RESUMO

Objetivo: informar sobre as novas tendências de inovação na gestão da Estratégia Saúde da Família. Métodos: relato de experiência acerca da busca de estratégias que atendam aos desafios da enfermagem no contexto da atenção básica. Resultado: o gestor da atenção básica é desafiado a suprir os anseios da comunidade com os recursos disponíveis e, para isso, faz-se necessário que disponha de conhecimentos, habilidades e atitudes ao realizar parcerias, negociar propostas e trabalhar com a equipe e comunidade. Assim, uma articulação efetiva entre gestor municipal, enfermeira - gerente do território da ESF - e demais profissionais, e o estabelecimento de vínculo entre equipe e comunidade, proporcionam ao cliente credibilidade e confiança nos profissionais de saúde, além de uma assistência de qualidade. Conclusão: demonstra-se a importância do apoio da gestão municipal de saúde, ao oferecer incentivo e estrutura necessária à operacionalização de estratégias, para que alternativas inovadoras ocorram de forma concreta e eficiente. Descriptores: Gestão em Saúde; Saúde da Família; Enfermagem.

ARTICLE

IN THE MANAGEMENT OF THE FAMILY HEALTH STRATEGY

EXPERIÊNCIA DE INOVAÇÃO DA GESTÃO NA ESTRATÉGIA SAÚDE DA FAMÍLIA

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ABSTRACT

Objective: to report on new trends of innovation in the management of the Family Health Strategy. Method: this was an experience report about the search for strategies to meet the challenges of nursing in the context of primary health care. Result: managers in primary health care are challenged to meet the expectations of the community with the resources available, which requires knowledge, skills, and attitudes favoring partnerships, negotiating proposals, and working with teams and communities. Thus, an effective articulation between the municipal manager, the nurse, the ESF territory manager, other professionals, and the establishment of ties between the team and community provides credibility and confidence in health professionals to the customer in addition to quality assistance. Conclusion: the study demonstrates the importance of the support from the municipal health management offering encouragement and the necessary structure for operationalization of strategies and the possibilities for innovative alternatives to occur concretely and efficiently. Descriptors: Management in Health; Family Health; Nursing.

RESUMEN

Objetivo: relatar sobre las nuevas tendencias de innovación de gestión en la Estrategia de Salud Familiar. Método: estudio de caso sobre la búsqueda de estrategias que atiendan los desafíos de la enfermería en el contexto de la atención básica. Resultado: el gestor de atención primaria debe suministrar la asistencia de calidad. Conclusión: la importancia del apoyo de la gestión municipal de salud, para que alternativas inovadoras ocurran de forma concreta y eficiente. Descriptores: Gestión en Salud; Familia; Enfermería.
INTRODUCTION

Within the Unified Health System (SUS), the Family Health Strategy (ESF) is considered as the primary method of reorientation of the assistential model and qualification of the Primary Health Care. It is considered as a structuring strategy of the municipal systems, inserted in a context of political and institutional decision, its guidelines point to a new dynamic in the organizational structure of health actions and services by enabling an enhanced rationality in the use of assistance at greater complexity levels and in appreciation of aspects that influence the health of people in the environment outside the hospital.

The management of health services, specifically those in the primary health care, should be taken as an instrument that enables the sharing of power within units and health teams. If strategies develop innovatively, they can constitute an important tool in the implementation of policies. It should be noted that the professional manager who often uses mild-technologies - in the relationships and considers health professionals and customers as potential actors in the production of health actions and understands them as co-responsible in the health work, opposes to normative, traditional over-bureaucratized managerial rationales.¹

The inclusion of a working manager is increasingly urgent in the organizational practice of the ESF team in the territory because of the process of organization in this service that requires new quality and assistive mode standards. Thus, due to training-related features, such as leadership and organization skills, the nurse has preferably taken the role of ESF territory management to identify possible solutions of existing problems.² Therefore, the objective of this study is to:

- To report on new trends of management innovation in the Family Health Strategy (ESF).

METHOD

This study is a report about the experience of a nurse on the search for articulated actions that meet the challenges of the profession in the context of primary health care. The report was developed by the authors during the activities of the discipline Management and Health Policies at the Master's degree Graduate Program in Nursing at the Federal University of Piauí/PPENF/UFPI, in 2012.

The execution of the study consisted of an initial discussion about matters relating to the management in Primary Health Care, the implementation of the ESF, and the manager's functions in providing service to the population, patient, and families. Subsequently, Management Innovation in Primary Health Care and the importance of introducing changes that result in a concrete and measurable improvement of health care were approached. Finally, the experience of one of the authors was reported, who acts as the nurse on the ESF team in the municipality of Beneditinos, Piauí, where an innovative model of assistance to the clientele of Hypertensive and Diabetic patients was developed (Hiperdia).

The municipality of Beneditinos is located in the great Teresina, at 90 kilometers from the capital of the State of Piauí, with a population of 9,911 inhabitants; it has four active ESF teams and a Family Health Support Center (NASF). These public health establishments rely on a small hospital and six UBS - one in the urban area and the others in the rural area.³⁴

It is important to highlight the lack of need for the submission of this study to the Research Ethics Committee because the study is an account of an experience proposed to contribute to nursing from the experience of innovation in health management allied to a deepening approach in the literature theme.

REPORT DEVELOPMENT

- Primary health care management

The expansion and qualification of the primary health care based on the principles of comprehensiveness, improvement in quality and access, equity and social participation, and structured by ESF actions composes one of the political priorities in Brazil inserted in a context of decentralization and social control. It aims at overcoming the intervention models focused exclusively on the disease and develops managerial and sanitary practices, democratic and participatory, in the form of team work directed at specific populations, namely, the restructuring of the assistance model in the SUS. Within this managerial perspective, increased rationality in the use of other levels of assistance and production of positive results in major health indicators of the populations assisted by Family Health teams were searched.

The processes of political and administrative decentralization and municipalization of health, triggered by the SUS, raise the question of management technology as a major concern for the implementation of a tiered Health System,
team to transition into qualified assistance to the population.¹²

The ability to manage a health team and meet the users’ perspectives requires a balanced professional, who can overcome limitations presented in the service and whom in addition to providing assistance based on the SUS principles can handle the shortfall of personnel, materials, and resources and increase in users’ demands. Furthermore, the professional acting in the management of health services needs to be competent to work on interpersonal relationships within the organizations, minimizing existing conflicts.¹³

Thus, it is understood that in primary health care, the local manager - being municipal or from the Family Health team - must face the challenge of responding to community concerns using the resources available and to this end, it is necessary that this manager have knowledge, skills, and attitudes to optimize these resources by establishing partnerships, negotiating proposals, and working with the team and community.¹⁴

The qualification of professionals directed to the ability to critically intervene in the functioning of services aimed at the transformation of reality is essential for a humanized assistance based on the SUS principles. ¹⁵ Thus, it is believed that redirecting the managerial profile may be the best way to improve the scenery and functioning of public health services.

♦ Innovating management in the primary health care

In the current logistics based on the actual SUS, which has primary health care as the major gateway of health services, an exponential growth of comprehensiveness of primary care services has been encouraged, not only in poor areas but also for the entire healthcare coverage. However, sometimes this expansion has not been linked to improvements in the quality of services provided to the customer social demand, which complicates its representativeness for users.

A study conducted with focus users groups showed that the image that they have about health services relates to the service’s accessibility, reliability, and resolution; these users also reported the organization of primary health care services representing barriers to access, and demonstrated having the image of great limitation in human and material resources linked to the basic units.¹⁶

This reality influences the search for sectors of greater complexity that, for various
reasons, represent larger resolution spaces for the population causing indiscriminate increase in demand and overload in emergency services. Thus, the need to rethink the management of primary health care is highlighted toward the implementation of innovative practices that put the individual and the collective in the focus of its actions by offering them effective answers.

Managers have already understood that inconsistencies between services and the population’s health needs cannot be solved with the indiscriminate increase in primary health care services but with the introduction of new practices, new instruments, new ways to carry out health care, in more integrated, efficient, and equitable ways. Ensuring access to the service is not sufficient to ensure the right to health, it is necessary to orient the model of attention to the real demand of the population. Therefore, awareness of the needs in the population assigned to the team is needed for the practice of innovative management in the ESF, which will provide subsidies for planning and implementation of new proposals that meet the expectations of customers, and to understand the reasons that lead customers to seek other health levels to solve their primary health problems.

The nursing professional, as a member of a quite expressive professional group, both for her participation in most processes and the great number of people included, needs to follow the new trends in management to participate in the construction of alternatives that meet the challenges of improving the quality and equity of services rendered to the population and get answers increasingly fast and effective through the expansion of their knowledge and professional innovation. Therefore, the importance of professionals who focus on creative and innovative actions is emphasized in seeking to dilute the biases present in the operating systems and public policies, however, some issues such as restricting UBS opening hours, territorialization, and absence of a medical professional (common occurrence in some teams) are of great dimensions and shape the competencies of the ESF team manager, although, other aspects should be considered and placed on the agenda, which can be solved through commitment and professional sensitivity.

It is understood that structural and financial limitations that exist today in the area of health and the pressure for demanding services by users require managers to be constantly creative and try new solutions that produce benefits, so much so that innovation becomes a fundamental function and the primary care manager has authority to administer this process through planning to contain costs and time, minimize risks, and maximize the impact on the population’s health conditions.

The manager’s ability to direct her team to provide a molded assistance to meet the individual and the collective in its entirety represents a differential that contributes to his characterization as an innovative manager and for the recognition and approximation of the primary health care user, and by the identification of a warm and personalized service.

Education for the creative thinking is the first step to improving the level of innovation and represent a strategic management process tool and a differentiator for the nurse in the management of her team. Thus, considering that the innovation process is seized with professionally accumulated experiences, it is necessary that those that are significant in strengthening primary health care, to be shared between peers and managers so that these new possibilities are disseminated to other locations beyond those where they have been implemented.

♦ Innovation experience in a team from the Family Health Strategy in a municipality in Piauí

The activity was experienced by the ESF team from the urban area in the municipality of Beneditinos (PI). The team was composed by a doctor, a nurse, a dentist, a nursing assistant, and five Community Health Agents (ACSs); the team currently oversees 860 registered families, distributed in five micro areas, with a total of 274 hypertensive, 41 diabetic, and 12 hypertensive patients.

In 2007, the admission year for the co-author nurse and member of that team, the service flow in the Hiperdia group occurred in the UBS urban area, which is relatively distant from the household addresses of customers under the care of this team. Nursing consultations were held on specific days of the week on free demand, and medical consultations were held with prior scheduling or on demand when referred by the nurse. Basic pharmacy medicines were not made available on a regular basis in the UBS pharmaceutical sector and routine exams, recommended by the Ministry of Health, were not available in an orderly manner.

The context was unfavorable to patients’ regular attendance to the UBS, which was
restricted to a small portion who understood the importance of monitoring and treatment of diseases. The long waiting time for consultations was also an adverse factor, and there was no strategy to identify and provide awareness to individuals without treatment. Thus, many patients were excluded from assistance and the team had no real control of the community’s health situation. These problems were informally discussed with the municipal health manager and ESF coordinator in-office at the time; however, an effective solution has not been developed. In the following year, in June of 2008, the team made the first attempt to establish ties with the community, whose goal was to approximate and familiarize individuals who were the targeted for Hiperdia actions with the ESF professionals.

A survey among the ESF professionals showed that the familiarization between professionals and community positively influences health relations.21 This initiative consisted in the preparation of a country party, with a special invitation to the elderly population, which included many hypertensive and/or diabetic patients. A typical country dance was performed, which included the participation of the community and healthcare professionals. Snacks were provided and this strategy relied on the financial support of the main manager. Because of the significant participation of the community, this event was held in the following years and became a traditional annual ball in the city, with growing participation of health services users. The event not only created a bond but also has been strengthen over the years.

In January of 2009, a change in the municipality administration and health management brought significant modifications and improvements in the assistance to the community. After the adjustment period and health reorganization by the new managers, a new method for Hiperdia customer service was suggested by the Municipal Health Secretary in January 2010, which was discussed and adapted by the team and implemented in May of that year. The strategy aimed to evaluate and monitor the largest possible number of hypertensive and/or diabetic patients while transposing the barriers of distance, long waiting times, and lack of tests and medicines.

Prior to the beginning of activities, an informal agreement with the health manager was established to maintain the stock of medicines for hypertension and diabetes always filled and access to routine exams always available. A training section about the correct method of blood pressure and anthropometric measurements was provided to the nursing assistant in the team; these are practices that stretched to the ACS’s because of their involvement performing some of these steps, and therefore, they could advise patients about the importance of taking some correct blood pressure measurements.

Because users’ demand was growing and to monitor efficiency, individual consultations would no longer be carried out, however, a collective nursing assistance would measure blood pressure and capillary blood glucose levels. The population of hypertensive and diabetic patients was grouped by micro areas of residence, and each group met once a month.

To overcome the relative distance to the UBS, and taking into account that many of these patients are elders and have difficulties moving, it was determined that the service would be held at the Center of Coexistence for the Elderly, which houses a large covered patio space, located within the area assigned by the team, and next to most of the target patients’ households. Meetings are held on a monthly basis by the team, and the ACS from each micro area reminds patients about the dates of events.

The meeting occurs on the day shift based on the need for diabetic patients to fast before capillary blood glucose measurements. In the first meetings, we took milk, coffee, and fresh bread with the goal of providing comfort to the fasting patients and making the meeting attractive and enjoyable. Unfortunately, this strategy was discontinued due to cuts in management funds in 2011.

The medication prescriptions are typed in Microsoft Word 2007 and updated according to changes in requirements. All prescriptions are printed on the day before the meeting day; medications are separated per patient and wrapped in plastic bags along with the prescription.

A follow-up card containing personal and health data is provided to the customer at the first service. Each step performed during the meeting - arterial pressure gauging, capillary glycaemia, and anthropometric measurements - is registered on the card by the professional who performed the procedure. The Elder Health Card was adopted for these recordings for elderly patients providing more complete and specific notes.

Thus, on the scheduled date and time, the nurse and nursing assistant start simultaneous assistance to two patients proceeding to blood pressure and capillary blood glucose
measurements; capillary glycaemia is not usually measured in hypertensive customers because they perform a venous blood glucose test annually along with other routine tests. One ACS measures weight, waist, and height. Subsequently, two other ACS’s deliver the medications that were previously individualized and confer if they are correct. Two people are assigned to medication delivery, which are double checked, to minimize possible errors. It should be noted that the delivery of medicines occurs only if the blood pressure and capillary glycaemia values are within the normal standards. If any significant change is observed, the patient is forwarded immediately to a medical consultation in the UBS, with priority for care.

One of the UBS receptionists logs these records in the Hypertensive and Diabetic Monitoring Information System worksheets and fills in the registration of patients already diagnosed, however, still without effective files. All records are carried out under the direct supervision of a nurse, and a duplicate of these worksheets and registrations is filed in the proper place.

Ludic and educational activities are performed during the meetings, with themes and frequencies defined during the team monthly meeting. Other professionals - dentist, nutritionist, and physiotherapist - are also invited to participate in these activities. The duration of this strategy does not exceed fifteen minutes and is performed to avoid boredom and impatience in customers waiting for the service.

At the end of the meeting, nursing consultations are provided to patients who presented discrete changes and those who want a more private service; this moment is used to address issues concerning frequency of tests. In addition to medical and nursing consultations, the customer receives support assistance with nutritional, dental, and physiotherapy evaluation and monitoring.

Since its implementation, this innovation strategy has undergone several adjustments as operational conflicts arose until reaching the current routine. However, the current assistance is still not ideal and shows gaps in the service for the Hiperdia group that will be addressed and corrected.

The fact that the assistance is held outside the UBS with a great demand of patients hinders the registration of medical records and sometimes obstructs the communication with other professionals about adopted conducts, in addition to reference and counter-reference control among team members. However, the assistance is not completely fragmented because the accompanying card enables the recording of relevant information. The team aims to organize and separate the medical records that need to be taken to the meetings to overcome this problem.

The control over the execution and evaluation of periodic exams has not been completely established, however, the development of a request and evaluation control sheet is being reviewed to solve this problem. Likewise, the risk classification has not yet been carried out; the development of a worksheet for patient record and control regarding medical evaluation and risk classification is underway.

One UBS is under construction beside the Center of Coexistence for the Elderly, which will allow for a suitable location for nursing consultation where the whole team will act and the meeting will be held.

The follow-up of bedridden hypertensive and diabetic patients is performed during home visits; however, these visits are not regular. More hours are expected to be assigned to this activity to appropriately assist this group.

Although with still several problems to be overcome, many positive developments have been achieved in assisting this community. The attendance of customers, both in number and in regularity, has been growing throughout the process. The meetings that initially had about thirty people have currently more than sixty individuals. A reduction in the frequency of patients with blood pressure and/or capillary blood glucose above normality was observed when comparing follow-ups between the first and the most recent meeting. Thus, the reduction in frequency of strokes, acute myocardial infarctions, amputations caused by diabetes, chronic kidney disease, and other diseases related to hypertension and diabetes is expected in the long term.

**FINAL REMARKS**

The Family Health strategy, as coordinator and articulator of care in Primary Health care, aims at composing a functional, resolute, and embracing health system. However, to fulfill this structuring role in the care network at the municipal-level and in the basic health units, the network of Primary Care services must have some essential organizational characteristics. The integration and coordination of this network require effective management mechanisms to provide the Family Health strategy with the means to coordinate assistance in the care network.
Within the framework of the ESF, the diversity of situations of illness faced by the team, together with the high number of individuals over whom the team holds sanitary responsibility, the articulation and implementation of strategies that respond adequately to the health needs of the population is assumed. On this occasion, the management innovations in the health care model can be opportunely inserted and operationalized.

The experience reported showed that the development of an uncomplicated strategy using simple technology is able to resolve health problems satisfactorily in a particular population by reaching out to multiple individuals simultaneously, however, without compromising the quality of service and user satisfaction, if the strategy is carried out in a planned, coordinated, organized, and prepared fashion and according to the local health needs.

The established link that provided credibility and confidence in health professionals to the customers was undoubtedly one of the main results achieved for the completion of population assistance provided by the ESF - reporting focus; and it came about after the effectuation of the innovative proposal by the nurse coordinator in conjunction with other professionals in the team. Thus, the reported process of innovation management in primary health care showed the importance of municipal health management support offering encouragement and necessary structure for the operationalization of strategies that allow innovative alternatives to occur concretely and efficiently.

REFERENCES


