

CHALLENGES IN WAYS OF THINKING AND DOING HOME CARE MANAGEMENT IN MINAS GERAIS¹

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ABSTRACT

This article aimed to analyze the potentials and challenges of home care from the perspective of managers and coordinators of home care services in SUS, in the municipalities of the State of Minas Gerais. Study of qualitative approach anchored in the theoretical-methodological of the dialectic. The interviews were conducted with five managers and seventeen sixteen municipalities' coordinators, after approval by the Research Ethics Committee. After transcription, this material was analyzed its content guided by Bardin (2011). The analysis of the data provided in the identification of two themes that expose two aspects that relate to the potential and challenges of home care: (1) reductionism home care management to offer input materials: challenges of thinking and differences in the make. (2) The home care and their (DIS) connection to the health care Network. The study results show that health managers of the studied municipal districts still have superficial knowledge about the potential of the home care, although demonstrate knowledge about the policies implemented by the Federal Government.

Keywords: Home Nursing. Health Services Administration. Unified Health System.

INTRODUCTION

Several countries are rethinking your health care model, as well as the possibilities offered care, considering the changes arising from demographic and epidemiological transition, the growing aging population and preponderance of chronic health conditions⁽¹⁾. Two great axes propel this move, a, which deals with the economic viability and sustainability of the system and other assistive qualifying, which has sought the resolute actions and promoters of the completeness of the care⁽²⁾.

In this context the home care-AD stands out as a mode of attention with the potential for care qualification, due to your innovative and feature completeness and by optimizing the use of resources, placing a counterpoint to the reductionist, fragmented health model, centered on procedures, on the low resolution system and rising costs^(2,3).

The AD can understood as an organizational

and assistance device that promotes the materialization of a new way to produce care and intervention in different places in a network of health care, assuming that care will be in this user-centered perspective and on your needs⁽⁴⁾.

As a result, the expansion of home care services in Brazil, from the 90 and the emergence of the need for regulation of the operation and the proposition of public policies governing the provision of these services⁽²⁾.

In 2011, the AD established in SUS systemic form, through the better home program, which has as its premise the integration of the sport to other points of attention and linking of AD network strategy for health care, keeping the basic care in territorial action. This program then passes to be important for inducing action and creation or extension of AD services, thus enabling the Organization of them in response to an existing demand and so far neglected by public health policies^(2,5).

In this way, many identified in AD advances

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from 2011 through the national policy on home care. This promoted greater coverage of this kind of attention to several locations before without access. It is uncontested, the fact that if adopted in the perspective of the user as protagonist in the process health disease, your AD is the health intervention strategy that allows practices closer to the concept of completeness and in addition, provides the user and family risk minimization of iatrogenic and nosocomial infection caused by long periods of hospitalization⁽³⁾.

In Brazil, several AD implementation initiatives can be identified throughout the design of the unified health system (SUS), some from the Ministry of Health and other spheres, such as the basic attention. The intent of these initiatives was of desospitalizar users able to continuity of care in the home and/or serve populations with specific risks⁽²⁾.

The recognition of the AD as health care modality expansion in the Brazilian context implies think and question as it has been organized the different ways of thinking and doing in the AD management of SUS.

This article aimed to analyse the potentials and challenges of home care from the perspective of managers and coordinators of services AD on SUS, in the municipalities of the State of Minas Gerais.

METHODOLOGY

Exploratory descriptive study of qualitative approach anchored in the theoretical-methodological of the dialectic⁽⁶⁾.

The dialectic allows the social practice of apprehending individuals in your contradictory movement whereas the reality experienced and conditional upon historicity, enabling the simultaneous existence "[...] of collective interests that bind and specific interests that set them apart and set"⁽⁶⁾.

The results presented in this article are part of a metacentric research, entitled: *Home care in health: effects and movements in supply and demand of the unified health system*, with the participation of researchers, nurses of the following Brazilian universities: Universidade Federal de Minas Gerais, Federal University of Juiz de Fora, Federal University of São João Del Rei, Universidade Estadual de Montes Claros,

Pontifical Catholic University of Minas Gerais and Universidade Federal do Triângulo Mineiro.

Considering the set of home care services in the State of Minas Gerais and the metacentric research objective was to analyze the supply of and demand for home care services, the study was methodologically divided into stages which can be synthesized as shown in Figure 1 below:

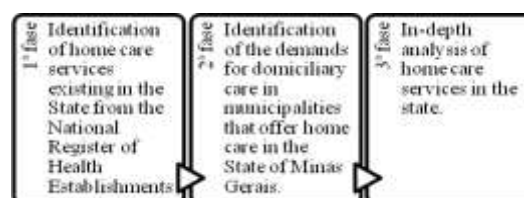


Figure 1. Phases of the study.

The results presented in this article are part of the data collected in the third stage, in the period between March and July 2015, and aimed to reveal the analysis on the potential and challenges of home care from the perspective of managers and coordinators of services AD on SUS, in the municipalities of the State of Minas Gerais.

Prior to the fieldwork, the researchers participated in the preparatory workshops that allowed defining clearly, how the interviews and fieldwork would be carried out. Similarly, after the interviews the analysis process built also in workshops, minimizing fragmentation in the analytical process.

Interviews conducted with 5 health managers of municipalities that offer home care and 17 coordinators of these services. This phase understands interview with 16 municipality's professionals identified in mapping services AD offering by SUS. Each participant received a code consisting of letter G for managers and C for engineers, with their numeric ID. The interviews were conducted by semi-structured contemplating issues roadmap information on institutional linkage; home care services network; number, composition and profile of empowered teams; mode of attention; the users profile met; protocols used by the service; and forwards flow with the other network services.

The Ethics Committee, under Opinion No. 129,725, approved the study. Fieldwork developed according to resolution No. 466/2012, which deals with research involving humans. The signing of the informed consent preceded the interviews.

After transcription, in full, the interviews followed the guidance of Bardin⁽⁷⁾ to the content analysis. Detailed readings of interviews were held which allowed an appropriation with the contents of the speeches and identification of similar thematic units grouped revealed two categories: (1) reductionism AD management to offer input materials: challenges of thinking and differences in do (2) home care and your (DIS) connection to the health care Network.

RESULTS AND DISCUSSION

The reductionism of home care management to offer input materials: challenges of thinking and differences in the make.

The analysis revealed that managers and coordinators interviewed guide health practices and qualify through the provision of devices and inputs of health support, like diapers, oxygen cylinder, pre-made diets for gastric and enteric probes, dressing covers, besides the availability of vehicles to transport the home care service team. This precept, in the perspective of researchers, which aims to assist disadvantaged people in society, enabling access to a well through a service offered⁽⁸⁾.

[...] offers all the patient needs, diaper, diet, and dressing. (G3)

[...] a drive cute car complete airbag plotted air conditioning. (G3)

[...] dispensation of toppings for a roofing specialist which ones to buy. (G4)

In this study was exposed the relevance that managers give the adequate supply of material resources for the proper performance of these services. Opposed to this idea, study reveals how it is challenging for the home care the lack of inputs and medicines, putting this fact, as one of the leading the process for AD Services⁽⁹⁾.

Therefore, the scenario outlined by the managers is the existence of AD full services regarding the availability of material resources, like the sufficiency of these resources might be enough for the good performance of these services, revealing the lack of a systematic and comprehensive look by the managers as AD services.

To overcome this reductionist vision of AD material aspects, it is necessary that managers take ownership of strategic planning. Used and adapted in health, the flexibility of this strategy makes it possible to cover the steps of the process, identifying the problems, while maintaining the richness of providing analysis and odds and still applying effective actions that will result in a positive way in decisions⁽¹⁰⁾.

It is understood that the Manager/Coordinator develops strategic and organizational nature, making it possible to conduct and make it happen the interaction between SAD and other services entered into the health care Network (RAS), enabling permanent education for teams as well as material and human resources for the quality home care happens⁽¹¹⁾.

The coordinators' speech reinforces the importance of the availability of material resources for the development of AD services, however, managers' expressions when they bring out the difficulties for obtaining these resources and consequently to carry out the proposed activities to the SAD.

High for patients who do not have financial conditions to keep a home treatment ends up being dependent on the program material, complicating the high. (C16)

The program does not provide diapers for the patient, only one report to this get diapers cheaper. (C17)

No car, no gas, there are neighborhoods that are dangerous. (C18)

Historically the SUS is a social achievement that advocates the completeness of the care to health, however, is facing problems of resources for maintenance of the services, which can be characterized as one of the conflicting challenges in public health⁽¹²⁾.

Coordinators is the challenge of reduced operating costs of service from planning and management of material resources. However, as identified, the low availability of these resources, they argued to the scenario outlined by the managers. This finding corroborates research that revealed the difficulty of material resources to the detriment of barriers of articulation between the SAD (Home Service) and RAS (health Outreach Network), some situations that create discontinuity of health care⁽⁴⁾.

[...] don't have enough car, also for a problem even, sometimes lack, especially now, lack any medication, you can't take the patient of the UPA, to treat pneumonia at home, why don't you have the medicine, or if you have the medicine, making up the basket today, are drugs that are of twelve 12 hours for example, injectable. (C8)

The differences between the speech of managers and engineers practice reinforces the fragmentation of health care system, with a preponderance of hierarchical and vertical management and consequent disruption of SAD, which can contribute to frailty in continuity of care. Furthermore, the scrappy discourse between the actors involved, becomes visible also the misguided actions of these professionals to occupy strategic and tactical positions, are so suppressed attributes inherent to this function causing negative impact to the provision of resources and operation of health services.

Managers and coordinators expressed in the interviews the knowledge about the importance of implementation of protocols and processes, although still incipient, corroborated with the observation by some of the respondents of the need for the implementation of light and light technologies, which provide a backdrop of humanization and improvement of the quality of care as well as your defragmentation.

There is no formal plan, nor in writing. (G5)

As for the basic attention strategy was drawn up, we're going to break up, let's make a regional team, a big meeting of the PID with the basic units of breadth to close some streams. (G3)

Health managers, the human resources available to the AD services, make discreet allusion. Emphasized-if the composition of the multidisciplinary team of home care (EMAD) by professional psychologists and social workers, in addition to those necessarily defined by regulatory devices that define the home care within the SUS, for composition of EMAD, such as medical professionals, nurse, nursing technician.

[...] social monitoring of this patient with partnership with psychology. (G5)

SAD's proposal is to provide the person who needs care at home and their families a comprehensive approach, in which the individual, biopsychosocial and spiritual aspects with is the care center⁽⁵⁾. In this context, contemplate the

professionals of psychology and social work enriches the care provided by SAD, especially for purposes of more property, approaches and interventions that treat the individual besides the biological aspects. Therefore, contemplate these professionals on the team's progress, especially when the context of attention to the person who needs care and their families directed towards a multidisciplinary approach.

In view of the above, it noted that the supply of material resources privileged item among the other resources that must planned and provided the services of AD by the managers and coordinators of the SAD. This fact makes clear the supply of inputs such as asset management, obscuring the other facets that are important for operationalization of the SAD, conferring a reductionist and opposed assistance to that integral, aimed in fact to the individual and their various dimensions⁽⁸⁾.

In this perspective, we must overcome this reductionism of care management to material aspects and to establish the purpose of the Health Manager, whatever your field of expertise, should have an expanded perception of health, be able to prioritize appropriately the difficulties and needs of the community, and run the full attention and model of participatory management⁽¹³⁾. Managers and workers have to be attentive to the fact that the user of the health service has prospects treated well, be heard, and to your search further by using all the possible solutions to the achievement of that goal⁽¹⁴⁾, that is, the expectations go far beyond the material aspects.

The home care and your (DIS) connection to the health care Network

It evidenced in interviews with managers and coordinators of the SAD, that there are difficulties in maintaining a systemic contact with the network, either in the hospital or level in the basic attention. It observed that there is a polarization of the services beyond the fragile integration between them, compromising the continuity of health care, as well as the resolution and quality of the same, demonstrating a precarious construction of health care Networks (RAS).

Health care networks must operate building production lines of care and attention, which is configured in many connections, denoting the importance that all networks are interconnected by

allowing users to switch between a health service and others. It is imperative to understand that the non-integration of RAS can lead to problems and conflicts between the various levels of health care, resulting in less effectiveness on health care⁽¹⁵⁾.

Interviewees report that the hospital attention know superficially the existence of SAD and reacts contrary to deinstitutionalization, uninformed about the real possibilities of home care, showing ignorance of the possibilities of the network for health care in which they are inserted.

[...] the hospital does not talk about home care. (G3)

[...] Difficulty desospitalizar inpatients. (C3)

So the scenario designed by managers/coordinators points to the lack of integration between the RAS services as well as the absence of effective systems of reference and against reference, Resolute actions potentially weakening, as the adoption continued care at home after deinstitutionalization.

From this perspective, what we see is the consolidation of a distorted view of the possibilities offered by implementing systematic care and concatenated between the various points of the networks, pointed to the lack of strategic actions that guided the intelligence of the network operation of health services. The precarious knowledge of the network, associated with the hospitalocêntrica culture eventually overwhelm health services, charge the whole system, leading to low effectiveness and the production of inadequate care.

For proper care becomes necessary, plus a look at extended to the identified needs, the possibility of longitudinal care and assistance pathway that allows the individual to follow the points of the network that you are indispensable, without any loss of continuity or untying reference team⁽⁴⁾.

The RAS can contribute to improving the quality of services and satisfaction of the users, thus reducing the costs of health care systems, which corroborates with the speech of some managers in the sense of the importance of organizations of RAS⁽¹⁾. However, according to the interviewees, there are moments that make this integration with the network and even instruments that allow integration, unless some movement located in order to expand communication between services and points with the attempt of complementarity among some of them:

[...] Primer developed, motor and respiratory physiotherapy, the entire flow of SAD is done by routing (reference and cross-reference), make care plan, discussion of cases, liaison with the RAS of the municipality, there is rear. (C9)

Articulate managers and knowledge workers, effectively the work requires the participation and involvement of all actors⁽¹⁶⁾. It is understood that, when part of the reality of the subject involved, learning significant learning occurs, as well as questioning, participation and critical thinking, able to provide the necessary change. On the other hand, managers and coordinators, pointed out in his testimony a series of challenges to be faced, is the logistical considerations, operational support, as well as the clear definition of the necessary integrations in network connection points of attention and mainly with the network of primary health care.

The NASF due claims assignments cannot do the weekly rehabilitation they cannot go in the House of the patient every week so that gap. (C11)

Patients in non-region municipality has difficulty integrated into the program. (C17)

Work done prior to AD policies in force; demonstrate the immense challenge of AD Services connection with the existing health network in the SUS⁽⁹⁾. Managers and coordinators expressed that the implementation of the AD requires investments that go beyond the spheres of the health institutions, because this type of assistance families demand greater investment not only time but also financial resources, that materialize among others, hiring caregivers, adaptations of the physical structure of the home, through reforms, increase in the cost of electricity and water.

[...] do what you can to help patients trying to help parishes of INSS and CEMIG. (C18)

The social network is a circle of contacts that unites the various people who have social relations and collaborates for the support resources from happening through these interactions⁽¹⁷⁾. Are essential, especially in the care home, to meet the needs of people and communities and become indispensable, because the preservation of health and prevention of diseases happen through a historical and social organization and of situations experienced⁽¹⁸⁾. In this context, managers and coordinators expressed that social support

networks, although shy, referred by respondents and placed as important tools of implementation feasible AD services, for supporting families on demands that are not health-related, but that influence directly in the same.

FINAL CONSIDERATIONS

The study results show that health managers of the studied municipal districts still have shallow knowledge of the needs and possibilities of the AD, although more energized than before to the policies implemented by the Federal Government. It is noticeable the impact of financial resources targeted by the federal Government, to the municipalities for the AD, as exercised in the expansion of inductor part SAD and creating others.

Managers first see the guarantee of material resources for operationalization of the AD as sufficient for the process of implementation of this service. This fact demonstrates distorted view of managers for the real meaning of change in care, resulting in paternalism and material neglect to other facets of relevance in SAD as integral care.

In addition, AD Services connection with networks of health care is something in its infancy that deserves to be woven by different actors involved in the AD and in the services of the RAS.

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DESAFIOS NOS MODOS DE PENSAR E FAZER GESTÃO NA ATENÇÃO DOMICILIAR EM MINAS GERAIS

RESUMO

Este estudo objetivou analisar as potencialidades e os desafios da atenção domiciliar a partir da perspectiva de gestores e coordenadores destes serviços no Sistema Único de Saúde, em municípios do estado de Minas Gerais. Estudo de abordagem qualitativa ancorado no referencial teórico-metodológico da dialética. As entrevistas foram realizadas com cinco gestores e dezesseis coordenadores de dezesseis municípios, após aprovação do Comitê de Ética em Pesquisa. Após transcrição, o conteúdo do material foi analisado seguindo orientações de Bardin (2011). A análise dos dados proporcionou a identificação de duas categorias temáticas que expõem dois aspectos no que se relacionam às potencialidades e desafios da atenção domiciliar: (1) O reducionismo da gestão da atenção domiciliar à oferta de insumos materiais: desafios do pensar e divergências no fazer. (2) A atenção domiciliar e sua (des) conexão com a rede de atenção à saúde. Os resultados do estudo demonstram que os gestores de saúde dos municípios estudados ainda têm superficial conhecimento sobre as potencialidades da atenção domiciliar, embora demonstrem conhecimento quanto às políticas implementadas pelo Governo Federal.

Palavras-chave: Assistência Domiciliar. Administração de Serviço de Saúde. Sistema Único de Saúde.

DESAFÍOS EN FORMAS DE PENSAR Y HACER CASA GESTIÓN EN MINAS GERAIS

RESUMEN

Este artículo pretende analizar los potenciales y desafíos de la atención en el hogar desde la perspectiva de los gerentes y coordinadores de estos servicios en el Sistema Único de Salud, en los municipios en el estado de Minas Gerais. Estudio de enfoque cualitativo anclado en el teórico-metodológico de la dialéctica. Las entrevistas se realizaron con cinco directivos y 17:16 coordinadores de municipios, después de la aprobación por el Comité de ética de investigación. Después transcripción, este material fue analizado su contenido guiado por Bardin (2011). El análisis de los datos facilitados en la identificación de dos temas que exponen dos aspectos que se relacionan con el potencial y los desafíos de la atención domiciliar: (1) gestión de reduccionismo anuncio para ofrecer materiales de entrada: desafíos del pensamiento y las diferencias en el hacer. (2) el cuidado del hogar y su (des) conexión a la red de salud. Los resultados del estudio muestran que los administradores de la salud de los municipios estudiados aún tienen conocimientos superficiales sobre el potencial de la atención domiciliar, aunque demuestran conocimiento sobre las políticas implementadas por el Gobierno Federal.

Palabras clave: Atención Domiciliar de Salud; Administración de los Servicios de Salud; Sistema Único de Salud.

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