola E, Dimuro CA, Scandolo MC, Quintero Florez A. Design of gourmet menus high in fiber for diabetic patients of the French sanatorium: evaluation of the nutritional content, acceptability, organoleptic characteristics and glycemic control. *Clinical Nutrition ESPEN*. 2021;46:S690. [ESPEN 2021 Virtual Congress; 2021 Sep 9-14].

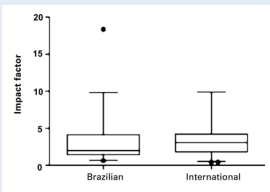
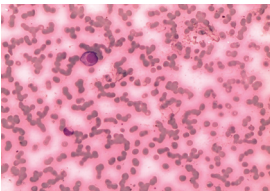
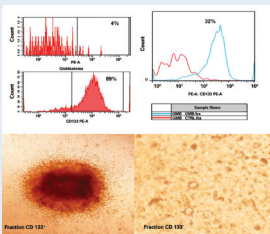
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