ORIGINAL ARTICLE

ABSTRACT
Objective: to understand the historical construction of SAMU Macro Norte de Montes Claros - Minas Gerais, from its conception to regionalization. Method: qualitative study, based on Comprehensive Sociology of Daily Life, carried out with 41 professionals. The data were produced through an interview with semi-structured script and submitted to the Thematic Content Analysis technique. Results: regionalization, with the incorporation of SAMU into the emergency and emergency network, provided improvements in the health system, as it increased users' access to services. In addition, the regionalization proposal was implemented, through the commitment of all involved, highlighting the group's sense of belonging and socialization as contributing factors in this process. Conclusion: despite the progress made by the regionalization, some challenges were present, after all, there will always be a challenge situation, the common place of SAMU to be confronted, every day, by professionals. Descriptors: Regionalization; Emergency Medical Services; Network Health Care; Health Management; Prehospital Care.

The historical construction of emergency mobile care services: from the conception to regionalization

THE HISTORICAL CONSTRUCTION OF EMERGENCY MOBILE CARE SERVICES: FROM THE CONCEPTION TO REGIONALIZATION

A CONSTRUÇÃO HISTÓRICA DE UM SERVIÇO DE ATENDIMENTO MÓVEL DE URGENÇA: DA CONCEPÇÃO À REGIONALIZAÇÃO

LA CONSTRUCCIÓN HISTÓRICA DE UN SERVICIO DE ATENCIÓN MÓVIL DE URGENCIA: DE LA CONCEPCIÓN A LA REGIONALIZACIÓN

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RESUMO
Objetivo: compreender a construção histórica do SAMU Macro Norte de Montes Claros - Minas Gerais, da sua concepção à regionalização. Método: estudo qualitativo, fundamentado na Sociologia Compreensiva do Cotidiano, realizado com 41 profissionais. Os dados foram produzidos por meio de entrevista com roteiro semiestruturado e submetidos à técnica de Análise de Conteúdo Temática. Resultados: a regionalização, com a incorporação do SAMU na rede de urgência e emergência, proporcionou melhorias no sistema de saúde, pois ampliou o acesso dos usuários aos serviços. Além disso, a proposta da regionalização foi efetivada, mediante o comprometimento de todos os envolvidos, destacando o sentimento de pertencimento do grupo e a socialização como elementos que contribuíram neste processo. Conclusão: apesar dos avanços proporcionados pela regionalização, alguns desafios estiveram presentes, afinal, sempre haverá uma situação de desafio, o lugar comum do SAMU a ser enfrentado, a cada dia, pelos profissionais. Descriptores: Regionalização; Serviços Médicos de Emergência; Redes de Atenção à Saúde; Gestão em Saúde; Assistência Pré-Hospitalar.

RESUMEN
Objetivo: comprender la construcción histórica de SAMU Macro Norte de Montes Claros - Minas Gerais, de su concepción a la regionalización. Método: estudio cualitativo, fundamentado en la Sociología Comprensiva del Cotidiano, realizado con 41 profesionales. Los datos fueron producidos por medio de entrevista con guión semiestructurado y sometidos a la Técnica de Análisis de Contenido Temático. Resultados: la regionalización, con la incorporación del SAMU en la red de urgencia y emergencia, proporcionó mejoras en el sistema de salud, pues amplió el acceso de los usuarios a los servicios. Además, la propuesta de la regionalización fue de forma efectiva, mediante el comprometimiento de todos los involucrados, destacando el sentimiento de pertenencia del grupo y la socialización como elementos que contribuyeron en este proceso. Conclusion: a pesar de los avances proporcionados por la regionalización, algunos desafíos estuvieron presentes, después de todo, siempre habrá una situación de desafío, el lugar común del SAMU a ser confrontado cada día, por los profesionales. Descriptores: Regionalización; Servicios Médicos de Urgencia; Redes de Servicios de Salud; Gestión en Salud; Atención Prehospitalaria.

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INTRODUCTION

The National Policy on Emergency Care (NPEC) has made progress in Brazil. In 2011, the Ministry of Health (MH) established the Network of Emergency Care in the Unified Health System (UHS), with the objectives of organizing the system, overcoming the fragmentation of actions and services, and qualifying care, management through the incorporation of new technologies. However, the adequacy of care to Urgencies and Emergencies (UE) is still a challenge to be faced by UHS, especially regarding structural issues in the health care network. Such reality is evidenced by barriers in the access of users to services, inadequate training of health professionals, precariousness and inequality of resource allocation, emergency service doors, insufficient number of specialized beds and fragility of reference mechanisms.

In the State of Minas Gerais (MG), Brazil, the implementation of the Urgent and Emergency Care Network of the Macro Norte region (UECN, MN) occurred in 2008, through the regionalization of attention to the EU, consisting of a pioneering State action. Regionalization seeks to strengthen care for the EU in the UHS, in a cooperative way, to organize health care, increase access and reception to acute cases, to guarantee the integrality and equity of care.

The Macro North Region is configured as the current Expanded Health Region, defined by the Regionalization Master Plan, and is divided into nine health regions, with a total of 86 municipalities. In this context, the Mobile Emergency Care Service (MECS), a pre-hospital mobile component of the NPEC, aims to serve, the earliest possible victims, in an UE situation and ensure adequate care and transportation to a health service that is properly hierarchical and integrated with the UHS. In relation to the UECN, the MECS was regionalized in 2009, with the aim of expanding not only the access and use of social equipment at a lower cost, but also qualify the service in all points of attention of the network.

The historical construction of the MECS, its structuring, the regionalized organization, the care actions, the professional practices and the way of acting in the UECN are structured by the prescribed and real work, intimately articulated. The prescribed work contemplates a set of previously planned and organized activities with instructions, norms, laws, protocols. The actual work, in turn, refers to the moment in which the professional performs the determined actions, being able to modify them to the extent in which it recognizes a distancing between the prescriptions and the situations of its daily work. It is emphasized, that in the context of the regional MECS, the real work stands out.

The Expanded Health Region of the North of Minas Gerais has peculiarities, such as high territorial extension and population density, extensive rural areas, geographic, cultural and epidemiological diversities and high socioeconomic inequality. Given these characteristics, the subjectivity of the professionals is assumed as a relevant aspect for the organization of work, considering that these need to adopt strategies for a singular action, with a view to overcoming the daily work challenges.

The singularity and relevance of this study are related to the fact of approaching the experiences of professionals and managers, of different categories, who work in a service in which pioneering actions of regionalization were implemented and developed at a national level.

Studies of this nature are expected to foster reflections and improvements in the quality of the work of the MECS team and provide subsidies for the organization of other services and for the health system.

OBJECTIVE

- To understand the historical construction of MECS Macro Norte in the municipality of Montes Claros, in Minas Gerais: from its conception to regionalization.

METHOD

Due to the characteristics and specificities of the study, a qualitative approach was used, based on...
The historical construction of emergency mobile...
The service was referenced by the participants of this study, as unknown in the period of its creation, because there is no pre-hospital care of EU in the region and also for being a pioneer.

When I was called to work at MECS to help here, even at the assembly, I’ll be honest, I did not even know what MECS was. I remember until today: I was on duty at a hospital CTI and one of the MECS coordinators asked if I was interested in collaborating with the service. But what is this? What is MECS? (MN 12)

It was a new service, still unknown to the population. (NT4)

Research carried out with MECS from other regions of Brazil shows that the lack of knowledge of the service, by health professionals and the population, is related to factors such as the work that is provided by MECS, the number available to the applicant to use this service and the service priorities.13-4

Regarding the composition of the MECS teams, two strategies were used. One of them was the selection process carried out by the municipal health department.

At the time that I entered, it was a selective process, in 2005. It was done by the health department, there was a process for curriculum evaluation, then, a practical evaluation by professionals of the fire brigade. (N7)

Another selection strategy was the nomination by coordinators, with invitations made to professionals of their confidence, who already worked in the local health services, to compose the teams. In this way, it was possible to find participants who have been at MECS since the company was founded.

It was something like that, which was built, so, the coordinator of the time might be calling the people of trust. We were few and had a lot of trust and friendship with each other and that was very important for the job, you know? Both doctors, nurses, technicians and drivers, because it was a small service in the beginning, were two doctors per shift. (MN11)

The construction and support of the form of selection of professionals to compose the teams of the MECS refer to the “metaphor of the tribe”, attributed by Mafessoli to a type of group formation. For the author, tribe is a symbol that delineates a style to people and allows them, through identification, to remain together by sharing an aesthetic sense, tastes and interests in common.15 In addition, the relationship of trust, highlighted by MN11, refers to the conduct of teamwork, an inherent aspect of the resolving of assistance. Thus, MECS’s work requires cooperation among professionals, to optimize the response-time factor, in view of the unpredictability of UE actions.16

The fact of being part of the MECS, since its creation, reflects in the establishment of ties of identification and the feeling of belonging to the service, as spoken by NT8.

For me it was an initial excitement because I am from MECS’s first group, so, it was exciting there, it was gratifying to see an innovative service in the city. (NT8)

In this sense, becoming part of the tribe is to assume the collective co-responsibility essential to qualify work spaces and increase the effectiveness of practices.17 The effectiveness of prehospital work is not only related to the availability of material resources. Its result depends on the competencies and responsibilities of each member of the tribe, on the tune, cooperation and integration at the time of service.16 Thus, each agent of this tribe designated MECS complements the work of health with a specific knowledge.

◆ The regionalization of the northern macro MECS: characteristics, obstacles and advances

The implementation of the municipal MECS represented an advance in the health sector of the municipality of Montes Claros. MECS did not serve from a regional perspective, while the Northern region of Minas Gerais lacked greater investments in health. Over time, the Minas Gerais State, initiative to regionalize and implement the UECN MN, incorporated MECS into the emergency network with a new way of operationalization.

It was a very hard work and a lot of personal investment from all those who participated. They were exhausting, warm, fruitful meetings. If I’m not mistaken, there were seven workshops that we did, bringing together representatives from all municipalities. Eighty-six municipalities that make up the macro-region, and in these workshops were stitched the guidelines that would guide the work from the regionalization. It was all very complex. (GE3)

The process of regionalization of health can be divided into two moments. The first was the process of regionalization of services, with a view to organizing and making them more efficient, and effective in achieving UHS goals, of universalization, completeness and equity,
with higher quality and at lower financial cost. The second refers to the implicit process of regionalization, which falls on the creation of health regions, through the epidemiological characteristics of a given population.18

The regionalization of the emergency system is assumed by authorities, managers and professionals as a necessary strategy, since it allows access to the best care, according to the severity, and guarantees access to specialized care, which cannot be made available in local centers.19

MECS’s regionalization process and its implementation in the Northern Minas Gerais Expanded Health Region, stimulated debate and demanded efforts from managers, health professionals, service providers and other health professionals, to sensitize and work that would be provided.

In addition to the workshops and meetings held to optimize the organizational structure of the MECS MN, the professionals used the regional and regional models of organization of the US and French UE, in order to adapt them to the regional reality. Therefore, the service is a mixture of the experiences of these countries.

This model was an exchange of information with all other emergency and emergency services. We managed to get in touch with Portugal, Spain, with the United States. So we adjusted these two standards that already existed: American and French. Their models of care of equipment, ambulances, drugs, procedures to be performed, we adapt them here. Then, people from outside (Portugal, Spain, United States) came to be able to aggregate, exchange information, and even exchange knowledge. So, this exchange of information I think was cool.

(GE10)

From this perspective, it was possible to identify that the experiences of actors, with the exchange of information, became spaces of sociality, a movement of living together, which enabled, professionals to share experiences, feelings, information and knowledge. Sociality “is based on shared space” and that explicitly "it is about getting out of oneself, breaking the closure of one’s own body, having access to a collective body and, participating in a larger space.” 20 : 161 Thus, sociality is driven by people’s pleasure in being together, identified in the sense of belonging, in which the group shares the same ideas, interacts and develops acts of solidarity, and recognition of the other, in the face of the challenge of offering regionalized EU service.

The exchange of information, with other services, was essential in order to shape the work plan and define the steps for its execution. However, the adaptations cited by MN10 were paramount for the implementation of MECS, given the cultural, economic, environmental and epidemiological differences. It is necessary to plan the service, from available resources and an analysis of the operant policies.21

Another source of information, mentioned by the participants was CISRUN. For MN5, it is critical to seek information from other consortia to address the daily demands of the service.

We are always in contact with the other consortiums in order to know what the balisamento they are having, what guidance they have from the Public Prosecutor’s Office or even from the Judiciary. When we receive some demand, we seek other consortiums to try to make a uniform action, because it is a very new figure.

(MN5)

The Intermunicipal Health Consortiums (IHC) are presented as possible strategies and autonomous initiatives of surrounding municipalities that are associated to jointly manage and provide specialized services and with a greater technological density, for the health of the population, with a view to decentralization towards UHS, principles for regionalization and the hierarchy of service provision.22

CISRUN, established in January 2010, is responsible for managing the financial resources of MECS passed on by the Union, state and municipalities consortium; providing infrastructure support to the decentralized bases of MECS and the Macroregional Regulatory Complex; monitor emergency health actions and services, and integrate emergency services within the framework of CISRUN.23

The communication of professionals with the population, was also a strategy cited
as a way to guide it about the functionality and priorities of the service.

So, it was, slowly, we asked people to call us, we warned them, 'people, here have a service, call 192, it's free'. So it was an experience that was happening, as if it were a little bit, because people did not know it. (NT5)

So I had to do a calibration on it, so that there would not be a reality clash, an exercise in work, and rational use as well. Because MECS, it is not a service to be used on a large scale, understand? Only to be used in urgent and emerging cases. (MN3)

This organizational context is characterized by the relationship between the degree of interdependence at work and the performance of the group, which requires the construction of interactions, the development of relationships and the effective exchange of information, in order to make the work process viable. Therefore, a communicative practice, focused on a process of interaction between professionals, professionals and the population, is essential for mutual understanding and organizational effectiveness.24

The education of the population, with regard to the real applicability of the MECS, can directly imply the daily work of the professionals. A study developed in Rio Grande do Sul (RS) revealed that the lack of knowledge about the functions of the prehospital service can lead to unnecessary ambulance movement and, consequently, impact on the care of specific cases of MECS.25

In addition to the strategies mentioned to operate MECS, health professionals referred to the obstacles in the beginning of regionalization, such as regional, structural difficulties, vocational training and population awareness.

Regarding the regional aspect, the geography, the characteristics of the road network and the distances traveled, from the base to the place of occurrence, that required planning, by the professionals about the resources, needed to assist the population were highlighted.

Regarding the region we went to observe, to observe also the road network, understood? We have cities here with many dangerous saws, road mesh with a lot of vehicle movement, or, else we have cities with small industries, so we took care of over time to observe these details to be able to do a stock control, supply and replacement. In this way, we create mechanisms within the system that MECS meets, we create protocols, the same standard operating protocols. (MN10)

Each day was a funnier place than the other one you were going to (laughs). The place was far, far away, you imagined, 'do people live in this place? You thought you were lost. 'Oh, it's trotting, there is not, there are no people in a place like that'. You walked for an hour, an hour and a half, in the middle of the bush, bush, eucalyptus, eucalyptus, bush. You imagined like this' my God, if this ambulance breaks here what will become of us? If a tire pierces here what will become of us? Then little girl, walked, walked, walked until she reached that destination. (NT 10)

Given the multiplicity of difficulties and obstacles presented, the MECS professional has strategies that are not recommended, as rules of prescribed work, norms and laws, but which are valued and emerge from their needs in order to be structured and restructured in daily life of work. This strategy resembles that of Maffesoli, as a social vent, a way of coping with the group to survive, in the hardships of everyday life, which gives meaning to work.15

For the author, it is necessary to go beyond the formal aspect of things, we must give importance to the appearance of things, relativize reason, but always rely on the small details of daily life.15

A study carried out at MECS in Rio de Janeiro also pointed to distance as a factor that makes it more difficult to provide care. 14 NPEC predicts that the most important criterion to guarantee the timeliness of the MECS is the response time, being the distance to be covered to the place of occurrence, a determinant factor for the accessibility to the health service.

Accessibility to the health system must be guaranteed geographically, economically, culturally and functionally. Therefore, its efficiency can not be evaluated only with regard to the quality of the service, but also with regard to its reach by the population.26

The characteristics of the Expanded Health Region of North Minas have influenced the work of MECS since the beginning of regionalization, and it still remains a challenge for professionals of...
The historical construction of emergency mobile...

MECS professionals were, constantly, experiencing unforeseen situations. The different contexts where the attendance occurred, the conditions under which they were performed and the technological conditions led the participants to adopt strategies in order to make quick and precise decisions.

MECS teams, in rural areas faced difficulties, related to contact with CRUE through autotrack, given the limitations of the coverage area of the telephony operating system in the region. Thus, the team had the help of the user or the family to have access to a telephone and establish communication.

When we went to an occurrence on the farm, we would climb on the gates, but it was funny. You climbed over the gate for you to call here. You had to find a strategic point, or else you get to the victim's home: 'oh, do you have a rural phone? Lend there I'll call, I'll use your phone to pass the data to base. Then you would call 192, pass the case to the doctor, the doctor would say everything you had to do. From there, you would pick up the patient, put him in the ambulance, and leave. If something happened to the patient on the way, the doctor would only know the moment we arrived at the place that had the point of getting a phone. (NT 10)

This reality demonstrates that living does not depend on established norms and regulations, since AHU and BHU teams must establish communication with the regulatory physician to initiate and continue service. However, such conduct was considered viable, considering the situation experienced in the regionalization implementation period of MECS.

In addition, the administrative centrality of MECS, in the municipality of Montes Claros, was mentioned as a difficulty for the decentralized bases. The professional, who worked outside the municipality of Montes Claros, had to travel often, with great distances, to participate in training, meetings and examinations, which were offered exclusively at the administrative center. It is important to highlight that distance is an important indicator of the regionalization of MECS.
We were outsiders, so you had to come here to Montes Claros. Access, you had to pay from your own pocket, for you to be coming here to train, you had to come here for a meeting, to take a test, then everything was here. (NT1)

It is also important to consider, the intermunicipal public transport infrastructure, that interfered with daily work. In this sense, NT6 points out that the support of the municipal manager was important to keep the professional active, despite the difficulties encountered.

He [the municipal manager] paid the hotel for us, so we did not come, because the expense was too much. There was no direct bus to the city, there were only health buses. He would give us a place to come and go, because there was no bus to come, to go. then he would give us a place. (NT6)

Still in the focus of the difficulties at the beginning of the regionalized MECS, professional training was identified as an obstacle to structure the service, justified by the shortage of courses and institutions of higher education and technical in the region. By the time I graduated, I did not have many college options, technical courses. (MN10)

So, like Miravânia, it did not have all the Nursing technicians. It was for me to stay a month, I stayed a year and three months. (NT6)

It is also worth noting, the difficulties encountered by the professional, to perform an effective work in health, related to the lack of experience in the UE and the prehospital care. I picked up very freshly formed and I also had very little experience at the time. Nowadays, I discovered that when I came in, I was raw as they say, right under construction. (MN13)

A similar situation was identified in a study conducted at MECS in Rio de Janeiro. Among the difficulties experienced, it was highlighted the lack of specific technical knowledge of professionals for the pre-hospital mobile UE. It should be noted that such difficulties are foreseen in the NPEC and which are justified by the low supply of specialization in pre-hospital UE for doctors and nurses in Brazil.14

In relation to health professionals, resistance was also highlighted, linked to the stigma that MECS would increase the demand for hospital care.

It was a period of paradigm change, especially, in the city of Montes Claros, where we had some resistance from the health professionals who received our patients, from MECS. It even created a mystique that hospital attendance increased considerably, and it was the opposite because many of our patients were medicated and released on the spot. (MN12)

The situation mentioned by MN12 reflects the lack of understanding by hospital health professionals that MECS would be part of the UECN and would fulfill part of the task in relation to the flow of emergency care.

Through the obstacles addressed, the findings of this study corroborate with studies carried out on the regionalization of the health system, which pointed out factors that interfere in the accessibility to health services, related to territorial extension, population density, geographic barriers, road network, socioeconomic conditions, cultural, social and professional aspects, conditions of investment in health, and the condition of the region.5,14 Despite the difficulties experienced and challenges overcome over time, MECS is considered an important service. increase user access to the health care network and structure the service of the teams in order to better respond to the demands.

The service expanded here, covering the entire North of Minas, a population of 86 municipalities and more than one million six hundred thousand people. The network does this coverage. I think we have 86 counties right? Already for 37 bases, the number of professionals has risen to more than 700 professionals. (NT7)

It was a very good government action because there are many cities that did not have this kind of service. So, we realize today, as it is important to have ambulances, to have people facing the emergency and emergency area and in the rescue. Imagine that inside, I did not have this ransom, did it? There was no way to do that, and today it does. (NT8)

The regionalization of MECS MN is also considered a step forward in reducing mortality and integrating health care points. Before he had patients, that in cities near Montes Claros that did not have this care. So, MECS was 60 miles away to take care of a patient, but until he got to that patient, the patient was going to die and was a greater harm to the family. (NT4)

This is something that I think is very important, it was great here for our region. It was through this regionalization, that we managed to integrate the services, primary...
The integration of services cited by N7 refers to regionalization, as a strategy that enabled the configuration of functional and resolving health care systems.28

Another advancement pointed out by the professionals was the recognition acquired by the service, which is configured as a model for other regions of Brazil and for other countries.

It was the first pre-hospital care Olympics, including Brazil, where they requested teams from several MECSs in the country. We left here from Montes Claros, a team of six professionals, where we ran teams of MECSs from several other cities here in Brazil. We had the honor of winning first, right then, so for me it was a unique experience, we live and have brought that title here to the North of Minas. (N7) We were a reference to the creators of MECS in France, who even had a very close bond with us here, with MECS Macro Norte, mainly in Montes Claros, before issues of political changes, until a team was relocated from here to there and from here to there to do this exchange. (N9)

Based on the interviews carried out, what may seem to be insignificant is sociality, in order to elucidate the relations of belonging as a subject of a group and to be together, with even that fleeting and ephemeral. Through the will to be together, the interactions between people, the value given to the sensitive and the small things of everyday life, that people’s satisfaction and happiness happens.29

In addition to all the above mentioned advances, it is important to note that the MECS MN has been respected and recognized by the population, which may be related to the fact that the MECS meets the victim, provides on-site care and transports the user to the service of urgency, making it recognized as a service of credibility and trust.29

People today recognize our work, know where we are, the person knows how to thank us, so that’s when we feel very, very happy, when you arrive at the place, the person says’ ours, you arrived on time, you saved my grandmother’. (NT10)

The statements emphasize the representativeness of the MECS, in the health system’s performance, because it contributes to the increase of the resolution of the events.

CONCLUSION

The interviewees’ statements, about the implantation and regionalization, reinforce the moments that are still alive, are remarkable and rewarding experiences in the professional life and are present in the construction of daily work. There will always be a challenge situation, the common place of MECS to be confronted, every day, by professionals.

Although with little implementation time, MECS MN is configured as a structuring proposal of Uecn MN. The operationalization of the regionalized MECS allowed the organization of the inflows of emergencies with a perceptible improvement in the quality of health care. However, it also revealed difficulties and obstacles in the organization of prehospital care at the beginning of MECS MN implantation, refers to the regional and structural aspects, professional training and qualification, awareness of the population and the articulation between services.

The importance of the study is the possibility to permeate discussions about the regionalization of the health system as a new way of organizing the services in the network of attention to the UE.

The study made it possible to understand the historical construction of MECS MN in Montes Claros, from its conception to regionalization, by the voice of those who make up the MECS, who can handle a work that goes beyond what is prescribed.

The limits of the study are related to the fact that MECS MN is based in Montes Claros, and it is important to know the history and reality of this service in other regions of Brazil.

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The historical construction of emergency mobile...


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