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CASE REPORT ARTICLE

SITUATION ROOM IN HEALTH: PLANNING TOOL FOR HEALTH ACTIONS SALA DE SITUAÇÃO EM SAÚDE: FERRAMENTA PARA O PLANEJAMENTO DAS AÇÕES DE SAÚDE

SALA DE SITUACIÓN EN SALUD: HERRAMIENTA PARA EL PLANEAMIENTO DE LAS ACCIONES DE SALUD

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ABSTRACT

Objective: to socialize the experience of constructing and deploying the Situation Room of the FHS's Health as a tool for planning of health actions. **Method:** a descriptive study type reporting experience of teachers of the subject of Epidemiology of the Undergraduate Nursing Course of the Potiguar University/UNP Mossoró Campus (RN). **Results:** it was emphasized that the Situation Room proved to be a valuable working tool for planning of health actions, since it allows us to understand the health disease process of the areas of the units, allowing identifying by updating data the constant changes in risks and diseases that affect communities. **Conclusion:** the proposed Situation Room in Health still remains a challenge and requires awareness of professional, conceptual and methodological deepening. **Descriptors:** Nursing; Primary Health; Planning.

RESUMO

Objetivo: socializar a experiência de construção e implantação da Sala de Situação em Saúde nas ESF's enquanto ferramenta para o planejamento das ações em saúde. **Método:** estudo descritivo, tipo relato de experiência de docentes da disciplina de Epidemiologia do Curso de Graduação em Enfermagem da Universidade Potiguar/UnP, Campus Mossoró (RN). **Resultados:** enfatiza-se que a Sala de Situação demonstrou ser um instrumento de trabalho valioso para o planejamento das ações de saúde, uma vez que permite compreender o processo saúde doença das áreas de abrangência das unidades, permitindo identificar, através da atualização dos dados, as constantes modificações nos riscos e agravos que acometem as comunidades. **Conclusão:** a proposta de Sala de Situação em Saúde ainda permanece como desafio e requer sensibilização dos profissionais, aprofundamento conceitual e metodológico. **Descritores:** Enfermagem; Atenção Primária a Saúde; Planejamento.

RESUMEN

Objetivo: socializar la experiencia de la construcción e implantación de la Sala de Situación de Salud del ESF como instrumento para la planificación de acciones de salud. **Método:** una experiencia de informes tipo estudio descriptivo de los profesores de la disciplina de la epidemiología de la Graduación de Enfermería de la Universidad Potiguar/UNP Campus Mossoró (RN). **Resultados:** se hizo hincapié en que la Sala de Situación demostró ser una herramienta de trabajo útil para la planificación de acciones de salud ya que nos permite entender el proceso de la enfermedad de las zonas de captación de las unidades de salud, lo que permite identificar, mediante la actualización de los datos los constantes cambios en los riesgos y las enfermedades que afectan a las comunidades. **Conclusión:** la propuesta de la situación de vida de la Salud sigue siendo un reto y requiere el conocimiento de profundización profesional, conceptual y metodológico. **Descriptor:** Enfermería; Atención Primaria de la Salud; Planificación.

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INTRODUCTION

The discussion about the Situation Room of Health (SRH) is not recent, however, it is appropriate to build new spaces of knowledge and practices that need to strengthen and materialize into new technologies work used to produce health. Therefore, we should rethink the use of SRH understood not only as a "showcase paper" full of numbers to understand it, but as a tool for analyzing the health of a community that provides information for the development of situational diagnoses.

The implementation of the Situation Room in Health in the Family Health Strategy (FHS) aims at making available information, executive and managerial way, to assist in decision making, management of health actions and knowledge generation, addition to conveying information clearly to the public about the health indicators of the coverage area. This systematization of information enables health professionals, administrative management and also to the users, transparency of assistance, projections, action planning and construction of the project interventions to be applied in reality captured as the specific health needs of the community.¹

Mechanisms, the foundations and objectives of SRH are not necessarily dependent on the manipulation of electronic systems and can be deployed in different places, such as in the physical space of the Family Health Strategy. It is important that the data collected are the real statement of information about the reality of a community and that the data can be analyzed, interpreted to guide health actions aimed at people who reside within the territory covered of the unit.²

During the discussions on the process of territorialization, health indicators and the activities performed in the field with students of 2nd period nursing course in different Family Health Strategies (FHS), which are located in the town of Mossoró/RN, were workings as a lack of the Situation Room of health to support the activities of health interventions in the community. A practice that should be present, because this service offers a vast source of data obtained through the reports, records and registrations used by professionals that comprise the health care team. However, it was noted that most professionals do not make these viable data for the planning of health of the unit.

In the course of the subject, some questions among them about how important the Situation Room of Health for the planning of health of a FHS were raised. In this perspective, the teachers of the subject of Epidemiology aim to:

- Socialize the experience of constructing and implementation of the Situation Room of the ESF's Health as a tool for planning of health actions.

METHOD

The study is the result of a experience report conducted by two professors of the 2nd period of the Undergraduate Nursing Potiguar University -. Mossoró Campus/RN, during the semester of 2012. The report is on the process of teaching and learning the subject of epidemiology that was established with 120 students for the construction and implementation of the Situation Room in Health in the Family Health Strategy (FHS) that are configured in the stage of the institution of higher education.

The subject of Epidemiology with a workload of 80 hours/classes that are distributed between the theoretical and practical classes. We seek to work out concepts that guide the understanding of the health/illness; classification and practice of epidemiology in different historical and social contexts, as the menu of the course, viewing the clinical model and epidemiological model in their inseparability in the context of health care. Also, epidemiological issues in Brazil and the region, are worked causing students from the local reality to understand the contents and health indicators, types of epidemiological studies, health, epidemiological and environmental surveillance.³

In implementing the Situation Room in Health, it was necessary to divide the two groups (A and B) into smaller groups. Each class contained 60 students and this meant that in the end we had 12 groups of five students in each classroom, respecting the rule of the Health Department of the Municipality of Mossoró/RN to the maximum number of students for conducting business technical or practical lesson in health services. Thus, 12 FHS were used. All had two teams of health that could facilitate the division of classes as follows: class A was put in charge of developing the Situation Room in health teams and Class B contemplated other health team. Thus, the strategy could enable all FHS were awarded with the construction of the Situation Room in Health and in addition,

enabled the integration of students from different classes.

Before beginning the activity, students participated in workshops to discuss the Situation Room as a planning of health actions guided from the conceptions of Surveillance in Health. This was a way to make students can reflect on the data later collected, being able, from them, for a definition of problems and priorities, as well as the set of resources to effectively meet the health needs of the community, integrating and organizing the activities of promotion and prevention, drawing on concepts such as interdisciplinarity and intersectionality.⁴ In this way, the work was guided by the concepts of Health Surveillance, in which it is located based on three fundamental pillars: territory, problems and health practices.

Territory is considered a space where it adds a specific population, living in natural time and space, and problems with certain health needs, which, in its resolution must be understood and spatially visualized by professionals and managers of various units providing services health. This territory has therefore much more than a spatial extent or geographical boundary but also a demographic, epidemiological, administrative, technological, political, social and cultural profile that characterizes and expresses itself in a territory in a permanent construction process.⁵

The territorial analysis implies a systematic collection of data that will inform about problem situations and health needs of a given population in a specific territory, indicating their spatial interrelationships. It allows also to identify vulnerabilities exposed populations and the selection of priority problems for interventions. We emphasize that the first step, territorialization, was a fundamental to enlarge the eyes of students about the SRH time, making them realize the implication of the data, making the following questions: "Where are they generated", "What information data can generate?," "Do they portray the reality of the health-disease community? ".

The second stage was designed to collect the data of the records: Health Status Report and Monitoring of the Families 2 (SRF2) and Production Report and Markers for Assessment 2 (PRA2). Such records are used as the basis for assessing the adequacy of health services offered and adequate them where necessary in order to improve the quality of the given health care. The data generated by the records are compiled in reports and are published in the database of the Ministry of

Health (MOH) through the Primary Care Information System (PCIS). In addition, students collected main information from the records of the Monitoring and Registration of Families, called "Record A", which included some of the families social and health information, for example, the type of property, the injuries and illnesses to which affected this family, water treatment, garbage disposal and among others.⁶

The third stage was the construction of the Situation Room. The form of exposure and use of material resources were the criteria of students, depending on the available space of the physical structure of the unit and the design of tables and/or graphics. Thus, the data was passed to a spreadsheet (graphics and tables) in the Excel program and analyzed in the room with the presence of the students and teachers of the subject from the perspective of directing the choice of the proposed intervention.

The fourth step consisted in the implementation of the intervention project conducted by the specific community health needs identified through the analysis of data from the Situation Room in Health. Concomitant to this moment occurred exposure and fixation of SRH in the FHS.

To carry out the work, the precepts issued Resolution No. 196/96 of the National Health Council (CNS) were contemplated, that proposes the principles of autonomy, beneficence, non-maleficence and justice/equity⁷, as well as the considerations observances of Resolution 311/2007⁸, which deals with the Code of Ethics of nursing professionals, highlighting the provisions included in Chapter III, which deals with the scientific production.

RESULTADOS E DISCUSSÕES

The activity provided by the subject allowed the students to live a moment of construction and reconstruction of self-knowledge of nursing. From the concrete reality, the students were able to perform research/reflection on health practices, enabling an approach to the challenges of social and health needs of the community.⁹

Building guides for each step facilitated students' understanding for the construction of the Situation Room in Health. Although, the steps were operationalized didactically by parts, students were instructed about their integration. This strategy was found that the students had all semester to do them.

This activity was only possible with the involvement and dedication of the students.

Initially, we had to deal with them, because they claimed that long activities had become uninteresting and without income. Also, we realize that students associated data collection to a strictly bureaucratic activity without a direct correlation to the work processes of nurses. Given this reality, we build workshops to improve students' curiosity about the themes inherent in the Situation Room: Territorialization of Procedure of the Primary Care Information System (TPCIS); Health Indicators, among others. Thus, we observed that the spaces between the steps to achieve the motivation of students was increasing, as passed to realize the implications of their activity to the care offered to the community.

Students arrived for subsequent discussions bringing points raised reflection practice, and started to articulate them. Therefore, the steps for the implementation of SRH configured to students an exercise in planning: what to do, how to do and what to do. This happened because the students were urged not to worry just to capture the data, but especially reflect on what they indicate: which fill the gaps in the data, what they mean and the implications for planning health actions.

Thus, it is raised the importance of the activity begin with the territorial analysis of the FHS, we needed to uncover the information that is generated by the data, encouraging students to times of collection, interpretation and analysis. Moreover, it is of fundamental importance that nurses use the information to construct the explanatory chain of health problems of the territory, increasing in this way the ability of decision-making, because knowing the living conditions and health of the population is a essential step to the process of planning and evaluation of the impact of these health measures in the community.¹⁰

In most studies presented, the nurse is responsible for coordinating other professionals in completing and compiling records and reports, because it becomes important that this professional can, since the graduation process, to expand this moment beyond the collection and transcript numbers. Furthermore, instigating the other team members to reflect on their practice and questioning what implications and/or contributions to the information obtained in the field may result in the planning of health actions. In this perspective, the construction of indicators is essential to the planning and management of health services element, in which nurses can use epidemiological

investigation to know the territory, recognizing it with a space in constant transformation.¹¹

Regarding the difficulties pointed out by the students, the first of which refers to the lack of involvement of professionals working in the FHS and participants are almost predominantly nurses and Community Health Agents (CHA). Although, most of these did not believe in the success of SRH. They claimed that due to work overload, they would not have time to collaborate with all stages of activities, getting their restricted the availability of data and discussion participation. Some mentioned that the activities involving data collection are seen as bureaucratic functions that make them by having to comply with the recommendations requested by municipal bodies.

Another difficulty pointed out by students, refers to the process of data collection itself, since this sometimes limited the construction of the Situation Room, since most of the files of FHS were not organized; reports and records used for data collection, the PRA2, SRF2, A2, many were not fulfilled correctly, others were incomplete or outdated; data for some periods were not filed in the units, requiring that students seek additional information on the Primary Care Information System (SIAB).

The use of health information in a certain territory facilitates the understanding of the importance of the choice and use of each strategy for the diagnosis, planning and evaluation, suggesting possible explanations for situations that may be encountered by the staff and pointing ways for solving them. Therefore, it is necessary that professionals recognize the importance of completing the reports and the constant updating of data, making them more effective and concrete.¹²

Once with the data the students, teachers and professionals who participated in the experiment bother to expose the data in a way that in addition to being visible and attractive, useful to the team and could also be easily understood by the resident community in the area of the unit. However, this task was limited due to the physical space of the health units worked, given that many of these were small, making it difficult to expose data in a panel discussion, and render the data in the waiting rooms. Thus, it was decided that the data would be exposed according to the physical space available in each unit and also doing as the suggestions of professional participants. So, in some units the data was exposed in murals and explained to professionals and users through rounds of

conversation; in others, with smaller physical spaces, we used flip charts also accompanied conversation rounds.

This activity was important because students understand that the Situation Room of the FHS is a tool that promotes the use of health information for decision-making. Although the SRH is a compilation of numerical data, it was not seen as just a mere exhibition of sterile numbers, but was recognized as a tool for planning and reflection of the priority health actions.

Thus, the Situation Room in Health rescued the ability of health professionals to discuss collectively the risk situations and/or health problems that the community is subjected, assisting in verification and monitoring of indicators, allowing the self-assessment of professional the recognition of the critical nodes of the labor process offered, as well as the identification of problems, priorities needed for the preparation of action plans and setting goals for the territories of the expected range of primary care results.¹³⁻⁴

The activity provided the systematic collection of information, whether about the types of services performed or on the main existing diseases in the community. However, the Situation Room can act to include not only the individual and its disease but to provide care that aims to promote the health of the entire family and community, particularly through prevention and health promotion. In this new context, among the activities undertaken by professionals working in primary care, the Situation Room in Health gains tremendous highlight.¹⁵⁻¹⁶

With the experience, we saw the need to fill and feed the data that make up the Situation Room. It was an opportune time for students could realize that the process of continuously gather information, analyze it, describe problems and propose possible solutions should not be a one-off task, but steady, which is becoming stronger if bound to a collective work: health professionals, students, teachers, and intervention in communities.

FINAL REMARKS

The Situation Room proved to be a valuable tool for FHS teams' work, since it allows to understand the disease process health areas of the units, allowing to identify, by updating the data, the constant changes in the risks and problems that affect communities. It is known that the deployments of new tools for collective work is arduous. Therefore, we are aware that this experience was only a small

step, there is still much to be discussed, implemented and overcome.

What is certain is that the proposed Situation Room remains a challenge and requires conceptual, methodological deepening as well as being widely discussed on their contributions to health policy and health at the local level. Therefore, seeking the improvement of initiatives situation rooms also presupposes efforts focus on establishing a culture of information use in health institutions.

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