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CASE REPORT ARTICLE

EXPERIENCE OF IMPLEMENTATION OF HOSTNESS IN A FAMILY HEALTH UNIT EXPERIÊNCIA DA IMPLANTAÇÃO DO ACOlhIMENTO EM UMA UNIDADE DE SAÚDE DA FAMÍLIA

EXPERIENCIA DE IMPLEMENTACION DE ACOGIDA EN UNA UNIDAD DE SALUD DE LA FAMILY

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ABSTRACT

Objective: to analyze the impact of the implementation of the host in a Health Unit in the city of João Pessoa, through the evaluation of changes in the work process. **Method:** descriptive, experience report, conducted with professionals, technicians and users of the unit, where workshops were held with professionals who have had as objective the construction of the concept of collective acceptance, difficulties and strategies for its implementation. **Results:** in the conditions of the present study can highlight important advances as they relate to changes in the labor process through the implementation of the host, which are: increased access to services by users; humanizing relations in service; potentiation of knowledge and strengthening of teamwork. **Conclusion:** the host at the Health Unit took so enriching, generating mobilization and collective commitments culminating with a better quality of health services. **Descriptors:** Work Process; Hospitality; Health Care.

RESUMO

Objetivo: analisar as repercussões da implantação do acolhimento em uma Unidade de Saúde do município de João Pessoa/JP, por meio da avaliação de transformações no processo de trabalho. **Método:** estudo descritivo, tipo relato de experiência, realizado junto a profissionais, técnicos e usuários da referida unidade, onde foram realizadas oficinas com os profissionais que tiveram como objetivo a construção coletiva do conceito de acolhimento, dificuldades e estratégias para sua implantação. **Resultados:** nas condições do presente estudo é possível destacar avanços importantes no que dizem respeito às mudanças observadas no processo de trabalho por meio da implantação do acolhimento, quais sejam: ampliação do acesso aos serviços pelos usuários; humanização das relações em serviço; potencialização do conhecimento e fortalecimento do trabalho em equipe. **Conclusão:** o acolhimento na Unidade de Saúde se deu de forma enriquecedora, gerando mobilização e compromissos coletivos culminando com uma melhor qualidade dos serviços de saúde. **Descritores:** Processo de Trabalho; Acolhimento; Cuidado em Saúde.

RESUMEN

Objetivo: analizar el impacto de la aplicación de la huésped en una Unidad de Salud de la ciudad de João Pessoa, a través de la evaluación de los cambios en el proceso de trabajo. **Método:** estudio descriptivo, relato de experiencia, llevada a cabo con profesionales, técnicos y usuarios de la unidad, donde se realizaron talleres con profesionales que han tenido como objetivo la construcción del concepto de la aceptación colectiva, las dificultades y las estrategias para su implementación. **Resultados:** en las condiciones del presente estudio pueden destacar importantes avances en lo que respecta a los cambios en el proceso de trabajo a través de la aplicación del host, que son: un mayor acceso a los servicios por los usuarios, humanizar las relaciones de servicio, la potenciación de los conocimientos y el fortalecimiento del trabajo en equipo. **Conclusión:** el anfitrión de la Unidad de Salud llevó tan enriquecedora, generando movilización y compromisos colectivos que culminaron con una mejor calidad de los servicios de salud. **Descriptor:** Proceso de Trabajo; Hospitalidad; Cuidado de la Salud.

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INTRODUCTION

Upon taking office in 2005, the health management neither encountered 180 family health units across the city, but without any condition enhances the work of professionals, nor provides a quality service to the population. Given this situation, the Municipal Health began to develop a new project for the family health units of the municipality. The solution was to standardize the units in new buildings designed for four teams each.

Conditions infrastructure of health facilities family neighborhood São José (São José I, II, III and IV) that worked in separate buildings were quite poor, so the neighborhood was chosen as one of the first to perform the project. This decision has strengthened the movement to raise awareness of the professional teams and expand the discussion on the host.

It can be said that the essence of the host is the encounter with the other. In the predominant mode of production of health practices, approaches and interventions of professionals tend to revolve around the biomedical aspects of their procedures and guidelines to be normative and prescriptive, with little dialogue with the uniqueness of the user.¹

The promotion of health is achieved through education, adoption of healthy lifestyles, skills development and individual capacities, production environments fruitful, being closely linked, so the effectiveness of the company to ensure the implementation of public policies focused on quality of life and developing the ability to critically analyze reality and promote positive transformation of the determinants of health.²

It is in the field of public health work that the ideas inherited Health Reform, being intellectuals and activists in this field to formulate propositions that help the Unified Health System (SUS) to approach its principles in a complex game, in which there is a permanent tension between health as a citizen's right and health as a commodity. Accordingly, the NHS has managed to overcome important obstacles in its implementation process, despite policies to reduce state and underfunding of the social sectors, the public health services were expanded, increased the number of professionals in the industry, health came virtually all the country's municipalities. Moreover, currently there is a decentralized system that has mechanisms of democratic functioning, which include instances of

agreement between managers and social control mechanisms.³

The literature suggests that significant advances have been identified in the reorganization of services signal reception and link operational guidelines for the realization of the principles of the NHS - comprehensiveness, universality and equity in health.⁴⁻¹³

Hospitality is an action that involves a reorganization of the work process in health, seeking to modify the relationship of the health system with the user, subject with rights of citizenship, which must be watched and have their health needs met. With the proposal, the gateway to the Health Unit is changed, facilitating access and directing the flow of the service user. Thus, assuming all meet people seeking health services, the host moves the axis centered physician to a multidisciplinary team, which takes care of listening to the user and is committed to solve your health problem. It is therefore a way to qualify the worker-patient relationship as a humanitarian, caring and citizenship.¹⁴

The Family Health Program (PSF) was created in 1994 by the Ministry of Health and constituted the real possibility of strengthening primary care, with the aim of collaborating in the organization of decisively Health System and municipalization, prioritizing protection actions, promoting the health of individuals and families, both adult and children, sick or healthy, in full and continuous.¹⁵

One of the main reasons for the present PSF positive and significant changes in the reorganization of primary care lies in the fact that the program look at your goals and objectives institutional, political and social rights, the centrality of their actions comprehensiveness of care and care for family.¹⁶

Therefore, we focused on the professional team as an important element for the realization of these goals and objectives, for which mechanisms were created to promote and encourage the implementation of activities related to education, training and remuneration of staff members.¹⁷

In 2005, the city of João Pessoa is committed to the construction of new production practices and the implementation of a model of health care focused on user interests. In this direction, the management team developed a strategic plan to produce changes in management practices and care, based on pacts of coexistence and practices

that rivaled the SUS / John Person of integral health, humane and quality.

Until then, the services of primary health João Pessoa were organized by programs did not meet the spontaneous and not working with operational guidelines that could meet the health needs of the population, in contrast, placed barriers of access to users, such as rigid schedules defining the segment of the population that would be served in a given shift (child, adult, elderly, pregnant women); chips to service in order of arrival; posters containing the maximum number of queries per day and offered screening. All administrative procedures to resolve tangential to care and how to organize the work process.¹⁴⁻¹⁷

In health care model is determined by the work process, that is, by way of organizing the production of health and the way he set down the work to care for people.^{4,18,19}

In the city of João Pessoa, the way they organized health work generated dissatisfaction seeking care services, in addition to dissatisfaction on the part of professionals who felt devalued by being the target of allegations contained in the local media.

From the perspective of building services as "a place that cares" were triggered movements organization of health work, initiating a process of discussion in the primary care network, to think about a new way to produce health care, from tools that could qualify the mode of action of workers, particularly in its relationship with users. Under the Health Districts in the city of João Pessoa, spaces were created for listening and reflection on the work process, established from the analysis of the health situation and through the indicators of the priority areas of primary care, seeking to build strategies of coping with major health problems.

This article seeks to make considerations about the repercussions of the implementation process of the host unit at Integrated Health St. Joseph, belonging to the territory of the Health District V, João Pessoa, in order to expand access stimulating listening and dialogue demands repressed, contribute to the humanization of relations in service, enhance the expertise of professionals from the needs brought by users and contribute to teamwork.

Theoretically, the concept of host used in this paper concerns the way of operating the process of health work in order to serve all who seek health services, listening to their needs and taking the service, a posture

capable of receiving, listening and agreeing the most appropriate responses to the user.²⁰

MÉTHOD

Initially, a workshop was held with professionals headquarters Sanitary District V for preparing the operational plan for the construction of the host, discussing the team matrix support the preparation of agendas for workshops to raise awareness of the professional and systematic monitoring of the process deployment of host units of family health in perspective dialogues to produce a new way of producing health care.

Thus, based on the movements already triggered within the Sanitary District V and the prospect of reorganizing the attention from the health needs of the people, 04 workshops were held with all teams host family health taking into consideration the proximity of the territory and had as its goal the construction of the concept of collective acceptance, difficulties and strategies for its implementation.

The workshops were held in CECAPRO (Centre for Professional Training) and occurred during the two shifts with the participation of all team members, on average 10 people per team, the units were closed, however there early negotiation with users, which demonstrated understanding with professionals. First, we perform a dynamic integration and presentation of the proposed workshop, being made a reflection on the dynamics beyond the presentation of programming and methodology. Then, there was a division into subgroups by family health unit and raised the following question: What is the understanding I have on host?

Thus, each group built the collective concept of host per unit of family health, from the look of each, which were systematized and presented in plenary, raising several arguments, including the need of the professionals also feel cared for, that was working the reception, the importance of teamwork and group formation to expand the offering to the user.

RESULTS AND DISCUSSION

The professional teams in the plenary discussion, the host understood as a device that "rethinks the work process" giving "solving the health problems of the users" through "guaranteed access to the service", the "humanization of care," the "build bridges" and "listening and qualified individual" for an integrated team and resolute.

In return for subgroups were worked the following questions: How is giving the welcome in our work process? What are the difficulties in working the reception? In plenary, were presented through role play some situations that portrayed the nature of care in health facilities who have demonstrated weaknesses in the flow of users in healthcare.

The teams also played difficulties for the practice of care, such as: poor physical structure without adequate environment for professionals; arrival time of the user in the Family Health Unit (FHU), the fact that users confuse the host with the query itself, lack of information by network professionals and users on the practice of host; very high number of families; extensive area of influence; difficulty some professionals to join the process, whether through lack of skill or commitment; inflexibility schedule.

From this discussion, strategies and referrals were set for the implementation of the host in its entirety as the accountability of the whole team and not just the hostesses for the arrival of the user at USF, the periodic meetings to continue the discussions raised in the workshops, the presentation of the proposal to the community, with the suggestion being made by micro areas, conducting visits to the units that have already complied with this new approach, the reorganization of program activities and meet demand spontaneous, always with the collaboration Team Matrix.

In the case of health facilities in the district San José (San José I, II, III and IV), for nine months (March to November 2007) were fired movements integration teams to discuss the reorganization of work focusing on welcoming the prospect of changes in the way of operating the service. There were produced dialogues flowchart analyzer, use of protocols, flows and mechanisms to involve the user in the process of team work. To be changes, it is necessary to perceived problems or discomforts of daily life and for that, we need dialogue, questioning, and new pacts of coexistence that can be strategies for promoting health.²¹

In December 2007 with the displacement of the teams for the Integrated Unit St. Joseph began to experience in practice as the host operating guideline model. The way they operationalized the host this unit has allowed an expansion of the users' access to the service as it allowed the elimination of the chips, consequently no queuing, leading to the incorporation of a significant portion of the

population that was excluded when these teams worked the previous logic.

The impact this issue has been given from the service to all users through collective listening, conducted by a team of top-level professionals (nurse, doctor and dentist) and medium level (nursing technician, dental assistant and community worker), listening and individual qualified by a host team (nurse, doctor and dentist) identifying the health needs of the user for specific routing and scheduling or.

To humanize relations in service is essential for the establishment of dialogic relations that could result in new pacts of coexistence that will bring users of professionals. With host the worker began to listen more the user being responsible for triggering some kind of answer to the problem brought by him creating a situation of greater involvement. Listening and dialogue established with the host has allowed the construction of solidarity meetings open to the possibilities for meeting the health needs of the people.

It is conceived as the host the ability to auscultation and dialogue, and how technological device of outstanding importance in the proposed humanization of health. The host then it is a fundamental resource for the other caregiver assistance appears positively in space, making their effective demands as the north of the proposed interventions, in their means and purposes.²²

Based on the premise that knowledge is produced in the collective, the insertion of the host in the daily service allowed the exchange of knowledge and the implementation of new doings, as it enabled the creation of spaces for conversations between professionals about work process from the analysis of the health situation, seeking coping strategies for key issues and learnings firing at work.

Thus, it became feasible to extend the opportunity to design the disease process at the meeting agreed with the user, which brings a wealth of information from his real life story and need to be taken into account when devising projects therapeutic, redefining the relations between people in the production process of health care. After all, they are carriers of desires, feelings and needs. In this sense, the host is produced in a relational process where each party, user and worker stands in its entirety, that is, showing your needs, projects, anxieties, sorrows, fears, desires, dreams, potential, in given context.⁴

The implementation of change in the work process triggered with the host assumes the formation of a team multiprofessional that will be responsible for the complaint brought by the user, contributing to the socialization of diverse knowledge and stimulating the potential intervention of all health workers in the act caring.

The strengthening of teamwork was raised by a greater range of services in the unit generating the need for professionals to share knowledge during their work process and make combinations to solve problems within the health care dimension. Seeking to open up possibilities for the enhancement of social and subjective health practices was added to the menu offerings unit: educational activity during collective listening with focus mode being and living in the community, community care, oral health care children under two years, training the adolescent group, the group of pregnant women in the unit supervised tooth brushing in children.

CONCLUSION

We believe that new modes of production practices are being introduced this health service, aiming at implementing a model of care focused more on user interests.

By proposing to change construction professionals in the host has raised several questions: How is listening to the user's problem? Who is the team responsible for the care? As the team realizes the problem brought by the user and gives referrals to him? How demand contributes to spontaneous organizing program activities?

After the implementation of the host team has sought to answer these questions daily, which configures a reflective exercise to explain how the service has been organized for the production of care, based on the acceptance as a tool for change in the healthcare model, from the reorganization of the work process.

On the other hand, the host has become more public the work process of each professional team, explaining the degree of relationship between these professionals and the community, often revealing the privatization agreements established in the daily work of the teams identified little involvement by some professionals with the process and the resistance of others to develop strategies to establish changes in the work process.

However, there are several issues in permanent construction and in the process of comings and goings have been possible a

better understanding of a significant part of the professionals that the main problems has a direct relationship with how it is organized health care user often unnoticed by automating and do what is necessary to build a common language and concepts necessary to think about a new way of producing comprehensive health care.

Therefore we can say that the process of the host unit Integrated Healthcare St. Joseph took so enriching, which generated a lot of mobilization and collective commitments leading to a significant improvement in the quality of services offered. Therefore, under the conditions of this study can highlight important advances with regard to changes in the labor process through the implementation of the host, namely: expansion of users' access to services unit, humanizing relations in service, empowerment knowledge and contribution to teamwork.

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