WHEN ORAL HEALTH KNOCKS ON THE DOOR: PROTOCOL FOR ORAL HOME CARE

Quando a saúde bucal bate à porta: protocolo para a atenção domiciliar em odontologia

Cuando la salud bucal llama a la puerta: protocolo para la atención domiciliaria en Odontología

Description or Evaluation of Experiences

ABSTRACT

Objective: To present an oral health home care protocol proposal for Primary Health Care of patients confined to the home. **Data synthesis:** The instrument was developed by carrying out home visits during an internship module in primary care undertaken by Dentistry students from the municipality of Sobral, Ceará, in the period from August to December 2014. The visits focused on health promotion and education, motivation for self-care and risk stratification for the intervention of the Oral Health Team (Equipe de Saúde Bucal – ESB). The protocol comprises general health aspects, personal information, subscription to the Family Health Strategy, information on oral health, education activities targeted at the patient and/or caregiver, and indication of the need for intervention at home and/or health center by the ESB and for referral to secondary health care services. **Conclusion:** The instrument developed presents a good capacity for utilization in the oral health work process due to the teaching-service integration. The experience allows to qualify the oral health home care and contributes to the improvement of the patient's health.

Descriptors: Home Visit; Oral Health; Primary Health Care.

RESUMO

Objetivo: *Apresentar uma proposta de protocolo de atenção domiciliar em saúde bucal na Atenção Primária para pacientes restritos ao lar.* **Síntese dos dados:** *A construção do instrumento se deu através de visitas domiciliares realizadas durante o módulo Estágio em Atenção Primária dos estudantes do Curso de Odontologia, no município de Sobral-CE, no período de agosto a dezembro de 2014. As visitas tiveram como foco a educação e promoção de saúde, a motivação para o autocuidado e a estratificação de risco para a intervenção da Equipe de Saúde Bucal (ESB). O protocolo contempla aspectos de saúde geral, com dados pessoais, de adscrição à Estratégia Saúde da Família e informações referentes à saúde bucal, ações de educação em saúde para o paciente e/ou cuidador, e indicação da necessidade de intervenção em domicílio e/ou na unidade de saúde pela ESB e de encaminhamento para o serviço de atenção secundária.* **Conclusão:** *O instrumento elaborado apresenta uma boa capacidade de utilização no processo de trabalho em saúde bucal proporcionada pela integração ensino-serviço. A experiência possibilita qualificar a atenção domiciliar à saúde bucal e contribuir para melhoria da saúde do paciente.*

Descritores: *Visita Domiciliar; Saúde Bucal; Atenção Primária à Saúde.*

Jacques Antonio Cavalcante Maciel[1]
Amanda Sales de Almeida[2]
Alinne Késsia Almeida de Menezes[3]
Ivan Lima Oliveira Filho[3]
Ana Karine Macedo Teixeira[4]
Igor Iuco Castro-Silva[1]
Maristela Inês Osawa Vasconcelos[5]
Mariana Ramalho de Farias[1]

1) Federal University of Ceará (*Universidade Federal do Ceará - UFC*) - Sobral (CE) - Brazil

2) Acarape City Hall (*Prefeitura Municipal de Acarape*) - Acarape (CE) - Brazil

3) Itapipoca City Hall (*Prefeitura Municipal de Itapipoca*) - Itapipoca (CE) - Brazil

4) Federal University of Ceará (*Universidade Federal do Ceará - UFC*) - Fortaleza (CE) - Brazil

5) State University of Vale do Acaraú (*Universidade Estadual Vale do Acaraú*) - Sobral (CE) - Brazil

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RESUMEN

Objetivo: *Presentar una propuesta de protocolo de atención domiciliaria en salud bucal en la Atención Primaria para pacientes restrictos al hogar.* **Síntesis de los datos:** *La construcción del instrumento se dio a través de visitas domiciliarias realizadas durante el modulo de Prácticas de la Atención Primaria de los estudiantes del Curso de Odontología en el municipio de Sobral-CE en el período entre agosto y diciembre de 2014. Las visitas tuvieron el foco para la educación y promoción de la salud, la motivación para el autocuidado y la estratificación del riesgo para la intervención del Equipo de Salud Bucal (ESB). El protocolo incluye los aspectos de salud general con datos personales, de adscripción a la Estrategia Salud de la Familia e informaciones referentes a la salud bucal, acciones de educación en salud para el paciente y/o el cuidador e indicación de la necesidad de intervención en el domicilio e/o en la unidad de salud por la ESB y de la orientación para buscar el servicio de atención secundaria.* **Conclusión:** *El instrumento elaborado presenta buena capacidad de utilización del proceso de trabajo en salud bucal proporcionada por la integración enseñanza-servicio. La experiencia posibilita cualificar la atención domiciliaria a la salud bucal y contribuir para la mejoría de la salud del paciente.*

Descriptores: *Visita Domiciliaria; Salud Bucal; Atención Primaria de Salud.*

INTRODUCTION

Home Care (*Atenção Domiciliar – AD*) can be defined as a type of health care that substitutes or complement the existing models and that is characterized by a set of actions focused on health promotion, prevention and treatment of diseases, and rehabilitation provided at home, with a guarantee of continued care integrated into health care networks through the Home Care Services (*Serviços de Atenção Domiciliar – SAD*)[1-4].

AD was established by ordinance 2.029 of August 24, 2011, which was replaced by ordinance 2.527 of October 27, 2011. In order to allow that municipalities with smaller populations could also implement home care services in their territory, the Ministry of Health issued a new ordinance (GM No. 2.527, of October 27, 2011), which redefines home care within the context of the Brazil's Unified Health System (*Sistema Único de Saúde – SUS*)[5-7].

AD in the context of Primary Health Care (PHC) proposes the reorganization of the work process by the health team and discusses the different conceptions and possibilities of approaching the family based on the principle of territorialization. This principle consists of the geographical-institutional delimitation of an area for the work of the Family Health Strategy (*Estratégia Saúde da Família – ESF*) team and considers the dynamics and social facilities available within this area, the ascription of clients to the area and the possibility of joint work with others services and external facilities for the provision of care[8].

It is characterized by systematized, articulated and regular actions, the integrality of actions for the promotion, recovery and rehabilitation of health, and its main objective is to provide care to the patient restricted to the home focused on improving their autonomy and expanding the range of possible interventions based on an adequate planning for each situation. The ESF – given the family as its main object of work and the home as one of its work environments – is responsible for identifying and developing, through a multidisciplinary team, practices for caring for the most vulnerable groups[9,10].

Oral health home care within the ESF enables the promotion of oral health and the prevention of diseases in the oral cavity, as well as the possibility of performing dental procedures in the home environment and promoting care that improves the capacity of autonomy and co-responsibility of care through patient-caregiver integration[11,12].

For the patient restricted to the home, the family has a central role in care, with a direct responsibility. The support from health professionals represents a support that strengthens the support in coping with health problems. With the presence of several actors, the home environment can become a place conducive to health promotion.

The Dentistry School of the Federal University of Ceará (*Universidade Federal do Ceará – UFC*), Sobral Campus, seeks – through its pedagogical project – to set the public health work as a link between the various study sectors within the school and to stimulate experiences in the SUS through supervised internships in primary and secondary care levels.

The inclusion of Dentistry students in the Family Health Strategy highlights the importance of the knowledge about the modus operandi of its services, i.e., knowing the dynamics of the community and of the system itself allows to analyze the challenges of PHC, as well as the skills needed to train dentist-surgeons and propose improvements that benefit the community, integrating teaching-service through intervention projects[13-15].

Teaching-service integration can be defined as the collective, agreed and integrated work of health students and teachers with health workers and managers, with a focus on the quality of health care, vocational training, and development of health workers. Therefore, it could be a key to constituting a new way of thinking about training, which is not about trying to transform the service and community environments into extensions of the hospitals and clinics of the university, but building spaces for learning with the

incorporation of teachers and students into the production of services in real settings[13].

The Primary Health Care Internship module integrates dentistry students as part of the Oral Health Team in the ESF and provides an experience in the territory, with practical activities that include, among others, home visits. The observation of the local reality through the home visits gave rise to the need for the development of a protocol for oral health home care with the objective of identifying situations that require ESB intervention in the home environment in addition to strengthening inter-professional collaboration.

The objective of the present study was to present an oral health home care protocol proposal for Primary Health Care of patients confined to the home.

DATA SYNTHESIS

This study is an experience report on home visits conducted by students of the Dentistry School of the Federal University of Ceará (*Universidade Federal do Ceará – UFC*), Sobral campus, which resulted in the development of an Oral Health Home Care protocol. The experience occurred from August to December 2014 during the Primary Health Care Internship module in the area covered by the Family Health Strategy of the Terrenos Novos neighborhood, in Sobral, Ceará.

The Primary Health Care Internship is part of the mandatory curriculum of the Dentistry School at UFC, Sobral Campus. It provides students with an opportunity for learning in Primary Health Care services where they experience, in addition to the dental clinical practice, interdisciplinary and public health actions according to the routine of the unit and monitored by Family Health dentist-surgeons of the PHC center[12].

After their inclusion in the service, the students identified that the main problem in the oral health care process was the need for a care proposal to patients confined to the home who, due to permanent or temporary locomotion difficulties, were unable to attend the PHC center (*Unidade Básica de Saúde – UBS*) for adequate dental monitoring. In order to identify the patients who needed this type of care, a mapping was carried out with the support from Community Health Workers (*Agentes Comunitários de Saúde – ACS*) based on the micro-areas ascribed to the territory. Some conditions were highlighted in these micro-areas, such as patients with special needs, chronic and degenerative diseases, or advanced age. After the first visits, it was proposed the development of an oral health home care protocol with the aim of standardizing and optimizing the planning and execution of the actions targeted at this public.

The protocol was developed by Dentistry students, preceptors and teachers of the module and is an instrument used to assess the oral health conditions of patients confined to the home that provides the ESB with a situational diagnosis that favors the development of Unique Therapeutic Projects (*Projetos Terapêuticos Singulares – PTS*) (Chart I) and intervention proposals according to the risk stratification presented at the time of the home visit.

The Unique Therapeutic Project (*Projeto Terapêutico Singular – PTS*) is a set of therapeutic proposals aimed at health promotion and disease prevention targeted at an individual or collective subject resulting from the discussion of the case in an interdisciplinary team; it is part of the construction of a person's life history in which his or her health problems are contextualized and care proposals are shared with the subject. It consists of the following phases: diagnosis, goal setting, definition of responsibilities, reassessment, and, mainly, follow-up[5].

The development of the instrument was based on the clinical formulary used in the Regional Specialized Dental Center (*Centro de Especialidades Odontológicas Regional – CEO-R*) of Sobral, Ceará, and standardized according to Chart I below. Some adjustments were made as the work was performed at the home environment rather than in a dental clinic. The additional information were included due to the type of need found in patients confined to the home.

The protocol addresses general health aspects, personal data, information on the ascription to the ESF, and information related to oral health, such as dental care history, clinical conditions of oral health, proposals for possible clinical interventions to be performed at home, health education actions targeted at the patient and/or caregiver, the need for intervention at home and/or UBS by the ESB, and the need for referral to secondary care services.

The details observed during the visit and the data collected for the protocol allowed to notice the socioeconomic and cultural context in which the family is inserted and to establish the relationship between the patient's profile and the condition that left him/her confined to the home. The protocol enables the planning of comprehensive interventions aimed at improving the patient's general and oral health based on individual and contextual data, performed individually or in a group.

The intervention-related needs identified in the protocol ranged from promotion and prevention to clinical-curative and rehabilitation actions. In cases of clinical-curative intervention and rehabilitation needs, a subsequent visit by the dentist-surgeon of the ESB was scheduled to evaluate the feasibility of performing some clinical procedures at home. In case there was a need for referral to the UBS dental clinic, there was a possibility of joint work with the

Municipal Health Secretariat in order to provide the patient with transportation facilities.

During the internship, 18 home visits monitored by the ACS were carried out, which allowed the identification of the need for the dentist-surgeon to monitor the dental care of these patients. After the experience in the territory, the ESB was able to continue to carry out visits, and the protocol was considered a viable tool that optimized the work process.

The Oral Health Home Care should be evaluated periodically, as oral conditions interfere with the quality of life and with self-care of those who experience disabling conditions[10]. Patients confined to the home are unable to attend the UBS and to take advantage of the dental services provided by the center because of complications due to systemic problems or old age[16,17]. The lack of dental follow-up of these patients is related to poor oral health conditions, ranging from the presence of caries, periodontal disease and residual roots to generalized dental loss and potentially malignant lesions[18-20].

In addition to the development of the protocol, the visits focused on health promotion through the encouragement and strengthening of self-care aimed at healthy habits, preventive approaches and early diagnosis. Home visits are beneficial and bring positive results; additionally, the dentist-surgeon plays a key role in this process by establishing a network of participatory communication with the family, coordinating the care of the patient confined to the home in the territory[18].

Home care is an old practice, but it has gained importance with the health promotion proposal set by the ESF to organize PHC in Brazil[1-3]. Oral health home care aims to encourage self-care and empowerment through the patients themselves or parents/guardians acting as caregivers[21]. Therefore, it is necessary to include dentistry in the home context in order to facilitate the diagnosis and the planning of an appropriate treatment to avoid the worsening of oral diseases which can cause dental loss and hinder physical and mental health status[9,22].

The experience in the territory allowed students to observe that home visits were often restricted to ACS and nurses, which highlighted the absence of an interdisciplinary participation among professionals. Also, the relationship between oral health conditions and systemic conditions was neglected as the care, in many cases, was limited only to the systemic condition that led the patient to be confined to the home.

The difficulty in including home care for patients confined to the home in the working process of dentist-surgeon is a critical node that is associated with the large number of patients in this condition and the insufficient coverage by ESB working in the UBS of very populous territories; additionally, there is a lack of adequate conditions to perform this home care, a fact that is observed in the literature[23,24].

The experience in the territory and the development of the protocol provided many positive results similar to those found in another study which analyzed the presence of the dentist-surgeon in a home environment. The results include: ESB easy access to patients confined to the home; fast healing process with the strengthening of the longitudinality of home care; minimization of clinical intercurrences; reduction of systemic harms caused by poor dental care; minimization of the effects of disabilities or diseases; encouragement of the professional-patient approximation favoring the bonding between them and the strengthening of the teaching-service integration with positive results for the community confirming the necessity of this joint work[23].

There is a need to strengthen and reorganize oral health home care practices, and it is essential to establish adequate conditions for home care, such as ensuring priority care for patients confined to the home, availability of mobile dental offices, transportation for locomotion of these patients to consultations in the center itself, as well as greater joint work with the care network[25-27]. -

In all the home visits carried out, no invasive dental procedure was performed. The needs of each household were shared with the ESB so that the care of these patients could be continued after the interns left the center, whether at home, UBS, or Specialized Dental Centers of the Municipality, for follow-up by the dentist-surgeon specialized in Patients with Special Needs (PSN).

It should be noted that the application of this tool within home visits requires prior planning with the ESF. The existence of a protocol puts into practice the need for professionals to update themselves frequently on the living conditions of the population through territorialization, i.e., through a direct contact with the population, which can be intensified with the support from the Community Health Agents (*Agentes Comunitários de Saúde – ACS*)[28,29].

The in-service training provided by the mandatory internship of the Dentistry School of the UFC, Sobral campus, allows students to experience the reality of the Unified Health System (*Sistema Único de Saúde – SUS*)[30] in an interdisciplinary way and develop specific skills such as criticality, initiative and creativity to solve situations posed throughout the internship.

CONCLUSION

The Oral Health Home Care protocol had positive results as it improved health care of a population group that usually does not have access to the health services provided

by a hegemonic oral health care model which prioritizes only curative practices.

The experience allowed to notice a need for constant care provided by the dentist-surgeon in a home environment and enabled the students to experience the interdisciplinary home care through the work of different actors, highlighting the importance of professionals such as nurses and community health agents. The visits also made it possible to encourage patients' and caregivers' empowerment for self-care and enabled the humanization of care and the strengthening of the professional-family and professional-student bond, promoting quality of life within the community.

Chart I - Standardized protocol for home visits to who are bedridden/confined to the home. Sobral, Ceará, 2013.

ORAL HEALTH HOME CARE CSF: _____
PERSONAL INFORMATION
Name:_____ Family medical record No._____ Date of Birth: ____/____/____ Address:_____ ESF by which is served:_____ ACS:_____
ANAMNESIS
Problems that led the patient to be confined to the home and/or bedridden. _____ Registration of systemic health problems. _____ Patient with access to medical care: ( ) Yes ( )No Smoking: ( ) Yes ( )No Drinking: ( ) Yes ( )No Registration of family health problems. _____ Registration of medications used by the patient. _____ Patient with caregiver ( ) Yes ( )No Patient needs caregiver ( ) Yes ( )No
ORAL HEALTH
Patient with access to dental care ( ) Yes ( )No Observation of patient's oral health condition. _____ Patient uses some oral hygiene method ( ) Yes ( )No Patient needs assistance in oral hygiene ( ) Yes ( )No Patient ever served by the dentist-surgeon ( ) Yes ( )No Patient ever served by the dentist-surgeon during the time confined to the home ( ) Yes ( )No Patient ever visited at home by the dentist-surgeon ( ) Yes ( )No Type of dental treatment the patient has been submitted to. _____ Patient uses dental prosthesis ( ) Yes ( )No Prosthesis hygiene ( ) Yes ( )No Patient's dental needs according to clinical examination._____
INTERVENTION PLAN
Health Education Action ( ) Patient ( ) Caregiver
Home care:
Clinical care at the UBS:
Referral to CEO:
Obs.: The intervention plan actions proposed will be described in the family medical record.

Source: own.

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Mailing address:
Jacques Antonio Cavalcante Maciel
Programa de Pós-Graduação em Saúde da Família (PPGSF) - UFC- Campus de Sobral.
Rua Comandante Maurocélio Rocha Pontes, 100
Bairro: Derby
CEP 62.042-280 - Sobral - CE - Brasil
E-mail: jacques.maciel@yahoo.com.br