

# SUMMARY

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GALLOTTI, R. M. D. *Adverse events and hospital deaths at the medical emergency department of a major university teaching hospital : a glance at the quality of care.* São Paulo, 2003. 148p. Tese (Doutorado) – Faculdade de Medicina, Universidade de São Paulo.

Adverse events (AEs), defined as unintended injuries caused by medical care, are recognized as a major health problem. Although most of them lead to minimal impairments, a considerable proportion is related to patients' death. Urgent care is considered an important AE risk factor. No related Brazilian studies were published so far. The present study aimed to identify the occurrence of AEs in patients admitted for stroke to the medical emergency department of the Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo (HCFMUSP) and to determine the AEs' categories associated to death. This paired case-control study enrolled 468 patients admitted for stroke to the HCFMUSP medical emergency department from March 1996 to September 1999. The cases comprised 234 consecutive deaths and the controls 234 discharged patients, matched for primary diagnosis and admission period. AEs, detected by retrospective chart review, were classified with regard to their severity, immediate causes, affected systems and professional involved in patient care. The association with death was analyzed by multivariate conditional regression including variables related to demographic aspects, clinical severity on admission and care characteristics. A total of 1,218 AEs were identified in 468 patients: 932 AEs (76.5%) in 170 cases and 286 AEs (23.5%) in 125 controls. Major AEs corresponded to 54.1% of all AEs, with 659 episodes: 538 events in 143 cases and 121 in 65 controls. Diagnostic and therapeutic procedures and nursing activities accounted together for 55.2% of all events. Concerning the affected system, 46.0% of the identified AEs lead to general manifestations. Nursing and medical AEs represented the most frequent professional categories involved (38.4% and 31.0% of all events). A significant association with death was found regarding major AEs, medical AEs and nosocomial infections, with adjusted OR estimates of 3.72 (95% IC = 1.63-8.48), 3.69 (95% IC = 1.60-8.50) and 3.20 (95% IC = 1.20-8.51), respectively. In summary, adverse events, most of them severe, were frequent in cases and controls, leading mainly to general manifestations. Diagnostic and therapeutic procedures and nursing activities corresponded to the main AEs' immediate causes. Regarding the professional involved, AEs related to nurses and physicians predominated. Major AEs, medical AEs and nosocomial infectious were significantly associated to death in stroke patients admitted to the medical emergency department of the Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo.