



ISSN: 2230-9926

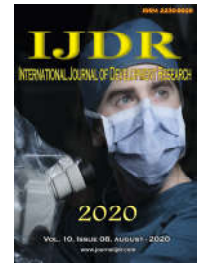
Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research

Vol. 10, Issue, 08, pp. 38802-38805, August, 2020

<https://doi.org/10.37118/ijdr.19401.08.2020>



CASE REPORT

OPEN ACCESS

HEALTH SITUATION ROOM AND ITS POTENTIALITIES WITHIN THE FRAMEWORK OF PRIMARY CARE

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ARTICLE INFO

Article History:

Received 10th May 2020

Received in revised form

02nd June 2020

Accepted 22nd July 2020

Published online 26th August 2020

Key Words:

Primary Care, Decision-Making, Health Planning, Public Health.

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ABSTRACT

Objective: Describe the perception of the professionals in the Primary Care teams of João Pessoa-PB about the potentialities of the Health Situation Room in the work process.

Methodology: Descriptive, exploratory study with a qualitative approach, accomplished from June to August 2019, in Family Health Units in João Pessoa, Paraíba, Brazil, with a population of 200 health teams and a sample of 74, represented by one of its higher education professionals.

Results: The potentialities that stuck out were: the direction for standardized data collection and organization, the support for the decision-making process and promoting improvements in the health work process and the provision care. **Conclusion:** The Health Situation can offer several features, with an emphasis on greater specificity in the knowledge of local realities to optimize the care process.

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Citation: Ana Eloísa Cruz de Oliveira, Michelle Alves de Carvalho, Bento Forte de Oliveira Neto et al. "Health situation room and its potentialities within the framework of primary care", *International Journal of Development Research*, 10, (08), 38802-38805.

INTRODUCTION

Information is a relevant health support tool and a great source of knowledge for effective management in the epidemiological, assistance, budget, bureaucratic and demographic areas, feeding the decision-making process and helping to improve the services offered to the population. However, for this to be possible, there must be a guarantee of the integrity of the information, which is understandable, complete and useful (Pereira et al., 2012). The Health Situation Room (HSR)¹ is a work proposal that facilitates the

task of analyzing health information and linking it to health management, being considered as a tool that favors the use of health information for decision making (Albuquerque et al., 2013). Meanwhile, it appears that the Health Situation Room is capable of supporting decision-making processes of managers, for monitoring or evaluating health policies and programs, besides support health teams in the health decision-making and planning process, given that these teams are primarily responsible for generating the primary data of the HSR. It was from the influence of Carlos Matus's strategic planning that the Health Situation Room was created, carrying out a process of continuously gathering information, analyzing it,

¹Translator's note: Health Situation Room in Portuguese Sala de Situação de Saúde (SDSS)

characterizing problems and providing planning with possible solutions, linking to the intervention and to governability of action (OPAS, 2010). In the case of Primary Care, the health team is made to know the reality of the area covered by the unit that is under their responsibility, becoming more sensitive to their needs, which facilitates the identification and care of the health problems of the community (Silva *et al.*, 2011). In this context, the Situation Room is one of the tools available for systematizing the information needed in their work process and has gradually made health professionals aware of their significant contribution, gaining space in the work process and changing the perception of those who viewed it only as something bureaucratic, generating yet another demand within their overworked work routine (Feitosa *et al.*, 2014). At the time when the professionals recognize the relevance of the Situation Room, the constant updating of data, the correct completion of reports, this will be an even more useful, effective and concrete tool, capable of facilitating strategic planning and pointing out ways to coping with the problems experienced, regardless of the level of health care (Brasil, 2016a; OPAS, 2010). To this end, the motivation for carrying out this research is justified, observing the incipient importance given to this health planning strategy, as well as the limited literature that addresses the theme. On the basis of the above the following question emerge: What is the perception of professionals in the Primary Care teams of João Pessoa-PB about the potential of the situation room in the work process?

Therefore, this study aims to describe the perception of professionals in the Primary Care teams of João Pessoa-PB about the potential of the Health Situation Room in the work process.

MATERIALS AND METHODS

This is an exploratory, descriptive study, with a qualitative approach. The qualitative approach is widely used as a means for the development of research that seeks ways to try to understand what is beyond quantifiable, in other words, they propose to analyze the subjectivity and the interviewee's discourse in a systematic and precise way (Minayo, 2006). This research was carried out from the June to August 2019, in Family Health Units (FHU²) belonging to the municipality of João Pessoa-PB. The municipality's structure consists of a total of 200 health teams, divided into five Health Districts. The planning stage of the survey applied to obtain the data opted for the sampling plan stratified by districts in the City of João Pessoa. The target population was defined as the Family Health Teams in the city of João Pessoa, as a reference. The sample selection was carried out according to the optimal allocation method, considering the average of the total indicators reported by the team, for each of the districts considered and considering the fixed selection cost for all elements of the target population, as described by Valliant *et al.* (2013). Thus, the defined sample was 74 (seventy four) health teams, distributed in the 5 health districts of João Pessoa and composed of higher education professionals - doctors, nurses and dentists - who work in Primary Care services in the municipality of João Pessoa, being selected based on the following criteria: Be a professional with a higher education degree working in a family health team in João Pessoa-PB, for at least six months and agree to participate in the research. The

information needed for the development of the research was obtained through the technique of semi-structured interviews carried out in the health units where the sample members worked. All the interviews were preceded by the presentation and reading of the Free and Informed Consent Term (FICT³). After the collection phase, a data survey was carried out among the sample of the research participant, where it was possible to describe the perception of the professionals of the Primary Care teams of João Pessoa-PB about the potential of the Health Situation Room in the process of job. In order to preserve the interviewees' identity, the nomenclature from P1 to P74 was used to name and differentiate the speeches of the professionals. The entry and quality control of the quantitative characterization data of the sample obtained were performed using Microsoft Excel ® software. The analysis of qualitative data was carried out using the Bardin method, which describes content analysis, consisting of a thematic categorization of the content itself inserted in the interviewees' discourse through systematic techniques, through a pre-analysis of the collected data, followed by exploration of the material and treatment of the results (Bardin, 2011). The study was carried out taking into account the ethical aspects in research involving human beings, recommended by Resolution 466/12 of the National Health Council (2012), of the ethical aspects, which deals with the involvement with human beings in research, having a favorable opinion through the CAAE: 08805318.8.0000.5188.

RESULTS AND DISCUSSION

Initially, we sought to characterize the interviewed sample in relation to the identification data, exploring the following variables: sex, age group, professional training, length of professional experience, length of experience in the Family Health Strategy and also the type of professional bond. There was a predominant female participation (81%), in the age group of 30 to 59 years old (47.2%) and with training in nursing (58.1%). Most of the sample had up to 10 years of professional experience (41.9%), up to 10 years of experience in the Family Health Strategy (51.4%) and a service provider (82.4%). Through semi-structured interviews, these professionals reported their perception about the potential of the Health Situation Room in the work process developed in Primary Health Care. From these potentialities described, it was possible to list categories, namely: Category 01 - Direction for the collection and standardized organization of data; Category 02- Support to the decision-making process; Category 03- Promotion of improvements in the health work process and provision of care.

Category 01 – Direction for the collection and standardized organization of data: The first category was defined according to statements that expressed the contribution of the Situation Room in the (re) organization of work through the analysis of raw data obtained in the Primary Care work routine. This tool was considered of great importance to guide the work process, since it allows better visualization of the data that must be collected by the professionals and how to organize its monthly consolidation.

“The Situation Room guides us so that we can be aware of the main data we need to collect, control and even helps

³Translator's note: In portuguese Termo de Consentimento Livre e Esclarecido (TCLE).

²Translator's note: In portuguese Unidades de Saúde da Família (USF)

to standardize the organization, which is one for all João Pessoa” P15

“In Primary Care we produce a large volume of data and among them some are more important, for our monitoring and management as well. With the Situation Room, we are better organized in that way. It has a spreadsheet that guides us on the main data to compose the indicators and this makes it easier to collect all the data you need, as well as helps us in its consolidation, better organizing the work” P33

“The Situation Room makes me not feel lost in the face of so many numbers generated in our work routine here at the unit. Standardizing the data we need to monitor constantly, it helps a lot when it comes to knowing what to collect and how to organize it. Especially because these data need to be reported monthly to managers as well” P45

“The Situation Room standardizes data that we need to consolidate and organizes that data. This makes this demand more practical and agile” P48

When implementing the HSR, the health management of the municipality of João Pessoa provided the use of an appropriate tool for the development of the basic activities of information management, which seeks to identify information demands; develop a positive organizational culture in relation to information sharing / socialization; select, collect, organize, store information, and set norms and standards for systematizing information, feeding back the cycle (Santos; Valentim, 2014). The operation of a situation room involves systematizing the collection, integration and processing of data, seeking to ensure a permanent construction of the quality and coverage of the data. Such information is directly related to the work process of the staff of the health teams who are working at the service end, where the data is generated, organized, classified and made available. On this occasion, through the use of the Situation Room, the work process becomes viable, allowing the observation, both by professionals and management, of what is behind the data for the construction of intervention strategies focused on the reality of each assigned community (OPAS, 2010).

Category 02- Support to the decision-making process

The interpretation of the meaning that each data carries with it provides an analysis of the health situation. From the perspective of professionals, HSR has contributed to this process, supporting the decision-making process, whether at the local level, encompassing the territory covered by the health unit, or even at district and municipal levels. The HSR is a tool adopted by the João Pessoa Municipal Health Secretariat (MHS⁴), used in its current format since 2015, when there was a need for greater monitoring and evaluation of Primary Care data, supporting the decision-making process decision-making by health professionals and managers. This fact was due to the recent process of implementing the Health Information System for Primary Care (SPC⁵), replacing the Primary Care Information System (PCIS⁶) and becoming the current Primary Care information system for financing purposes. and adherence to the programs and strategies of the

⁴Translator’s note: In portuguese Secretaria Municipal de Saúde (SMS)

⁵Translator’s note: In portuguese Sistema de Informação em Saúde para a Atenção Básica (SISAB)

⁶Translator’s note: In portuguese Sistema de Informação da Atenção Básica (SIAB)

National Primary Care Policy (Brasil, 2014). Thus, all professional teams were able to undergo previous training for its use and have the support of the information management sector of their respective Health District, optimizing their monitoring, planning and evaluation process, together with the service professionals and managers.

“The room optimizes our time in the interpretation of these data, understanding the situation of the territory we serve and also helps when we discuss our situation with the health district and the health department” P01

“With the situation room I can compare the data in order to trace new ways of working. It helps in the planning process of the team as a whole and even of the managers. We are thus able to make decisions that are more consistent with the needs” P08

“This tool brings practicality and agility to our work with data on family health, making more appropriate decisions” P21

“The situation room allows gains not only for team professionals, but also for managers. It becomes easier to decide in the face of the questions that arise in our work process” P34

“The room supports our professional activities, making better monitoring, evaluation and making better decisions” P40

Deciding is making choices about alternatives that combine resources and paths of action, in order to achieve certain preferences and expectations of results. A quality decision is based on the appropriate use of information during the decision-making process, in order to outline the alternatives and choose the option that leads to positive results for the organization (Porto; Bandeira, 2006). Through the speeches of the interviewed professionals, it is clear that they recognize the significant role played by the Health Situation Room in decision making in their work process, moreover, they realize that this importance also extends to the decision-making process of managers because, by offering information in an organized and easily accessible way, HSR becomes a resource capable of enhancing your ability to analyze and understand the situation and make decisions. This prerogative is confirmed by Albuquerque *et al.* (2013), by showing that the health situation room has the ability to support decision-making processes in two directions, since it becomes essential for the execution of the work of health professionals in the services, as well as managers in the healthcare network management process. The decisions provided through the HSR allow a dynamic process of planning, intervention and evaluation, with decisions aligned to the needs worked. Lucena *et al.* (2014) corroborates this when considering HSR as a tool that favors the use of health information for decision making, because it is a work proposal that makes feasible not only collection and organization, as well as the analysis of health data, building a concrete perception of the reality that one seeks to know and enabling appropriate interventions to the diagnosed problems.

Category 03- Promotion of improvements in the health work process and provision of care

By enabling a more appropriate decision-making process that can effectively intervene in the local health scenario, the benefits of using the HSR can go beyond the limits of the

theoretical to the practical, being able to promote improvements in the work process of the teams working in Primary Care, reflecting an offer of qualified care to the assisted population.

“The Situation Room helps me make decisions, but this is not just on paper or in the debates we have with managers. My team and I try to devise strategies that can be implemented. Our users need and deserve proper assistance and the room helps me do that” P12

“The Situation Room helps me to identify my flaws in the care process and with that I can fix what is inappropriate and offer a better service to my users, attending to what they really need” P59

“The Room helps me to improve my work process and offer quality care” P60

“The Room provides me with a self-assessment and this makes me a better professional in the development of my activities in Primary Care and consequently in the care I offer to people who seek the service” P70

“The situation room improves the work and planning process to promote actions that bring more health to the community. I have already managed to expand, for example, the vaccination of children under 5 years old” P74

Santos e Rigotto (2010) when describing the work of Primary Health Care professionals, approach that it is necessary to look at a limited territory. This strategy allows a reconstruction of the bond between professionals and the health system with the community, helping to adapt health actions to the uniqueness of each specific socio-historical context of the place to promote health. In this scenario, it is seen that the Situation Room assists Primary Care teams by facilitating the process of recognizing the territory in which they operate, in addition to enabling the prioritization of problems encountered. In this way, the health team can define the real local needs of the population, intervening resolutely, adapting the work process according to the indicators worked on (OPAS, 2009). Therefore, the information extracted from the Situation Room is able to enable planning closer to health needs to achieve a desired goal. After all, every decision-making process is based on information. The more these reflect reality, the easier it will be to make an effective and efficient decision at the end of the entire process (Oliveira et al., 2018). After all, it is not enough to expand access to health services by making available a greater number of units and multidisciplinary teams, it is necessary that the actions and services offered can positively influence the health of the population. For this, professionals and managers need to get closer to the operating scenario, reflecting on the attitude towards the problems demanded, enhancing their degree of resolvability (Brasil, 2016b).

Conclusion

It appears that the Situation Room not only has potentialities, but these are already (re) known due to the work of the teams that work in the Primary Care of João Pessoa, Paraíba. In the interviewees' perception, the potentialities that stood out were: the direction for standardized data collection and organization; support for the decision-making process; and promoting improvements in the health work process and the provision of care. Aware of the benefits that the Health Situation Room can

offer, it becomes possible to use it correctly, exploring its functionalities, subsidizing health work and management, and providing not only greater specificity in the knowledge of local realities, but also favoring a relevant improvement in the quality of health care offered. Therefore, it is expected that this finding will be extended to other scenarios, multiplying the use and benefits generated by the use of the Situation Room in health services, in order to study and improve it, amplifying its potentialities.

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