

Implementation of Municipal Patient Safety Centres

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Country: Brazil

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Country snapshot

Patient safety is an essential component of health services in Brazil, reflecting the institutional commitment to providing safe care free from avoidable harm.

By prioritizing a culture of safety, health institutions not only promote continuous improvement in the quality of care but also strengthen the population's trust in the services they offer, helping reduce the occurrence of adverse events. There has been a significant change in institutional culture and in quality of services being provided in Brazil with a focus on patient safety in recent years. Some of these changes could be summarized in following actions:

- The formal implementation of 208 municipal patient safety centres as of June 2025, all published with normative acts in the Official Gazette, giving legitimacy and sustainability to the strategy;
- The establishment of 547 safety teams in primary health care (PHC) services and 16 safety teams in Specialized Outpatient Care (SOC), expanding the capillarity of actions and promoting the articulation of the theme at the various levels of care;
- Training and conceptual alignment through workshops being held to strengthen understanding of patient safety, “just culture” and risk management;
- The adoption and dissemination of good practices, with several municipalities implementing the incident reporting system, establishing action plans for risk mitigation and using evidence-based analysis and improvement tools; and
- The strengthening of PHC as a coordinator of care - by integrating patient safety into the Health Care Network (HCN) across the board, PHC is reaffirming its strategic role in the organization of care and the continuous qualification of services offered safely to the population.

These advances demonstrate a consistent process of institutionalizing patient safety at the municipal level, with direct effects on improving the quality of care, preventing avoidable harm and promoting a safe organizational culture, committed to care.

Implementation of Municipal patient safety centres

The project Organizing Specialized Outpatient Care in a Network with Primary Health Care, known as PlanificaSUS was established to promote the organization and integration between primary health care (PHC) and specialized outpatient care (SEA), improving the care provided to United Health System (SUS) users. Acting as an articulating structure, the project mobilizes state secretariats, municipal secretariats and local technical teams to ensure the technical, conceptual and operational alignment needed to consolidate health care networks.

PlanificaSUS adopted the healthcare planning methodology, proposed by Eugênio Vilaça Mendes, and has a national scope. As a strategy for the integrated organization of PHC and SAS, it has been fundamental in enabling the effective implementation of municipal patient safety centers (NMSP), strengthening local governance, and consolidating the culture of patient safety as a transversal value in healthcare networks.

The process of developing the strategy for the implementation of NMSP was carried out within the scope of the program for supporting the institutional development of the unified health system (PROADI-SUS), which is a strategic initiative between the Ministry of Health and six reference hospitals in Brazil, at the request of the National Council of Health Secretaries (CONASS).

Main focus of the implementation strategy

The strategy for implementing the municipal patient safety centres (NMSP) incorporated principles and objectives aligned with the World Health Organization's Global Action Plan for Patient Safety 2021–2030 (WHO, 2021), as well as Brazilian national guidelines, such as the National Patient Safety Program (BRASIL, 2013a) and ANVISA's RDC No. 36/2013 (BRASIL, 2013b).

The integration of patient safety into PHC, a central axis in the WHO Global Action Plan, is one of the project's pillars. This guideline was requested by CONASS and incorporated through PlanificaSUS, a national strategy aimed at organizing PHC and health care networks in Brazil (BRASIL, 2013c). As a result, patient safety was treated as a cross-cutting issue, given an exclusive macro-process for patient safety and systematically inserted into the organization of networks and the coordination of care at the local level.

In addition, the work promoted learning and continuous improvement, through workshops and tutorials, standardized technical materials and team training. It also considered the aspect of transparency and measurement, with monitoring of the number of municipal centres and safety teams set up.

Although the main focus was on strengthening local governance for patient safety, the project incorporated strategic actions in other global plans, such as preventing health care-associated infections and registering municipal patient safety centres in the national notification system (provided for in RDC No. 36/2013), as well as encouraging the use of protocols and evidence-based practices to reduce risks. These approaches were included in the content of the workshops/tutorials and technical materials, reinforcing alignment with national and global guidelines for reducing avoidable harm in health care.

Main challenges encountered during implementation and how they were addressed

The main challenges included:

- Heterogeneity of municipal scenarios: Municipalities had different levels of maturity and technical resources. This challenge was overcome by customizing the technical support, with standardized and accessible materials, adjusted to local realities.
- Low political and institutional engagement: The need to sensitize municipal managers to the strategic importance of patient safety was identified. Workshops and tutorials were therefore held to raise awareness, collectively build action plans and disseminate municipal guidelines, promoting institutional alignment.
- Low institutional maturity in patient safety: Many municipal health secretariats had not worked on the issue of patient safety across the board in primary health care. To tackle this challenge, workshops were set up for conceptual alignment and individualized technical support.
- Decentralization and autonomy of municipal entities: This challenge was overcome through voluntary adherence by local administrations, combined with political awareness strategies and the formalization of institutional commitment through publication in the Official Gazette, respecting the particularities of each territory.
- Maintaining engagement over time: Sustainability of the process was ensured by the agreement of state managers, through CONASS, for the continuity of the new PlanificaSUS cycle, guaranteeing the continuity of technical support throughout the following three-year period.

Progress made on the implementation through December 2025

In 2022, a national situational analysis was carried out, with 172 municipalities responding. None of these had a municipal patient safety center formally set up. From then on, structured institutional technical support began. This involved:

- Holding conceptual and practical alignment workshops and tutorials, bringing together state, regional and municipal managers, as well as supporters of the PlanificaSUS project, with a focus on mainstreaming the issue of patient safety in primary health care;
- Setting up state working groups, to ensure ongoing technical support, regional coordination and mechanisms for monitoring the actions taken;
- The development and availability of technical materials on a public platform (planificasus.com.br), including model decrees, acts of appointment and the Municipal Patient Safety Plan;
- Offering online courses and educational materials, covering essential content for consolidating patient safety, such as: international patient safety targets adapted to the reality of PHC and SEA, promoting a just culture, information on the process for reporting and analysing incidents, as well as practical strategies for risk management.

The project started from a scenario marked by the absence of formalized municipal bodies, evolving into the consolidation of a structured network of municipal patient safety centers. This network now has local governance, ongoing technical support and the formal commitment of municipal managers to the issue. The experience has contributed significantly to strengthening the safety culture at local level, promoting sustainable practices aimed at continuously improving the quality of care in the SUS.

Key lessons learned

Among lessons learned throughout the development and implementation, we can highlight:

- Importance of the initial situational diagnosis: Knowing the local reality is essential for directing technical support and assertive interventions.
 - Political engagement: Securing the support of municipal managers requires awareness-raising and their formal agreements as main stakeholders.
 - Technical support: State working groups has to be established to facilitate close monitoring and the exchange of experiences.
 - Standardized and accessible materials: Online resources should be accessible to facilitate implementation.
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“ **What would you do differently?**

In view of the results achieved so far, I cannot identify any changes that should have been made to the process since it was conceived. The strategy was built collaboratively, respecting the singularities of the territories, with well-defined stages of situational analysis, awareness-raising, technical support, and institutionalization of the actions of the municipalities.

The use of flexible methodologies, the valorization of political-institutional engagement, and investment in continuous training allowed for consistent progress in the structuring of municipal patient safety centers in PHC. The results show that the choices made were consistent with the proposed objectives.

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