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ACCESS TO THE VACCINE ROOM OF THE FAMILY HEALTH STRATEGY: ORGANIZATIONAL ASPECTS

ACESSO À SALA DE VACINAS DA ESTRATÉGIA SAÚDE DA FAMÍLIA: ASPECTOS ORGANIZACIONAIS

ACCESO A LA SALA DE VACUNAS DE LA ESTRATEGIA SALUD DE LA FAMILIA: ASPECTOS ORGANIZACIONALES

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ABSTRACT

Objective: to analyze the organizational access to vaccine rooms in the units of the Family Health Strategy / ESF. **Method:** a qualitative study, a case study, using, the open interview with 49 users and 31 health professionals as sources of evidence, the observation of the routine of care, in the vaccine room. To analyze the data, the Content Analysis technique was used in the Content Analysis, in the Thematic modality. **Results:** organizational constraints of waiting time, shortage of employees, training and working hours were evidenced; the access facilities were the independent vaccination of the ascription to the FHS team, active search of the users, with difficulty of access and reception. **Conclusion:** barriers to access to vaccination, must be identified in order to address the right to prevent vaccine-preventable diseases and to improve the quality of the service provided. **Descriptors:** Vaccination; Family Health Strategy; Health Services Accessibility; Vaccines.

RESUMO

Objetivo: analisar o acesso organizacional às salas de vacinas nas unidades da Estratégia Saúde da Família/ESF. **Método:** estudo qualitativo, tipo estudo de caso, que utilizou, como fontes de evidências, a entrevista aberta com 49 usuários e 31 profissionais de saúde, na observação da rotina de atendimento em sala de vacina. Para a análise dos dados, utilizou-se a técnica de Análise de Conteúdo, na modalidade Temática. **Resultados:** evidenciaram-se os entraves organizacionais de tempo de espera, escassez de funcionários, capacitação e horário de funcionamento; as facilidades do acesso foram a vacinação independente da adscrição à equipe ESF, busca ativa dos usuários, com dificuldade de acesso e acolhimento. **Conclusão:** é preciso conhecer os entraves do acesso à vacinação, a fim de atender ao direito de prevenir as doenças imunopreveníveis e melhorar a qualidade do serviço prestado. **Descritores:** Vacinação; Estratégia Saúde da Família; Acesso aos Serviços de Saúde; Vacinas.

RESUMEN

Objetivo: analizar el acceso organizacional a las salas de vacunas en las unidades de la Estrategia Salud de la Familia / ESF. **Método:** estudio cualitativo, tipo estudio de caso, en el que utilizó, como fuentes de evidencias, la entrevista abierta con 49 usuarios y 31 profesionales de salud, en la observación de la rutina de atención en sala de vacuna. Para el análisis de los datos, se utilizó la técnica de Análisis de Contenido en la modalidad Temática. **Resultados:** se evidenciaron los obstáculos organizacionales de tiempo de espera, escasez de funcionarios, capacitación y horario de funcionamiento; las facilidades del acceso fueron la vacunación independiente de la adscripción al equipo ESF, búsqueda activa de los usuarios con dificultad de acceso y acogida. **Conclusión:** es necesario conocer los obstáculos al acceso a la vacunación, para atender el derecho de prevenir las enfermedades inmunoprevenibles y mejorar la calidad del servicio prestado. **Descriptores:** Vacunación; Estrategia de Salud Familiar; Accesibilidad a los Servicios de Salud; Vacuna.

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INTRODUCTION

Immunization is a proven action to control and eliminate infectious diseases and it is estimated that between two and three million deaths are avoided every year and is considered a fundamental strategy worldwide.¹ In Brazil, it is one of the most important and effective interventions in public health offered by the Unified Health System (UHS), through the National Immunization Program (NIP). The NIP organizes the entire national vaccination policy and has, as its mission, the control, eradication and elimination of immunopreventable diseases.² Vaccination is intrinsically linked to Primary Health Care (PHC), contemplating the Family Health Strategy (FHS) as the main point of attention for its operationalization.

Officially established in 1994, the FHS represents an important milestone in the history of health policies in Brazil, becoming a priority for the reorganization of the model of care, traditionally known for its curative characteristics. It is considered one of the main entrance doors of the UHS, and is responsible for providing a resolute response to 80% of the population's health problems at this level.³

The increase in the coverage and scope of the FHT in the country is considered successful and expressive, but does not guarantee the integrality of health care. Currently, more than half of the population is registered, with priority being given to areas and families at risk, consolidating itself as an important strategy to reduce inequities.⁴⁻⁵ Even within complex and diversified scenarios, the FHS has the reorientation of PHC and favored the universalization of access, with the objective of aggregating fundamental principles, such as equity, completeness and universality.⁵⁻⁶

In this context, PHC is the level of the System that provides access to the system to people, aiming to accompany them, over time, in their varied conditions.⁷ It differs accessibility accessibility, indicating that these terms are usually used interleaved and vacancy. The concept of access has been expanded in the last decade, encompassing the real use of health services and equity in access, which refers to the adequacy between the provision of services and health needs.⁸

The use of the term access is complex and often used in an imprecise and ambiguous way, undergoing variations over time. Although there are conceptual and ideological differences, the access vision related to the

characteristics of the use of the service has predominated, resulting from the behavior of the user, seeking the care, and the professional, who welcomes and accompanies it.⁹ The terms access and accessibility have convergence, although there are discrepancies between some authors, and imply identifying and removing barriers, in whatever physical, economic, social, cultural, racial, political, geographical, organizational and language aspects - that may prevent the individual from obtaining a right or a service that is formally guaranteed.¹⁰

Although universal access is a fundamental principle of the UHS, there are still barriers and difficulties to achieve it, guaranteeing accessibility. Even with the expansion of the FHS, there are obstacles for the user to have universal and equitable access,^{5,11} mainly, related to the organizational question.¹¹ Regarding immunization as one of the main actions offered by the FHS, there is a gap in the literature on how access to the vaccine rooms.

Given the relevance and indisputable impact of immunization on the health of populations, it is essential to conduct studies aimed at understanding and elucidating the factors that facilitate or hinder access to vaccine rooms and, consequently, subsidize the implementation of the goals of the NIP. Thus, analyzing the access to vaccination rooms of FHT teams is of great relevance, since it can contribute to the planning and implementation of actions that reduce the barriers and difficulties encountered, promoting the humanization of care and the increase of vaccination coverage , the accessibility to immunization. Therefore, it is questioned: how is the access to the FHS vaccine room, from the perspective of health professionals and users? How can elements related to the organizational dimension influence access to the FHS vaccination ward?

OBJECTIVE

- To analyze the organizational access to vaccine rooms in the units of the Family Health Strategy/FHS.

METHOD

This is a unique qualitative case study. Often used for data collection in the area of organizational studies, its emphasis as a method is on understanding.¹²

The study scenario was a municipality in the State of Minas Gerais, with coverage of 100% FHS. It is a municipality recognized nationally as the second furniture pole of Brazil.¹³

As of 1999, the municipality expanded the network of health services, aiming at, the reorganization of the PHC with the FHS, and today there are nine FHS units. The FHS teams work with a diversity of territory, because they are seven urban teams and two rural teams, with differences in the social production of health, since the rural teams are itinerant presenting, as obstacles, the distance traveled by health professionals and the obstacles of the non paved. Rural communities have small and precarious health units where weekly or monthly visits are performed, and, when these units do not exist, the visits are performed in improvised places such as in churches or schools.

Vaccination in the rural area is carried out by the staff at weekly or monthly visits, or when users have the opportunity to go to headquarters. Thus, the understanding of the health-disease process is expressed in common sense and expressed in the world of life of these research participants in a humble, needy and waiting for teams in rural life.

In addition to the FHS teams, the city has a municipal pharmacy, a prompt service, with emergency service and 24 hours emergency, and a psychosocial care center, with medium and high complexity services referenced to the municipalities of the Western health region.

Field research was carried out from March to May 2015 and was based, on a survey of primary data, through an open interview, with semistructured script and direct observation of a descriptive nature, performed in all vaccination rooms of the FHS units. The recording of these observations was done in a field diary drawn up after each period, identified as "Observation Notes". (ON)

Data collection was preceded by the elaboration of a theoretical model, incorporating the dimensions and criteria related to accessibility in the vaccination ward, based on the following dimensions of access: organizational, geographical, socio-cultural and economic.¹⁴

For each of the dimensions of accessibility described, the aspects related to the vaccine room, were defined taking into account the interaction and influence of these in the access to the vaccination room. This article is part of a master's thesis, and emphasized the results found in the organizational dimension.

For the organizational dimension, the following items were defined: working hours; availability of immunobiologicals; trained professional; control of defaults; information system and indication of the vaccine.

The participants of this research were workers of the FHT teams among physicians, nurses, nursing auxiliaries / technicians, community health agents and the PHC coordinator, in a total of 31 professionals interviewed, identified with the letter (P), followed by the numbering of the interviews. As an inclusion criterion, it was established the performance of at least six months of service in the PHC, so that the professional knew the reality of his unit. Of the 53 possible respondents, 23 professionals were on vacation, leave health-leave or the time of service at the FHS was less than six months. Then, 30 professionals and the PHC coordinator remained, all of whom agreed to participate in the survey and were interviewed.

In addition to the professionals, 49 users of the vaccination target population: mother; adolescent; pregnant woman; adult/worker; elderly and bedridden, with preserved cognitive ability, identified with the letter (U), followed by the interview number. Interviews were conducted with users who waited for health care in the FHS unit and, in households, with users who presented difficulties in locomotion.

Based on the criterion for closing the interviews, at least, one user for each group of the NIP target population in each vaccine room and all health professionals who met the inclusion criterion.

The data were analyzed according to the Thematic Content Analysis technique,¹⁵ being the predefined categories in the four dimensions of access: geographic, organizational, sociocultural and economic. This form of categorization called "boxes" and applicable in case the organization of the material stems directly from the hypothetical theoretical foundations.¹⁵

The Atlas IT software, version 7.5.6, and its tools were used for content analysis. With this software it was possible to code the interviews according to the categories of analysis. In the first step, all interviews, transcribed and digitized, in WORD. After a previous review, were inserted in an identifier panel (Hermeneutical Unit) with the name of the project "*access to the vaccine room*". These interviews were listed in sequential order, according to each entry in the program Ent 01, Ent 02...

The next step was to read the interviews, with attention and extraction of the units of records (citations) that were identified for the purpose of the research and with theoretical basis. With this, it was possible to encode the statements according to the pre-established

categories of analysis. The last step was the treatment of the results and the interpretation of the data processed, according to the expected objectives or referring to new findings in the research, and the discussion with the existing literature, and may offer inferences.

The project was approved by the Ethics Committee in Research of the Federal University of São João Del-Rei / Campus Centro Oeste, under the opinion nº 910.125. CAAE: 37653214.7.0000.5545.

RESULTS AND DISCUSSION

♦ From the organizational dimension to access to the vaccine room

The access in the organizational dimension was exemplified, by the participants of the research, in the face of the difficulties and facilities of access to the vaccine room of the FHS units.

Many were the difficulties enumerated by the participants of the research, among them, the waiting time to be vaccinated. The wait reflects the organizational barrier and the increase of the population attached can be an aggravating in that time, according to the informant. Sometimes people do not wait for service and end up leaving:

Difficulty you may have is that the population has increased a lot in this area, so, I believe that sometimes it may be that it has a difficulty in being able to attend to everyone and respond well. And it may happen that someone gets more nervous about waiting to be taken care of and leave. (U29)

In addition to the increase in the number of employees, the shortage of employees may also interfere with the waiting time of the parents to vaccinate their children, due to the demand for other activities for the staff, among them, the dressing, making it difficult to carry out immunization activities.

There are days when five mothers arrive and each mother with three children to vaccinate, there it overloads, because the girls do not just stay vaccinated, they have to perform the dressings, sometimes, they have to do the dressings at home, the patients are cursing. They are days like Monday, Tuesday and Wednesday, here it is sacred, it is overwhelmed, there is a father who does not wait, he gets up and leaves. I think you have little employee. (P17)

As noted, in the municipality, that some FHS teams exceed the indication of up to 4,000 people registered. (ON) A study carried out in the Brazilian northeast presents similar situations when discussing, as one of the major difficulties for a good team

performance, the excess of users linked by the FHS team, impeding the adequate work of the team and access to the care which the users need.¹⁶

The FHS is made up of a multiprofessional team that operates in a defined geographic area and with an attached population, being responsible, for an average, of 3,000 people, and, a maximum of 4,000, and may be smaller, according to the risk and vulnerability presented.¹⁷ To be achieved to offer effective access to care, it is essential to reduce users by FHS staff, considering the precarious situation of the Brazilian population and the great territorial extension of the country, especially, due to its demographic and geographic peculiarities.¹⁸

The results highlight that the nurse professional is essential for the operation of the FHS and is directly responsible for supervising the activities carried out in the vaccine room, identifying possible failures and difficulties inherent in daily work.

The nurse can not handle it, understand? It is my greatest difficulty! So how is the way I had to work? It was to train them well, to train them well, because there is no way for me to watch their service, unfortunately. We know that the nurse's job is to look, to see if they are performing the records, mirror card, stay supervising. And, unfortunately, I do not have that time, it's my fault, but it's not because of me, it's the same system. (P25)

"Vigilance" is not properly the role of the nurse, but rather the technical accountability for supervision in the vaccine room. This should be used as an evaluation tool for the quality of care and raise the demands of qualification of the team. However, if the supervision activity is deficient, it becomes difficult to identify these demands, as well as to plan and implement moments of permanent education and training of the professionals involved, which may compromise the vaccination process in the FHS units.

A study carried out in Minas Gerais, Brazil, aimed at understanding nurses' perception of the supervision of activities carried out in the PHC vaccination ward, demonstrated the absence of nurses' supervision, being cited, as justification, the number of actions taken by them. This deficiency, in supervision, may compromise the quality of care in the vaccine ward.¹⁹

Most of the professionals reported the constant changes in the national immunization schedule, which demand the need for periodic updates.

I think, every time we deploy a new vaccine, or a new change, we've had the change of

several things in the meningitis vaccine, I think there should be a general meeting for all PSFs to speak the same language and work together. (P55)

Lately, he is not having much vaccine training, the last one we had was in 2013, usually, the nursing staff come, the same trainees, they end up passing the information. (P27)

In this context, it is important to emphasize that the need for information about vaccines and training actions should permeate the Nursing team and involve other professionals in an interdisciplinary perspective. The medical professional also complained about the lack of training, in order to subsidize it to offer information on the vaccines to the users it serves.

What I wanted to point out is that the information on the vaccine is not passed on, to the doctors, and I find it important because the person arrives and the first thing she asks is if she can take the flu vaccine if I do not search I will pass shame, so, I always research before, the day I see the poster I already know. (P76)

Administering vaccines to patients, in the health units, is a complex process, with several stages, contemplating a series of decisions and interrelated actions, requiring, in addition to updated knowledge, availability to carry out all steps with safety.

Lack of professional empowerment is considered a barrier to access.¹⁴ Outdated health professionals may present misconduct, leading to loss of vaccine opportunity and harm to the individual. The relevance of up-to-date knowledge of health workers is to ensure safe immunization, but training does not occur in the same proportion as changes occurring in the national calendar.²⁰⁻¹

The Brazilian NIP has significantly, expanded, the vaccine menu in the last decade and this change requires, professionals, to be continuously updated to ensure quality vaccine room assistance. In contrast, this expansion of the vaccines offered by the NIP is seen as restricting access, in the perception of users who, often, do not understand the priorities of the program.

I who ran far behind (Laughter). I who kept chasing me. Then, she said: No, first is the campaign, then if I leave, I apply. Then I stayed on top of her, but everything worked out. (U63)

The availability, the day I went there, had even passed the date of taking, was a year and three months, a vaccine I do not know the name, she said she had no more right to take, but passes in the television that can vaccinate, it's not just up to that age, I

think I should have every kind of vaccine. (U11)

To ensure access and equity of actions throughout the country, the NIP weighs the epidemiological risk, the vulnerability of social groups, and defines vaccination for groups at higher risk of illness.² The insertion of a new immunological or the extension of the range age in the national immunization schedule are carried out only after scientific studies, on the efficacy and safety of immunobiologicals, in addition to considering the production capacity of the laboratories and the feasibility of distribution and storage.²²

♦ From the unit to the vaccine room: health work organization and opening hours.

The organization of health work and the hours of operation of the vaccination rooms were identified as an important barrier to access to vaccine rooms. In the understanding of the research participants, the opening hours of the vaccine room should be expanded, noting that it is difficult, for parents or guardians, to leave work and go to take their child to vaccinate.

Time is just what I have to complain, because weekday I think it had to work until around six o'clock, half past five. I even speak for other mothers who have children in the school together with me, we finish work five hours, some people depend on buses. I get there early because I get my boy by car, I think there should be a more affordable schedule for people who work. (U56)

I think it should be publicized by, for example, a day to have a vaccination, a campaign to get the vaccines up to date, and stay from six o'clock until nine o'clock at night, a schedule that can be set, day mobilize, make posters in the companies. (U42)

A study corroborates these results, evidencing the difficulty faced by the children responsible for attending the vaccination service due to the working day, due to the incompatibility of the schedule and availability of functioning of the health unit.²³ It is suggested that FHS health units work at nighttime to facilitate employee use.²⁴

In the United States, the vaccination service is offered in some pharmacy networks, with extended hours to the population. An alternative to improving access would be expanded vaccination in schools, child care centers and pharmacies, thus, increasing, vaccine opportunities.²⁵

There are problems and challenges in the system for access to immunization

opportunities. In addition, perplexity and constant changes in vaccination schedules and insertion contributes to sub-immunization. Several strategies are needed to improve vaccination rates, including improving access to vaccines and minimizing financial barriers to families. The vaccine status of the user should be evaluated and the vaccines administered at every possible opportunity.

Coordination of services is tied to management capacity, and it assigns three basic points: to plan, implement and evaluate the service provided.⁹ Hours of operation should be revised to allow, users, to schedule alternate hours such as on weekends and after maximizing access to the vaccine room.⁹

Different times of access to the vaccine room were identified in the municipality. There are rooms that do not attend at lunch time and close their activities earlier; some vaccine rooms work throughout the working period, including at lunchtime, with all vaccines being offered; in others, the unit although open does not carry out vaccines at lunch time and there is concentration of supply of some immunobiological on certain days, with specific schedules. (ON) A study carried out in Teresina also showed that the FHS did not comply with the vaccination schedule and pointed out that it was not egalitarian in the health units.²⁶ It is essential that the FHS unit be open from Monday to Friday, without interruption, at lunchtime, in order to promote access to the population and avoid loss of vaccination opportunity.

In some FHS units, the interviewees also recognized facilitating factors for access to the vaccination center: such as the independent vaccination of clientele, active search of users with difficult access, and routine reception by the FHS team.

The people of the countryside come here a lot, mostly vaccinated here, it is very difficult to vaccinate in the fields. We do curative too, we do not deny service to users from other places, we do because here it is very central. So on the campaign day have all the PSF, but the parents enjoy that they are here in the center to vaccinate their children, they come here, there we offer this opportunity. (P55)

In some moments, it was observed the attendance of users for vaccination, belonging to other communities and seeking care for ease of movement or timing. (NO) Free access, regardless of where the user resides, avoids the construction of a barrier to vaccination. However, universal and continuous access to the service offered is a right and must be organized in a way that

accommodates all persons seeking the service without exclusion.¹⁷

To ensure access to the user with difficulty to go to the unit, the team goes to the home:

The bedridden and the elderly, we already have the relation of the names, the specific vaccines for them are administered in the houses, it is passed to the registry and, they send that amount of vaccine, and there we go to the house. (P49)

The study highlighted the home visit as a way to facilitate access to people who, for some reason, are unable to go to the health unit, such as bed rest and the elderly with difficulty locomotion, being an opportunity for individualized care, as well as a greater approximation and increase of the user's link with the health service.²⁷

The host routine in the FHS promotes organizational access and establishes itself as a potent strategy that assists in improving access to the vaccine room.

I found them organized, well, I had never come here and went to the reception, I said it was vaccine, and she even guided me, I found them well organized in relation to the other PSF that I already used. (U4)

Their care is very practical because there is always someone here at the reception so we can announce what they need, so this is a facility. (U5)

In this way, the link is also related to a good service, based on an organization that optimizes the work and that listens to the needs of the clients. This listener should be considered at all times when the health team meets with the users.²⁸

The link between professional and client is intrinsically related to the host issue, a tool capable of establishing and maintaining this relationship. The host can be understood as a work technology that humanizes care, promoting the universalization of access to the population and as a professional attitude towards the client, qualifying care.²⁹ With regard to vaccination, reception can be considered as an essential strategy promoter of access, strengthening the bond and adhesion, as explained by the participants of the research.

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CONCLUSION

Although the implementation of the FHS has contributed to the success of the NIP, the constant incorporation of new vaccines and changes in the basic immunization schedule

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increases the complexity of the NIP, making it necessary to incorporate strategies, such as lifelong education, health education, organizational aspects that may interfere in the access to the vaccine room and guarantee more equity to this access.

The organizational aspects of health services can compromise the functioning of the system as a whole, implying the exclusion of users to the immunization service. So, it is important to know the barriers to access to the immunization service, in order to reorganize it in order to reach the target audience.

This study revealed a disturbing and relevant picture for the management, because some organizational barriers were identified in the search for the vaccination service, such as: working hours not adequate with the living conditions of the workers; deficiency in the continuing education of health professionals in the vaccination room, leading to the loss of vaccine opportunities; number of people assigned to the FHS greater than the possibilities of human resources to meet the demand, leading to an increase in waiting time.

Further studies are needed to analyze access to the vaccine room in PHC services, in Brazil. Identifying the possible local barriers, the peculiarities of the service, social vulnerability and number of adscription, may enable the programming of actions, with the objective of improving the access and the reception of the users in the vaccination room. Thus, expanding access will imply more chances of protection against vaccine-preventable diseases.

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