

198 -INTEGRATING THE EPIDEMIC SURVEILLANCE INTO THE ADVISORY COMMISSIONS IN A PEDIATRIC ACADEMICAL HOSPITAL

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INTRODUCTION

The developed countries began deep changes in the conceptions and practices of the section health at international level in the decade of 1970, where two events deserve great prominence: the report of the minister of the Canadian health Marc Lalonde (1974), that it emphasized the importance and the impact of the socioeconomic dimensions, politics, cultural, environmental, behaviors and biological about the conditions of life of the population; and to I International Conference about Promotion of the Health, accomplished in 1986, whose final document, the Letter of Ottawa, became emblematic for the movement that agglutinated around the promotion of the health (VERDI; CAPONI, 2005; VICENTIN; GONÇALVES, 2009).

In Brazil, the changes in the model of attention to the health have beginning in the decade of 1980 starting from the Movement of the Sanitary Reform that culminated with VIII National Conference of Health in 1986. Between the proposals and beginnings extolled by this Reform they are the enlarged concept of health, the universality, the justness and the integrality of the attention, beginnings adopted by the unique system of Health (SUS), which are formalized in the Federal Constitution of 1988 (MENDES, 1999).

In the ambit of the surveillance to the health, by the beginnings of SUS, it is shimmered another direction of the process of the professionals' of the health work indeed in search of an action collective, in which the professionals can adopt a complementary relationship and interdependence, that it comes to demand a redefinition of your structure organizational of the hospitals institutions in a new logic, humanized and centered in the user (QUEIROZ; SALUM, 1996).

For ADAMI (2000, p.192) an attendance to the health of good quality is characterized by the high degree of professional competence, efficiency in the use of resources, a minimum risk for the patients and a favorable effect in the health. Like this, it is understood that a good one structures allied organizational to appropriate processes of taking care, it will give us as results indicators that point the reach of the attendances objectives as the promotion, the prevention, the recovery and the rehabilitation.

Planning instruments, accompaniment and supervision of the health of the population can be developed and implemented through the Epidemic Surveillance, once this search to know, to detect or to prevent offences to the health individual or collective, tends as purpose to recommend and to adopt the prevention measures and control. Those actions in the atmosphere of hospital become fundamental tools for the continuous evaluation of the attendance to the health (BRAZIL, 2005).

In the Hospital of Pediatrics Teacher Heriberto Ferreira Bezerra (HOSPED), linked the Federal University of Rio Grande do Norte, the surveillance actions are strengthening if, progressively, with your accreditation in the Hospital Sentry Program and with the creation of the hospital centre of Epidemiology. However, it was observed referring gaps the organization of that surveillance system, that still grew in an isolated and disjointed way, characterized by the compartment of the information and disintegration of the actions.

For this reason, it felt the need of the creation of an unit commander to articulate and it integrated the actions developed by the services of epidemic surveillance, such as: the Commission of Control of Hospital Infection (CCIH/SCIH); the Hospital Centre of Epidemiology (NHE); the Service of Farmacosurveillance, Hemosurveillance and Tecnosurveillance; the Commission of Revision of Deaths; Commission of Drugstore and Therapeutics; Commission Permanent Manager of the Atmosphere of Work (CPAT); Commission of Nutritional base of Enteral and Parenteral; Commission of Revision of Handbook; and the Group of Work of Humanization(GTH). All demanded by ministry of Health to assure the quality of the attendances actions and academic.

Before this context, the principal objective of this is to describe the process of implantation of an unit organization that integrates the actions and articulate the information developed by the services of epidemic surveillance and Advisory Commissions in the hospital ambit. It was aimed at, also, to tell the operations of the Nucleus of Surveillance to the Health (NUVISA) in an Academics Hospital and to offer subsidy for the implantation of units with the characteristics of NUVISA in other hospitals institutions.

METHODOLOGY

HOSPED is a linked Supplemental Unit, hierarchical and functionally, to the Rectory, being integral part of the compound hospital and of health of UFRN. In the academic plan, HOSPED is practice field for the students of Technical courses, Graduation and Masters degree of the area of health and kindred, besides constituting as pole of scientific and technological training for professionals of the net of public services of health. In the plan of the attendance to the child and the adolescent, it acts as specialized pediatric reference in the clinical and surgical attendance of average and high complexity for whole the State of Rio Grande do Norte.

In October of 2008, through the Entrance nº 22/2008 HOSPED, grew up NUVISA with the objective of integrating the actions developed by the Commissions and Services of Epidemic Surveillance and it contributes to the improvement of the quality of the attendance.

According to ZANON (2000), the concept of quality of the attendance is subjective, being influenced directly by the professional formation, the ethics and the involved interests. In that way, several indicators can be adopted in the moment of think of the quality of the attendance rendered in certain institution.

For the reach of the proposed objectives, the coordination of NUVISA uses as methodological instruments: the planning, the quality indicators, the integrated meetings and the elaboration of epidemic bulletin.

The planning of the actions and goals are accomplished collectively with the coordinators of the commissions and services of epidemic surveillance in the end of the year. In the occasion, it takes place an evaluation of the work process of each one and goals, action strategies and quantitative and qualitative indicators are defined for they be worked during the year. The planning is retaken, systematically, every four months in order to accompany your implement.

For Donabedian (1994) the evaluation of the quality of the attendance is translated through indicators, validated and gauged by the attributes of the structure, process and results. Indicators are variable that measure the variations in the behavior of the established quality criteria. It is the variable that describes a reality (SARACENO; LEVAV, 1992).

In this perspective, the accompaniment of the quality of the attendance rendered the child in HOSPED, they are accomplished through the following indicators: Rate of Infection related to the Attendance to the Health (Angers); I consummate of antibiotic; sensibility coefficient and bacterial resistance; rate of hospitals infections for risk procedures; Medium time of hospital permanence; morbidity index for notification offences; mortality rate for basic cause; index of diagnosed new cases of infantile cancer; index of adverse reactions to the hemocomponents administration; index of the types of adverse reactions - immediate and late; index of adverse reactions to the use of technologies in health; emission index of seeming to the acquisition of new materials and equipments; index of adverse events to medicines; analysis microbiology of the nutrition enteral and parenteral; percentage of earnings of the children's weight in use of nutrition enteral and parenteral; mortality rate for clinic and basic causes; rate of hospital morbidity; percentage of medicines not prescribed standardized; percentage of medicines prescribed standardized; index of work accident for professional category; index of the employees' absenteeism; rate of absence of information of the team multiprofessional; it rates of discharge patients with I diagnose doctor no conclusive; rate of the user's satisfaction; rate of the employee's satisfaction.

The evaluation of those indicators is accomplished, systematically, in integrated meetings, every two months to detect needs, to elaborate intervention plan and to implement actions that make possible the improvement of the quality of the attendance.

PRINCIPAL REACHED RESULTS

Epidemic bulletin

NUVISA elaborates each two months your Epidemic Bulletin with the indicative principal, recommendations concerning the actions promoters to the health specific of each surveillance service and advisory commissions. Those information interrelate, making possible a wider vision of the attendance quality and of the health of the infantile population assisted at the hospital.

Leaving of a vision of environmental maintainable and of the posture change on the part of the institutions in relation to preservation of the environment (MOORISH, 2002), this bulletin is sent, for half electronic, for all the employees of HOSPED. However, 10 copies are reproduced and directed the Municipal Clerkship of Health of Christmas, State Clerkship of Health and General Direction of HOSPED and the others they are fastened in collective murals in the units of care clinic and hospital for popularization and interaction close to academic community, users of SUS and professionals of health. That material is also used in the administrative meetings and of the council manager of the hospital to subsidize the strategic planning of the institution.

INVIGORATION OF THE ACTIONS OF EPIDEMIC SURVEILLANCE

The implantation of NUVISA strengthened the actions and this gave fame to the Services of Epidemic Surveillance and Advisory Commissions in the hospital context, as it provided integration and articulation.

In this perspective, it took place to I it shows of the Services of Epidemic Surveillance and Advisory Commissions of HOSPED to present to the local managers, representatives of the Municipal and State Clerkship of Health, employees, students, educational and users of SUS the actions and the products developed by the work of those commissions and services.

This event provided an integration space and it involved the participants in a discussion on the surveillance to the health in the hospital context, theme of a round table that counted with the representatives' of the epidemic surveillance presence, sanitary surveillance and environmental surveillance of the Municipal and State Clerkship of Health.

REORIENTATION OF THE DECISIONS AND REORGANIZATION OF THE SERVICES

The information produced by the Services of Surveillance and Advisory Commissions, articulate for NUVISA, they alerted for the increase of the Rate of hospital permanence associated to the increase of the rates of Infection related to the Attendance to the Health. The analysis of these indicators revealed a possible relationship with the delay in the demarcation and accomplishment of image exams, once this service is offered by other institutions united to SUS. This problem generated discussions with the local managers and coordination of the hospital compound and of health for implementation of intervention measures.

Another important indicator was the morbidity profile, that pointed Lupus Eritematoso Sistêmico (you READ) as to principal hospitalization cause in child, differentiating of other profiles of pediatric morbidity, as for instance the profile traced at an academics hospital of Maringá, that detaches the breathing infections as to principal internment cause (BERCINI; MAZZO, 1997). THE reason of the hospitalization of the child bearer of you READ it was, most of the time, associated to the pulse's therapy accomplishment, procedure that could be accomplished at clinic.

It was adopted as intervention measure the transfer of those procedures for the unit of care clinical, this action was extended the patients mucopolissacaridose bearers, that also went into to accomplish the enzymatic replacement.

This reorganization of the service favored the no hospitalization and, consequently, the reduction of the children's exhibition to the infections, and it evidenced the need of the register of beds for the hospital-day.

FINAL CONSIDERATIONS

In the hospital ambit, the surveillance actions to the health are growing continually and creating opportunities, changing paradigms related to the articulation of the promotion actions, prevention, recovery and rehabilitation.

It was considered, in the accomplishment of that study, the importance of the creation of a service or an unit organizer, in the hospital institution, that comes to work the interfaces between the services of epidemic surveillance and advisory commissions to oppose to the current format of the organization of your actions, that comes as a group of fragmented practices.

NUVISA is characterized as an instrument of public health of important application in the accompaniment of the attendance quality, identification of signs of alert for the definition of intervention measures, subsidizing the managers in the reorganization of the attendance to the users' of SUS health.

Therefore, it is an administration tool that contributes to the conclude of the situation diagnosis of the institution and it makes possible the establishment of priorities, planning, implement and continuous evaluation of the attendance to the health integrated with the municipal and state managers, favoring the integration of the net of SUS.

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ABSTRACT

The Surveillance Epidemic search to know, to detect or to prevent offences to the health individual or collective tends as purpose to recommend and to adopt the prevention measures and control. Those actions in the hospital atmosphere become fundamental tools for the continuous evaluation of the attendance to the health. This study tells the implantation experience of the Nucleus of Surveillance to the Health (NUVISA) in a Pediatric Academics Hospital of the State of North Big Rio. The objective is to describe the process of operation of an unit organize that integrates and it articulates the actions of the Services of Epidemic Surveillance and Advisory Commissions of an Hospital Institution. It is a descriptive study of analysis. The implantation of NUVISA involved the united planning of actions and goals for the Services of Epidemic Surveillance and Advisory Commissions, the accompaniment and evaluation of the quality of the attendance rendered the child and the adolescent, through the definition of indicators, made a pact in meeting, to be used by each commission and service and the production and popularization of epidemic bulletins that integrate the information and indicators. As result, an epidemic profile of the hospital was defined, I diagnose it of the quality of the attendance to the health rendered the child and the adolescent, creating opportunities for the adoption of interventions with view to improve the indicators, to allocate resources in priority areas and to assist the real needs of the population.

KEYWORDS: surveillance to the health; quality of the attendance; pediatrics.

INTÉGRATION DE LA SURVEILLANCE ÉPIDÉMIOLOGIQUE COMITÉS CONSULTATIFS À UN HÔPITAL PÉDIATRIQUE UNIVERSITY

RESUMÉ

La Surveillance recherche Épidémique savoir, détecter ou prévenir l'offences à l'individu de la santé ou collectif soigne comme but recommander et adopter la prévention mesure et contrôle. Ces actions dans l'atmosphère d'hôpital deviennent des outils fondamentaux pour l'évaluation continue de l'assistance à la santé. Cette étude dit l'expérience de l'implantation du Noyau de Surveillance à la Santé (NUVISA) dans un Hôpital Academics Pédiatrique de l'État de Grand Rio Nord. L'objectif est décrire le processus d'opération d'une unité organisez cela intègre et il articule les actions des Services de Surveillance Épidémique et Ordres Consultatifs d'une Institution d'Hôpital. C'est une étude descriptive d'analyse. L'implantation de NUVISA impliquée l'organisation unie d'actions et buts pour les Services de Surveillance Épidémique et Ordres Consultatifs, l'accompagnement et évaluation de la qualité de l'assistance a rendu l'enfant et l'adolescent, à travers la définition d'indicateurs, fait un pacte dans rencontrer, être utilisé par chaque ordre et service et la production et popularisation de bulletins épidémiques qui intègrent les renseignements et indicateurs. Comme résultat, un profil épidémique de l'hôpital a été défini, je le diagnostique de la qualité de l'assistance à la santé a rendu l'enfant et l'adolescent, pendant que créer des occasions pour l'adoption d'interventions avec vue pour améliorer les indicateurs, allouer des ressources dans les régions de la priorité et aider les vrais besoins de la population.

MOTS-CLÉS: surveillance à la santé; qualité de l'assistance; la pédiatrie.

INTEGRANDO LA VIGILANCIA EPIDEMIOLÓGICA A LAS COMISIONES ASESORAS EN UN HOSPITAL UNIVERSITARIO PEDIÁTRICO

RESUMEN

La Vigilancia Epidemiológica busca conocer, detectar o prevenir mayores daños a la salud individual o colectiva. Su finalidad es recomendar y adoptar las medidas de prevención y control. Esas acciones en el ambiente hospitalario se vuelven herramientas fundamentales para la evaluación continua de asistencia a la salud. Esta investigación relata la experiencia de implantación del "Núcleo de Vigilancia à Saúde (NUVISA)" en un hospital pediátrico del estado del Rio Grande do Norte. El objetivo es describir el proceso de hacer funcionar a una unidad organizada que integra y articula las acciones de los Servicios de Vigilancia Epidemiológica y Comisiones Asesoras de una institución hospitalaria. Se trata de un estudio descriptivo de

análisis situacional. La implantación del NUVISA envolvió el planear conjunto de acciones y metas por los Servicios de Vigilancia Epidemiológica y Comisiones Asesoras, la investigación y evaluación de la cualidad del asistencia prestado a los niños y a los adolescentes, tras la definición de indicadores, reunidos reunión, para ser utilizado en cada una de las comisiones y la producción y divulgación de boletines epidemiológicos que reúnen las informaciones y los indicadores. Como resultado, fue trazado un perfil epidemiológico del hospital, la diagnosis de cualidad de asistencia a la salud de los niños y de los adolescentes, haciendo con que ocurra la adopción de intervenciones con el objetivo de mejoramiento de los indicadores, traer recursos financieros para áreas prioritarias y darle atención a las reales necesidades de la población.

PALABRAS-CLAVE: Vigilancia a la salud, Cualidad de la asistencia, Pediatría.

INTEGRANDO A VIGILÂNCIA EPIDEMIOLÓGICA ÀS COMISSÕES ASSESSORAS EM UM HOSPITAL UNIVERSITÁRIO PEDIÁTRICO

RESUMO

A Vigilância Epidemiológica busca conhecer, detectar ou prevenir agravos à saúde individual ou coletiva tendo como finalidade recomendar e adotar as medidas de prevenção e controle. Essas ações no ambiente hospitalar se tornam ferramentas fundamentais para a avaliação contínua da assistência à saúde. Este estudo relata a experiência de implantação do Núcleo de Vigilância à Saúde (NUVISA) em um Hospital Universitário Pediátrico do Estado do Rio Grande Norte. O objetivo é descrever o processo de operacionalização de uma unidade organizativa que integra e articula as ações dos Serviços de Vigilância Epidemiológica e Comissões Assessoras de uma Instituição hospitalar. Trata-se de um estudo descritivo de análise situacional. A implantação do NUVISA envolveu o planejamento conjunto de ações e metas pelos Serviços de Vigilância Epidemiológica e Comissões Assessoras, o monitoramento e avaliação da qualidade da assistência prestada à criança e ao adolescente, através da definição de indicadores, pactuados em reunião, para ser utilizados por cada comissão e serviço e a produção e divulgação de boletins epidemiológicos que integram as informações e indicadores. Como resultado, definiu-se um perfil epidemiológico do hospital, o diagnóstico da qualidade da assistência à saúde prestada à criança e ao adolescente, oportunizando a adoção de intervenções com vista a melhorar os indicadores, alocar recursos em áreas prioritárias e atender as reais necessidades da população.

PALAVRAS-CHAVE: vigilância à saúde; qualidade da assistência; pediatria.

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