

## Assessment of the degree of compliance of health care services for people with a stoma

Assesment of the degree of compliance of health care services fos people with stoma

Evaluación del grado de cumplimiento de los servicios de atención a la salud de las personas con estoma

### RESUMO

**Objetivo:** Avaliar o grau de conformidade dos Serviços de Atenção à Saúde da Pessoa com Estomia do Sistema Único de Saúde. **Método:** Estudo transversal realizado em Minas Gerais, com a participação de gestores e/ou coordenadores dos 53 serviços de assistência para as pessoas com estomia existentes. A coleta de dados ocorreu em 2021, por meio de entrevista online, utilizando um instrumento validado sobre estrutura e processo do serviço. **Resultados:** O grau de conformidade foi incipiente em 50,9% dos serviços, 20,8% possuíam estrutura física completa, 71,7% estavam mais estruturados para realizar o cadastro e a dispensação de equipamentos coletores e adjuvantes. Houve associação entre melhor grau de conformidade e estrutura física ( $p=0,001$ ), presença de equipe de saúde completa ( $p<0,001$ ) e atendimento individual ( $p<0,001$ ). **Conclusão:** Embora os serviços estejam ativos, a maioria apresenta fragilidades em relação aos contextos estruturais e de processo.

**DESCRIPTORIOS:** Enfermagem; Estomaterapia; Estomia; Gestão em Saúde; Avaliação de Serviços de Saúde.

### ABSTRACT

**Objective:** To evaluate the degree of compliance of Health Care Services for People with Ostomies of the Unified Health System. **Method:** Cross-sectional study carried out in Minas Gerais, with the participation of managers and/or coordinators of the 53 existing assistance services for people with stoma. Data collection took place in 2021, through online interviews, using a validated instrument on the structure and process of the service. **Results:** The degree of compliance was incipient in 50.9% of the services, 20.8% had a complete physical structure, 71.7% were better structured to carry out the registration and dispensing of collection equipment and adjuvants. There was an association between a better degree of compliance and physical structure ( $p=0.001$ ), presence of a complete healthcare team ( $p<0.001$ ) and individual care ( $p<0.001$ ). **Conclusion:** Although services are active, most present weaknesses in relation to structural and process contexts.

**DESCRIPTORS:** Nursing; Stomatherapy; Ostomy; Health Management; Assessment of Health Services.

### RESUMEN

**Objetivo:** Evaluar el grado de conformidad de los Servicios de Atención a Personas con Estomas en el Sistema Único de Salud. **Método:** Estudio transversal realizado en Minas Gerais, con la participación de gestores y/o coordinadores de los 53 servicios de atención a personas con estomas existentes. La recogida de datos se realizó en 2021 mediante entrevista online utilizando un instrumento validado sobre estructura y proceso del servicio. **Resultados:** El grado de cumplimiento era incipiente en el 50,9% de los servicios, el 20,8% contaba con una estructura física completa, el 71,7% estaba más estructurado para realizar el registro y dispensación de equipos colectores y adyuvantes. Hubo asociación entre mejor grado de cumplimiento y estructura física ( $p=0,001$ ), presencia de equipo de salud completo ( $p<0,001$ ) y atención individual ( $p<0,001$ ). **Conclusión:** Aunque los servicios son activos, la mayoría presenta debilidades en cuanto a sus contextos estructurales y de proceso.

**DESCRIPTORIOS:** Enfermería; Estomaterapia; Estoma; Gestión Sanitaria; Evaluación de Servicios Sanitarios.

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**ID** **Rafaela das Graças Santiago Faria**

Enfermeira, Mestre em Enfermagem, Universidade Federal de São João del-Rei/Campus Centro Oeste. Divinópolis, Minas Gerais, Brasil. ORCID: 0000-0001-9508-8372

**ID** **Valéria Conceição de Oliveira**

Enfermeira, Doutora em Enfermagem. Professora Associada da Universidade Federal de São João del-Rei/Campus Centro Oeste. Divinópolis, Minas Gerais, Brasil. ORCID: 0000-0003-2606-9754

**ID** **Daniel Nogueira Cortez**

Enfermeiro, Doutor em Enfermagem. Professor Adjunto da Universidade Federal de São João del-Rei/Campus Centro Oeste. Divinópolis, Minas Gerais, Brasil. ORCID: 0000-0002-4644-274X

**ID** **Eline Lima Borges**

Enfermeira, Doutora em Enfermagem. Professora Titular da Universidade Federal de Minas Gerais. Belo Horizonte, Minas Gerais, Brasil. ORCID: 0000-0002-0623-5308

**ID** **Juliano Teixeira Moraes**

Enfermeiro, Doutor em Enfermagem. Professor Associado da Universidade Federal de São João del-Rei/Campus Centro Oeste. Divinópolis, Minas Gerais, Brasil. ORCID: 0000-0002-1109-962X

## INTRODUCTION

**P**ublic policies that favor health promotion and rehabilitation of people with a stoma have attracted the attention of health professionals. Rehabilitation actions involve professional care that goes beyond the availability of collection equipment and adjuvants. The implementation of specific policies triggers questions about the quality of care provided by health services, which make up the care network for people with a stoma. Another question is about the advances and difficulties in operationalizing these services.<sup>1</sup>

Assistance is provided through the Health Care Services for Ostomized People (Saspo - Serviços de Atenção à Saúde da Pessoa Ostomizada), which are organized into level I and level II, in a logic of reference and counter-referral of services. These services work to educate people with a stoma to develop self-care skills, encouraging activities of daily living and preventing complications. They are also responsible for providing collection equipment and protective and safety aids.<sup>2</sup>

In 2011, Saspo from the state of Minas Gerais were evaluated for the first time. At that time there were 28

services implemented in 13 macro-regions. From this study, it was possible to know the condition of these services in the Unified Health System (SUS) network in the state. The results confirmed the existence of gaps in Saspo that took them away from their purposes. The evaluation of the structural and process scopes in the level of implementation of Saspo made it possible to verify that, among the municipalities studied, the vocation of these services for the provision of equipment still persisted to the detriment of providing assistance aimed at rehabilitation, as in their original historical function.<sup>3</sup>

Based on these results, the State Department of Health of the state of Minas Gerais (SES-MG) was able to implement strategies that contributed to better provision of assistance and optimization of resources. New services were enabled in the state, face-to-face and online courses were held to train and update service professionals and a Care Line for People with Ostomies in the State of Minas Gerais was also published. Considering the time that has passed and the changes implemented, a new assessment becomes necessary.<sup>3,4</sup>

Within the scope of the SUS, the

evaluation of health services aims to reorient planning and measure the impact of implementing policies and programs, recognize existing gaps and propose improvements to the actions provided. In this way, evaluation is used as a management support tool for decision-making.<sup>5</sup>

Thus, this study presents the evaluation of Saspo in the State of Minas Gerais, considering the National Guidelines for Care for People with Ostomies and the health policy that established the Care Network for People with Disabilities within the scope of the Unified Health System.

## OBJECTIVE

Assess the degree of compliance of Health Care Services for People with Ostomies of the Unified Health System.

## METHODS

This is a normative assessment, based on the Donabedian triad.<sup>6,7</sup> It was carried out through a cross-sectional study, based on classic aspects of quality assessment: structure and process.

The state of Minas Gerais has 853 mu-

municipalities distributed across 14 health macro-regions: Center, Center-South, Jequitinhonha, East, East of the South, Northeast, Northwest, North, West, Southeast, South, Triângulo do Norte, Triângulo do Sul and Vale do Aço, where 53 Saspas are located. These services are distributed strategically in accordance with the definitions of the National Health Management and Regional Health Superintendence.

The 53 Saspas registered in 2021 in Minas Gerais took part in this study. Due to the SARS-COV-2 (COVID 19) pandemic, data collection took place through online interviews mediated by Google Meet. The selection of interviewees (managers and/or service coordinators) occurred through a list of those responsible for each Saspas sent by the State Department of Health. Participants were contacted by message or telephone call to schedule interviews.

Data collection took place from June to November 2021 through interviews, using adapted structured questionnaires. These deal with the evaluation of services in relation to structural and process contexts. The questionnaires were constructed in accordance with Resolution 1,249 of the SES/MG and Ordinance No. 400 of the Ministry of Health, which define criteria, operational standards and procedures for assistance to people with a stoma in Saspas.<sup>28</sup>

Regarding the structure, data were collected regarding: 1- facilities and equipment; 2- human resources, including the number, variety and qualification of professionals available to provide care to people with intestinal elimination stoma (colostomy and ileostomy) and urinary tract. Regarding the processes, collection involved: 1 - organization of demand and care for people with ostomies (registration, data updating, stock control, storage, evaluation and supply of collection equipment and aids for ostomy care); 2- guidance and training activities for people with a stoma, family members, and health professionals; and 3 - individual, group and family consultations.

Based on the data collected and using SPSS software, the Conformity Degree (CD) of the services was calculated using a validated instrument. The CG is defined

through a scoring system, with different weights for each indicator, according to the level of importance assigned. The most valued items (maximum value = 5 points) were those considered essential for the implementation of the service. The maximum score established was 80 points distributed between the structure (30 points) and process (50 points) dimensions. The structure was analyzed into two components: physical structure (15 points) and human resources (15 points). The score relating to the process was distributed between the individual health care activities for the person with a stoma (30 points) and expanded care (20 points) that correspond to the activities carried out in these services.<sup>4</sup>

To construct the CD, the observed values ( $\Sigma$  of the indicator points) in each dimension are initially determined and the CD is calculated in percentage terms ( $\Sigma$  observed /  $\Sigma$  of the maximum scores x 100). Based on these percentages, services are classified according to the following compliance categories: full compliance (CD from 80.0% to 100.0%); satisfactory compliance (CD from 60.0% to 79.9%); incipient compliance (CD from 40.0% to 59.9%) and non-compliance (CD below 40.0%).<sup>4</sup>

After classifying the services by degree of conformity, the categorical variables of each structure and process component were analyzed descriptively using the absolute and relative frequencies of occurrence in each service using Stata software version 14 considering the tables prepared in Microsoft Excel software (2019). Using this software, a bivariate analysis was also carried out to evaluate the association between these variables and the degrees of compliance found.

In this bivariate analysis, the Chi Square test was considered with a significance level of 5% ( $p=0.05$ ). This test is used to measure the dispersion of categorical variables and compare the association between them. Its basic principle is the comparison of proportions and possible divergences between the observed and expected frequencies of each event. When finding a  $p$ -value below the pre-established significance level ( $p<0.05$ ), there is evidence that there is an association between the variables evaluated.<sup>9</sup>

This study is aligned with the ethical specificities of research of strategic interest to the Unified Health System as proposed by Resolution no. 466/2012, which regulates research involving human beings and Law no. 013.709 of August 14, 2018, which provides for the processing of personal data, including in digital media.

This research is approved by CEP/CO-NEP with number 4,221,263.

## RESULTS

All 53 Saspas in the state of Minas Gerais were evaluated in relation to structure and process, with 11 (20.8%) having a complete physical structure to provide assistance to people with a stoma in accordance with the basic infrastructure. Of these, 08 (15.1%) had an adapted bathroom. It was found that 15 (30.2%) services had material resources necessary for the patient's clinical care and 35 (71.7%) had a structure to register and dispense equipment.

In relation to human resources, all Saspas had nurses, in 34 (64.2%) they were trained to assist people with a stoma and in 15 (28.3%) they were stoma therapists, 20 (37.7%) did not have medical assistance and 33 (62.3%) had this professional, with 09 (17%) having a general practitioner and 21 (39.6%) having proctology and urology as their main specialties. A social worker was present in 35 (66%) Saspas, 24 (45.3%) had a multidisciplinary team complete with a social worker, nutritionist, psychologist and administrative assistant.

The organization of demand and care was carried out exclusively by the nurse in 34 (64.2%) Saspas. In 31 (58.5%) this professional registered and updated data on patients treated at the service and in 25 (47.2%) the administration of collection equipment and protection and safety aids.

In the evaluation of the assistance component, 27 (50.9%) Saspas did not provide guidance and training for primary care professionals or other Saspas and the nurse was mainly responsible for this activity wherever it took place. In 51 (96.2%), these activities did not include hospital units and health teams, in 38 (71.7%) the nurse was solely res-

possible for scheduling the periodicity for delivery of collection equipment and protective and safety aids for the patient.

Individual care was provided exclusively by the nurse in 15 (28.3%) of Saspo, in 34 (64.2%) it was this professional together with one or more members of the multidisciplinary team. Assistance to families occurred in 30 (56.6%) Saspo and was carried out exclusively by nurses. Group care was not provided in 40 (75.5%) Saspo.

The main activities of 47 (88.7%) were user registration, consultations, dispensing

of equipment and adjuvants and individual or group guidance. In 19 (35.8%) units, in addition to these, professional training was also carried out as one of the main activities.

The degree of compliance of 15 (28.3%) Saspo was satisfactory or full implementation (Table 1).

The association between the degree of conformity and physical and material resources (Table 2) showed that, in relation to the physical structure, as the degree of conformity increases there is a more complete structure ( $p=0.001$ ). The same applies to

the supply of basic material equipment for clinical offices, as the presence of materials is more complete, the degree of compliance increases ( $p=0.03$ ).

In relation to human resources (Table 3), the satisfactory/full degree of compliance had a higher proportion of proctologists or urologists. The non-compliant Saspo did not have a doctor ( $p=0.010$ ) and had no other professionals, while those classified as satisfactory/full compliance had all other professionals listed ( $p<0.001$ ).

The services with a higher degree of com-

**Table 1 - Level of compliance of Saspo in the state of Minas Gerais, 2021.**

Level of compliance	n (%)
Non-Compliant (<40)	11 (20,8)
Incipient compliance (40 -59.9)	27 (50,9)
Satisfactory compliance (60 -79.9)	14 (26,4)
Full compliance (80-100)	01 (01,9)

Source: Own elaboration

**Table 2 – Relationship of the Degree of Conformity with Physical and Material Resources**

Variables	Level of compliance						p Value
	Non-Compliant		Incipient compliance		Satisfactory/full compliance		
	N	%	N	%	N	%	
<b>Estrutura física</b>							
* Significant Chi Square test at 5%.	3	27,3	2	7,4	1	6,7	0,0001
Incomplete: absence of 03 environments	3	27,3	4	14,8	1	6,7	
Incomplete: absence of 02 environments	2	18,2	8	29,6	2	13,3	
Incomplete: absence of only 1 room	3	27,3	10	37,0	3	20,0	
Complete: presents all environments WITHOUT adapted bathroom	0	0,0	3	11,1	0	0,0	
Complete: presents all environments including adapted bathroom	0	0,0	0	0,0	8	53,3	
<b>Basic material equipment - Clinical offices</b>							
Incomplete: presents more than 04 pieces of equipment	3	9,1	1	3,7	0	0,0	

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Incomplete: absence of 04 pieces of equipment	0	0,0	1	3,7	0	0,0	
Incomplete: absence of 03 pieces of equipment	4	36,4	2	7,4	1	6,7	
Incomplete: absence of 02 pieces of equipment	3	27,3	8	29,6	0	0,0	
Incomplete: absence of 01 piece of equipment	2	18,2	9	33,3	5	33,3	
Complete: presents all equipment	1	9,1	6	22,2	9	60,0	
<b>Basic material equipment - Registration/ registration/dispensing room</b>							
Incomplete: absence of 04 pieces of equipment	1	9,1	1	37,7	0	0,0	0,425
Incomplete: absence of 02 pieces of equipment	1	9,1	4	14,8	0	0,0	
Incomplete: absence of 01 pieces of equipment	2	18,2	5	18,5	1	6,7	
Complete: presents all equipment	7	63,6	17	63,0	14	93,3	

\* Significant Chi Square test at 5%.

Source: Own elaboration

pliance (Table 4) had a higher proportion of administrative assistants or other professionals and the non-compliant services and those with incipient compliance had the nurse as the sole person responsible for organizing demand and care ( $p=0.017$ ). In relation to the registration and updating of data on patients treated in the service, nurses with a greater presence in non-compliant and incipient compliance, and service professionals and administrative assistants or social

workers with a greater presence in services with a satisfactory/full degree of compliance ( $p=0.006$ ).

For the guidance and training of primary care professionals or other Saspo (Table 5), non-compliant services and those with incipient compliance had a higher proportion of non-compliance in the unit. In services with satisfactory/full compliance, only nurses and other professionals performed this activity ( $p=0.012$ ).

Services with satisfactory/full compliance had a higher proportion of individual care provided by the complete multidisciplinary team ( $p<0.001$ ). For family care, in all degrees of compliance, the largest proportion of these services was provided by nurses ( $p=0.050$ ). In relation to the main activity carried out in the unit, the majority of services classified as non-compliant or incipient carried out activities such as user registration, consultations, dispensing of devices and adjuvant products,

**Table 3 – Relationship between Saspo's Compliance Degree and human resources. MG (2021)**

Variable	Level of compliance						p Value
	Non-Compliant		Incipient compliance		Satisfactory/full compliance		
	N	%	N	%	N	%	
<b>Physician</b>							
Does not have this professional	9	81,8	10	37,0	1	6,7	0,010*
Doctor of another specialty defined in Ordinance 400	0	0,0	2	7,4	0	0,0	
Gastroenterologist or head and neck surgeon or pediatric surgeon	0	0,0	1	3,7	0	0,0	
General practitioner	1	9,1	5	18,5	3	20,0	
Proctologist or urologist	1	9,1	9	33,3	11	73,3	
<b>Nursing team</b>							
Nurse with or without Assistant or Nursing Technician	2	18,2	2	7,4	0	0,0	0,194
Qualified Nurse	6	54,5	7	25,9	3	20,0	

Qualified nurse and nursing assistant or technician	1	9,1	12	44,4	5	33,3	
Specialist Nurse	1	9,1	3	11,1	3	20,0	
Specialist Nurse and Assistant or Nursing Technician	1	9,1	3	11,1	4	26,7	
<b>Other professionals (Social worker, Psychologist, nutritionist, Administrative assistant)</b>							
Does not have these professionals	9	81,8	4	14,8	0	0,0	<0,001*
Nutritionist or Psychologist or Administrative Agent (01 or more), without Social Assistant	0	0,0	5	18,5	0	0,0	
Social Worker	1	9,1	0	0,0	0	0,0	
Social worker and 01 professional	1	9,1	3	11,1	0	0,0	
Social Worker and 2 other professionals	0	0,0	3	11,1	3	20,0	
Social Worker, Nutritionist, Psychologist and Administrative Assistant.	0	0,0	12	44,4	12	80,0	

\* Significant Chi Square test at 5%.

Source: Own elaboration

**Table 4 – Relationship of Degree of Compliance with Management of SASPO, MG (2021)**

Variable	Level of compliance						p Value
	Non-Compliant		Incipient compliance		Satisfactory/full compliance		
	N	%	N	%	N	%	
<b>Organization of demand and service</b>							
Nurse	11	100,0	18	66,7	5	33,3	0,017*
Service professionals, including Nurses and Administrative	0	0,0	3	11,1	3	20,0	
Other professional except Nurse or Administrative	0	0,0	2	7,4	0	0,0	
Administrative Assistant and other professional	0	0,0	3	11,1	7	46,7	
Administrative assistant	0	0,0	1	3,7	0	0,0	
<b>Registration and updating of data on patients treated at the service</b>							
Nurse	11	100,0	16	59,3	4	26,7	0,006*
Service professionals (03 or more)	0	0,0	2	7,4	5	33,3	
Administrative Assistant or Social Worker and other professional	0	0,0	5	18,5	5	33,3	
Administrative Assistant or Social Worker	0	0,0	4	14,8	1	6,7	
<b>Administration of collecting equipment and protection and safety aids</b>							
Not carried out in the unit	0	0,0	1	3,7	0	0,0	0,058



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Service professionals (03 or more)	1	9,1	6	22,2	9	60,0	
<b>Nurse</b>							
Admin Assistant and other professional, except Nurse	1	9,1	1	37,7	0	0,0	0,425
Nurse and other professional except Admin Assistant.	0	0,0	0	0,0	1	6,7	
Nurse and Admin Assistant.	8	72,7	13	48,1	4	26,7	
Enfermeiro e outro prof. exceto Assist. Administrativo	2	18,2	9	33,3	3	20,0	
Enfermeiro e Assist. Administrativo	0	0,0	3	11,1	7	46,7	

\* Significant Chi Square test at 5%.

Source: Own elaboration

**Table 5 - Relationship of Degree of Compliance with Assistance provided in SASPO, MG (2021)**

Variable	Level of compliance						p Value
	Non-Compliant		Incipient compliance		Satisfactory/full compliance		
	N	%	N	%	N	%	
<b>Guidance and training of Primary Care or other SASPO professionals</b>							
Not carried out in the unit	8	72,7	14	51,9	5	33,3	0,012*
Only the Nurse	3	27,3	13	48,1	6	40,0	
Nurse and other professionals	0	0,0	0	0,0	4	26,7	
<b>Training in hospital units and healthcare teams</b>							
Not carried out in the unit	11	100,0	26	96,3	14	93,3	0,474
Only the Nurse	0	0,0	0	0,0	1	6,7	
Nurse and other professionals	0	0,0	1	3,7	0	0,0	
<b>Scheduled frequency for delivery of collection equipment and patient protection and safety aids</b>							
Doctor, Psychologist or Nutritionist	0	0,0	1	3,7	0	0,0	0,608
Administrative Assistant only	0	0,0	3	11,1	0	0,0	
Only the Nurse	9	81,8	17	63,0	12	80,0	
Nurse with the participation of other professionals	2	18,2	6	22,2	3	20,0	
<b>Individual service</b>							
Not carried out in the unit	2	18,2	2	7,4	0	0,0	<0,001*
Nurse	8	72,7	7	25,9	0	0,0	
Nurse + 01 professional	1	9,1	5	18,5	0	0,0	
Nurse + 02 professionals	0	0,0	3	11,1	1	6,7	
Nurse + 03 professionals	0	0,0	5	18,5	3	20,0	

Nurse/ Doctor/ Social Worker/	0	0,0	5	18,5	11	73,3	
<b>Group service</b>							
Not carried out in the unit	11	100,0	22	81,5	7	46,7	0,339
Nurse	0	0,0	1	3,7	1	6,7	
Nurse + 01 professional	0	0,0	1	3,7	2	13,3	
Nurse + 02 professionals	0	0,0	1	3,7	1	6,7	
Nurse + 03 professionals	0	0,0	1	3,7	2	13,3	
Nurse/ Doctor/ Social Worker/ Psychologist/ Nutritionist	0	0,0	1	3,7	2	13,3	
<b>Family service</b>							
Not carried out in the unit	1	9,1	1	3,7	0	0,0	0,050*
Nurse	10	90,9	15	55,6	5	33,3	
Nurse + 01 professional	0	0,0	5	18,5	1	6,7	
Nurse + 02 professionals	0	0,0	1	3,7	4	26,7	
Nurse + 03 professionals	0	0,0	2	7,4	2	13,3	
Nurse/ Doctor/ Social Worker/ Psychologist/ Nutritionist	0	0,0	3	11,1	3	20,0	
<b>Principal atividade realizada na Unidade</b>							
User registration / Dispensing of equipment and adjuvants	0	0,0	1	3,7	0	0,0	0,008*
User registration / Individual or group guidance / Dispensing of equipment	2	18,2	0	0,0	0	0,0	
User registration / Consultations / Dispensing of equipment and adjuvants	2	18,2	1	3,7	0	0,0	
User registration / Consultations / Dispensing of equipment and adjuvants / Individual or group guidance	6	54,5	17	63,0	5	33,3	
User registration / Consultations / Dispensing of equipment and adjuvants / Individual or group guidance / Professional training.	1	9,1	8	29,6	10	66,7	

\* Significant Chi Square test at 5%.



individual or group guidance, however, there was no professional training, while services classified as satisfactory/full compliance have the highest proportion of all these activities ( $p=0.008$ ).

## DISCUSSION

The analysis of the results made it possible to identify the structural and process compliance of Saspo de Minas Gerais in relation to the Health Care Guidelines for People with Ostomies. It is observed that there is a greater offer of services, however, with limitations to their adequacy as proposed by the guidelines.

Regarding structural aspects, most services do not have basic infrastructure to provide patient care, in accordance with the requirements of Ordinance no. 400 and Resolution no. 1249. The results show that the services are more structurally prepared for the registration and dispensing of collection equipment than for clinical patient care. Given the health specificities of people with a stoma, services need to provide adequate physical structure and resources to assist this patient, in addition to ensuring the education and training of their professionals.<sup>10</sup>

It is noteworthy that the right to these collection equipment and auxiliary care products was granted by ordinances no. 116/1993 and n. 146/1993, through the Health Care Program for Persons with Disabilities of the Ministry of Health, is considered a major advance for people with a stoma. However, the guidelines also recommend the need to promote care from the perspective of comprehensive care, with health practices linked to government policies, thus enabling quality care for this patient.<sup>3</sup>

Due to this patient's need to adapt to his new condition, the importance of planning systematized actions aimed at rehabilitation is highlighted. These actions must be based on specialized and multidisciplinary care, focused on

self-care and prevention of complications, represented by universality, completeness and equity, according to SUS guidelines.<sup>10</sup>

Ordinance no. 400/2009 provides for medical care in Saspo, with this professional being one of those responsible for providing specialized assistance to people with a stoma. Your care should involve actions aimed at education and self-care, assessment of the individual's and family's biopsychosocial needs, as well as assessment of the stoma and care of the peristomal skin. However, the study shows that there are not doctors in all units, which compromises the clinical care of these patients.<sup>2</sup>

It is important to highlight the importance of family education in the patient care process, with the family considered a support network that contributes to coping with the situation experienced, care at home and provision of emotional support. Thus, the multidisciplinary team plays a fundamental role in this process, as they have specific knowledge of each professional's area of activity.<sup>11</sup>

Furthermore, it is essential that the professionals in this multidisciplinary team guide and educate the patient and family regarding stoma care to promote rehabilitation and home care. However, it is observed that the majority of SASPOs (54.7%) also do not have a multidisciplinary team, with the nurse being primarily responsible for patient care, reinforcing the character of SASPOs as distribution hubs for ostomy devices.<sup>12</sup>

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Caring for people with a stoma requires professional competence, as well

as training and skills to provide this care. The stomotherapist stands out as a reference in the care of this patient, working both in preventive, therapeutic and rehabilitation aspects as well as in research and teaching activities.<sup>14</sup>

Among the requirements, Ordinance no. 400, of November 16, 2009, defines the obligation, in addition to registering this patient, to promote actions in primary care, the referral and counter-referral mechanism, and the ongoing education of professionals in primary, medium and high complexity care.<sup>2</sup>

Training professionals is essential in the process of caring for people with a stoma, and services are responsible for developing actions aimed at educating these professionals. However, the results highlighted weaknesses in this type of action.

Regarding the degree of compliance, only one of the services was classified as full compliance, with the majority (50.9%) being classified as incipient. Therefore, it is clear that the services, although active, do not comply with the requirements of the guidelines, especially with regard to assistance and education for people with a stoma and their families, and training of other professionals.

Structure and process assessment is a valuable tool for managing health services, contributing to increased performance and impact on actions. Its suitability in Saspo is associated with improving the quality of care for people with a stoma.

In this study, it was possible to evaluate the structure and process of Saspo in the state of Minas Gerais, which allowed identifying the need for adaptation and improvement of services. It recommends this type of assessment to estimate the overall quality of health services. For the author, the performance of health services is related to the general context and not just to the individual competence of the team, which presents difficulties in adapting to changes due to the structure of the

service and the work process.<sup>6,7</sup>

The health measure of social distancing resulting from the COVID-19 pandemic had implications for the conduct of research, and online interviews were considered as an alternative for its continuity. This practice generates limitations in the results mainly related to the interviewees' communication, understanding and access to the internet. However, despite the challenges, it is understood that this strategy made it possible to carry out this study, given the current context and the difficulty in understanding and reflecting on the state's Saspo.<sup>15</sup>

Although the study allows us to understand how assistance is provided to people with stoma in the state, it is worth mentioning that the context of data collection is a limiting factor since the re-

searchers did not have direct contact with Saspo. However, it is an important indicator that signals how assistance occurs since the results were not biased towards presenting satisfactory results.

## CONCLUSION

The results allowed us to evaluate that although Saspos are active, the majority have weaknesses in service management, clinical assistance and, mainly, educational assistance. It was found that the majority of Saspo do not have an adequate physical structure, in addition to not having a complete team, referral and counter-referral flows and mechanisms, and not carrying out educational activities.

Although the state has moved towards

greater provision of services, it was found that the assistance model is maintained, focused on dispensing collection equipment and adjuvant products. Thus, the assessment generated useful information that can contribute to the organization of regional Saspo, which do not comply with the guidelines.

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