76 - WELCOME WITH CLASSIFICATION OF RISK: PERCEPTION OF THE USERS IN THE STRATEGY OF HEALTH OF THE FAMILY

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INTRODUCTION

The welcome is the act of receiving, answering, receiving the user of qualified form attending his necessities, putting the arrangement to hear and to answer questions qualified way, in understanding, joining forces with the problems looking resolution.

Constitute in a way of operating the processes of work in health, in other words, it teases still, in the installment of the service with resolutionable, responsabilization and direction of the user and family to other services for the continuity of the care, like also with too many levels of attention to the health. He proposes you do not punish the redemption of the practices of health, but, the construction of a new ethics of taking care of health, on basis of the good of all, exceeding the differences (BRAZIL, 2004). The welcome can increase the use of the ESF (Strategy of Health of the Family) like entrance door, in the measure that manages to influence positively the standard of use of the services for part of the individuals, and that also manages to influence questions partner - organizational of the service such as: horizontality of the relations caregiver/person, I increase of the availability of the professionals to respond to the demands and offer of cares acceptable and appropriate to the real necessities of the population, between others. Seem to be able to affect also the character of longitudinalidade of the care, in so far as it aims to formation of personal and lasting bonds and at the identification and accountability loan company between team / individual. Leverages also the completeness of the service, in the measure in makes easy to the caregivers access to the problems of the individuals and recognition of necessity of new ones to know, technologies, materials and inputs that make possible a more integral practice (PEREIRA, 2006).

The Classification of Risk has since objective reduces the time of wait of the patient for medical service, aiming for the acceleration of the diagnosis, treatment and admission, when it is the case, contributing to organization of the flow of patients in the unity of health and prioritization of the service of the cases in accordance with the gravity. So, the service of the patient is based on the Classification of Risk and not on the order of arrival to the service of health (BRAZIL, 2009).

The execution of the Classification of Risk to primary evaluation must be based on the protocol of situation of complaint, and such an evaluation can happen for clarification of the users or for whose observation welcomes, being the cases directed to the Classification of Risk by the nurse. Besides, welcome with classification of risk must be dynamic, continuous and to include activities that calm the user and his relatives, bringing I support them emotionally and security. Clear informations on the time of wait and destiny of each patient, where the most serious thing is prioritized regarding the least serious (TORRES, 2010).

OBJECTIVE

To investigate the perception of the users in the Strategy of Health of the Family in the welcome with classification of risk.

METHODOLOGY

It the question is an inquiry exploratory descriptive with quantitative approach. The place of the inquiry was carried out in the Unity of Health III in the local authority of Lucena - PB. The population was constituted by the users of the Unity of Health III in the local authority of Lucena - PB, being composed by 2480 persons. Already sample was formed by 20 (twenty) users. They were included in the sample the users set up in the investigated unity, both sexes and older than 18 years. There were excluded the subjects set up in other unities and what did not sign the Term of Free and Explained Permission (TCLE). For collection of data a form of interview was used containing questions made a list to the characterization socio-demographic of the subjects, as well as for shut questions made a list to the objectives of the study. For analysis of the data they were analysed by the quantitative method, through the interpretation of absolute and relative frequencies the light of the literature was presented and discussed. The study was appreciated by the Committee of Ethics in Inquiry (CEP) obtaining favorable appearance for execution of the same thing.

RESULTS AND DISCUSSION

The results demonstrated that 70,0 % (14) of the users is of the feminine sex 30,0 % (06) of the masculine sex. Likewise it shows that the predominant age group they belong of users between 18 and 25 years which it is 35 % (7) resulted from the users from 36 to 45 years that occupy 20 % (4) and older than 65 years 20 % (4), already the interviewed ones between 26 and 35anos were 15 % (3) and there was not interviewed usufructuary any 0 % (0) of age between 46 to 55 years; as for the level of schooling of the interviewed users, 65 % (13) did not complete the basic teaching, 15 % (3) reported to be illiterates, 10 % (2) did not complete the secondary education, 15 % (1) completed the secondary education, 15 % (1) taught to read and write one and 0 % (0) with basic complete teaching. 1 follows chart with the frequency with relative data to the studies.

Table 1: Distribution of the variables according to the realization of the welcome. João Pessoa/PB, 2011.

VARIABLES	YES	NO
Is carried out the welcome in the USF	85,0%	15,0%
The realization of the welcome is frequent in the USF	70,5%	29,5%
It likes in the form that the welcome is carried out by the professionals da USF	82,4%	17,6%
Importance of the realization of the welcome in the USF	90,0%	10,0%
Receiving of the welcome for a quicker presence	85,0%	15,0%
Realization of the welcome as respected form	95,0%	5,0%
Realization of the welcome according to the gravity to the health	100,0%	0,0%
Difficulties of the welcome with classification of risk for professionals of the USF	80,0%	20,0%

Second Fracolli (2004) in the Unities of Health of the Family studied (USF), there were carried out, daily, on average 40 welcomes, which were lasting of three 3 to 15 minutes each one. These were carried out in aired rooms and with furnishings type surgery (chairs, table, stretcher), however, in some USF, the room was not exclusive for the activity of welcome. The relation between the worker of health and the user of the service, who was formed in the welcome, was marked by the tension, since the users were arriving anxious and the workers were looking to attend them, in the form to calm them, listening to them - with attention. Nevertheless, some workers perhaps pressed by the demand, were answering in agile, objective and not much communicative way. Analysing the contentment of the user, Ramos and Lima (2003) identified like factors that mean to the quality of the service the good reception, the respect to a user, a humanized relation and the good professional acting, and some punctual unfavorable opportunities were quoted the bad reception, the lack of interest for the client and, even, certain brusqueness in the treatment.

Open to question to the professionals who carry out the welcome, it revealed that, on the whole, this activity is under the responsibility of the nurses and of the assistants of nursing, with the support of the medical professional. In determined unities, he is the communitarian agent of health he was taking responsibility for the welcome. It is emphasized that most of the professionals, of several unities, register the welcome like a service, in the handbook of the user. In general way, the registers focus the service. Some professionals, besides these fountains of register, adopt a book or own spreadsheet for the register of the welcomes that they carry out (FRACOLLI, 2004).

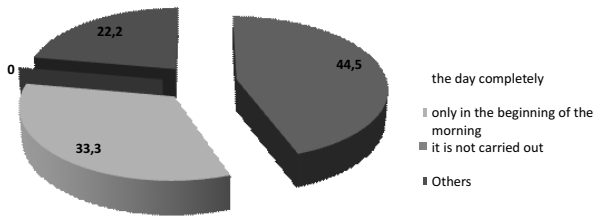
In agreement with Nery (2009), the welcome in the unities only one of Health (SUS) presents health of the family to itself as one potential tool in the consolidation of the System. So, prioritizing actions of prevention, promotion and recuperation of the health of the persons, of integral and continuous form, trying to make easy the access to the services of health and a personalized, more welcoming service, maintaining a straight relation of bonds with the customers and responsibilities regarding the maintenance of the health of that community.

With the growing demand and search of the services of there was observed an enormous flow of " disordered circulation " of the users in the doors, when is becoming necessary the reorganization of the process of work of this unity of form to attend the different degrees of specificity and resolution in the presence carried out to the sharp grievances in such a way that, the given presence works hard in accordance with different degrees of necessities or suffering and more impersonal and for order of arrival (ABBÊS, 2000).

In accordance with Fortes (2004) the practice of the humanization tells to herself to the possibility of a cultural modification of the management and of the methods developed in the institutions of health, adopting an ethical character of respect to other, of welcome of the stranger, of respect to a user understood like a citizen and you do not punish like a consumer of services of health. Be able to notice to him that the welcome still needs to be brought into effect by quality, since the reality of the ESF of the local authority of Lucena needs to be similar to what it extols the National Politics of Humanization, good at appropriate place, prepared team and actions directed what justify the accessibility and the actions assistive resolutive what excel it shears completeness.

In the graphic 1, can notice that 44,5 % (8) answered that the welcome is carried out the day completely, 33,3 % (5) reported what takes place only in the beginning of the morning and 0 % (0) answered what is not carried out. In the variable it can mention Another 22,2% (4) that " not every day I am welcomed as it had to " (S2); " it has no time-table " (S3); "it has not certain time-table " (S4); "I do not know" (S5).

The team of health does not need to center his activities exclusively in technical proceedings and yes to try to think and to act analysing the importance of the involvement with the user and in having a nearer relation with the persons for whom they look and / or needs help. So, understanding that the human relationship in the services of health is a basic component to improve the presence (CAMELO, 2000).



Graphic 1: Distribution of the sample according to the frequency of realization of the welcome. João Pessoa/PB, 2011.

In accordance with the report of most of the interviewed ones, the welcome takes place the day completely, however it is possible to realize the fragilities in the fulfillment of the service, since many people answered that it takes place only in the beginning of the morning, between others that they mentioned was no time-table nor fixed day for realization of welcoming, damaging and inhibiting the population, making difficult the purpose of the welcome that aims at the interaction between professional and user, so being able to offer the proper presence.

THOUGHTS FINISH

The results showed that the fulfillment of the welcome in the optics of the user of the Basic Attention starts to be of great relevance he has seen to treat a proposal extolled in the National Politics of Humanization by the Ministry of Health, as well as because of revealing good attributes of quality of attention to the health in the net SUS. While the user needs him health welcomed by the professionals of the team of the basic net raisin to set herself up as the resolution of the problems of health. In this discussion more and more the teams need to be moved in practice of the welcome, in practice of the qualified listening. So, the implementation of this practice is made necessary by the professionals of the local authority of the study in order to investigate the weaknesses still existent in the implementation of this activity, where the professionals once active in this fact start to compose the fulfillment of beginnings doctrinal like equity, universality and completeness.

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WELCOME WITH CLASSIFICATION OF RISK: PERCEPTION OF THE USERS IN THE STRATEGY OF HEALTH OF THE FAMILY

Abstract: The host is the act of receiving, meet, greet you in a qualified manner addressing their needs, putting a willingness to listen and answer qualifying questions. This study aims to investigate the users' perception of the Family Health Strategy with the host rating. This is an exploratory descriptive research with quantitative approach carried out in the city of Lucena / PB in August 2011 with a sample of 20 people attended the Family Health Unit. One checked that most of the interviewed ones affirmed that the realization of the welcome is frequent in the USF; they like in the form that the welcome is carried out by the professionals of the USF; the realization of the welcome is important in the USF; they receive the welcome for a quicker presence; they carry out the welcome like respected form; they carry out the welcome according to the gravity to the health; and difficulties of the welcome with classification of risk by the professionals of the USF. are ended that the practice of the welcome starts to be of great importance in the Unity of Health of the Family because of attending the users respecting his complaint of health, as well as attending with resolutionable his necessities.

DESCRIPTORS: Welcome. Basic attention. Nursing.

RÉCEPTION AVEC LA COTE DE RISQUE: PERCEPTION DES UTILISATEURS DANS LA STRATÉGIE DE SANTÉ FAMILIALE

Résumé: L'accueil est l'acte de recevoir, d'accueillir l'utilisateur de forme qualifiée en répondant à ses nécessités, en se mettant à disposition pour entendre et répondre à des questions de façon qualifiée. Cette étude a pour objectif de faire une enquête sur la perception des utilisateurs dans la Stratégie de Santé de la Famille lors de l'accueil avec classification de risque. Il s'agit d'une recherche exploratrice descriptive ayant un point de vue quantitatif réalisée dans la ville de Lucena/PB au mois d'août 2011, sur un échantillon de 20 personnes reçues dans l'Unité de Santé de la Famille. On a vérifié que la majorité des personnes interviewées ont affirmé que la réalisation de l'accueil dans l'USF est fréquente ; qu'elles apprécient la façon avec laquelle elles sont reçues par les professionnels de l'USF ; que la réalisation de l'accueil dans l'USF est importante ; qu'elles sont accueillies pour une assistance plus rapide ; qu'on réalise l'accueil en les respectant ; qu'on réalise l'accueil conformément à la gravité de la santé ; et qu'il existe quelques difficultés d'accueil avec classification de risque par les professionnels de l'USF. On a conclu que la pratique de l'accueil a une grande importance dans l'Unité de Santé de la Famille parce qu'il respecte la plainte du malade et qu'il répond de façon résolue à ses nécessités.

DESCRIPTION: Accueil. Attention de Base. Soin des Malades.

RECEPCIÓN DE LA COTE AVEC SUBIDAS DE TONO: DES DANS LA PERCEPCIÓN DE UTILISATEURS SANTA STRATEGIE FAMILIALE

Resumen: La acogida es el acto de recibir, atender, recepcionaral usuario de forma calificada atendiendo a sus necesidades, colocándose en disposición deescuchar y responder preguntas cualificadamente. Este estudio tiene el objetivo de investigar la percepción de los usuarios en la Estrategia de Salud de la Familia durante las acogidas con clasificación de riesgo. Se trata de una investigaciónexploratoria descriptiva con enfoque cuantitativo realizada en la ciudad de Lucena/PB el mes de

agosto de 2011, con una muestra de 20 personas atendidas en la Unidad de Salud de la Familia. Se verifica que la mayoría de los entrevistados afirman que es frecuente la realización del protocolo de acogida en la USF; que les gusta la forma en la que es realizada por los profesionales de la USF; que es importante la realización de la acogida en la USF; que reciben la acogida para tener una asistencia rápida; queperciben la acogida como forma de respeto; que la acogida se realiza conforme la gravedad del caso; y ven dificultades de la acogida en la clasificación de riesgo por los profesionales de la USF. Se concluye que la práctica de la acogida es de gran importancia en la Unidad de Salud de la Familia al atender a los usuarios respetando su percepción sobre el propio estado de salud, y atendiendo resolutivamente sus necesidades.

DESCRIPTORES: Acogida. Atención Básica. Enfermería.

ACOLHIMENTO COM CLASSIFICAÇÃO DE RISCO: PERCEPÇÃO DOS USUÁRIOS NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA

Resumo: O acolhimento é o ato de receber, atender, recepcionar o usuário de forma qualificada atendendo suas necessidades, se colocando a disposição para ouvir e responder perguntas qualificadamente. Este estudo tem o objetivo de investigar a percepção dos usuários na Estratégia de Saúde da Família no acolhimento com classificação de risco. Trata-se de uma pesquisa exploratória descritiva com abordagem quantitativa realizada na cidade de Lucena/PB no mês de agosto de 2011, com uma amostra de 20 pessoas atendidas na Unidade de Saúde da Família. Verificou-se que a maioria dos entrevistados afirmaram que é frequente a realização do acolhimento na USF; gostam da forma que é realizado o acolhimento pelos profissionais da USF; é importante a realização do acolhimento na USF; recebem o acolhimento para uma assistência mais rápida; eles realizam o acolhimento como forma de respeito; realizam o acolhimento conforme a gravidade à saúde; e dificuldades do acolhimento com classificação de risco pelos profissionais da USF. Conclui-se que a prática do acolhimento passa a ser de grande importância na Unidade de Saúde da Família por atender os usuários respeitando sua queixa de saúde, bem como atendendo com resolutividade suas necessidades.

DESCRITORES: Acolhimento. Atenção Básica. Enfermagem.