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Original Article

SISTEMATIZAÇÃO DO CUIDADO AOS IDOSOS ATENDIDOS EM DOMICÍLIO NA ATENÇÃO BÁSICA

SYSTEMATIZATION OF CARE TO THE ELDERLY IN HOME HEALTH CARE

SISTEMATIZACIÓN DEL CUIDADO A LOS ANCIANOS ATENDIDOS EN DOMICILIO EN LA ATENCIÓN BÁSICA

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RESUMO

Objetivo: descrever a sistematização do cuidado multiprofissional para idosos acamados e de difícil locomoção atendidos em domicílio. **Método:** Pesquisa convergente assistencial realizada em uma unidade de saúde da família. Os dados foram tratados por análise descritiva. **Resultado:** Dos 75 sujeitos investigados, 48 (64%) eram mulheres, idade média de 80 anos, 60 apresentaram dificuldade para locomoção (80%), 15 encontraram-se acamados (20%). Destes, 31 (41,33%) são totalmente dependentes de cuidados. O risco para quedas foi alto, presente em 46 (61,33%), o risco para o desenvolvimento de úlcera de pressão foi baixo na maioria 47 (62, 67%). A amostra foi estratificada, e 37 (49,33%) considerados de baixo risco, 15 de risco moderado (20%), 23 graves (30,67%). **Conclusão:** Estudo revela a importância de sistematizar o fluxo de visitas domiciliares pela equipe multiprofissional, por meio da avaliação e estratificação dos idosos conforme suas vulnerabilidades, dependência social e biológica.
Descritores: Idoso; Visita Domiciliar; Saúde da Família.

ABSTRACT

Objective: to describe the systematization of multi-professional care for bedridden elderly with reduced mobility receiving home health care services. **Method**: Convergent care research carried out in a family health unit. Data was treated through descriptive analysis. **Result**s: Among the 75 participants, the majority were women 48 (64%), mean age of 80 years, 60 participants had reduced mobility (80%), and 15 were bedridden (20%). A total of 31 participants (41.33%) were totally dependent. The risk of falling was high among 46 (61.33%) and the risk of developing pressure ulcers was low in most cases (62, 67%). The sample was stratified and 37 (49.33%) were considered of low risk, 15 of moderate risk (20%), and 23 of severe risk (30.67%). **Conclusion**: This study unveils how important it is for multi-professional teams to systematize the flow of home visits through evaluation and stratification of the elderly, according to their vulnerabilities, as well as social and biological dependence.
Descriptors: Elderly; Home Visits; Family Health.

RESUMEN

Objetivo: Describir la sistematización del cuidado multiprofesional a ancianos con permanencia prolongada en la cama y dificultad en la locomoción, atendidos en domicilio. **Método:** Investigación convergente asistencial que se realizó en una unidad de salud de la familia. Los datos se han tratado por análisis descriptivo. **Resultado:** Se investigó 75 sujetos, la mayoría fueron mujeres, total de 48 (64%), media de edad de 80 años, 60 sujetos presentaron dificultad en la locomoción (80%), 15 se encontraron con permanencia prolongada en la cama (20%), y 31 sujetos (41,33%) dependían totalmente de cuidado. Los riesgos de caídas fueron altos en 46 ancianos (61,33%), el riesgo de desarrollo de úlcera de presión fue bajo en la mayoría - 47 de los sujetos (62,67%). Se estratificó el muestreo y 37 sujetos (49,33%) fueron considerados de bajo riesgo; 15 de riesgo moderado (20%); y 23, graves (30,67%). **Conclusión:** El estudio muestra la importancia de sistematizar el flujo de visitas en domicilio por el equipo multiprofesional, por medio de evaluación y estratificación de los ancianos de acuerdo con sus vulnerabilidades, dependencia social y biológica.
Descriptores: Anciano; Visita Domiciliaria; Salud de la Familia.

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INTRODUCTION

The Brazilian population is aging rapidly and intensely. Current data indicates that the Brazilian elderly population is composed of 23 million people, and the life expectancy has increased to 74 years. In recent years, there has been a widening of the top of the age pyramid, highlighting the growth of the population over 60 years[1].

This increase in the life expectancy of the Brazilian population represents an important social achievement, however, in order to have quality of life for the elderly population; the Unified Health System (UHS) should assume the responsibility of providing targeted and qualified assistance to the elderly. In this sense, the National Policy on Elderly Health (NPEH) was created to guarantee the rights of the elderly[2].

This new population design, characterized by the demographic transition, allowed one to infer about the increase in the incidence of chronic-degenerative diseases, so it is necessary to think about the diseases, sequelae and morbidities related to this condition in the elderly. It is therefore essential to consider that the guidelines of the NPEH pervade the clinical conditions of the users[2].

The NPEH considers as an elderly population in Brazil, people over 60 years of age[(3)], being considered a heterogeneous age group, since it is constituted by people over the age of 100 years. Consequently, they present varying degrees of autonomy, that is, the elderly and the many dependents, who need permanent care[4].

The National Home Care Policy instituted in Brazil in 2011 is currently governed by Ordinance N. 825 of 2016, which proposes individualized care considering the person in its singularity and sociocultural insertion, characterized by a set of actions to prevent and treat diseases, rehabilitation, palliation and health promotion, provided at home, guaranteeing continuity of care[5].

Basic Health Care is the main entry point of the UHS user and coordinates the care and ordering of the Health Care Network, guided by the principles of universality and integrality of health care. In order to promote integral, resolutive and quality care, it is based on the sociocultural and health needs of the population. In order to meet the demands, the actions can be carried out in the health establishment, in local territory, at home or in other territories that admit the planned action[6].

The home visit (HV) is an important instrument for the health team, since it is the intervention that allows an approximation with the determinants of the health-disease process in the family context. In the sphere of the Family Health Strategy (FHS), HV is the duty of all professionals belonging to the Family Health Strategy, in order to provide a multi-professional view of the community. In Brazil, HV assumes a fundamental role in the organization of the work process of its teams and, in order to carry out this activity, it is necessary: planning, execution, data recording and evaluation[7-8].

Getting to know the profile of the elderly, who need home care, diseases or injuries that impede the performance of their daily activities autonomously and independently, is necessary to provide quality assistance, thus justifying the importance of building a model of care for the elderly and bedridden individuals with reduced mobility in the HV in the FHS.

Thus, the objective of the study is to propose the implementation of an assistance methodology based on the systematization of multi-professional care for bedridden and difficult locomotion elderly cared for at home in a Family Health Unit.

METHOD

A qualitative, descriptive study, which used the methodological precepts of the Convergent Care Research (CCR). This methodology unites thinking in doing, resulting in critical and reflective "know-how". It allows to watch and to research, and its main characteristic is the direct and intentional articulation with the assistance and/or educative practice in the studied context and, in parallel, to produce data for the investigation[9].

The study was conducted at a family health unit in the city of Juiz de Fora, Minas Gerais. The team consists of a doctor, nurse, pharmacist, social worker, dental surgeon, nursing technician and community health agent (CHA). It is a professional training unit, with residency in family health for doctor, nurse, dentist surgeon and social worker.

The choice of this design sought to subsidize the discussion of the nurse's role in the context of the Family Health Strategy with older people, the demands of the aging process and its

vulnerabilities. Convergent care research involves a variety of qualitative research methods and techniques. It is considered an innovative research method, allowing the reflection and deepening of the subject under discussion and preserves the principles and rigor of the scientific method[9].

The involvement of the care team is of fundamental importance for the production of knowledge. Thus, for the development of the study and its application in the practical field, it is necessary negotiation for the accomplishment of the research, definition of the object, discussion of the strategies of data production, which results in the dynamics of the process of the assistance practice[9].

According to updated data from the consolidated report of the cadastre of the territory of the study team, dated June 2018, there are 2803 registered users, up to the moment, belonging to this team, corresponding to 1471 registered families that are properly monitored and are assisted in the unit.

Considering this quantitative population, general socio-demographic data indicate that there are currently approximately 600 elderly people living in this locality, with different profiles and perceived needs, including chronic pathologies, several times debilitating, which demand targeted care. The team currently has 80 elderly people who are bedridden and/or have reduced mobility, assisted by the multi-professional team.

Study participants were recruited from the VD of the health team. The data collection took place after the signing of the Free and Informed Consent Term (FICT) by the participant himself or her responsible person. Inclusion criteria were: people over 60 years of age from both genders, who agreed to participate in the study as unpaid volunteers.

Five participants who did not meet the inclusion criteria were excluded from the study. Two were not found after two subsequent home visits, two did not agree to participate in the study, and one was hospitalized at the time of data collection.

The systematization of the HVs for the bedridden elderly and with reduced mobility were thought out, because they were scheduled, according to the specific demands and necessities brought by the family of the elderly and the CHA, there was no flow and periodic monitoring. Thus some received visits more often, others rarely. With the data collection instrument for the systematization of care, the elderly were stratified and received monthly, bimonthly or quarterly visits, according to the individualized evaluation performed by the multi-professional team.

The data collection instrument was elaborated from March to September 2017, proposing its use during home visits in order to provide a better understanding of the aging process, the evolutionary stages of chronic diseases in the elderly, identification of social and biological vulnerabilities, thus enabling the user to be stratified.

For the elaboration of the instrument, the sociodemographic characterization of the study participants was used and, as a theoretical basis, we based ourselves on the Horta conceptual model, the Index of Independence in Sidney Katz's Daily Life Activities and already validated scales: Braden Scale for to assess the risk of pressure injury and the Morse Scale to assess the risk of falls.

The data was collected from March to May 2018 and were consolidated and treated by descriptive analysis.

The study complied with all ethical and legal research recommendations involving human beings, in accordance with the Brazilian legislation set forth in Resolution NHC 466/2012, and the project was approved by Ethics Committee under N. 2,566,157.

RESULTS AND DISCUSSION

The data points to an expressive quantitative of elderly users who cannot access the service, due to their comorbidities, thus requiring home care. In order to organize and systematize the flow of home visits by the multi-professional team, a guiding data collection instrument was developed for professionals, in order to evaluate the elderly and to stratify it according to their needs, making doctors, nurses, social workers and dental surgeons plan their HV according to the need for care presented by the elderly.

The elaboration of the instrument made the concise recording of the data in the patients' charts, discussion and planning of care by the multiprofessional team possible. Thus, the periodicity of the visits began to be organized according to the stratification based on a theoretical reference, and not only with the demands of acute cases.

The study included 75 people over 60 years of age, 48 women (64%) and 27 men (36%). The mean age of participants was 80.17 years with a variability of 61 to 96 years. In relation to income, 48% received from one to three salaries. Most of the participants used UHS exclusively. Among the 75 participants in the study, 60 had reduced mobility (80%), and 15 were bedridden (20%) (Table 1).

Table 1 - Characterization of the 75 participants according to gender, health plan, mobility, income and age Juiz de Fora, 2018.

Characteristics of the study population	N	%
Sex		
Male	27	36
Female	48	64
Health plan		
Private	34	45
UHS	41	55
Mobility		
Bedridden	15	20
Reduced mobility	60	80
Income		
< 1 to 1 minimum wage	33	44
> 1 to 3 minimum wages	36	48
> 3 minimum wages	6	8
Age		
60 to 69 years	9	12
70 to79 years	24	32
80 to 89 years	34	45
90 years or more	8	11

Source: Primary data from the authors database, 2017.

In order to measure the functional capacity of the elderly, it is necessary to use standardized instruments that evaluate the performance of the elderly in the activities of daily living and instrumental activities of daily living. Thus, the Katz Index was used, which is one of the oldest instruments and one of the most cited in the national and international literature[10].

Among the study participants, 31 (41.33%) are totally dependent on care.

The Horta theoretical reference was also adopted, which is based on the basic human needs of the individual, family or community. It is a model that allows the evaluation of the individual as a whole, considering the biological, social, psychological and spiritual aspects[11].

We consider it important to evaluate the risk of falls in the home environment, due to the vulnerability that this group presents. Often affected by debilitating chronic diseases and using medication, it is necessary to guide and alert them and their families to prevent falls, thus using the Morse scale[12].

The risk of falling in the study sample was high in 46 (61.33%), moderate risk in 17 (22.67%) and low risk in 12 (16%). It was verified that the female sex presents a greater risk of fall, being 48 (64%) in the female sex and 27 (35%) in the male sex.

The occurrence of pressure injury has been a concern, since it represents a public health problem, which can lead to physical and emotional disorders, also involving morbidity and mortality[13].

Care for people with pressure injuries should occur at all levels of complexity, including Primary Health Care. This should establish guiding guidelines for prevention practice and health promotion actions[14].

The risk for development of pressure injury among study participants was low in most patients (62.67%), moderate risk in 23 (30.67%), high in 5 (6.67%).

Based on the evaluations described above and discussion of the cases, during the team meetings, the stratification of the elderly was defined. It is worth emphasizing the importance of the look and the intervention of each member of the multi-professional team, during the discussion, whose objective is to evaluate the clinical and social needs presented by the users, in order to establish the priority criteria and the scheduling of care at home by the multi-professional team.

Thus, care is no longer only of spontaneous demand and is now programmed for actions to prevent, promote well-being and active aging of the elderly, based on the clinical reasoning of professionals and the instruments used for evaluation and stratification of the risk, so that the priority of home visits can be defined.

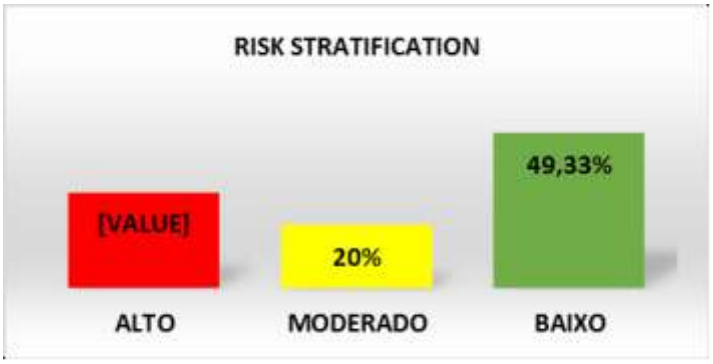
Thus, those with mild mental disorders who receive support from the family, or users who are difficult to travel, but who do not have significant morbidities or have controlled morbidity are considered mild or low risk. Therefore, the HV periodicity will be every three months.

The elderly stratified as moderate risk are those of difficult locomotion and/or bedridden with morbidities of difficult control, presenting apparent social demands. Thus, the periodicity of visits will be every two months.

To be stratified as severe or at high risk, the elderly need to have reduced mobility or bed rest, presenting immediate social needs, with severe mental disorders, intense family conflicts, morbidities difficult to control, coming from hospitalization, or post-surgery. Therefore, visits must be monthly.

Thus, we have the stratification of the elderly: mild, moderate or severe. Of the participants surveyed, 37 (49.33%) were considered to be low risk or mild elderly, 15 were moderate risk (20%), 23 were severe or high risk (30.67%).

Figure 1 - Stratification of the 75 participants according to the needs of care and priorities at home. Juiz de Fora, 2018.



Source: Primary data from the authors database, 2017.

The team defined the frequency of visits based on the instrument applied and the criteria to classify them according to their severity and dependence. After the stratification of the elderly, they are followed up by the multidisciplinary team alternating visits between doctor, nurse, social worker and dental surgeon, and all visits also have the presence of the area CHA.

The structuring of the instrument favors the use of clinical reasoning and its layout allows users to follow the nursing consultation and during the one year period by the multidisciplinary team. After this period, the elderly should be stratified again in order to verify if there was a change in their clinical and / or social status.

A greater longevity in females compared to males is observed. Women live longer than men in every country in the world. Generally, female life expectancy is 73.8 years, and male life expectancy is 69.1 years. The main causes of feminization are related to differences in the causes of morbidity and mortality, men have greater exposure to alcohol and tobacco, women have the hormonal protection of estrogen, and greater adherence to health care[15-16].

Another characteristic presented in the study population was the mean age of 80.17 years. The findings found in this variable are in agreement with other studies that indicate that the population in the process of aging that grows the world most is in the age group over 80 years[17].

The variable income was considered low in the study population and the fact that 54.67% exclusively used the UHS reinforces the importance of multi-professional care directed to patients and their caregivers.

We corroborate the study that affirms that socio-demographic data negatively interfere in the population investigated, since the triad "health, safety and social participation", which underlies the policy of active aging, was not satisfactorily met, compromising aging favorable to the preservation of functional capacity[16].

Nursing is considered as science and art of assisting the human being, according to his basic needs, stimulating his independence of assistance, through the teaching of self-care. However, in order to be efficient in the care, it is necessary to use a scientific method, it was then thought in the elaboration of an instrument to systematize the care to the elderly attended at home, guided by the experience of the multi-professional team associated with scientific technical knowledge[11].

Thus, an instrument was constructed that uses Horta's theoretical assumptions, Sidney Katz's Index of Independence in Daily Life Activities, and the Braden and Morse Scales.

Evaluations of daily living activities are subdivided into the following categories: basic activities of daily living such as bathing, dressing, arranging and keeping track of their eliminations, and instrumental activities of daily living that indicate the individual's ability to lead an independent life in the community where you live, how to prepare your meals, use transportation, take care of your home, manage your financial life, take your medications[18].

Thus, the Katz instrument was of fundamental importance for the stratification of the elderly. Although it is a 1963 instrument, it is still widely used in the gerontology area to evaluate the functional status of the elderly, through the measurement of Daily Living Activities[18].

In a study of 369 elderly people, 195 had fallen in the last six months prior to the survey, it was observed that most of the causes of falls were related to the inadequate domestic environment, most of them female. Of the elderly who reported a fall, 44.6% reported a diagnosis of diseases characterized as chronic, with cardiovascular diseases and osteo-articular diseases being the most prevalent, and 46.7% of the elderly who fell were using medications. Thus, we used the Morse Scale to know the profile of the elderly and to verify the main causes of falls to have a foundation to act in the prevention of them[19].

A social aspect commonly observed in the elderly is isolation, and this fact is related to the commitment of the self-esteem, either by the environment in which he lives or by the people with whom he lives. The economic factor, related to retirement, also contributes to the process of isolation of the elderly. The importance of knowing the environment in which the elderly are inserted and their existing family relationships is justified so that the team can elaborate an individualized care plan directed to the elderly, caregivers and family[20].

Still according to the literature, due to the high risk in the home for the development of pressure injury, and because it is a preventable event, it is essential to develop health promotion actions, aiming at an incentive of the protagonism of users, family members and caregivers in the practices of self-care through health education actions developed by the FHS in order to considerably reduce their occurrence[21].

Thus, according to the stratification instrument, the cases are discussed in a weekly team meeting to guide care. The flow of home visits for the elderly is organized among physicians, nurses and social workers, following the stratification.

CONCLUSION

It is believed that this study may sensitize and motivate other teams to an expanded view regarding the aging process, with relevance to Public Health, contributing to the organization and planning of the work process of the teams, with multidisciplinary actions in the care, and insertion the family and the individual in the process of care and decision making.

It is recommended to apply new studies, in other scenarios, of this process of systematization of care for the elderly, in the condition of bedridden and difficult locomotion.

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