



INTERDISCIPLINARY ACTION MANUAL ON PRIMARY HEALTH ATTENTION

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**INTERDISCIPLINARY ACTION MANUAL ON
PRIMARY HEALTH ATTENTION: AN EDUCATIONAL
PRODUCT TO SUPPORT PROFESSIONALS ON
PRIMARY HEALTH ATTENTION**

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PRESENTATION



This manual was developed as an educational product for the University Center of Volta Redonda – UniFOA - Professional Master Degree Program in Health and Environment Education.

It has the objective of supporting the topic set forth in the matter which is the importance of inserting the doctor in the primary health attention and the importance of the interprofessional team.

It arrives from the necessity of turning the work process into a system with regards to the primary health attention, as it is the doorway for the Health System user (hereby SUS), and its operation is dependent on a well-structured interdisciplinary work.



LIST OF ACRONYMS

AB	BASIC ATTENTION
ACS	SOCIAL HEALTH AGENT
ANVISA	NATIONAL SANITARY SURVEILLANCE AGENCY
APS	PRIMARY HEALTH ATTENTION
ESF	FAMILY HEALTH STRATEGY PROGRAM
EPI	PERSONAL PROTECTION EQUIPMENT
EPS	PERMANENT EDUCATION IN HEALTH
NASF	SUPPORT NUCLEUS FOR FAMILY HEALTH
PMAQ	BASIC ATTENTION QUALITY AND ACCESS IMPROVEMENT PROGRAM
PNAB	BASIC ATTENTION NATIONAL POLICY
SUS	HEALTH SYSTEM
TIC	COMMUNICATION AND INFORMATION TECHNOLOGIES
UBS	BASIC HEALTH UNIT
UBSF	FLUVIAL HEALTH BASIC UNIT

WHAT IS PRIMARY ATTENTION TO HEALTH?



Basic attention (AB), or currently known as Primary Health Attention (APS), established in Brazil by law, has the objective of providing total attention to health as well as being easy to find near the user's dwelling (Basic Attention National Policy – PNAB, 2012).

It is the entry doorway for Attention Network services to the Health System (SUS). Therefore, it is fundamental that it operates in accordance with its three principles: Equity, Integrality and Universality. Other main points could be mentioned such as accessibility, bond, carefulness continuity, accountability, humanization and social participation, all of which are important functions to APS.

AB is characterized by a set of health actions, in an individual or collective environment, that includes health promotion, protection and recovery, aiming at developing a total attention that impacts people's independence and health situation and on the society's determining and conditioning factors (Basic Attention Quality and Access Improvement Program – PMAQ, 2015).

We believe that APS is the user's doorway to the health attention network due to the fact that in APS the patient is accepted for determining his or her demand, making the decision at that moment whether the patient will continue the treatment at the unit or if it necessary to be sent to another facility. It is worth mentioning that even though the patient might be at another unit, the reference will always be the APS.

A photograph of a female doctor in a white lab coat with a stethoscope around her neck, smiling as she examines a young girl. The girl is also wearing a stethoscope and looking up at the doctor. The background shows a clinical setting with white cabinets and potted plants. The entire image is overlaid with a semi-transparent dark blue filter.

STRUCTURES THAT MAKE UP THE APS

STRUCTURES THAT MAKE UP THE APS:



- BASIC HEALTH UNITS (UBS);
- FAMILY HEALTH STRATEGY PROGRAM (ESF);
- BASIS FLUVIAL HEALTH UNIT (UBSF) – LEGAL AMAZON AND SOUTH WETLANDS OF MATO GROSSO;
- ESF FOR RIVERSIDE COMMUNITIES;
- STREET MEDICAL OFFICE;
- SUPPORT NUCLEUS FOR FAMILY HEALTH (NASF);
- BETTER AT HOME PROGRAM;
- HEALTH GYM;
- HEALTH PROGRAM AT SCHOOL;
- TELEHEALTH.

STRUCTURES THAT MAKE UP THE APS:



APS is not only composed of basic health units but by several other structures as well. The determining factor of having such different structures is the population characteristics, such as the number of people and area demand among other reasons. Other units are, for example, the Street Consultation which has the objective of providing health consultation for the homeless; the Better at Home Program, which consults bedridden patients or patients that have mobility difficulties; NASF, a support to the APS, which focuses their attention in several cases. And lastly the telehealth, which enables the reinforcement and improvement of quality on the consultations for basic attention at SUS, including Permanent Education In Health (EPS) and assistant support by means of communication and information tools and technologies (TIC). (Department of Health, 2019)

A blurred background image showing medical professionals in a clinical setting. In the foreground, a hand holds a tablet. A blue stethoscope lies on a white surface. In the background, a person in a white lab coat is writing on a clipboard. The overall scene is dimly lit with a blue tint.

DIFFERENCE BETWEEN UBSF AND ESF

WHAT IS THE DIFFERENCE BETWEEN UBS AND ESF?



They have very similar structures located near the user's homes, with the purpose of a primary treatment, such as consultations and exam appointments. However, ESF has as a main objective to promote health prevention of such specific area, with the presence of social health agents (ACS), whereas UBS is not contemplated with the presence of ACS, making this a difficult approach.

WHAT ARE THE GOALS FOR FAMILY HEALTH STRATEGY (ESF)?

ESF, with its multiprofessional team, aims at a more organized and qualified work with the objective of reorganizing the health care in Brazil. It is obligated to:

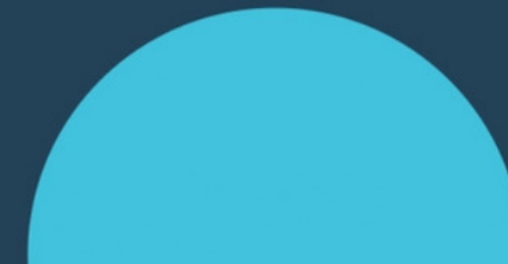
- Promote prevention actions in the area by means of sanitary education;
- Understand the reality of such area in order to identify the main health issues and risk situations;
- Provide the community access to their rights;
- Full treatment to the individual. Even for those that are being attended to in other health care devices shall remain being taken care of in their neighborhood's unit.



WHAT ARE THE GOALS FOR FAMILY HEALTH STRATEGY (ESF)?



- Participate in local/municipal health board meetings and encourage popular participation;
- Multidisciplinary treatment;
- Encourage community participation by means of meetings in order to aid in the correct operation of the unit.



WHAT ARE THE GOALS FOR FAMILY HEALTH STRATEGY (EFS)?



In accordance with PNAB the necessary structure for health units include:

- Nursing/medical office;
- Dental office;
- Office with a restroom;
- A multiprofessional room in order to treat spontaneous demand;
- Management and administration offices;
- Collective activity room for basic attention professionals;
- Reception area, archive and records area;
- Procedure room;
- Vaccine room;
- Medication disposal area;
- Medication storage area (if there are disposables in the UBS);
- Collective inhaling room;
- Collection room;
- Bandage room;
- Observation room.

WHAT ARE THE GOALS FOR FAMILY HEALTH STRATEGY (ESF)?



ESF is composed of a multiprofessional team, which has doctors, registered nurses, health care agents, dentists, oral care assistant and certified nursing assistants. This is a basic team, however some teams may have other professionals depending of the necessity in that area and their epidemiological characteristics.

WHAT IS THE IMPORTANCE OF THE MULTIPROFESSIONAL TEAM?



A Multiprofessional team makes all the difference as the patient is seen regularly by several professionals. Keeping in mind that not only actions shall be shared but also the actions of each professional. The issue with working in the health care area is due to the complexity of the treatment and the unpredictability of the finale. In most cases, the user's demand is not limited only to a single evaluation/treatment, but it will depend of a new evaluation, support from other professionals within the team and performing exams. For such, the dynamic of team work is extremely important. The excellence of this work will fall upon the visibility of the service quality, improving the patient's safety. With this team the objectives of a ESF will be complied with, where working together they will be able to determine the demands of that community, identify the issues of the area and seek adequate service to resolve the situation.

ACTIONS OF THE TEAM MEMBERS



DOCTOR ACTIONS

- Promote health education together with the community utilizing, for example, educational campaigns;
- Medical consultations, pediatric treatment and pre-natal consultation;
- Perform small clinic procedures, such as abscess draining, stitches, among others;
- Multidisciplinary treatments;
- Perform diagnostics, with necessary follow-up and therapy;
- Issue medical reports, when necessary;
- Provide explanation/information to the patient and family members of orientations related to the disease and treatment;



ACTIONS OF THE TEAM MEMBERS



DOCTOR ACTIONS

- Notify the diseases in accordance with the Health Department;
- Determine the important points in the epidemiological characteristic, providing specific programs according to the demand;
- Participate in group meetings and discuss cases, which is an important matter for the multiprofessional team;
- Gynecological preventive collection;
- Perform home visitations;
- Perform group therapies;
- Participate in courses and workshops, when selected for such;
- Perform and supervise bandages;
- Death certificate and support to minor treatments;



ACTIONS OF THE TEAM MEMBERS



DOCTOR ACTIONS

- Greet the population;
- Contact with other health devices;
- Promote prevention;
- Refer patient to other services, when necessary;
- Extensive family treatment, creating a bond with the patients;
- Observe vaccine cards, especially for the detection of delays;
- Participate in Municipal Board Meetings, commissions and meetings;
- Oversee the preservation of work instrument and equipment;
- Participate in E-SUS professional development;
- Use Personal Protective Equipment (EPI) regulated by the National Sanitary Surveillance Agency (ANVISA).



ACTIONS OF THE TEAM MEMBERS

REGISTERED NURSE ACTIONS



- Manage the unit/team;
- Assist in nursing services such as planning and supervision;
- Help in social health plans;
- Nursing assistance to the pregnant, recently given birth and newborns;
- Provide assistance to childbirth in an emergency situation;
- Participate in continued educational program, when selected for such;
- Participate in E-SUS professional development;
- Epidemiological assistance;
- Professional development for health professionals with regards to work safety and hygiene programs;
- Keep up with the development and operation of the reference and counter-reference system;



ACTIONS OF THE TEAM MEMBERS

REGISTERED NURSE ACTIONS



- Consult the certified nursing assistants with medical prescription previously established by the program and taking care of routines;
- Participate in prevention campaigns;
- Gynecological preventive collection;
- Pre-natal follow-up;
- Participate in prevention programs within the community;
- Discuss cases with the team;
- Contact with other devices;
- Home visitation;
- Perform and supervise bandages;
- Take care of women health;



ACTIONS OF THE TEAM MEMBERS

REGISTERED NURSE ACTIONS



- Guarantee service quality;
- Observe vaccine cards;
- Oversee the preservation of work instrument and equipment;
- Apply vaccines and medications when necessary and under medical supervision;
- Use Personal Protective Equipment (EPI) regulated by ANVISA.



ACTIONS OF THE TEAM MEMBERS

CERTIFIED NURSING ASSISTANT ACTIONS



- Perform immobilization and bandages;
- Observe vaccine cards;
- Apply vaccines, intravenous hook-up, injections, among other procedures;
- Greet the patients and identify the demand;
- Home visitations;
- Health prevention;
- Medical administration, under doctor supervision;
- Check blood pressure, temperature, heart frequency;
- Place and remove probes;
- Material collection for laboratory exams;
- Receive orientation from registered nurse during planning, programming and supervision for certified nursing assistance activities;
- Oversee the preservation of work instrument and equipment;
- Use Personal Protective Equipment (EPI) regulated by ANVISA.



ACTIONS OF THE TEAM MEMBERS

SOCIAL HEALTH AGENT ACTIONS



- Home visitations;
- Determine the needs of a community and their vulnerability;
- Active search for users;
- Provide a bond between community and professionals;
- Enrollment of families;
- Educational actions for the community, with health prevention and promotion;
- Discuss cases with the team;
- Work with the community in accordance with their micro area;
- Guide the community in relation to the usage of health services.



ACTIONS OF THE TEAM MEMBERS



DENTIST ACTIONS

- Promote oral health to the population;
- Oral consultation, providing diagnostics and disease treatment for the mouth, teeth and maxillofacial regions;
- Health actions;
- Discuss cases with the team;
- Oversee health utilizing health action programs as well as preventive actions;
- Plan, control and execute oral treatment actions;
- Perform exams, extractions and small surgeries;
- Perform activities following the sanitary and epidemiological standards from the health department;
- Perform training programs in human resource professional development services.



ACTIONS OF THE TEAM MEMBERS

ORAL HEALTH TECHNICIAN ACTIONS



- Promote oral health attention within the population;
- Oral consultation support to the dentist;
- Discuss case with the team;
- Oversee health, such as showing the correct brushing technique;
- Participate in educational programs;
- Collaborate with epidemiological data;
- Apply substances for dental cavity prevention;
- Set up appointments;
- Perform oral pre-consultation and consultation;
- Instrumentation.



ACTIONS OF THE TEAM MEMBERS

RECEPTION ACTIONS



- Set up appointments;
- Patient greeting;
- Guide the population in relation to the usage of health services;
- Educational actions with the population, using health prevention and promotion;
- Discuss case with the team;
- Oversee the preservation of work instrument and equipment;
- Guarantee the quality of service;
- Participate in E-SUS professional development.



ACTIONS OF THE TEAM MEMBERS

GENERAL SERVICE ASSISTANT ACTIONS



- Patient greeting;
- Guide the population in relation to the usage of health services;
- Educational actions with the population, using health prevention and promotion;
- Oversee the preservation of work instrument and equipment;
- Guarantee the quality of service;
- Maintain the unit clean and organized.



A group of people in a meeting, with one person writing on a whiteboard. The image is overlaid with a dark blue filter. The word "BIBLIOGRAPHY" is written in white, outlined, uppercase letters across the center of the image.

BIBLIOGRAPHY

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