

Reception and family health strategy: Experience report

Acolhimento e estratégia de saúde da família: Relato de experiência

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ABSTRACT

Objective: To report the experiences of academic course of medicine on the reception in primary health care. **Methods:** This is an account of the experience lived shares in Unit Basic Health (UBS) of Parque dos Coqueiros, Natal/RN, from the intervention of practice to perfect the reception users. A previous analysis of the reception conditions was held at UBS and professional skills through interactive lectures and recreational activities was held. A flow chart has been prepared identifying the routes to be followed by the users according to their searches, to be used during the reception. **Results:** During the technical visit found a needy scenario reception and professionals to understand. An average of 10 employees participated in the intervention and prepared questions, doubts remedied, questioned on the importance and implications of the act of receiving. The flowchart was well accepted by UBS and was set in its physical structure in banner format. **Conclusion:** The activities were well accepted by professionals who reported satisfaction and learning. The reception has to be implemented on this unit.

Keywords: User Embrace; Primary Health Care; Health Services.

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Submitted on: 05/02/2016.

Approved on: 01/06/2017.

RESUMO

Objetivo: Relatar as experiências vivenciadas por acadêmicas do curso de medicina sobre o acolhimento na atenção primária à saúde. **Métodos:** Trata-se de um relato de experiência de ações vivenciadas na Unidade Básica de Saúde (UBS) de Parque dos Coqueiros, Natal/RN, a partir da prática de intervenção que aperfeiçoasse o acolhimento aos usuários. Foi realizada uma análise prévia das condições do acolhimento na UBS e capacitações de profissionais por meio de palestras interativas e atividades lúdicas. Foi elaborado um fluxograma identificando as rotas que devem ser seguidas pelos usuários de acordo com suas buscas, a ser utilizado durante o acolhimento. **Resultados:** Durante a visita técnica, foi encontrado um cenário carente de acolhimento e de profissionais que compreendessem esse processo. Uma média de 10 funcionários participou das intervenções. Os profissionais elaboraram questionamentos, sanaram dúvidas, questionaram sobre a importância e repercussões do ato de acolher. O fluxograma foi bem aceito pela UBS e foi fixado em sua estrutura física em formato de banner. **Conclusão:** As atividades foram bem aceitas pelos profissionais, que relataram satisfação e aprendizado. O acolhimento passou a ser implantado nesta unidade.

Palavras-chave: Acolhimento; Atenção Primária à Saúde; Serviços de Saúde.

INTRODUCTION

In 2003, there was great concern with spontaneous participant of basic health units Demand (UBS) in Brazil. Patients wait in rooms that can be uncomfortable, limited information and little motivating. Thus, the Ministry of Health (MOH) established the National Policy of Humanization and SUS management (HumanizaSUS), enabling systematization of the premise of "SUS that works." From this, it was considered one of the objectives of the follow-up of the SUS principles and initiated the search for Welcome to pluralize the health care.

The base of the host provides a major link between the patient and the health center that hosts. The contact care at the right time leads to the understanding of respect for differences and individual find in your basic health unit a care safe haven, affection and respect.

How very definition, the "host" is the practice that takes place by the interaction of health professionals to the people involved in providing health service. The receipt of the people and the care of them as well as the act of listening to the user also form characteristics of the performance of the host. This is part of BANP (National Program for Primary Care), where the host has a particular importance generating feature of resoluteness and decrease the demands in the days inapropriados.¹ Moreover, the concern with what you understand about your care ends up generating more visibility and more policing health professionals with what will be the humane care and health care host.²

Primary care is based on several principles that guide the user service and one of the primary is the host. Therefore, the health service needs to be structured so that the user is heard and answered as best as possible and that the Basic Health Units are accepted scenarios and respect for citizen.³

There is no primary care without the effectiveness of the host and also accountability is one of its roles, along with the resoluteness of all its customer services.⁴ A good hosting service improves people's access to health services, perfect the work of professionals and makes the most effective primary care, improving the health of individuals and consequently their quality of life.

Therefore, the aim of this study is to report the experiences lived by students of the medical school in Internship in Public Health in a Basic Health Unit (BHU), the proposal for an enhancement of the host users.

METHODS

STUDY DESIGN

This is a descriptive study of experience report, which consists of an organizational intervention, focused on the health team and was held in February 2016, in Coqueiros Park UBS in the city of Natal, Rio Grande do Norte. The results presented here are the result of an academic activity, thus eliminating up examination by an ethics committee in research.

UBS CHARACTERIZATION AND CONTEXTUALIZATION

The Health Unit Coqueiros Park is located in the neighborhood of Our Lady of the Presentation of Natal/RN. The same has four teams ESF strategy to meet the enrolled population. Individuals have access to banks, public and private schools, churches, grocery stores and a hospital. The most prevalent diseases in individuals are chronic diseases (hypertension and diabetes mellitus).

The unit features a newly remodeled structure, according to the national standards, and consists of reception/waiting room, doctor's offices and nursing, dental office, administration and management room, group activities room, location for files and records, procedure room, vaccines room and place of dispensing/storage of medicines.

In fact this Basic Health Unit (BHU) are frequent complaints of users and the professionals themselves about the reception offered: confusion in appointments and exams, among the treatment rooms, the chip distribution methodology, providing information incorrect, poorly trained professionals to receive function, disorganization and lack of courtesy to users.

PROCEDURES AND DATA COLLECTION

Before the intervention were carried out presentational assessments in UBS on the form as was the host with the users for further improvement of the team. To improve the reception, we sought to train professionals through interactive lectures and recreational activities and was prepared a flow chart identifying the routes to be followed by the users according to their searches, targeting both professionals, as the population.

From the observation data that were provided by staff from UBS, the services that are offered in the unit and situational diagnosis, the priority of choice was assessed as the importance (assigning value of "high, medium or low"), urgency and coping ability of the problem. It was noticed that patients are well monitored clinically and there is a good supply of health promotion services, but one of the biggest problems encountered, and reporting professionals and users, is the reception given to the unit. Based on this, it designed a plan of care improvements, which was presented to the teams. At the time, we conducted a training of teams, with play activities and exchange experiences.

Concomitantly, a flow chart was built to guide professionals and users according to their searches: appointments, regulation, marking tests, which look for some specific professional days of prenatal visits, days of growth and development (C and D), care for hypertension and diabetes, family planning, Pap smears, in other procedures and services offered. The teams will have access to this flowchart when they want. It is noteworthy that the flow chart was based on the guidelines of primary care the Ministry of Health to give importance to the real demand of the FHT.

RESULTS

Primary, the receptivity of all who make up the UBS Coqueiros Park was something remarkable. Thus, the proposed interventions were strongly held and the necessary resources were provided by the site. The main result was formed by the broad participation and acceptance of the

proposed activities. In total, 10 employees participated in the activity and showed interest in the topic "host".

However, many professionals do not know the concept of host and its real functions. Some were surprised to learn that the service host is mandatory and can not be exempted from any UBS in Brazil.

One training with the professionals responsible for the reception at the Coconut Park UBS was held through guidance, group discussion and dynamics that are active education methodologies for any group. It was presented the concept of care, its importance and the skills needed to be made a suitable host. The dynamics used sought to draw attention to the fact that we should always treat others as we would like we were treated.

Thus, one of the final products of this work was the development of a flow chart to support the reception by the staff and users, promoting the "knowledge" in health and providing easier access to the services offered in the unit (see Figure 1).

DISCUSSION

In the case of an experience report, there are obvious limitations on the application of the results found here. For application of these results it is important to understand the reality of each UBS and it has a reality and context close to the case presented here. In this sense, we justify a more detailed presentation of environmental description and context above methodology.

To have contact with the flowchart, the UBS team studied wondered how a relatively simple action can make such a difference in the routine environment. Only the decrease in demand constantly repressed in UBS was enough to make everyone accept and understand all these changes that an effective host proposes. Professionals praised the training and said it was possible to rethink how the reception was being held, moreover, some said it was possible to change certain attitudes to the adversities that arise in primary care.

After the implementation of this method for the host population could ask questions, mark the best times, consult more professionals in one day, reduce waiting times, improve access, schedule the search for medication, make appointments with professional experts, participate in the UBS campaigns, among other improvements. All this from the qualification of most of the staff towards the construction of link next to the user, qualified listening and referral or effective scheduling. It is extremely important to understand the user as an active collaborator in the reorganization of the services of care processes in PHC and the availability of the banner at UBS so that they understand part of the reception process was valid.

There is the National Humanization Policy of the Unified Health System without the host. After all, the humanization that should be found in the ESF is guided in the act of receiving, to direct, to designate the reduction of human suffering. The user reception is given by the host and, from it, the user will be directed to your basic need or integrated. The responsibility lies with the professionals working in primary health care, which should promote the proper listening in these environments and the correct direction depending on the cases in question, promoting problem solving or when referencing the complexity of care is not adequate to moment.⁵

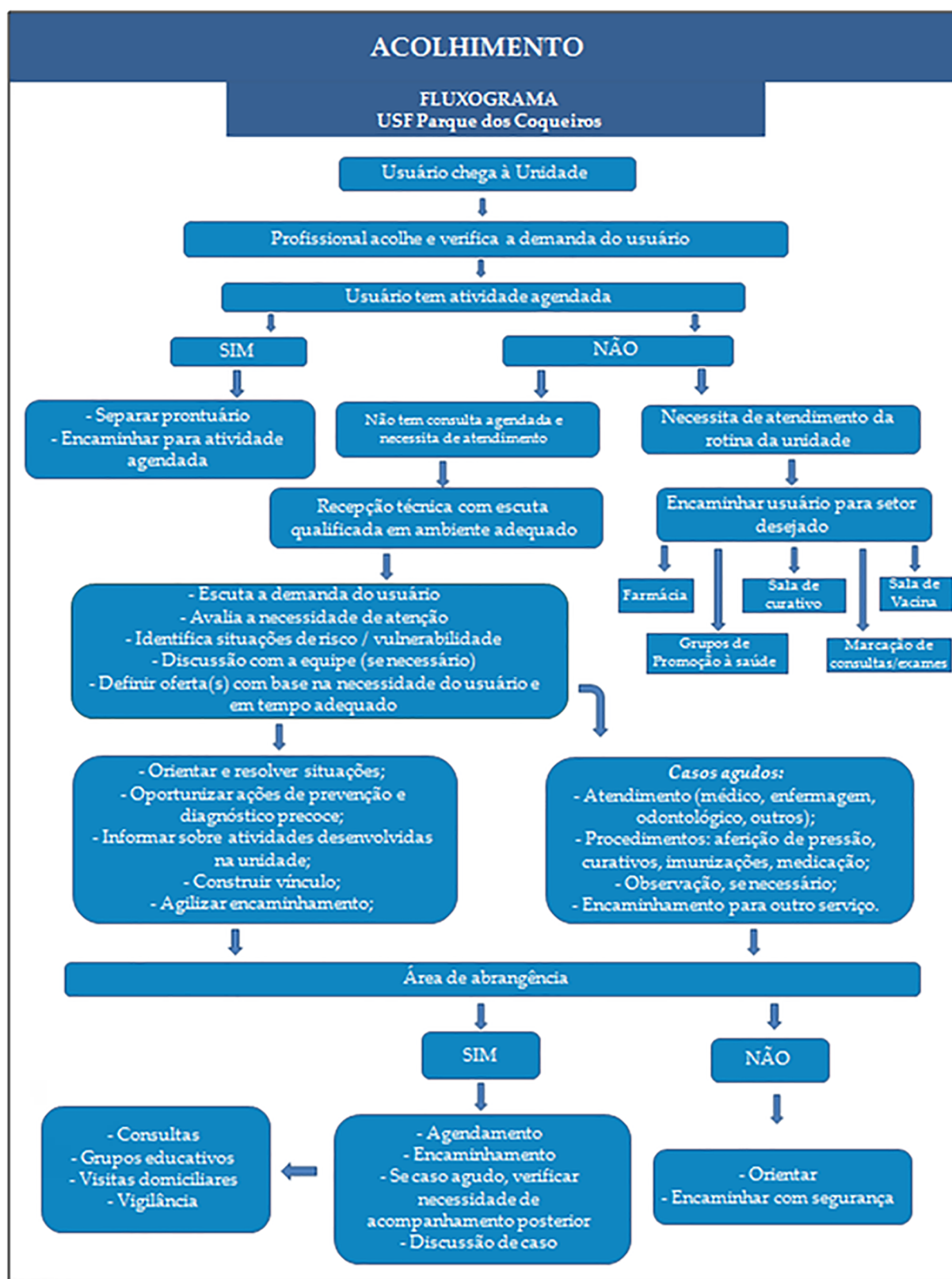


Figura 1. Fluxograma acolhimento.

Sometimes the demand for public health services in primary care is great, making it difficult to service all users on that single day. It is for the professional active in this sector mark the schedule for the sessions in order to get a perfect direction to demandas.^{6,7} In terms of improving organizational processes that enhance the user access to services, action planning for an appropriate host bring positive results that are noticed in day-to-day work and the community.

When necessary, the user can be directed to another location reference through the professionals working in the FHS. This is also an important function of acting on the host. With this understanding very clear, professionals could understand that the poor service will not always be contemplated in UBS and in this case an efficient direction it is necessary to another center that manages its resolutivity.⁸ For this, the creation of links and identifying responsible with other health care network services as well as the media to access them, is of utmost importance.

As we have shown, the host enters the reality of Brazilians as a policy that is capable of developing emotions, strengthening the ties between the user and the health team to assist it.

The good relationship between these two spheres fosters resoluteness that SUS advocates and makes pleasant health care. The wait for service is something that is not provided for in action policies of primary health care and the host is able to reduce these delays or even cease them.⁹ The user brings your needs, and immediately upon entering the UBS, their problems begin to be solved more dynamic way.¹⁰

One of the biggest host of problems is the perception of health professionals than it really should be done. While some believe that the host is key to the passage of a health care, others understand how a simple screening or even "act of kindness", running sometimes, separating the employee from the center of system.¹¹ So a conversation wheel with professionals to understand their perceptions and correcting misperceptions had exquisite results in the qualification, but difficult to direct measurement of these gains.

Other experiments show that the professionals working in PHC in Brazil, the nursing technician is what works harder in this area host. In UBS scattered throughout the country, the nursing technician is the professional part listed to perform the host and promote the initial contact of users with public health service.^{12,13} This reality can and should be modified, stimulating other professionals to perform the host.¹⁴

Ideally you have a specific venue for the reception, and this can happen in any room that is unoccupied or place reserved for this purpose. Unfortunately, the physical structure of many basic units is improvised in unsuitable homes to receive a health service and this limits the availability of rooms for this purpose. Planning to shift the distribution of professionals in the drive space can minimize this problem.

Based upon the theme of welcoming the user, this practice modifies the settings of primary health care and enables the creation of positive links between these.¹³ For the host is even effected in UBS, it is necessary to place the qualification of health professionals through higher centers and well-educated professionals to facilitate the understanding of all who are part of APS in that neighborhood. If a professional does not understand the role of host, he can never run

it the right way and the goal of this achievement will not be reached.¹⁵ Becoming the most positive scenario, with a qualified welcome and care, improving access and resoluteness itself they are consequences. The look of professionals should be fundamental to the ESF work within and conform to what is provided at the expense of management.¹⁶

One of the biggest challenges to the realization of a good host is to work within the compliance with the exacerbation of daily demand of UBS. Perhaps this is one of the biggest barriers of own shares that health axis: balance supply and demand. Moreover, the professionals themselves claim that they also need a good host in the workplace, with training, financial incentives, adequate space, good furniture, autonomy at work, respectful users, among others.¹³

Before our results, we see the need to qualify workers to receive, meet, listen, talk, make a decision, support, guide and/or direct users in an attempt to build comprehensive care, important in the management and evaluation of health services.¹⁷ Besides, when well executed, the host can balance the distribution of services between the staff, doctors, nurses, dentists and other professionals who can compose it, as well as optimize the planning of continued care by addressing two major challenges APS, improve access and resolution, with a humanized look approaching professionals, users and management.

CONCLUSION

It follows, therefore, that the host has a strong impact on primary care and is one of its pillars. The intervention carried out was a first step in improving the reception in Coqueiros Park UBS, having positive impact on the quality of receiving consequently to the team work process and approach between professionals and users. The qualified listening, effective routing, considering the skills of each member of the ESF, along with attitudes to the constant improvement of the act of welcome, favor the path of APS in the direction of solving. This enables better functioning of other health care levels and hence reduces demand problems repressed and near the UBS community. But these team improvement actions must be part of the continuing process of education professionals.

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