64 - REGISTRY OF NOTIFIABLE DISEASES IN THE HOSPITAL CONTEXT: AN ANALYTIC ESSAY

LUCIANA MELO RIBEIRO ROSSITER PINHEIRO
ALINE CRISTIANE DE MOURA MATIAS
DÉBORAH RAQUEL CARVALHO DE OLIVEIRA
REJANE MARIA PAIVA DE MENEZES
BERTHA CRUZ ENDERS
UNIVERSIDADE FEDERAL DO RIO GRANDE DO NORTE, NATAL/RN – BRASIL
lurossiter@hotmail.com

INTRODUCTION

In the last few years, great political, technical and organizational endeavers have been undertaken at the federal, state and city management levels of the Unified Health System (UHS), in search of basal knowledge for the analysis of the health situation in Brasil. These actions have been consolidated, among other aspects, by the UHS legislation when it defines Epidemiologic Vigilance (EV) as

"a set of actions that provide knowledge, detection or prevention of any change in the determining and conditioning factors of the individual or collective health, with the objective of recommending and adopting the preventive and control measures of diseases or ailments". (BRASIL, 2005a, p.20).

The EV actions enable the acquisition of knowledge on the epidemiologic behavior of diseases that are considered to be important indicators for the provision of services and resources, such as personnel, equipments, medications, and other benefits, used in preventive diagnostic, therapeutic and rehabilitative activities (PEREIRA, 1995). In addition, the knowledge gained from Epidemiologic Vigilance provides the opportunity for effective health interventions (BRASIL, 2007).

The epidemiologic vigilance services conduct control activities on the Diseases of Compulsory Notification. This includes the notification, investigation, and the blockage of the chain of transmission of the diseases that cause outbreaks and epidemics, and that constitute a health risk.

"Notification is the communication of the ocorrence of a specific disease or negative health factor, that is made to a health sanitation authority by health professionals or other citizen, for the purpose of adoption of pertinent intervention measures" (BRASIL, 2005b, p.19). Even though there is the obligation that the Diseases of Compulsory Notification (DNC) be made, the Epidemiologic Vigilance has problems of sub-registration of these ailments. This constitutes one of the major difficulties for the vigilance (TEIXEIRA; PENNA; RIZI, 1998). It is a problem because the lack of notification of adverse health events can result in complicated consequences to the efficacy of the disease control activities (FERNANDES, 2000).

In this respect, it is important that the registry in the patients´ health record, be clear, authentic and of good quality, particularly in suspected or confirmed cases. The health system epidemiologic vigilance conducts its activities based on the data collected in these registries, as well as by other means such as verbal communication with the health professionals, clinical analysis laboratories and members of teaching institutions.

Within the hospital epidemiologic vigilance practices, several activities stand out that will provide knowledge of the epidemiologic profile. This is considered as fundamentally important especially as it deals with the emergence of new diseases and the recurrence of others, as observed in recent years in the country (BRASIL, 2008). Considering the value of these functions and the acuity of the competencies of EV at the municipal management of the Unified Health System (SUS) the need to obtain legitimate and true data in the health units (health centers, health posts, consultation offices, private clinicas, hospitals, laboratórios, among others), or at home, street, neighborhood. Both localities are sources of information for the DCN.

Some technical and operational difficulties impede the epidemiologic report of some diseases, especially in the hospital context. Therefore, the discussion and search for alternatives to confront the problems of subnotification of the DCN form a permanent agenda of the health services that conduct EV activities. In this sense, the nurses, as members of the health team, cannot remain neutral in this discussion, because they are now a part of the Hospital Nucleus in Epidemiology, the service responsible for the EV actions in the hospital.

The nurse and the other health professionals must search for new forms of service organizations and the reorientation of the educational process that assures more committed, reflexive, and individuals aware of their role in EV activities and within the Health System. It is important to note too, that the this professional plays a relevant role in the discussions that focus on the EV practice in the hospital ambience, especially when considering the advances achieved in the academic setting and in the epistemological context (AZEVEDO, 2008).

The purpose of this paper is to analyze the factors that influence the inaction of health professionals in the notification of the diseases that are of obligatory reporting in the hospital context. The analysis is conducted using a reflective investigation of the context where these professionals conduct their activities because of the understanding that the work environment can impede or facilitate such activity.

The study used the theoretical referential for contextual analysis proposal by Hinds, Chaves and Cypress (1992) that characterizes the context of any event or situation, in four different interative layers - immediate, specific, general, and the meta context. According to this view, the varied contextual spaces exert influence upon the phenomenon of interest that can be understood when one identifies the meaning of the phenomenon in each of these levels. The meanings can extend from the individual understand of the situation that the individual holds, to a more universal meaning reflected in the wider and more global related context. Specifically, the immediate context refers to the description of the phenomenon as perceived by the anlyst; the specific describes the aspects involved in the occurrence, time, space and people; the general indicates the cultural and institutional ambiance that might be related to the object of analysis; and lastly, the meta context involves more ample issues that underscore the situation.

When using this referential, the researcher describes and analyses the conceptual aspects of the various levels in relation to the object of study and interprets their meaning. The purpose is to comprehend the phenomenon to which they refer.

METHODOLOGY

The study was conducted using an analytic essay design, using a reflective process of analysis for each level of context, coupled with literature documentation. The procedure encompassed a literature review that was conducted during the months of may to june, 2009, for the identification of sources that discussed the phenomenon of epidemiologic vigilance and disease notification.

The sources of the review was the Virtual Library in Health (BVS), specifically the classic literature on Epidemiologic Vigilance and that contained in the data base of the Latin-American Literature in Health Sciences (LILACS). Theses, master´s dissertations, studies, articles and documents that focused on the registry of the DCNs were selected for discussion in terms of the objective for this paper. These documents were grouped and synthesized in themes that indicated the various contexts with the factors involved in the situation of sub notification.

RESULTS

The results are organized according to the considerations constructed thematically that represent the various contexts of the noncompliance with compulsory notification of diseases in the hospital setting.

Sub registration of compulsory notification diseases in the hospital (the immediate context)

The noncompliance of health professionals to the registration notice of Diseases that are of Compulsory Notification (DCN) has become evident in epidemiologic vigilance activities. This has led to a situation of no-information in the health services responsible for the vigilance. The participation of health professionals in this activity is considered to be a critical point in the quality of epidemiologic data collection (FERNANDES, 2005).

This problem refers to the non-recording in the patients´ health record, of information regarding the DCN, and to the health team´s non-communication of suspected and/or confirmed cases of a disease known to be of Compulsory Notification, to the epidemiologic vigilance services. These lapses affect the accuracy of the epidemiologic profiles constructed by the epidemiologic vigilance health service. It is known, for example, that the subnotification of these diseases and the low quality of information end up not revealing the true morbidity profile of the health units, including hospitals, which are the focus of this discussion.

Aspects of the sub notification process (the specific context)

It is common knowledge that In the last decades, the morbidity population profile has been altered as a result of the demographic, environmental, and social transformations, and that new forms of past known diseases have emerged. This reality demands the permanent strengthening of an epidemiologic vigilance network that incorporates the hospital units that care for DCN cases and the laboratories. The network must have the capacity to monitor the profiles and their alterations, enabling the early detection and the investigation of preventive and control measures. (BRASIL, 2008).

With regards to the sub notification in the hospital context, Griep (2003) refers that there are difficulties in the conduction of the functions related to the epidemiologic vigilance of the DCN. The author points out that the hospital institution is the major determinant of the quality parameters that are expected by the vigilant service. He continues to say that the presence or absence of sub notification is associated to the philosophical conceptions of the health professionals. Another factor is the lack of commitment of the workers involved in the care of the patient with an infectious communicable disease.

In this sense, the collaboration of the health worker with regards to the DCNs in the hospital context has great value because the Epidemiologic Vigilance Hospital Nucleus, the service responsible for the information in this setting, must be alerted to any epidemiologic behavior and initiate prevention and control of possible epidemics. In addition, new forms of illnesses that were previously controlled may reemerge in the population (SCHETTER,2008).

Health system considerations associated to sub notification (the general context)

It is known, for example, that in the redefinition of professional roles, as proposed by the UHS, there is a search for individuals that strengthen the articulation of the integrated practices as they respond to the concrete needs of the Brazilian population. The evidence indicates that the central aim of the health workers is the development of practices directed towards the health promotion, protection and rehabilitation. This forms one of the central themes of the current health system. In addition, it is important to point out the need for critical and reflective professionals with knowledge, attitudes, and abilities that will enable them to act in a quality and integrated health system (BRASIL, 2007).

Some technical and operational factors have impeded the health professionals to demonstrate interest in the actions of EV. Among these is the uncertainty of the diagnosis, the lack of time for the bureaucratic transactions and the indifference that results from the disbelief in the use of the Epidemiologic Vigilance System. (PEREIRA, 1995).

Social and paradigmatic perspectives of health care (the meta context)

It is important to note that the achievement of ethical, moral, and legal responsibility with commitment to the DCN information, that permits the health worker to articulate scientific knowledge and practices in a contextualized way and based on the principles of the UHS, has been a great challenge. The hospital environment faces an even greater challenge, primarily because the practices established in the institution are founded on the biomedical model. In this perspective, the health actions are concentrated on the disease and on a fragmented intervention process, characterized by corrective measures for biological mechanisms occurring in a determined body parts and different parts treated by different specialists. (CAPRA, 1996).

The Unified Health System, however, is based on the principles of universality, equity, integrality, and social participation. (BRASIL, 2008). Therefore, the cure-dependent actions that are based on the fragmented way of thinking that results from modern rationalism needs to be overcomed. (MORIN, 2000) if the consolidation of the Unified Health System is to occur.

The need for change originates from the considerations that both care models, the health system epidemiologic model and the hospital biomedical of care are based on different paradigmatic perspectives, with little consideration for the latter

in the hospital setting. The biomedical model of health care substantiates the health crises brought about by the flexnerian paradigm of 1910 whose line of thought is known to be characterized as mechanistic, biology oriented, individualistic, reliance on specialization, technification, and curativism These elements value the individual health care model that places epidemiology in a secondary subordinate supplementary position (MENDES, 1994), as can be observed in the lack of involvement in collecting epidemiologic data in that context.

In order to modify the current hospital care model, a paradigm shift must occur from the current flexnerian way of thinking to the social production of health paradigm. The concept of social production that constitutes this new paradigm is founded on the social production theory, on the health-illness process, on the concept of sanitary care and on the practices of overall health care for the general population. These three categories that are interrelated, are, in any given time and society, socially jointly and are essential elements for the organization of institutional work processes. (MENDES, 1994)

The sanitary practice within the social production in health paradigm takes into account the knowledge derived from the epidemiologic base of the Brazilian population and the various determinants and forms of intervention that occur. It seeks to overcome the medically focused services that are offered on an individual bases and that are oriented by the treatment of disease or the rehabilitation of patients with untoward results.

Based on the considerations discussed, it is evident that there is a need to prioritize professional educational activities for health workers, such as training/educational programs and the formation of human resources in the health vigilance area. (FERNANDES, 2000), so that these professionals can actively participate in the registration and notification of DCN in a more efficient way, and thereby aide in the data collection of epidemiologic quality data.

FINAL CONSIDERATIONS

This analysis identified that the health professionals in the hospital context do not comply with the obligation of registering the DCN because of several reasons: lack of time needed to attend to the bureaucratic actions required in filling out the notification forms that are provided by the Ministry of Health; indifference that results from the disbelief in the Epidemiologic Vigilance System; and the uncertainty of the diagnosis. The hospital based practices are directed at curative functions that relatively value the individual clinical care and actions influenced by the flexnerian paraidigm.

The analysis of the various contexts where this phenomenon occurs points out that there is much to be done regarding the factors that influence the situation at the different context levels. For example, in the immediate context, measures to facilitate the filling out of registry forms could be undertaken with the health professionals thereby assuring their use. In the general and meta context, workshops and discussions could be provided that will value the worker´s role in the UHS and that will bring a new outlook on hospital EV and their contribution to general health planning as a result of their contribution to the system.

The challenge, therefore, is to socially consolidate the new health system by means of the new sanitary practice that contains redefinitions of the varied health roles for the professionals. This is to be carried out by establishing links of commitment, responsibilities and co-responsabilities, with the systematized activities of case identification that need to be notified.

Such a strategy will certainly contribute to the improvement of the subnotification problem for DCN in the hospital environment, if it brings changes to the educational/formation process of the health professionals to include integrated curriculum projects. The principle of social responsibility would be discussed during the formative process, thereby contributing to the practice based on the concepts of equity, universal acdess and quality care.

The proposal for EV practices based on the social production of health offers a response to old and new challenges that are operational, technical and behavioral, regarding the formation of a wider comprehension of the need to attend to the actions of compulsory notification by the health professionals in the hospital. It is understood that health professionals whose practice is based on this perspective will have a wider comprehension of the health-illness process and will have ample knowledge of the integrated view of the health problems, primarily of those related to the notification of DCN and of the resources necessary for their control.

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Principal Author: Luciana Melo Ribeiro Rossiter Pinheiro

Endereço: Rua Algarobas, s/n, Cidade Verde, Cond. Parque Itatiaia, BL Azul Claro, Apto 902. Parnamirim/RN. Brasil. CEP 59150-000.

E-mail: lutossiter@yahoo.com.br

Co-author: ALINE CRISTIANE DE MOURA MATIAS

DÉBORAH RAQUEL CARVALHO DE OLIVEIRA

REJANE MARIA PAIVA DE MENEZES

Advisor: BERTHA CRUZ ENDERS

E-mail: bertha@ufrnet.br

REGISTRE DES MALADIES À DÉCLARATION OBLIGATOIRE DANS LE CADRE DE L'HÔPITAL: UN ESSAI D'ANALYSE

RÉSUMÉ

Chaque pays, région, Etat et du district municipal a besoin d'informations fiables sur la santé de sa population en vue de développer la vigilance de santé au cours de la maladie. Le service de vigilance épidémiologique est responsable de ces informations et pour développer les actions de notification obligatoire des maladies transmissibles (CND) de contrôle, pour prendre part à nos activités d'information, d'enquête et les interruptions de transmission de la chaîne, en particulier sur les maladies ayant un fort potentiel pour la diffusion en raison de leur pouvoir de provoquer flambées et d'épidémies, et de devenir un risque pour la santé de la population. En dépit de la caractéristique de notification obligatoire de ces maladies, la vigilance épidémiologique confronté à des problèmes d'enregistrement sous, entraînant des difficultés techniques et opérationnelles, en particulier dans le contexte de l'hôpital, comme l'absence d'information sur les maladies à notification obligatoire des dossiers des patients et des professionnels de santé manquent des connaissances concernant l'importance de l'enregistrement. L'objectif de cet essai d'analyse est de montrer les influences que réfléchir sur la non-exécution des actions de notification des maladies par les professionnels de la santé dans le milieu hospitalier. L'étude a été réalisée en utilisant une approche d'analyse contextuelle de la pratique du professionnel. Les résultats indiquent que l'absence de temps, l'indifférence quant à l'utilité du système de vigilance épidémiologique et les activités axées sur la guérison, sont des facteurs qui influencent la non adhésion à la notification des maladies des hôpitaux.

MOTS CLÉS: Vigilance épidémiologique, Hôpitaux, une notification obligatoire.

REGISTRY OF NOTIFIABLE DISEASES IN THE HOSPITAL CONTEXT: AN ANALYTIC ESSAY

ABSTRACT

Every country, region, state and municipal district needs reliable information about the health of its population in order to develop the health vigilance over disease. The epidemiologic vigilance service is responsible for that information and for developing actions of Compulsory Notification Diseases (CND) control, for taking part in notification activities, investigation and chain transmission interruption, particularly on diseases with a high potential for dissemination due to their power to cause outbreaks and epidemics, and to become a population health risk. In spite of the compulsory notification characteristic of these diseases, the epidemiologic vigilance faces sub registration problems, leading to technical and operational difficulties, especially in the hospital context , such as the absence of information about compulsory notification diseases on patient's records and the health professional's lack of knowledge regarding the registration importance. The objective of this analytic essay is to show the influences that reflect on the nonperformance of diseases notification actions by health professionals in the hospital setting. The study was conducted using a contextual analysis approach of the professional´s practice. The results indicate that the absence of time, the indifference as to the usefulness of the Epidemiologic Vigilance System, and the cure-focused activities, are factors that influence the non adherence to hospital diseases notification.

KEY WORDS: Epidemiologic Vigilance, Hospitals, Compulsory Notification.

REGISTRO DE ENFERMEDADES DE NOTIFICACIÓN OBLIGATORIA EN EL HOSPITAL: UNA PRUEBA ANALÍTICA

RESUMEN

Todos los países, regiones, estados y municipios necesitan información fiable sobre la salud de su gente a desarrollar la vigilancia de la enfermedad. Los sistemas de vigilancia son los responsables de dicha información, y las acciones de control de enfermedades de declaración obligatoria, la actividad forestal para informar, investigar y detener la cadena de transmisión, en particular aquellas enfermedades que tienen alto potencial de propagación, el poder de causar los brotes y epidemias, y constituyen un riesgo para la salud. A pesar del carácter obligatorio de estas enfermedades, la vigilancia epidemiológica se enfrenta a problemas de subregistro, proporcionando las dificultades técnicas y operativas, sobre todo en los hospitales, tales como la falta de información sobre enfermedades de declaración obligatoria en los registros médicos de pacientes y la falta de conocimientos de los profesionales de la salud de la importancia de estos registros. Este ensayo pretende analizar las influencias que reflejan el fracaso de las acciones de notificación de las enfermedades bajo vigilancia por los profesionales de la salud en los hospitales. Utilizamos un proceso de análisis contextual de la práctica desarrollada por estos profesionales. El resultado de la prueba indica que la falta de tiempo, la indiferencia en la utilidad del Sistema de Vigilancia Epidemiológica, y acciones curativas, influir en el cumplimiento de la notificación de las enfermedades en el hospital.

PALABRAS CLAVE: Vigilancia, Hospitales, la notificación obligatoria.

REGISTRO DAS DOENÇAS DE NOTIFICAÇÃO COMPULSÓRIA NO ÂMBITO HOSPITALAR: UM ENSAIO ANALÍTICO

RESUMO

Todos os países, regiões, estados e municípios necessitam de informações confiáveis sobre a saúde de sua população para desenvolver a vigilância das doenças. Os serviços de vigilância epidemiológica são responsáveis por essas informações, além de ações de controle das Doenças de Notificação Compulsória, efetuando de atividades de notificação, investigação e interrupção da cadeia de transmissão, principalmente daquelas doenças que apresentam elevado potencial de disseminação, pelo poder de causar surtos e epidemias e constituírem riscos para a saúde da população. Apesar do caráter compulsório dessas doenças, a vigilância epidemiológica enfrenta problemas de sub-registro, constituindo dificuldades técnicas e operacionais, sobretudo no âmbito hospitalar, como a falta de informações sobre doenças de notificação compulsória nos prontuários dos pacientes e a falta de conhecimento dos profissionais de saúde quanto à importância desses registros. O presente ensaio tem por objetivo analisar as influências que refletem no descumprimento das ações de notificação de doenças sob vigilância pelos profissionais de saúde no âmbito hospitalar. Utiliza-se um processo de análise contextual da prática desenvolvida por esses profissionais. O resultado da análise indica que a falta de tempo, a indiferença na utilidade do Sistema de Vigilância Epidemiológico, além de ações curativistas, influenciam o descumprimento da notificação de doenças no hospital.

PALAVRAS CHAVE: Vigilância Epidemiológica, Hospitais, Notificação Compulsória.

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