



ADEQUACY OF C RECORDS OF CHILDREN UNDER ONE YEAR
ADEQUAÇÃO DOS REGISTROS DAS FICHAS C DE CRIANÇAS MENORES DE UM ANO
ADECUACIÓN DE LOS REGISTROS C DE LOS NIÑOS MENORES DE UN AÑO

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ABSTRACT

Objective: to assess the adequacy of records of C of children under one year of family health Strategies. **Method:** descriptive and retrospective study, with a quantitative approach, with 1101 C Chips of children under a year enrolled in family health Strategies of Montes Claros/MG/southeastern Brazil. The data entered in the Statistical Package for the Social Sciences/SPSS, version 18.0 for Windows and later held the descriptive analysis. The research project has approved by the Committee of ethics in research, Opinion 0604/2010. **Results:** there was a predominance of the adequacy of the Chips to the records of the unit (n = 558; 50.7%); as for the classification of records of identification fichas C, only seven chips (0.6%) were complete; most (n = 471; 42.8%) presented incomplete information. **Conclusion:** the results show suitability to the standardization of chips, but as for the annotation of records by responsible professionals presented deficit. **Descriptors:** Primary Health Care; Child; Nursing Records; Descriptive Epidemiology.

RESUMO

Objetivo: avaliar a adequabilidade dos registros das Fichas C de crianças menores de um ano das Estratégias Saúde da Família. **Método:** estudo descritivo e retrospectivo, com abordagem quantitativa, com 1101 Fichas C de crianças menores de um ano cadastradas nas Estratégias Saúde da Família de Montes Claros/MG/Sudeste do Brasil. Os dados foram digitados no programa Statistical Package for the Social Sciences/SPSS, versão 18.0 para Windows e, posteriormente, realizada a análise descritiva. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Parecer 0604/2010. **Resultado:** houve predominância da adequação das Fichas aos registros da Unidade (n=558; 50,7%); quanto à classificação dos registros de identificação das Fichas C, apenas sete fichas (0,6%) encontravam-se completas; a maior parte (n=471; 42,8%) apresentou informações incompletas. **Conclusão:** os resultados mostraram adequação à padronização das fichas, porém quanto à anotação dos registros pelos profissionais responsáveis apresentou déficit. **Descritores:** Atenção Primária à Saúde; Criança; Registros de Enfermagem; Epidemiologia Descritiva.

RESUMEN

Objetivo: evaluar la adecuación de los registros de C de los niños menores de un año de estrategias de salud de la familia. **Método:** estudio descriptivo y retrospectivo, con un enfoque cuantitativo, con Chips C 1101 de niños menores de un año inscrito en las estrategias de salud de la familia de Montes Claros/MG/sudeste de Brasil. Los datos fueron consignados en el paquete estadístico para las ciencias sociales/SPSS, versión 18.0 para Windows y posteriormente llevó a cabo el análisis descriptivo. El proyecto de investigación ha sido aprobado por el Comité de ética en la investigación, opinión 0604/2010. **Resultados:** hubo un predominio de la adecuación de los Chips a los registros de la unidad (n = 558; 50.7%); como para la clasificación de registros de fichas de identificación C, sólo siete fichas (0.6%) estaban completas; más (n = 471; (42.8%) presentaron información incompleta. **Conclusión:** los resultados muestran la conveniencia a la estandarización de chips, pero en cuanto a la anotación de registros por profesionales responsables presentadas déficit. **Descriptor:** Atención Primaria de Salud; Niño; Registros de Enfermería; Epidemiología Descriptiva.

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INTRODUCTION

The information system of the basic attention (SIAB) was developed by the Department of Informatics of the SUS (DATASUS), in 1998, seeking to meet the needs of the family health strategy (ESF) and the Community Health Agent strategy (EACS), is a tool of management of information of basic attention, having as starting point the direct monitoring of the population assisted by health teams.¹

The SIAB allows you to track, assess and diagnose the health status of registered families, as well as monitoring the performance of the services and encourage the development of appropriate planning of health actions.² The Community Health Agent (ACS) is the responsible for data collection that will be consolidated monthly by team, producing the reports that enable health teams and the Manager monitoring the activities carried out and consequently, permit the evaluation of the quality of the service provided and automatically fix the problems.¹

One of the reports generated by the SIAB is named health Situation and follow-up (SSA2) that addresses, among other data, the monitoring of children under two years old. The data used in this report are from the Sheet (C), also known as mirror card that corresponds to the copy of the Booklet of child health, which used in Brazil's health services. This form is the instrument of record for monthly data collection on children under two years old. It allows you to record information about the identity of the child, neonatal data, feed monitoring, immunization, weight and development. The ACS is responsible for the transcription of these data and should consolidate them monthly to feed the information system concerning the health of the child.¹

The municipality until 2010 recognized the use of two instruments as Chart C: A developed by coordination of ESF/EACS with the first teams of the city in 1999, being used the growth curve recognized by who at the time; the share of information and registration of vaccines removed from the child's card. The other was issued in 2003 by the Ministry of health named the child mirror card.

Based on non-maintenance by the Ministry of health of the mirror card and the downgrading of the first version of the Sheet (C), the Group of multidisciplinary residency in family health at the end of 2009 created a

new version, deployed in the city in March 2010.

For the survey of research data, used as an instrument to Sheet C from the municipality, which developed by the Group of multidisciplinary residency in family health at the end of 2009 and deployed in the city in March 2010. This new instrument sought to combine in a single document as much information about the child, enabling monitoring, from birth up to five years. In addition to bringing four innovations for the monitoring of child who are: monitoring of development, ferrous sulphate, vitamin A and additional data of identification, adopted the growth chart recommended by the World Health Organization³, divided into two distinct graphics, one for children from zero to two years and the other two to five years of age.

The record is considered a criterion of evaluation of quality of health services, i.e. the quality of the records made reflects the quality of assistance provided, being key point to inform about the work process.⁴ In this way it is considered the record of the information an important tool for evaluating the quality of health services, being an essential element in the process of human care and when worded in such a way that portray the reality being documented, allows permanent communication. In addition, intended for various purposes such as teaching, research, audits, legal processes, planning and others. It is therefore one of the written communication channels used by the health team in the development of their actions, constituting a legal instrument to the health team, customer and institution.⁵⁻⁶

Given these considerations, together with the experience of one of the authors, we tried to get answer to following question <<Which is the instrument that is being employed by the teams and being registered?>>

In this context, the present study aims to:

- Evaluate the adequacy of records of C of children under one year of family health Strategies.

METHOD

Descriptive and retrospective study, with a quantitative approach, carried out in the municipality of Montes Claros/MG/southeastern Brazil, in the period October 2010 to January 2011 and used 97% of Chips "C" of children under one year were informed in SSA2 in 26 teams of ESF which comprise the area of the NASF Eldorado, Sami, Delfino Magalhães and Village Sion, totaling 1,101 raised mirrors cards. 3% of the chips

excluded from the survey for not being accessible to the researcher.

The data collected through documentary analysis technique in the schedules of children monitored by agent's C community health. For the stage the researcher visited, all units being requested a placeholder for Copier Setup used for playback of "C". These separated by micro areas and subsequently reproduced one by one. All annotations in pencil identified in time with the letter "L", to allow for later analysis. The chips returned the same day - ACS not removed from the unit, thus avoiding loss and wear to the teams. Subsequently, team grouped the copies and the sheets numbered sequentially from 001 to 026 and 001 the 1101, respectively. The numerical coding done so randomly. It did not require the use of a specific instrument for data collection, since their own chips copied used to feed the data consolidation program.

The classification of C, categorized:

The Appropriate: Sheet "C" standardized by the municipality in 2010.

B) Partially suitable:Sheet "C" ancient created by the municipality, the child's book and book mirror of the child of MS.

C) Inadequate:Sheet "C" not standardized, traded card, without identification and single notes.

From then the C data was collected regarding the child's identification, such as name, date of birth, parents ' names, address (Street, Postal code/ZIP CODE, city, State, phone, reference point and neighborhood), in addition to those relating to birth (place of birth, weight, length at birth, cephalic perimeter of 5 minutes),⁷ must be completed even in maternity and can be harvested with the aid of the chart.

The criteria and reference items for evaluation of records categorized:

Thefull: legible, complete data transcribed the pen and the pertaining to the address written in pencil.

B) Partially complete:address written legible, both in pencil and pen, but lack of

data: ZIP CODE, neighborhood, landmark and in relation to the data on the missing just a record birth data (type of birth, location, birth weight, head circumference, length, perimeter, Apgar 5 ').

C) Incomplete:legible, father's name missing or incomplete name, partial name of mother, missing at least two data about childbirth (delivery type, location, birth weight, head circumference, length, perimeter, Apgar 5 '), partial address written in pen or pencil.

D) Inappropriate:unreadable font, cardboard without child's name or just the first name, card used does not match the name of the child, being considered so changed (sex), the absence of the name of the mother or by presenting only the first name, without any data about the birth or address.

The data entered in the Statistical Package for the Social Sciences (SPSS) version 18.0 for Windows and later held the descriptive analysis.

The research project has assessed and approved by the Research Ethics Committee of the Federal University of São Paulo (ZIP CODE UNIFESP), under the opinion embodied in paragraph. 0604/2010 of May 14, 2010. The backup records (C) generated in the collection of data will be archived for five years, under the responsibility of the researcher and will be destroyed later.

RESULTS

Been evaluated 1,101 Chips C of children under a year accompanied by the communitarian agents of health, 26 teams of the family health strategy of the municipality of Montes Claros (MG) during the period October 2010 to January 2011, according to the data in the following tables.

Table 1A.Classification of C for children under 01 year belonging to the family health strategy adopted criteria for evaluation. Montes Claros (MG), 2010-2011.

Categorization		
	n	%
Suitable (municipality)	558	50.7
Partially suitable	398	36.1
Inappropriate	145	13.2
Total	1101	100

Source: Chips C children under 01 year enrolled in the family health Strategy of the municipality of Montes Claros/MG.

Table 1B. Distribution of C Chips used by the teams for children under 01 year belonging to the family health strategy as assessment criteria. Montes Claros (MG), 2010-2011.

Family health team	Suitable		Partially suitable		Inadequate		Total
	n	%	n	%	n	%	n
01	11	25	31	71	02	04	44
02	01	03	34	97	00	00	35
03	34	74	12	26	00	00	46
04	34	97	00	00	01	03	35
05	07	19	29	81	00	00	36
06	28	64	12	27	04	09	44
07	03	09	04	13	25	78	32
08	19	66	10	34	00	00	29
09	18	52	14	40	03	08	35
10	36	86	06	14	00	00	42
11	28	68	13	32	00	00	41
12	04	11	00	00	32	89	36
13	39	63	23	37	00	00	62
14	05	13	10	26	23	61	38
15	24	52	22	48	00	00	46
16	64	75	02	02	20	23	85
17	28	72	11	28	00	00	39
18	24	75	08	25	00	00	32
19	29	76	09	24	00	00	38
20	16	36	28	64	00	00	44
21	23	43	30	57	00	00	53
22	23	37	40	63	00	00	63
23	26	65	13	35	00	00	40
24	00	00	08	23	27	77	35
25	20	83	04	17	00	00	24
26	14	30	25	53	08	17	47
Total	558	51	398	36	145	13	1101

Source: Chips C children under 01 year enrolled in the family health Strategy of the municipality of Montes Claros/MG.

Table 2A.Classification of records of identification fiches C for children under 01 year belonging to the family health strategy adopted criteria for evaluation. Montes Claros (MG), 2010-2011.

Categorization		
	n	%
Complete	07	0.6
Partially complete	295	26.8
Incomplete	471	42.8
Inappropriate	328	29.8
Total	1101	100

Source: Chips C children under 01 year enrolled in the family health Strategy of the municipality of Montes Claros/MG.

Table 2B. Distribution of C data related Tokens of identification of teams for children under 01 year belonging to the family health strategy in relation to the categorization criteria. Montes Claros (MG), 2010-2011.

Family health team	Complete		Partially complete		Incomplete		Inappropriate	
	n	%	n	%	n	%	n	%
01	00	00	08	18	18	41	18	41
02	00	00	11	32	12	34	12	34
03	02	04	15	33	16	35	13	28
04	00	00	05	14	23	66	07	20
05	00	00	12	33	14	39	10	28
06	00	00	07	16	23	52	14	32
07	00	00	02	06	18	56	12	38
08	00	00	02	07	14	48	13	45
09	00	00	11	31	15	43	09	26
10	00	00	20	47	15	36	07	17
11	01	02	13	31	17	41	10	24
12	00	00	00	00	25	69	11	31
13	00	00	20	32	29	47	13	21
14	00	00	08	21	21	55	09	24
15	00	00	18	39	20	43	08	17
16	00	00	09	11	38	45	38	45
17	01	03	17	44	13	33	08	21
18	00	00	07	22	17	53	08	25
19	00	00	09	24	20	53	09	24
20	00	00	14	32	16	36	14	32
21	01	02	19	36	20	38	13	25
22	02	03	16	25	14	22	31	50
23	00	00	16	40	17	42	07	18
24	00	00	11	31	14	40	10	29
25	00	00	09	38	11	46	04	17
26	00	00	16	34	11	23	20	43
Total	07	01	295	27	471	43	328	29

Source C: Records of children under 1 year enrolled in the family health Strategy of the municipality of Montes Claros/MG.

DISCUSSION

This study evaluated 1,101 Chips "C" of children under one year, that make up the database of the SIAB study population, which accounted for 97% of children monitored in the teams.

Table 1A demonstrates that 50.7%; 36.1%; and 13.2% categorized as suitable, appropriate and inappropriate partially, respectively.

Table 1B allows showing the situation of each team in relation to the type of Sheet (C) that used in the city, a significant discrepancy between them. Critically four teams present results for suitable in not less than 11%, three of them work with the instrument categorized as inadequate, reaching percentage 77% to 89%. The team 24 is the only team to present zero percent of suitable sheets, while the 04 team has the best result with 97%, with 13 teams are above 60%.

Compared to 36.1% categorized with partially adequate detected that 34% of the teams still using the first version of the Sheet (C) the municipality developed in the year 1999, in 05 and 08 teams contained the C Record created by the Ministry of health (1%) while the other 1% record the data on the notebook itself baby (01, 07 teams, 14, 20 and 24).

Of 13.2% categorized as inadequate,2% use the living room mirror card vaccine (06, 07, 09 teams, 14 and 26), 9% register the data of children in common craft type white Sheet (01

teams, 04, 07, 08.12 and 16) and the 24 team, found himself a Sheet adapted by the team that corresponds to 2%. One can still detect that 20 teams that used the sheet (C), this did not correspond with the child's name. In these cases, the sheet (C) with the "face" of the child erased or redesigned by ACS. You can also check in eight teams the chips did not contain the child's name, it is not possible to assess whether the card used corresponded to the sex of the child. Furthermore, reused, cards found being used concealer to enable its reuse.

In relation to the identification of the Sheet (C), the data in tables 2A and 2B show a worrying situation as 42.8% and 29.8% of the chips are in the categories of incomplete and inadequate, respectively; 26.8% provided partially complete and only 0.6% present as complete record. After the individual analysis of the teams, envisioned that only five teams (03, 11, 17, 21 and 22) have full records between 2% to 4%. It is worth noting that all teams had their inadequate records, ranging from minimum of 17% and a maximum of 50%.

The results reiterate those found in other studies that, when assessing the child's card use in Feira de Santana (Bahia) considered annotations in incomplete cards, with most critical points the child's name and parent, in addition to the absence of Apgar registry (78%) and faults in the registry of birth weight (34%).⁸

Another study, in Maringá, about the quality of the medical records of an Integrated Core of health, concluded the absence of elementary and readable information about the user, such as date of birth, address, in addition to the absence of basic information.⁹

The study conducted, in Belo Horizonte (MG), which assessed the filling of data on pregnancy, childbirth and newborn in maternal and child health (CSC), which also proved existence of faults in filling, with a predominance of blank fields and a small proportion of incorrect fills. Among the most critical points, were cited: the absence of the child's name, prenatal and data about the delivery.¹⁰

In another study carried out also in Belo Horizonte/MG, about the quality of the padding of child health Handbook and associated factors, pointed out that some records are above 90% (name of Child and mother, date of birth, birth weight and length), but the rest of the data related to other information ranged between 53% and 89%.¹¹

Another study conducted in São Paulo, in examining the records in antenatal cards, concluded that this card registration deficiency also exists in relation to the identification of pregnant women.¹² Studies on the quality of registry information cervical cancer in Rio de Janeiro, concluded that the records of required fields were excellent, but the others were in good condition to the terrible quality.¹³

In Pernambuco held up the construction and validation of an instrument for aid during the puerperal nursing consultation in which your fill in the results revealed lack of organization, objectivity, clarity, ease of reading and understanding the variables studied in order to make the analysis of the records or not of data annotation by the lack of one of these items.¹⁴

CONCLUSION

The described studies corroborate the data found in this research, showing among other possible factors, not appreciation of sheet (C), the non-recovery front filling suitable and non-activity monitoring.

The results obtained in this study show that in relation to the sheet C it is necessary to study the causes that lead to the teams not to use the standardized instrument and the reason for the low quality of padding, since it is data that may contribute to the detection

of risk factors with the child and so trigger decision-making.

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