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Reception and Organization of the Work Process in a Primary Care Unit in Caucaia - CE

Recepción y Organización del Proceso de Trabajo en una Unidad de Atención Primaria en Caucaia - CE

Acolhimento e Organização do Processo de Trabalho em Unidade de Atenção Primária em Caucaia – CE

ABSTRACT

Objective: The objective was to systematize the experience of implementing welcoming as a strategy for organizing the work process, in a Primary Care Unit in the municipality of Caucaia - CE. **Method:** This is a descriptive, qualitative study, carried out from July to August 2018. Records, reports, presentations and minutes of meetings on the progress of the implementation process were used as a data collection instrument. **reception in the unit.** **Results:** For the welcoming implementation process, meetings were held coordinated by permanent health education, the health district coordinator and unit manager, where the professionals proposed the best way to reorganize the work process to meet the needs of the community. **Conclusion:** It was noticed, from the implementation of this service, that the reception provided significant changes in the relationship between the health team and users, as well as made it possible to reorganize the flow of care within the unit.

DESCRIPTORS: Reception; Primary Health Care; Family Health.

RESUMEN

Objetivo: El objetivo fue sistematizar la experiencia de implementar la acogida como estrategia de organización del proceso de trabajo, en una Unidad de Atención Primaria del municipio de Caucaia - CE. **Método:** Se trata de un estudio descriptivo, cualitativo, realizado de julio a agosto de 2018. Como instrumento de recolección de datos se utilizaron registros, informes, presentaciones y actas de reuniones sobre el avance del proceso de implementación. **recepción en la unidad.** **Resultados:** Para el proceso de implementación de acogida se realizaron reuniones coordinadas por la educación permanente en salud, el coordinador del distrito de salud y el gerente de la unidad, donde los profesionales propusieron la mejor forma de reorganizar el proceso de trabajo para satisfacer las necesidades de la comunidad. **Conclusión:** Se notó, a partir de la implementación de este servicio, que la recepción proporcionó cambios significativos en la relación entre el equipo de salud y los usuarios, así como también permitió reorganizar el flujo de atención dentro de la unidad.

DESCRIPTORES: Recepción; Primeros auxilios; Salud familiar.

RESUMO

Objetivo: objetivou-se sistematizar a experiência de implementação do acolhimento como estratégia de organização do processo de trabalho em uma Unidade de Atenção Primária do município de Caucaia – CE. **Método:** trata-se de um estudo descritivo, de natureza qualitativa, realizado no período de julho a agosto de 2018. Foram utilizados como instrumentos de coleta de dados os registros, relatórios, apresentações e atas das reuniões sobre o andamento do processo de implementação do acolhimento na unidade. **Resultados:** para o processo de implementação do acolhimento foram realizados encontros coordenados pela educação permanente em saúde, a coordenadora do distrito de saúde e gestora da unidade, onde os profissionais propuseram a melhor forma de reorganização do processo de trabalho para atender as necessidades da comunidade. **Conclusão:** percebeu-se, a partir da implementação desse serviço, que o acolhimento proporcionou mudanças significativas na relação entre equipe de saúde e usuários, assim como possibilitou a reorganização do fluxo de atendimento dentro da unidade.

DESCRIPTORIOS: Acolhimento; Atenção Primária à Saúde; Saúde da Família.

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INTRODUCTION

Primary Health Care (PHC) is considered the first level of health care, functioning as a gateway to the health system that aims to provide comprehensive health care to the population. In Brazil, the Family Health Strategy (Estratégia de Saúde da Família - ESF) is considered the main strategy for ordering and implementing PHC.^(1,19,20)

Primary Health Care (PHC) in recent decades is one of the most relevant advances in the Unified Health System (SUS) as a Brazilian public policy. The significant expansion and maintenance of the scope of the ESF with the decentralization of the public health system to the 5.500 Brazilian municipalities, and, in partnership with the state health secretariats and with other municipalities in its region, for the specialized and hospital care, in the last 20 years, promoted an increase in the offer of health actions and services for the population, being an assistance model based on the reception of users, ensuring comprehensive care.^(2,18,21)

It is important to emphasize that humanization in health services is one of the factors that generates SUS user satisfaction and improves the quality of services provided. This process of improving the assessment must be a consequence of the entire work process, of the total involvement of the

health team, as well as a full engagement of managers and users, including their humanization.⁽³⁾

User embracement is one of the guidelines of the National Humanization Policy (Política Nacional de Humanização - PNH), which can be defined as a work proposal employed by health teams to create bonds with users who use health services. As a tool for organizing the work process shaped by the professional / user relationship. Therefore, welcoming contributes to the user's understanding process, not only in the biological aspect, but also in cultural, social, economic factors, among others, being guided by qualified listening.⁽⁴⁾

The great Brazilian territorial extension produces different scenarios of implantation and organization of the work process of the primary care teams.^(12,13,14) Studies that assessed the characteristics of reception in municipalities in northeastern Brazil found regional disparities. When analyzing the welcoming strategy in Primary Care in the city of Campina Grande, Paraíba, it was found that 51,7% of the Basic Health Units stated that they were welcoming, and these results were considered low compared to that presented in a neighboring state such as Pernambuco, in which 62,4% of the teams implemented the host.^(15,16)

For an ESF team, welcoming is of fundamental importance in the pro-

cess of reorganizing work, favoring the execution of satisfactory care, with humanization of care, the strengthening of activities and also the resolution of actions. This strategy promotes a quick response to the demands presented by users in a specific way for those who seek assistance instantly, preferentially for the same day.⁽¹¹⁾

The training of professionals in the practice scenario consists of a consolidation tool and a structuring pillar for the transformation of the work process of primary health care teams.⁽¹⁷⁾ Therefore, the general objective of this study was to systematize the experience of implementing welcoming as a strategy for organizing the work process, in a Primary Care Unit in the municipality of Caucaia - CE.

In this context, the interest in conducting the study was aroused from the practical experience of one of the authors as a health professional residing in family and community health in the reorganization of the work process through the reception in a Primary Care Unit of the municipality of Caucaia- CE.

METHOD

This is a descriptive, qualitative study, carried out based on the systematization of the experience of implementing the welcoming as a strategy for organizing the work process, in a Primary Care Unit in the muni-

city of Caucaia - CE from July to August 2018.

The municipality of Caucaia is part of the Metropolitan Region of Fortaleza, has a population contingent of 325,401 inhabitants, according to data from the last census conducted by IBGE in 2010. Its total territorial area, corresponds to 1.223.246 Km², divided into six health districts.⁽⁵⁾

This unit has 04 health teams, composed of doctors, nurses, nursing technicians, dental surgeons, oral health technicians, community health agents, administrative agents, cleaning assistants and security guards.

The unit is the place where the first group of multiprofessional residents in family and community health in the municipality operates, implemented in 2018, by the Integrated Health Residency program of the School of Public Health of Ceará (Escola de Saúde Pública do Ceará - ESPCE), comprising the following categories: Nursing, Psychology, Social Work, Physiotherapy, Nutrition and Dentistry, also includes the work of the Family and Community Medicine residency.

The records, reports, presentations and minutes of the meetings on the progress of the process of implementing the reception at the unit, prepared by the nucleus of permanent health education of the municipal health department, were used as data collection instruments. It was also considered the information provided by the coordinator of the health district and the unit manager, in addition to the notes made by the author during the experience in the health unit. The data were analyzed using the method of content analysis in categories.⁽²²⁾

All workers (dentists, nurses, doctors, NASF team professionals, nursing technicians, oral health technicians, community health agents, administrative agents, cleaning assistants and security guards), who worked during the implantation period of the reception at the health unit, as well as managers,

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tutors and various preceptors in charge directly or indirectly for permanent education processes were included in this study. Workers on medical leave for the entire period were excluded from the study.

Based on the legal basis that refers to research / studies that will not be evaluated or registered by the Research Ethics Committee and Research Ethics Committee system, therefore, the present study did not need to be submitted to the Ethics Committee in Research, according to item VII of CNS Resolution No. 510, of April 7, 2016.⁽⁶⁾

RESULTS

One of the categories of problems to be faced was characterized by the Work Process Review. In this sense, the organization of the work process of the teams, before the proposal of implantation of the reception, as it happens in the other family health teams in the municipality, was driven by the offer of a restricted number of forms for medical consultation on the day. The caveat is made in cases of scheduled consultations, such as family planning, prenatal care, childcare, hypertension and diabetes.

With the implementation of the new model of mixed agendas in the Primary Care Units of the municipality, it was noticed the facilitation of users 'access to services, but in contrast, it is seen as a difficulty, since due to the overcrowding of the professionals' agendas, some users do not have access to schedules due to the abandonment of others, and there is no risk classification. It is worth mentioning that, according to this model of agenda, any demand that enters the primary care profile is scheduled on any day of the week, without specific dates for certain demands, as was done until then. In this way, in order to have access to the service, the user simply has to look for the profes-

nals at the unit's reception, carrying his SUS card, identification document and proof of address.

In this way, with the full filling of the professionals' agenda and because there is no risk classification of users, there was a need to reevaluate the organization of the work process in the unit through welcoming spontaneous demand, thus verifying the needs that users present.

The second category of problems to be faced was characterized by the Pact for Change of Reception among All Those Responsible. In this sense, after a meeting of the municipality's health collegiate whose agenda was the programmed and spontaneous demand in health units, the topic was debated as one of the issues addressed during team meetings at the unit. Based on the theme, the professionals emphasized the need to reorganize the appointments since they were completely filled, with no reversed vacancies for the service on the day, due to the demand, the professionals ended their appointments for that shift, well beyond the scheduled time. Another issue addressed by professionals was the increase in the number of absenteeism in scheduled appointments.

It was observed that patients who arrived after 11 am on the morning shift, complaining of an acute case, were treated by the teams even if this implied exceeding the unit's opening hours. If these patients needed to use the pharmacy or the service by the reception staff, they would have to wait until the unit reopened at 1:00 pm, as these professionals were on their lunch break. There was no reference formally organized by the teams, regarding the division of the territory of the condominiums called José Lino, since they are considered an area discovered by the unit, thus generating an overload of work by the teams to guarantee the service to these users who use spontaneous demand. Due to this great demand, the teams found it

After these perceptions and reflections, there was a need to adapt the agenda of the unit's professionals. However, the scenario experienced by the professionals indicated that it would only be possible to adjust the scheduling proposal in August, due to the scheduled schedules.

difficult to organize the matrix of the cases among the professionals. The review of this scenario and the agreement on new flows was necessary and fundamental to improve the quality of the service provided.

DISCUSSION

After these perceptions and reflections, there was a need to adapt the agenda of the unit's professionals. However, the scenario experienced by the professionals indicated that it would only be possible to adjust the scheduling proposal in August, due to the scheduled schedules. A proposal was prepared for professionals to reflect on the reality of reception during the month of July and establish a consensus on the best proposal that would suit the scenario experienced to be implemented with a practical experience in the month of August 2018. The unit manager, the coordinator of the district of health and permanent education of the municipality were responsible for proposing and facilitating the meetings, during the Wednesdays of August, dedicated to the study of welcoming in the unit, with four meetings being held. This movement points to relevant changes in the structuring of work processes in the unit's daily life, as indicated by studies in the area. ^(11, 14)

As a result of these initiatives mentioned above, the 5 orders of aid were deepened to give subsidies to the teams to rethink and reflect on their attitudes according to the studies of Hellinger. ⁽⁷⁾ The first order is to offer what you have and expect only what you need, for that order, therefore, there are limits on giving and taking. The second order is to interfere only if circumstances call for it. The third order of help shows that you can only help an adult, being an adult. In the fourth order, every individual is part of something bigger. The fifth order helps love each one even if he is different from me.

According to the statistical survey about the profile of demand that the unit seeks, more than half (53%) should be included in the programmed demand of their teams, since the users belonged to the programs already established, such as prenatal care, family planning, childcare, hypertension and diabetes, as well as mental health. This is due to the demand of users who live in the José Lino da Silveira condominium to be absorbed by the teams. The families that live in these condominiums belong to an uncovered area and the teams that work in the unit cannot stratify the risk of users with hypertension and diabetes, due to the accumulation of their schedules. Demand related to mental health refers to the renewal of prescriptions. In relation to prenatal care, the pregnant women surveyed in the survey belong to the area of the José Lino da Silveira condominiums, being fitted by spontaneous demand.

The remaining portion (47%) was demanded for certificates, renewed revenues and referrals to other services in the chain. The certificates are related to the research survey period related to the return of classes. Referrals are related to returns that need to be requested by primary care physicians, for specialized care, and appointments with specialists can also be mentioned.

It was also evident, within the process of implanting the host, the need to monitor the actions developed so that they are constantly evaluated and restructured, as shown by the consolidated studies on this theme.^(15, 16) Weekly, on Wednesdays, team rounds

are held at the unit with the purpose of strengthening the bond between all professionals at the unit, in addition to assessing the work and continuing education processes. These meetings are essential, as they provide managers and team professionals with the reorganization of their actions. If something is identified that is not satisfactory to users assisted by the unit, new arrangements are agreed.

The proposed analysis and systematic monitoring enabled the rearrangement of work processes and the reinterpretation of actions, thus aiming to provide effective assistance to users who have an efficient conduct to meet their demand and their satisfaction.

CONCLUSION

It can be seen, from the implementation of this service, that the hosting provided significant changes in the relationship between the health team and users, as well as made it possible to reorganize the flow of care within the Primary Health Care Unit. In addition, it was noted how much comprehensive care was gradually being inserted into the unit's work routine and how the demand for patients by the family health team increased. When assuming the risk classification within this work reorganization process, the main objective is not the diagnosis, but to listen in a qualified way to the demands presented by the users who seek the service spontaneously.

The insufficient number of professionals is considered an obstacle to the process of reorganizing the teams'

work. Due to this insufficiency, there is no satisfactory time to carry out a comprehensive approach to users or to establish actions in teams and/or with users, leading the professional to an overload of work, resulting in quick calls.⁽⁸⁾

The lack of professional training, especially for new team members, has repercussions on the performance of their duties in this work process, causing difficulties in the integration with the other team members and causing users different interventions and positions according to each professional.⁽⁹⁾

As a new assistance model, some users have difficulty understanding the purpose of this service. On many occasions, users want to replace a routine appointment with the day's attendance. The importance of health education is highlighted for users to understand the service's functioning, so that there are no difficulties in access. Thus, the educational work must be carried out by the professionals who make up the ESF, bringing periodic explanations regarding this form of care.⁽¹⁰⁾

From the experience, it can be concluded that the incentive to Permanent Education in Health, through the residency programs in health, brought about significant changes for the organization of the work processes in the unit, as well as the qualification of health professionals. Thus, causing reflections about the work in PHC, especially with regard to the performance of the teams and the debate about the components of the work process. ■

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